



# DRUG DEMAND REDUCTION DEFINING A STRATEGIC APPROACH

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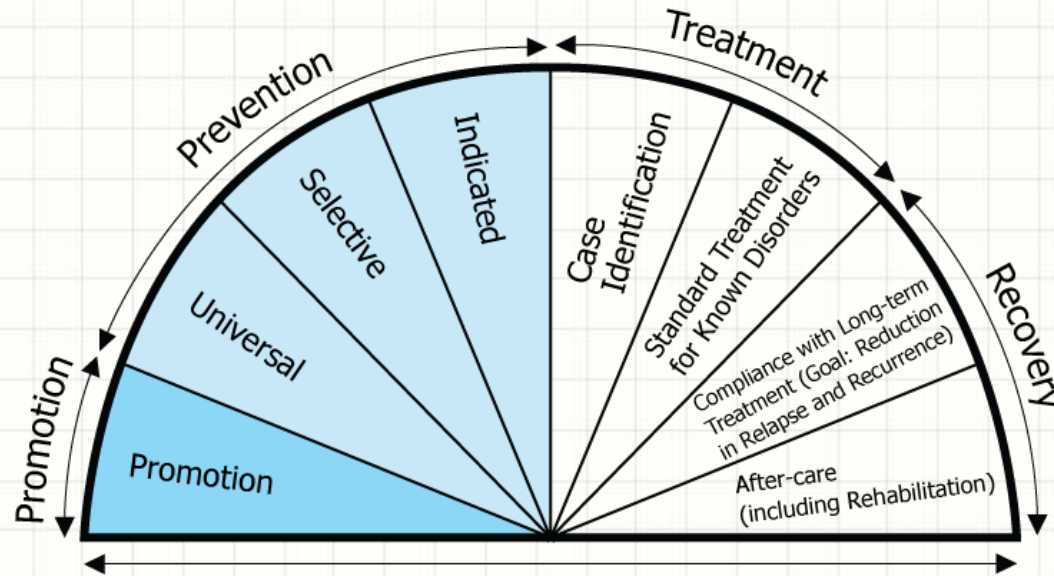
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Bureau of International Narcotics  
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U.S. Department of State

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# What is Demand Reduction?



- **Promotion**—These strategies are designed to create environments and conditions that support behavioral health and the ability of individuals to withstand challenges. Promotion strategies also reinforce the entire continuum of behavioral health services.
- **Prevention**—Delivered prior to the onset of a disorder, these interventions are intended to prevent or reduce the risk of developing a behavioral health problem, such as underage alcohol use, prescription drug misuse and abuse, and illicit drug use.
- **Treatment**—These services are for people diagnosed with a substance use or other behavioral health disorder.
- **Recovery**—These services support individuals' abilities to live productive lives in the community and can often help with abstinence.

# International Organization Partners

Long-time partners with demand reduction expertise:



United Nations Office on Drugs and Crime  
Drug Prevention and Health Branch  
(Vienna, Austria)



World Health Organization

World Health Organization  
(Geneva, Switzerland)



Colombo Plan  
(Sri Lanka)

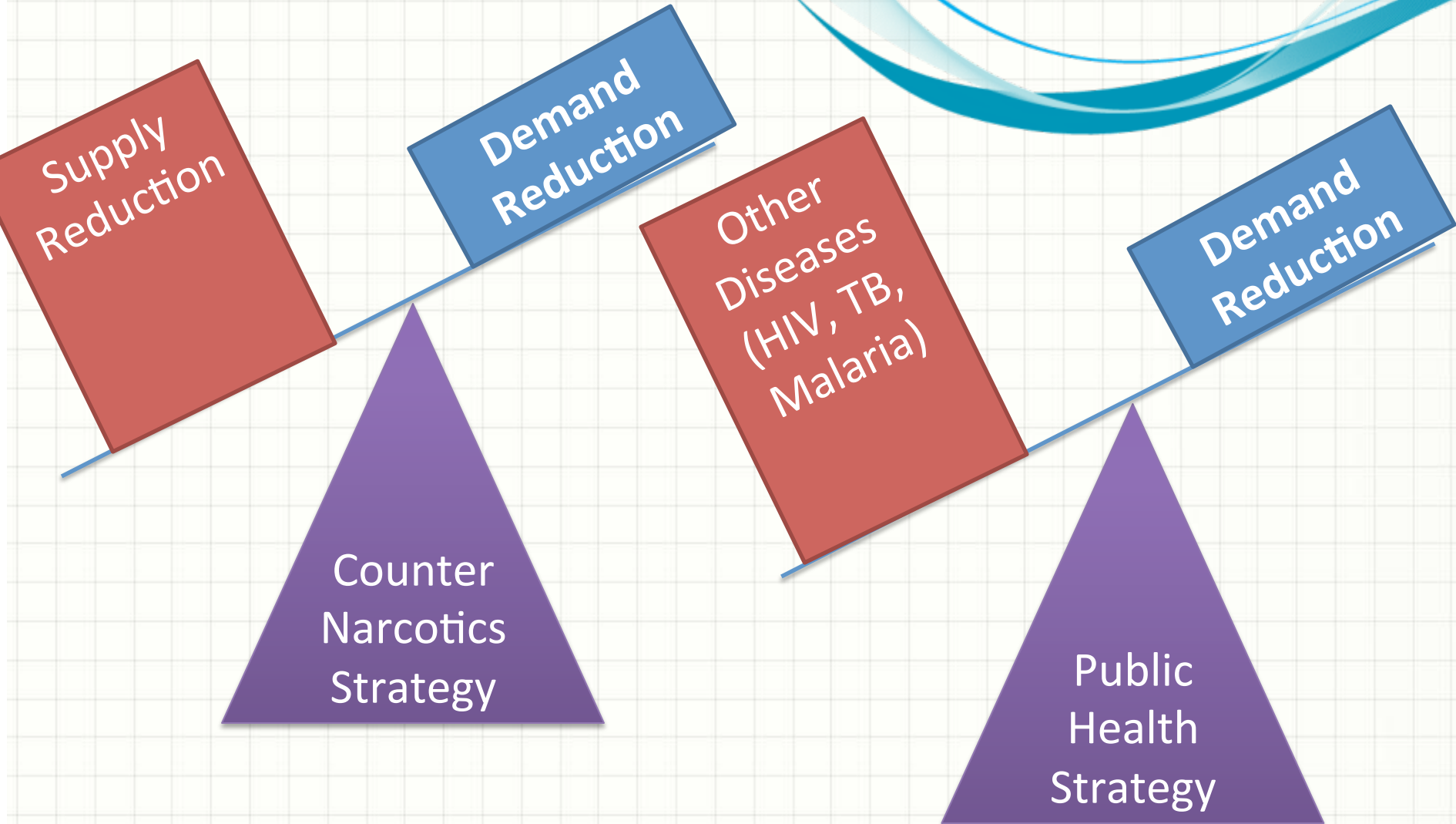


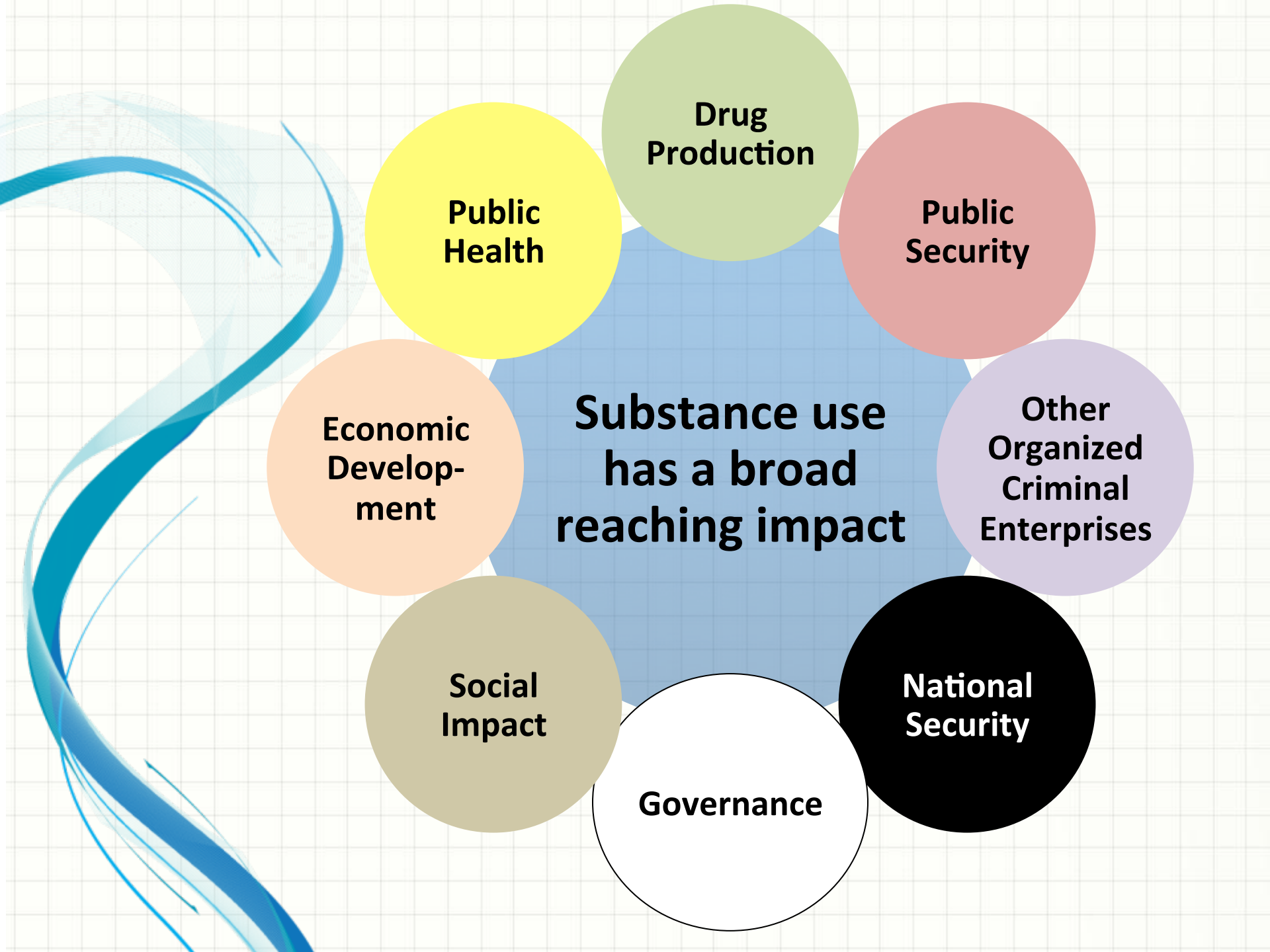
African Union  
(Addis Ababa, Ethiopia)



Organization of  
American States  
(Washington, DC)

# Importance of Balanced Counternarcotics Strategy





**Substance use  
has a broad  
reaching impact**

**Drug  
Production**

**Public  
Security**

**Other  
Organized  
Criminal  
Enterprises**

**National  
Security**

**Governance**

**Social  
Impact**

**Economic  
Develop-  
ment**

**Public  
Health**

# The Good News!

- 60+ years of scientific research in the field, with significant advances since 1990s.
  - Innovations in behavioral and medical research
- Science demonstrates that drug treatment and drug prevention work
- Drug addiction is a chronic and relapsing disease (e.g. like diabetes, heart disease, hypertension)
- U.S. Government (NIDA) conducts 85% of the world's research in the field of substance abuse treatment and prevention, spending billions of U.S. dollars over the past decades.



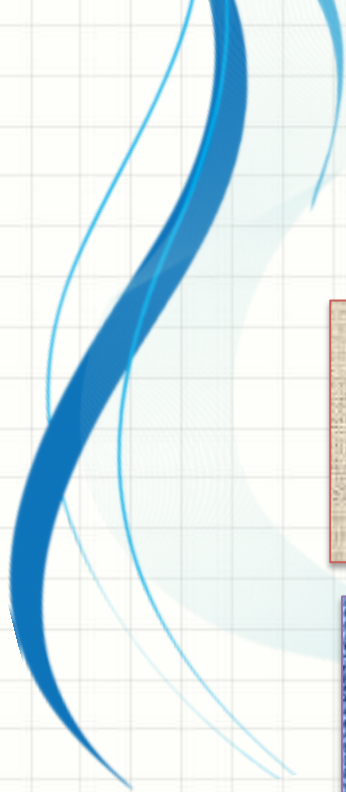


# The Bad News...

- The scientific research is not being translated to the field.
- Addiction remains misunderstood by many and non-evidence-based practices continue to be used in some treatment programs.

## Non-evidence-based practices

- Only detox, no psychosocial treatment
  - Religious education in isolation
  - Cold showers, physical restraints, beatings, starvation, and other techniques
- As a result of these practices, treatment fails; then clients, families, and communities lose hope for recovery and confidence in treatment.



# INL Objectives

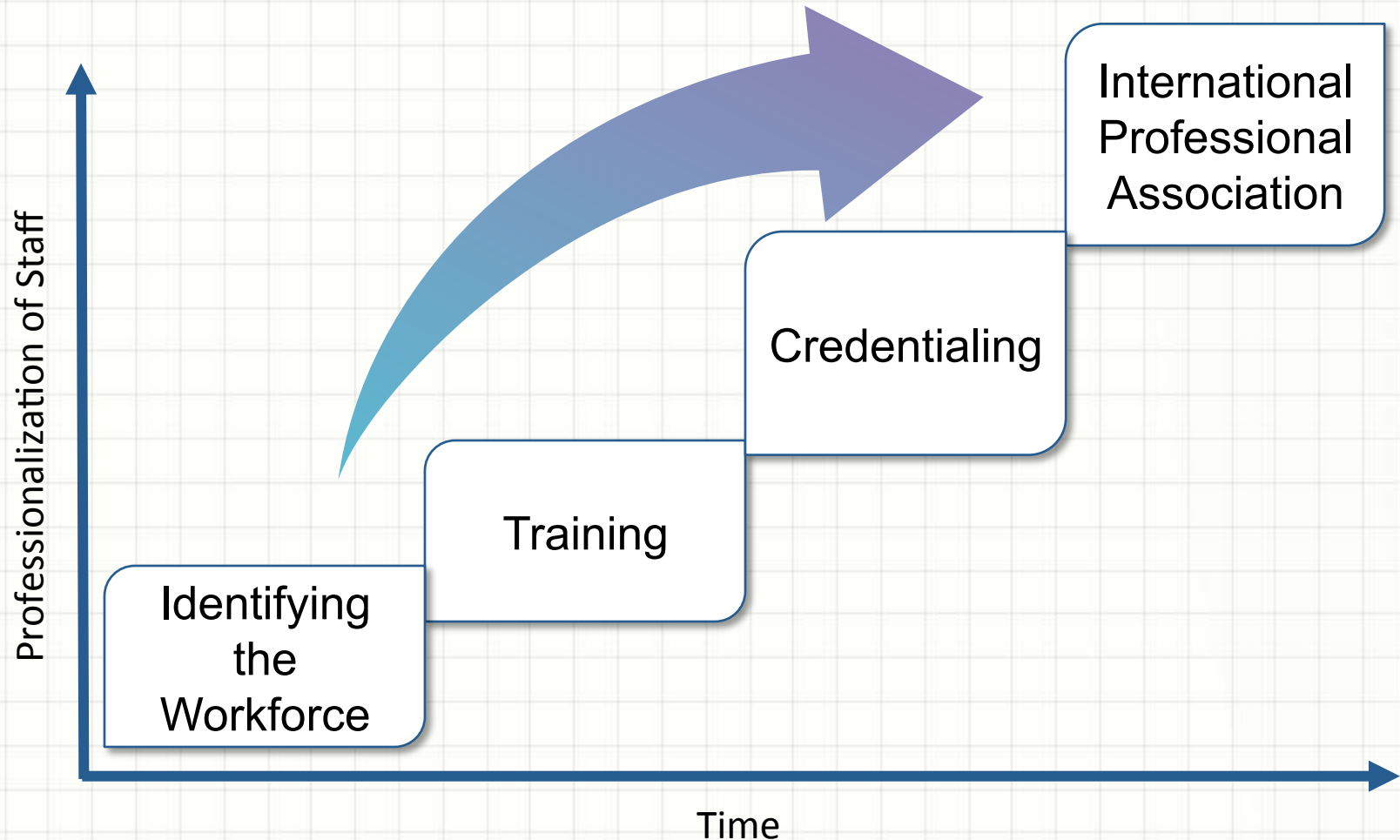
**1. Professionalize Prevention and Treatment  
Workforce**

**2. Professionalize Prevention and Treatment  
Programs**

**“Professionalize” = transfer of knowledge that is applied with fidelity through evidence-based interventions and which is regulated through a process of examination and certification/credentialing.**



# Developing a Global Network of Treatment Professionals





# IDENTIFYING THE WORKFORCE: MAPPING TREATMENT

- Most countries lack a registry or database of all of the available treatment services in the country and their characteristics.
- Such a list is valuable for:
  - Clients and families in order to know where to access services.
  - Public health staff for referral purposes.
  - Governments in order to identify gaps in services
  - International donor community in order to work with governments to provide targeted assistance where needed.

# Global Initiative to Map Treatment Services

- INL is partnering with five international organizations to map the treatment capacity in Asia, Africa, and Latin America during 2015.
- The mapping will form a living registry accessible to IOs and countries.
- The **drug treatment focal point** will play a critical role in helping complete and validate data.

44 States in Asia, Africa, Latin America Responding to Date

## Modality for Mapping

1. International Organization briefs National Drug Focal Points.
2. National Drug Focal Points identifies national stakeholders and receives information.
3. National Focal Point provides data to Ios.

List of all substance abuse treatment services in Afghanistan																						
No	Location	Donor	Implementer	Services					Target Groups				Capacity					Total Annual Treatment Capacity				
				Inpatient (Residential)	Out Patient	Outreach	Harm Reduction	Village Based	Community Based	After care	Shelter (# of beds)	Adults		Children	Inpatient				Out-pat.	Home Based		
												Male	Female		Number of beds	Treatment duration factor	Annual Capacity			Annual Capacity	Number of Patients	Treatment Duration Factor
1	Kabul	INL, Colombo Plan	WADAN	1	1			1		1				17	50	4	200	0	20	8	160	360
2		INL, Colombo Plan	WADAN	1	1			1		1				17	50	4	200	0	20	8	160	360
3		INL, Colombo Plan	SSAWO	1	1			1			1			8	20	8	160	0	20	8	160	320
4		INL, UNODC	SSAWO		1			1				1		2	10	8	80	0	0	0	0	80
		INL, Colombo Plan	SSAWO	1	1			1			1			9	15	8	120	0	0	0	0	120

# Universal Treatment Curriculum

## Core Curriculum

### Basic Level (8 courses)

1. **Physiology and Pharmacology (24 hrs)**
2. **Continuum of Care (40 hrs)**
3. **Co-Occurring Disorders Overview (24 hrs)**
4. **Basic Counseling Skills (40 hrs)**
5. **Screening, Intake, Assessment, Treatment Planning (40 hrs)**
6. **Case Management (16 hrs)**
7. **Crisis Intervention (16 hrs)**
8. **Ethics (32 hrs)**

### Advanced Level (15 courses)

9. **Pharmacology and SUD (33 hrs)**
10. **Managing MAT Programs (20 hrs)**
11. **Enhancing MI Skills (20 hrs)**
12. **Cognitive Behavioral Therapy (20 hrs)**
13. **Contingency Management (20 hrs)**
14. **Working with Families (33 hrs)**
15. **Skills for Screening Co-Occurring Disorders (20 hrs)**
16. **Intermediate Clinical Skills & Crisis Management (33 hrs)**
17. **Case Management Skills and Practices (33 hrs)**
18. **Clinical Supervision for SUD Professionals (33 hrs)**
19. **Enhancing Group Facilitation Skills**
20. **Special Population Groups**
21. **Theories of Counseling**
22. **Trauma Informed Care**
23. **Recovery Management, Continuing Care, and Wellness**

# Universal Treatment Curriculum For Special Populations

## Guiding the Recovery of Women (GROW)

1. GROW Basic
2. Continuum of Care
3. Domestic Violence
4. Trauma
5. Co-Occurring Disorders
6. Pregnant & Addicted Women
7. Women with Children
8. Adolescent Females
9. Family Therapy
10. Relapse Prevention

Recovery Support Services

Rural-Based Treatment

Community-Based Outreach Drop in Centers

## Children's Treatment

1. Interventions for Children
2. Counseling
3. Motivational Interviewing
4. Trauma and Distress
5. Suitcase for Life
6. Pharmacological Treatment

- Adolescent Treatment (CICAD)

## Other Populations

1. Adolescent Males
2. Criminal Justice System
3. Culturally Distinct Populations
4. LGBT
5. Peoples with Physical Disability and Chronic Pain Management
6. Refugees
7. Gangs
8. Homeless Populations
9. Child Soldiers
10. Trafficking victims
11. Sex workers
12. HIV Positive, Hepatitis B, Hepatitis C, TB Populations

# Universal Treatment Curriculum Series For Professions Working with SUD

**Physicians**

**Law Enforcement  
Officers**

**Criminal Justice  
Workforce  
(e.g. Corrections)**

**Psychiatrists**

**Social Workers**

**Policymakers**

**Psychologists**

**Nurses**

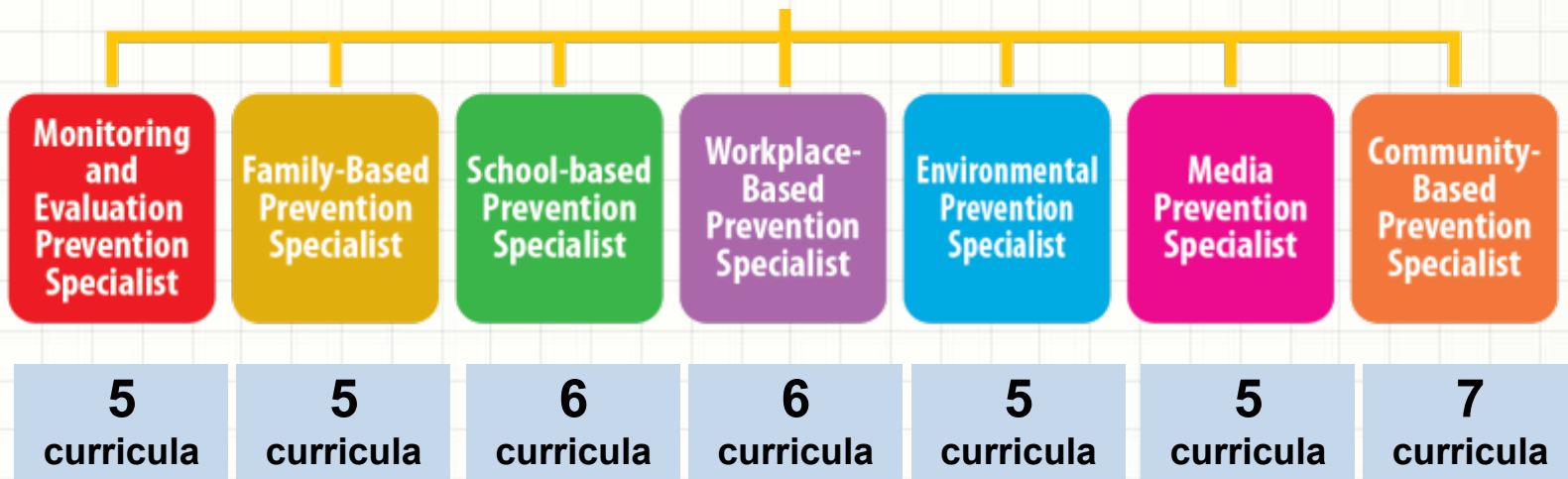
# Universal Prevention Curriculum

## Coordinator's Series

Intro to Prevention Science	Physiology & Pharmacology	Monitoring and Evaluation
Family Based Prevention	School Based Prevention	Workplace Based Prevention
Community Based Prevention	Media Based Prevention	Environmental Prevention

## Implementer's Series

Intro to Prevention Science	Physiology & Pharmacology	Monitoring and Evaluation
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**Number of curricula per specialization**

# UTC and UPC Curriculum

## Universal Treatment Curricula



## Universal Prevention Curricula



## Adaptation and Translation of Manuals





# Dissemination Modalities

**Global Trainers**

```
graph TD; GT[Global Trainers] --> NNT[National Training Teams]; GT --> STI[Staff of Training Institutions (e.g. University Professors)]; NNT --> NTPW[National Treatment and Prevention Workers]; STI --> NTPW;
```

**National Training Teams**

**Staff of Training Institutions  
(e.g. University Professors)**

**National Treatment and Prevention Workers**

# 2015 Training Program in 42 countries



# Professionalization through Credentialing

## Through ICCE Credentialing system

- International Certified Addiction Professional – Levels I, II, III
- International Certified Prevention Specialist – Levels I, II
- Clinical Supervision
- Recovery Coach
- Endorsements (e.g. Women's Treatment)



# International Society of Substance Use Prevention and Treatment Professionals (ISSUP)

- ISSUP will disseminate latest science and research and provide treatment and prevention staff with resources and a platform to discuss program implementation issues.
- Network of prevention and treatment staff – primarily for those receiving certification or receiving training for the exam.

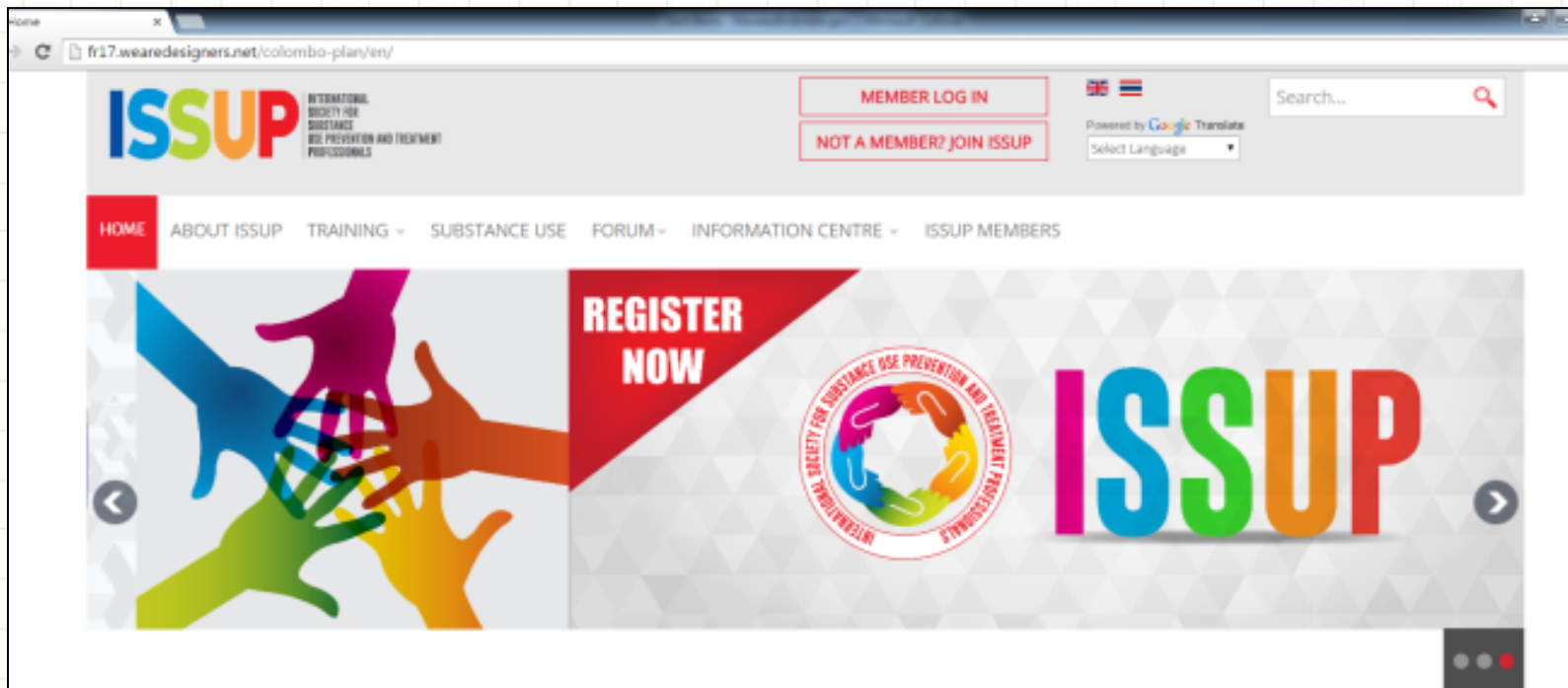
Partners: INL, UNODC,  
OAS, Colombo Plan

- ISSUP-1: July 6-10, 2015 in Bangkok, Thailand, co-hosted with Thanyarak Institute and Thailand's Office of the National Control Board (ONCB).
- ISSUP-2: Dec. 2016 in Cancun, Mexico
- ISSUP-3: 2017 TBD



# ISSUP Website – [www.issup.net](http://www.issup.net)

- Provides opportunities for addiction prevention and treatment professionals to share developments in the field and interact directly.
- Provides web-based training, webinars and technical assistance.
- Serves as registrar to centralize student training data in preparation for the international credentialing exam.



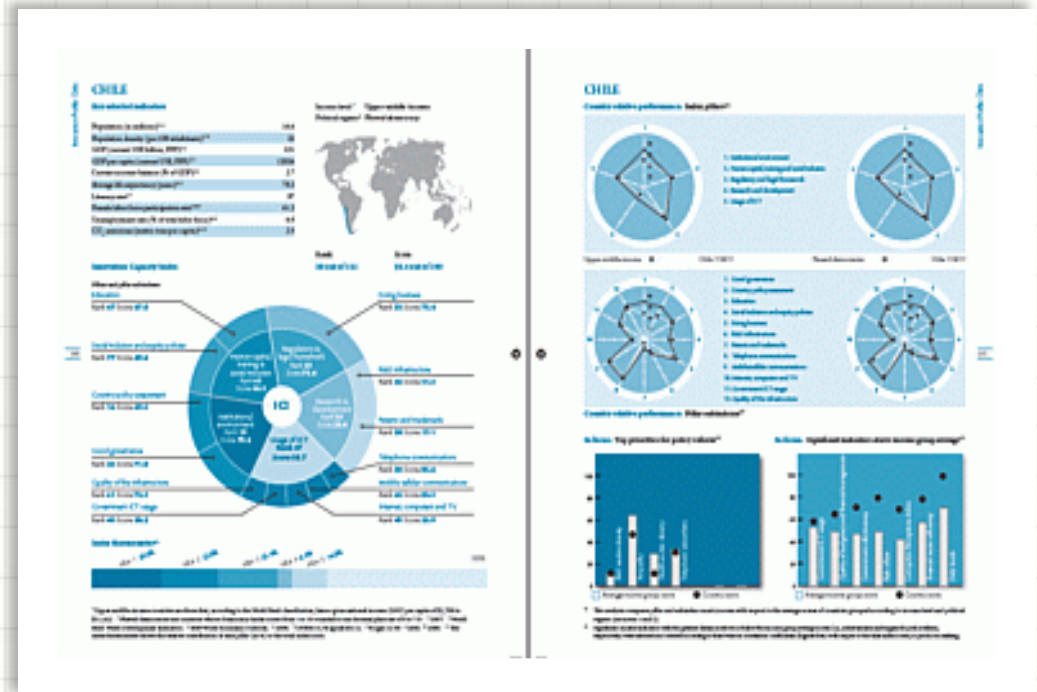
## WELCOME TO THE ISSUP WEBSITE!

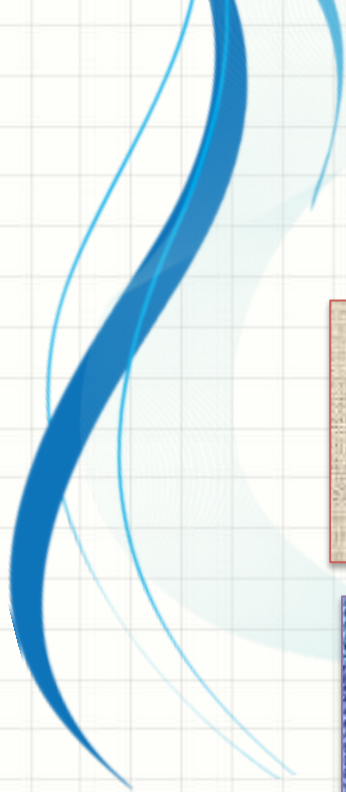
The International Society for Substance Use Prevention and Treatment Professionals (ISSUP) recognizes and supports those working in substance use. Its members come from a range of careers within the field, with a professional qualification or significant experience. ISSUP brings substance use professionals together, provides

“ I realized that for these organisations to succeed, we needed to foster strong networking as well as regional and international linkages. I have seen the power of collaboration in creating effective change at grassroots level for community transformation.”

# ISSUP WEBSITE: COUNTRY PROFILES

- Provides specific information about the country
- Prevalence and incidence of SUD
- UPC/UTC training initiatives
- No. of credentialed addiction professionals
- Mapping of prevention and treatment services





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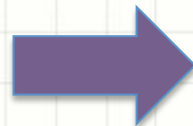
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# One Solution: Professionalize Treatment Systems

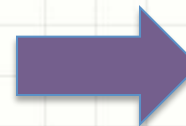
## Professionalize Treatment Programs and Facilities



**Develop  
Global  
Standards  
for  
Treatment**



**Minimum  
and  
Quality  
Standards  
Established**



**Technical  
Assistance to  
governments in  
accreditation of  
treatment  
services/facilities**





# Upcoming Opportunities to Work with INL

- December 7-11: Vienna, Austria
  - Full-day session on International Standards
    - Expert teams will examine specific interventions at different settings, preparing for the March 2016 release at the CND
  - Three days of Scientific Consultations
    - Experts will brief policy makers on the public health approach to addressing the drug problem
- Ongoing: Training and Credentialing