

## Seventh GCCC Commission Meeting Minutes

10-12 December 2018

Nairobi, Kenya

### Attendees

#### **GCCC Commission Members**

1. **Argentina**- Dr. Maria Veronica Brasesco, Director, Drug Observatory (SEDRONAR)
2. **The Bahamas** - Ms. Bernadette Ellis, Registrar, Health Professions Council
3. **Bangladesh**- Mr. Abdul Ala Md. Hafizur Rahman, Additional Director, Department of Narcotics Control, Security Division, Ministry of Home Affairs
4. **Bhutan**-Mr. Nima Damdul, Chief Program Officer, Demand Reduction Division, Narcotics Control Agency
5. **Chile**-Mr. Carlos Ibáñez, Technical Advisor, SENDA, Chief of Addiction Unit, University of Chile
6. **Ghana** -Mr. Francis Kofi Torkornoo, Executive Secretary, Narcotics Control Board (NACOB)
7. **India**-Ms. Upma Srivasatava-Additional Secretary to the Govt. of India, Ministry of Social Justice & Empowerment
8. **Indonesia**-Dr. Riza Sarasvita-Demand Reduction, BNN
9. **Japan**-Mr. Yuji Yazawa President and CEO, Oneness Group
10. **Kenya**- Dr. Richard M. Gakunju, Kenya Certification Council, National Authority for the Campaign against Alcohol and Drug Abuse (NACADA)
11. **Malaysia**-Dr. Zall Kepli MD Rejab, Assistant Professor Cyberjaya University, College of Medical Sciences
12. **Malaysia**-Dr. Sabri Zainudin Zainul, Deputy Director General, National Anti-Drugs Agency, Ministry of Home Affairs
13. **Pakistan**-Mr. Ata Hussain Shah Hashmi, Deputy Secretary Narcotics Control
14. **Philippines**-Mr. Benjamin P Reyes, Permanent Member, Dangerous Drugs Board
15. **South Africa**-Dr. David Bayever, Chair, Central Drug Authority
16. **Sri Lanka** -Prof. Saman Abeyesinghe, Chairman, National Dangerous Drug Control Board, Ministry of Law and Order
17. **Thailand**- Dr. Prapapun Chucharoen, Program Director, Addiction Studies, Department, Mahidol University, ASEAN Institute for Health Development
18. **UAE**- Mrs. Aysha Al Hosani, Prevention Specialist, National Rehabilitation Centre, Abu Dhabi, UAE
19. **Vietnam**-Phan Dinh Thu, Director, Drug Addiction Treatment Policy, Department of Social Vices Prevention, Ministry of Labour, Invalids & Social Vices Prevention

#### **Ex-Officio Members/Advisors**

1. Ms. Angela Crowdy, Assistant Executive Secretary, CICAD
2. H. E. Ambassador Dr. Phan Kieu Thu, Secretary-General, The Colombo Plan Secretariat
3. Mr. Brian A. Morales, Director, Drug Demand Reduction Division, Bureau of International Narcotics and Law Enforcement Affairs, U.S. Department of State, USA.

#### **Observers**

1. Dr. Roberto Moro, Secretary, Comprehensive Policies on Drugs of the Argentine

- Nation (SEDRONAR), Argentina
2. Ms. Jimena Kalawski, Head of Programmatic Division, National Service for the Prevention and Rehabilitation of Drug and Alcohol Consumption (SENDA), Chile
  3. Mr. Dave Alexander, Drug Control Officer, National Drug Control Secretariat, Grenada
  4. Mr. Juan Rafael Sanchez, Executive Secretary, Executive Secretariat of the Commission Against Addictions and Illicit Drug Trafficking (SECCATID), Guatemala
  5. Mr. Shu Kawaguchi, Oneness Group, Japan
  6. Mr. Michael Tucker, Director, National Council on Drug Abuse, Jamaica
  7. Ms. Victoria González, Coordinator of Prevention, National Drug Board of the Presidency of the Republic, Uruguay
  8. Ms. Leticia Keuroglan, Sociologist, Uruguayan Observatory of Drugs, Uruguay
  9. Dr. Shamil Wanigaratne, Consultant Clinical Psychologist / Senior Advisor to Director General, NRC, United Arab Emirates
  10. Assistant Secretary Ms. Kirsten D. Madison, Assistant Secretary, Bureau of International Narcotics and Law Enforcement Affairs, U.S. Department of State, USA.
  11. Ms. Charlotte Sisson, Senior Foreign Affairs Officer and Team Lead, Drug Demand Reduction Division
  12. Mr. Andrew Thompson, Foreign Affairs Officer, Drug Demand Reduction Division
  13. Ms. Mayra Heinz, Inter-Action Drug Control Commission
  14. Mr. Phaedon Kaloterakis, President, European Federation of Therapeutic Communities (EFTC)
  15. Mr. Pernell Clarke, Specialist, Inter-American Observatory on Drug (OID), Inter-American Drug Abuse Control Commission (CICAD)

#### **The Colombo Plan**

1. Ms. Becky Vaughn, Director, GCCC
2. Ms. Samitha Gunasekera, Programme Officer, GCCC
3. Ms. Ashley Becker, Programme Officer, GCCC
4. Mr. Mariano Montenegro, Project Director, Chile

#### **10 December 2018**

The Global Centre for Credentialing and Certification of Addiction Professionals (GCCC) (formerly ICCE) the credentialing arm of Drug Advisory Programme (DAP) of the Colombo Plan Secretariat (CPS) was organized on 7th Commission Meeting on 10-12 December 2018 in Nairobi, Kenya in collaboration with the International Society of Substance Use Professionals (ISSUP), National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA) and African Union Drug Demand Reduction Conference and Training Workshop. This initiative was organized by DAP with funding from the Bureau for International Narcotics and Law Enforcements Affairs (INL), US Department of State.

#### **MEETING DISCUSSIONS**

##### **Item 1: Commission Orientation/Welcoming Remarks**

In absence of the Chair and the Deputy Chair of the GCCC Commission, the Seventh GCCC

Commission Meeting was opened by GCCC Director, Ms. Becky Vaughn at 1:30 pm. She welcomed participants to the meeting and noted some adjustments to the order of the Agenda; based upon schedule conflicts due to ISSUP Opening ceremony adjustment.

Ms. Vaughn invited Ms. Charlotte Sisson from the United States of America's Department of State-International Narcotics and Law Enforcement Affairs (INL) to bring greetings. Ms. Sisson noted that that this was her first GCCC meeting; highlighting that the commission meeting is where all the training is examined – all the work that is being done to build professionals in the work place.

She clarified that the way to do that is through credentialing. She noted that the goal is to make sure that the workforce understands the materials. To justify the funding, one of the key output performance measures is the number of professionals credentialed. She emphasized that it is important to make sure that this number continues to grow. Ms. Sisson highlighted that there are over 1200 ICAP-credentialed professionals in the world and that she wanted to continue to make this number grow. With partners in 110 countries, she noted 46 of those countries where there are credentialed individuals. Kenya and Philippines have the highest number of credentialed individuals. She affirmed the support of governments of these countries for ensuring that credentials are recognized and that the addition professional work force is growing. She noted looking forward to the opportunity to learn from the commission and concluded her welcome.

Ms. Vaughn thanked Ms. Sisson for her remarks. She then followed to explain that His Excellency-Hamad Al Ghafari was delayed and invited Dr. Shamil Wanigaratne to share a statement on behalf of His Excellency, as the outgoing chair. He warmly welcomed everyone to the commission meeting. He noted that it has been sometime since the commission met and there have been many changes. The commission was set up as a governing body for individuals participating in GCCC training. He asserted that good governance is very important for professionalizing the workforce and the quality of credentialing is crucial. Participants in the GCCC training have grown from 14- 90 countries. A practical solution and workable solution may be the development of a small elected active executive board to carry out the business of GCCC (formerly ICCE). He emphasized that is it critical to develop a practical constitution and abide by it. He welcomed Dr. Gakunju as the new chair; thanking and congratulating him.

After concluding his remarks, Ms. Vaughn asked that Dr. Wanigaratne accept an award in absentia, recognizing His Excellency's service and leadership as the outgoing chair. Ms. Vaughn highlighted how he has helped birth and build the organization into what it is today. Ms. Vaughn asked that Dr. Wanigaratne pass on the gratitude of the GCCC Commission for the work that he has done.

**Action: For information only.**

## **Item 2: Introduction of the participants and Adoption of the Agenda**

By way of introduction, Ms. Vaughn reflected on her experience and connection within the industry; and her time with Colombo Plan-GCCC Credentialing. She noted that she is

particularly excited to be present. She then requested that the delegates and observers introduce themselves. Commission members were seated by country; except for Angela Crowley CICAD representative and Brian Morales, INL. Ms. Vaughn gave thanks for the interpreters and other assistance given by Ms. Samitha Gunasekera & Ms. Ashley Becker. Following the introduction by the participants, the agenda for the 2-day meeting was adopted.

**Action: For information only.**

### **Item 3: Orientation for Commission Members**

Ms. Vaughn provided the meeting with a brief overview on the history and background of the GCCC Commission. Her presentation aimed to prepare the commission members with an understanding of the partnerships of the GCCC, their role as Commissioners, and how the GCCC operates.

She thanked the Commission members for the work they are doing in their own countries; noting that often in the field of addiction treatment. Once patients have finished treatment they go back to their lives; addiction professionals often do not know the impact of their work.

She noted that the goal for the commission is good governance -a body that is accountable, transparent, responsive, consensus oriented, participatory, inclusive, efficient, and follows the rule of law.

She took time to highlight the new name for the organization. She noted the need for the name change came from the change in scope and responsibilities of the organization; pointing out that while GCCC is still responsible for coordinating with the training to provide credentialing exams; the overall training program is no longer under the umbrella of the GCCC. This provides us the ability to focus on credentialing and certification.

She highlighted the process in the credentialing arena that is used: Starting with passionate people; providing training/education (UPC, UTC and soon a Universal Curriculum for Recovery Support); field experience (working directly with patients); taking the exam; more practice and then check on the passion to see if they should continue in the profession and cycle starts over.

Ms. Vaughn explained the partnerships including the International Consortium of Universities for Drug Demand Reduction (ICUDDR) and the International Society of Substance Use Disorder Professionals (ISSUP). ICUDDR are the universities/colleges that promote advance degree and continuing education for addiction professionals; supporting inter-university networking in the applied addiction fields. ISSUP helps promote networking and continued education with, membership and a shared database with GCCC. To ensure credibility DAP/GCCC requires all Universal Curricula training to be registered and posted with ISSUP.

She outlined the scope of commission members to be:

- the eligibility and examination Qualifications;
- Examination Content and Construction;
- examination administration;
- examination Scoring (in accordance with generally accepted psychometric principles; special credentialing for Universal Curricula trainers;
- the rules of procedure for meetings including site, frequency and agenda;
- ethical standards for addiction professionals credentialed and/or certified through GCCC;
- and the process for credential/certification suspension, revocation, re-instatement, and decision appeal.

She identified the most important job for commissioners is to be ambassadors for the GCCC; to spread the word in two ways: advocate in the commission members own countries for recognition and requirement of the ICAP to work in the field: secondly, spread the word of the value of credentialing and the GCCC when in conversation with people from other countries; emphasizing the importance of credentialing to professionalize the work force. She pointed out that GCCC must be looking towards all opportunities if it is going to truly address the issue of addiction and demand reduction. She wrapped the conversation with a note of hope toward progress in ending the disease of addiction.

**Action: For information only.**

#### **Item 4: Approval of Minutes & Financial Report**

Ms. Vaughn brought the minutes forward for notice asking members to review, noting there would be a call for approval following remarks from Dr. Richard M. Gakunju. She then turned it over to Dr. Gakunju to bring his delayed welcome to the participants.

He further welcomed the participants to the beautiful country of Kenya; encouraging them to spend time visiting and enjoying the environment. He thanked participants for making the effort to attend and expressed his appreciation for the partners and major source of support and funding from the US State Department's Bureau of Narcotics and Law Enforcement (INL): Assistant Secretary Ms. Kirsten D. Madison, Mr. Brian Morales, Ms. Charlotte Sisson and Mr. Andrew Thompson. He pointed to the changes that happened since the last meeting in Yogyakarta, Indonesia, one of the most significant is the change in scope and new name providing a new opportunity to brand and promote. He welcomed the new commissioners and the observers. He pointed to the full agenda ahead of the Commission members.

**Action: Ms. Vaughn who called for the approval of the minutes from the 6<sup>th</sup> ICCE Commission Meeting. Dr. Wanigaratne motioned that the minutes be approved; Ms. Srivasatava seconded it. The minutes were approved.**

#### **Item 5: Election of New Officers/Committee Appointments**

Ms. Vaughn presented the slate of officers and asked for nominations from the floor. With no additional, the Commission then proceeded to vote.

The motion to entertain slate was brought by Mr. Benjamin Reyes and then seconded Mr. Francis Kofi Torkornoo. The slate was approved unanimously. Dr. Gakunju , Chairperson, Dr. Veronica Brasesco, Deputy Secretary and Ms. Bernadette Ellis, Secretary were presented as new officers. Ms. Vaughn noted that there is currently no nomination for Treasurer. Dr. Prapapun Chuchareon - Training Committee Chairperson; Dr. Riza Sarasvita - Ethics Chairperson; Jerry Jenkins - Credentialing Committee Chairperson were approved to the chair positions.

**Action: The slate of New Officers/Committee Appointments were approved.**

#### **Item 6: Presentation of GCCC (formerly ICCE) Past year activities**

Dr. Gakunju reconvened the meeting at 3:27 PM. He welcomed Ambassador Phan Kieu Thu, Secretary-General of Colombo Plan; and thanked her for joining the meeting.

The Chair invited Ms. Vaughn, to make a presentation on the DAP and GCCC Initiatives. Ms. Vaughn started her presentation with a brief background on Colombo Plan and the year's past activities.

She highlighted how the GCCC operates and gave the financial overview of operating under two overlapping INL budgets. This can be found in the appendix along with additional handouts.

She noted that the INL 2017 budget's period of performance is from 12 September 2017 – 2019. She emphasized the 2017 objectives:

1. conducted credentialing exams in at least fifteen countries;
2. increase the number of credentialed professionals by at least 50%;
3. and hire an ICCE Director that promoted exams with relevant government agencies.

She then pointed to the INL 2018 budget's period of performance as 27 August 2018 – 27 August 2020 and the objectives for this period of performance:

1. conduct ICAP Credentialing exams in at least twelve countries;
2. improve the exam candidate database in order to provide analytical data to improve training and increase the exam passing rate;
3. brand the new name and market the credential by exhibiting at 3 international conferences;
4. distribute at least 1000 brochures;
5. create an electronic newsletter for all stakeholders;
6. post comments monthly on the (ISSUP) website
7. launch new website for GCCC and increase website visits by 50%;
8. complete and launch a Prevention certificate exam;
9. and complete a credential renewal analysis study.

Ms. Vaughn presented the new GCCC logo and marketing materials. GCCC – the Global Center for Credentialing and Certification will replace the former title of International Centre for Credentialing and Education (ICCE). Ms. Vaughn noted that the new title would

be officially implemented at the conclusion of this meeting. There would be a concerted effort to transition the title by denoting “formerly ICCE” for a set period of months.

Ms. Vaughn noted the types of data collection that is already being done and how it is being used. She pointed to new graphics highlighting the credentialing in 55 countries and training in over 90 countries. One goal is to reach out in the countries where training is happening but not credentialing. She pointed to the 69% pass rate for the exam being a good indicator for the strength of the credentialing exam. She also highlighted the number of candidates who sat for the exam an increase of 1800%; from 2012 with 35 candidates who sat for the exam to 763 candidates. She then showed the data for the number of exams that are offered, 2012 – 1 exam -> 2018-22 exams. She noted the limitation on growing the number of exams is based on how fast the applications can be processed by one staff member. To address this constraint an application portal is being developed for the new website streamlining the process to make it more efficient.

She shared the collaboration between GCCC, ICUDDR and ISSUP. ICUDDR: Ms. Vaughn attended their annual meeting in June and participated in some of the presentations; she regularly communicates and collaborates with their Executive Director, Kim Johnson. They are developing a new mentoring program which GCCC wants to offer newly-credentialed professionals this opportunity to have an advisor. At the same time, GCCC has a close partnership with ISSUP: by sharing the database a person on ISSUP who wants to share that they have an ICAP credential can be quickly verified and professionals can keep up with their continuing education credits and renewal requirements. GCCC is requiring that if the training candidate wants UTC credit; the training must be registered on the ISSUP website.

She highlighted the option for online training to be available as one of the goals; to give every country their own testing date; so that training can be planned around that date; and to establish a remote proctoring option for exams which will be piloted in Chile. This would reduce the barrier of traveling to a central location to take the exam; noting that is done by other credentialing programs with positive results. Another option that is being explored is to identify local teachers, who understand the parameters of proctoring an exam, to train for proctoring ICAP exams. This would allow for more exams to be held by reducing the travel expense for a GCCC staff member to proctor.

Ms. Vaughn mentioned the challenge of the exam fees; mentioning the concept of a sliding scale for the fees. She noted that GCCC continues to work on this issue.

Ms. Vaughn paused the discussion to welcome Ms. Kirsten D. Madison, Assistant Secretary of State, International Narcotics & Law Enforcement Affairs to bring her greetings. Ms. Madison noted that she was honored to bring greetings and welcome participants to the GCCC meetings to share what they have learned together. She thanked Ambassador Phan Kieu Thu & GCCC Director Becky Vaughn. Ms. Madison shared her points from ISSUP’s Opening Ceremony--talking about pillars of this work. The second pillar is this very process--the professionalizing of the SUD workforce through credentialing. She noted that treatment practitioners and evidence-based tools are the foundation of quality care; but it is also important that quality care is provided consistently, not just in particular settings or with practitioners. She pointed out that practitioners can make sure that the implementation is consistent with best practices through credentialing--again why the Commissioner’s

discussion is so relevant and how enduring change is created in institutional structures that can take on these challenges. She noted that INL is pleased to support GCCC's international credentialing exams and the gathering of input and ideas. The idea that practitioners from 46 countries have taken the ICAP exam. It is not a small undertaking to seek these credentials and deepen their professional roots. It requires a lot of resources to create the exam and implement the testing processes. She commented that she is immensely proud to be supporting the organizations that are working in this area and these discussions will help guide and grow Colombo Plan-GCCC in this effort to support the professionalization of the addiction workforce. It is powerful to bring together all the participants in the conference; creating global connections creates value in this type of network. She thanked the commissioners for their time and excused herself. Ms. Vaughn thanked Ms. Madison for taking the time to speak to the commissioners.

#### **Item 7: Proposed Changes to Commission Policies/Procedures**

Ms. Vaughn provided the meeting with highlights from the updated policies and procedures of the Commission. Her presentation also aimed to prepare the meeting for the subsequent discussion on the recommended changes in the Commission policies & procedures document. She highlighted that most noticeable changes were the re-grouping of the By-laws separate from the Policies & Procedures. This organization will make the Policies & Procedures more adaptable as things changes leaving the Bylaws to be broader, more universal, and ideally remaining relatively stable as the GCCC moves forward.

The GCCC Director then lead a discussion focused on the policies and procedure manual in two sessions of the meeting, the other was on December 11. GCCC Director thanked the commission members for their discussion suggesting that she enter changes into the manual and email commission members in early 2019 to discuss the changes. The notes/suggestions discussed will be listed in the draft versions of the Policies & Procedures working copy available for Commission members for further review.

**Action: Ms. Vaughn will update the Policies & Procedures based on the discussion; then resend the cleaned copy for vote by email at later date. The commissioners agreed.**

Dr. Gakunju adjourned the second session by inviting participants to the reception that evening in honor ISSUP's Fourth Annual Conference. The meeting was adjourned at 5:30PM.

#### **11 December 2018**

Dr. Gakunju reconvened the meeting at 09:10 AM on 11 December 2018 inviting Ms. Nathalie Panabokke, Deputy Director DAP .

Ms. Panabokke noted that Training will focus on curriculum development and maintaining the quality and standards that were set by the GCCC.

Dr. Sarasvita questioned how the GCCC should define the criteria of the education provider. Ms. Panabokke replied that the original definition did lack criteria, but now ensuring that there is criteria for three levels: government, NGO, Universities (trained personnel integrate

Universal Curricula in their core structures). They must show that they have a selective interest with the providers/then reviewed-if they meet those standards and renew education provider status. At each point, if they don't meet the criteria, they are told that they need to go back and redo that status. They are working on a registry and pamphlet.

She then expressed concern of institutions that implement an additional fee that can be inserted by the manual providers making it cost prohibitive. Ms. Panabokke replied that they cannot charge for the manuals and that she is unsure how to prevent the charging of fees for the training programs.

Mr. Rafael Sanchez emphasized that government agencies need to be part of this organization. There needs to be an interest to play a role in this commission. They are trying to reinitialize and coordinate and implement a UTC program. For Guatemala, it would be interesting to benefit from this type of accreditation and participation.

Mr. Rahman noted that many are suffering from disorders because of a lack of a system in place to independently focus on prevention. What is needed is a platform.

Dr. Gakunju noted that many countries have struggled with the issue of functions combined and how professionals address SUD. He pointed out that it is an opportunity for countries to look at the issue, while understanding the need for specialization.

Mr. Hashmi noted that in his country of Pakistan, individual service providers must register to work in Pakistan. The NGOs were participating, but they were chosen by INL, not the government. When they go back to certain countries; we don't know how much they should be able to charge for resources. People open treatment centers; but they don't have the training. There needs to be a facilitation or structure in place assisting these NGOs.

Dr. Gakunju noted that in Kenya the NGOs are registered-mapped out under a national focal point. See how it works best for each region/government. There are standards maintained and a system of professionals.

Mr. Rahman asked it would be possible for a small team to go onsite, to help in those regions? To help implement; procedures that would help service providers? Ms. Srivastava agreed that there needs to be government buy in.

Dr. Rajeb noted the need to have government permission to conduct a course. We recently have Mission Quality Agencies- two-year process. I think with that we will have students. But very little if there is no credentialing program. Opportunity for training that is already in place in many universities; a platform to raise up professionals out of the systems that are already in place.

Dr. Sarasvita asked that the work of the GCCC consider the training of not just UTC-UPC. It can also be additional programs/trainings. How do you accommodate those additional trainings for credit?

Ms. Panabokke noted the training that is currently offered. Especially with the initial

credentials; we look at additional training and content, maintaining overviews of trainings as well. Ms. Vaughn noted that they look at what other credentialing bodies accept.

Mr. Damdul noted that Bhutan has a supportive government. The ideas aren't creating more jobs in the industry of addiction professionals; the idea is to partner with stakeholders and building on their capacity with the advantage that when clients are referred, they are trained in the addiction field i.e.: school counselors, doctors, etc. He noted that there is more mention of the UTC than UPC.

Ms. Ellis brought up credentialing for universities and faculties; do they have to be recognized in the countries. Faculty members will need additional training to integrate UTC/UPC into their course structure. She asked if there is a register to track/access the providers that have been credentialed.

Ms. Panabokke noted that there is documentation/work being done to establish a register. Ms. Sisson noted that INL is also interested in this. She pointed out that it was important to make it easier for education providers to be trained and credentialed. INL affirms the possible need for this to be a separate certification process.

Dr. Gakunju called for break at 9:50 am

### **Item 8: Successes & Challenges**

Dr. Gakunju reconvened the session at 10.25 AM. Members proceeded to share on credentialing issues focused on the topic of Successes and Challenges.

Short presentations submitted. Dr. Reyes presented first. Reyes emphasized that the challenges in his region that 1 officer for 200 patients; country divided into two continents divided by South China Sea. 1,600 km for some to get to training center. Dr. Zanui then presented on Malaysia. He noted that the way forward for Malaysia is to enhance competency of National trainers; have more credentialed officers with ICAP & ICPS, to recognize GCCC credential in NADA advantage in career development plan and to continue cost-sharing in implementation of all GCCC initiatives.

Dr. Gakunju thanked the individuals for their presentations. He then invited others to present their own successes/challenges.

Dr. Rejab noted there is different issues we all share. Dr. Gakunju noted that there are different problems; different issues. Mr. Rahman brought up that the view is different, but the goal is the same. He noted that the base issue is addiction while it may be revealed in different types. The big picture is that there are symptoms in pieces. Some of the criteria is too dangerous. Proposal is that it be divided into smaller cells to share this knowledge; in how to address the changing situations. Core bodies under the auspice of the GCCC Commission. There must be a platform of law; while the core purposes may vary the platform should have the same basis. Concrete proposal: small cells with learned persons/trained; keep in touch of changing session of the world. Dr. Gakunju noted that the structure should come from the Department of Health's/institutions with the government.

The idea would be to review what is not working. If there is no structure in the country, the challenge is to think what is currently in place and what can be done.

Mr. Damdul noted that the Bhutan Narcotics Authority in where education providers communicate to other bodies of government to work with them; they collaborate with each other. In this model, credentialing goes through one organization; maintaining and resourcing these other institutions. The main issue is that there is a need for Recovery Support Professionals; waiting on that curriculum to be developed. Peer counselors for peer support. We want to educate these peer counselors. Ms. Vaughn followed up requesting a clarification on definition of peer- Mr. Damdul noted that there are different levels of distinction. Peers are individuals serving in drop in centers having completed a level of training.

Dr. Gakunju noted that it is important to start with what is working.

Mr. Pina noted that there is a development centers/agency. The main workers are professionals. High number of universities that teach occupational therapies, medicine, psychology, etc. The specialist training in addiction needs more development. He agreed that UTC/UPC is a very good opportunity for them through formation/training done by universities. The possibilities to practice clinically is authorized by Ministry of Health. The process between the training/authorization is the same. There isn't necessarily a distinction; a cultural barrier that they must adjust. There is no additional requirement. The logic of exam certified by a different body is new to them. It is usually applied to medical profession (national exam). He noted that this is an important distinction and that there is a progressive process. There should be a progressive requirement process; this is a way to move forward and use it. In Chile there is a Colombo Plan process; with training process. Universities have been trained to implement the prevention education. Ms. Vaughn followed up with a question- psychologists don't follow up with an exam? Mr. Pina noted that there are no others- just primary medical doctors. There is no specialist common exam. Dr. Gakunju asked what exam the medical professions sit for- professional or SUD. Mr. Pina noted that very few had SUD training because there is no specialized training for addiction. There are some Masters in Addiction-more science or theoretical versus clinical specialization.

Mr. Mariano shared that the Colombo Plan's Chile office is offering regional training. It is a gradual process with more and more courses. In the years moving forward, there can be more of demand for credentialing training. In many countries in Latin America, there is a lack of training. Credentialing is important, but there is a need to be patient in the beginning. There is a problem in the quality of treatment. There is a gap in covering. It is a fantastic idea, but it should happen gradually. He further elaborated that the people who will doing the credentialing realize it won't improve their position. He noted the idea of professionalizing the work force doesn't make sense because the work force is already professional. The idea here would be to create specialization. Dr. Gakunju noted that the professionals in the medical area might be hesitant to take on additional specialized training.

Mr. Yazawa reflected that in Japan one can open a private practice with no training. Most

staff at rehabilitations are usually individuals in recovery and most don't have beyond a secondary education. There is no training in addiction/psychological field; only their experience with recovery. Although the country is developed in many areas; addiction professionals is the exception. Less than one percent can speak English so they can't take the training. There is a severe lack of seeing the concept of addiction in the country. This year a credentialing with national certificate for Psychological-no university/money is spent on government budget spent treating addiction within the Japanese population. Medical doctors/psychological can only treat patients with medical issues. There needs to be a distinction for psychological/addiction.

Dr. Rejab noted that there must be a buy-in for the practitioners in the field; there needs to be additional knowledge specialized in addiction/prevention. Dr. Chucharoen noted that there is already addiction teaching in the universities in Thailand. There is a note that UTC/UPC already coordinated with what it is in place; so, there is a diploma program in place. She noted that Bhutan sends individuals to Thailand for this degree. When we started collaborating with Colombo it was not a legal requirement for the credentialing. For an NGO to open a rehabilitation center it must be registered/certified with Ministry of Public Health. Under regional collaboration center, she encouraged University members to also be members of ICUDDR and credentialing programs. Thailand continues to resource and encourage surrounding regions to embrace the credentialing process. There must be a link between local, regional and country level.

Dr. Ahkmin noted that there is a law of risk control in place. The sole authority is the Ministry of Home Affairs. There is collaboration with other government distinctions.

Ms. Vaughn noted that the nuanced levels of specialization in addiction professionals require policies on who does the treatment. She thanked the commission members for sharing and commented that because there are common problems that the commission must know and with that decide what its' role in addressing them.

Dr. Sarasvita shared Indonesian experience noting that the participation of being a commissioner for GCCC/ICCCE from 2011. The budget of National Narcotics Board has been used for training 2,500 individuals UTC1/UTC2, but the process for addiction professionals does not exist yet. We have struggled to get addiction professionals recognized as a national profession. National Narcotics Board now officiating in charge of acknowledge ICAP I-III in the appropriated levels of addiction professionals. Other professionals are thinking about shifting their profession to the field of addiction; now that there is addiction professional field. Participation in the Commission is opening minds. They are traveling to islands on the NNB budget, so there is no costs to individuals being trained.

Ms. Ellis noted that they are working in the Bahamas to get the licensure for private service providers. Most health care is through Public Health minister. There is a Mental Health Institution. Amongst those are nurse leaders who have organized the programs and connecting with other portions of the government institution. A way to think of this is in terms of Public Relations – heighten the awareness through publicity to reach out to the governments of these countries-this is how GCCC can assist in starting a conversation with the governments.

Mr. Pina noted that there are two levels of using credentialing: through the country's regulation system and through public health.

The meeting broke at 11:30. After the break, commission members went into their respective committee meetings until 5:00 PM. (Committee minutes attached).

## **12 December 2018**

Dr. Gakunju reconvened the meeting at 09:10 AM on 12 December 2018 inviting Ms. Vaughn to share updates on the online curriculum, credentialing and certifications.

### **Item 9: Committee Reports**

Dr. Gakunju invited the members of the committees to present their reports and raise any issues for actions.

### **Ms. Vaughn brought forward the Actions Items from the Exam & Credentialing Committee.**

1. Amend Policy & Procedures-
  - 10: Use of Professional Testing 'Agency' in lieu of company
  - Under Objectives of this Policy: add promulgate, review & approve.
  - Add to Procedure section: Test may be administered in paper form or online.

**Dr. Gakunju called for vote. The vote was unanimous.**

2. Add a Policy: Criteria for Exam Proctors
  - A person is not a curriculum trainer in the future.
  - Agrees not to seek an ICAP credential and/or certification in the next three years.

*Discussion:* Ms. Ellis and Ms. Srivastava had issue with the last section. Ms. Ellis has an issue with the finality of agrees not to seek. Ms. Srivastava noted that the issue is with the conflict of interest. Ms. Vaughn asked if a time frame to which they are not allowed to then go and take the test. Mr. Hashmi asked how there can be an assurance that they won't pursue that. Ms. Vaughn noted concern with the credibility of the time frame between the trainer ending the proctoring versus when they take the test.

Motion as Amended:

- A person is not a curriculum trainer
- Agrees not to seek an ICAP credential and/or certification within a time frame of three years.

**Motion passed unanimously as amended above.**

3. Certification options for Prevention and Recovery Support
  - GCCC-developed and scored exam
  - Paper or online options
  - Passing score with proper qualifications
  - Fees on slide scale of \$25-\$50.

*Discussion:* Ms. Srivastava asked if \$25 needed the minimum. Ms. Vaughn noted their need to have buy-in. Mr. Rashmi noted that \$20. Ms. Vaughn noted that it is important that they invest. Dr. Chuchareon noted there is a need for translation. Ms. Vaughn pointed to the budget that would cover any needed translation. There is a note for future review of rate as needed.

**Motion passed unanimously.**

4. Amend

Current Credential Renewal Fee: \$100/\$75.

The proposal is to reduce the Credential Renewal Fee should be reduced to \$50 and increase the renewal time to three years.

*Discussion:* Mrs. Hosani asked if it costs the center money. But Ms. Vaughn noted that this would increase the number of people willing to renew. Mr. Rahman supported the proposal.

**Motion passed unanimously.**

5. Amend :

The International Certified Prevention Specialist (ICPS) should be amended to International Certified Addiction Professional in Prevention (ICAP-Prevention) proposal to refer to all areas of care to the ICAP. ICAP in Treatment, ICAP in Prevention, ICAP in Recovery Support.

*Discussion:* Dr. Riza noted the need to distinguish abbreviations. Dr. Richard noted this would be taken into context.

**Motion passed unanimously.**

### **Training Committee**

Dr. Chuchareon reported on the Training Committee meeting. She noted that Ms. Vaughn gave brief background on the Contract with Banyan to develop online Curriculum for the UTC. Each member of the committee was asked to walk through the program on their own laptops and follow through the steps of the worksheet. The committee then discussed their first impressions/issues with the system. GCCC staff will be sending out the Google Form to the rest of the Commission following the meeting; inviting each member to provide feedback.

**Action Item: No action required. The report is adopted as presented.**

### **Ethics Committee**

Ethics Committee noted that they examined complaints, made a recommendation but at the time it is not appropriate to comment because of pending actions.

**Action Item: No action required. The report is adopted as presented.**

### **Item 10: Continued Discussion of Second Session Identified Challenges**

Ms. Vaughn invited Dr. María Verónica Brasesco to share her on struggles/successes in

Argentina. She then continued the discussion on interchange experience with education. There should be some focus to the equivalency between the two.

Dr. Bayever is concerned about the interchange of working experience in place of formal educational training. They have developed a course for physicians to understand prescribing cannabis (medical marijuana).

Ms. Vaughn asked about the course through the university if it is a portable certificate. Dr. Bayever noted it is not portable. Ms. Vaughn noted revised GROW curriculum (WISE) is developing a test that if they get a passing mark, they will get an endorsement on their credential. She noted that it could be should be shifted to be a certification. She noted that the issue with designation of opioids without the experience/understanding. She noted that there is an interesting discussion. When crossing into the THC field. Ms. Sisson noted that the US Federal government does not support an endorsement of THC certification. Ms. Vaughn noted that it does not mean that could not be done through other funding.

Dr. Piña noted that in Chile, the subject is very delicate. He noted there is a need for more research. It is a very political subject. He noted there can be manipulation of evidence and that they are politically active in the media. He noted that it would be most important to define the limits of cannabinoids “medical marijuana” it would be helpful to add to training not in terms of prescribing; but in terms of standards. Ms. Brasesco noted that the material has been translated in Spanish. She brought the idea of certifying university graduates. Doubt regarding credentialing with the different ministries. She believes the material and contents are solid; the issue is the actual need for credentialing.

Dr. Gakunju noted that is a political debate in Africa. The average in the US is 13% the average in Africa is 30%. Ms. Vaughn noted that from a prevention and treatment stand point; she has tried to prevent the discussion of legality. Dr. Shamil noted that cannabis is the most widely used illegal drug. There needs to be treatment programs that address this. He did note a need for standards when it comes to treatment of marijuana addiction. Ms. Vaughn noted that the issue is how the addiction is prevented and treated. The issue is the proponents of marijuana continue to say that marijuana addiction is false. As a credentialing body, what is GCCC’s role in addressing these issues.

Dr. Bayever notes that there needs to be a contingency to deal with the demand for legalization of marijuana and the stipulations placed upon its use. Dr. Shamil noted that it can lead to psychosis in youth users.

Ms. Ellis noted her personal experience and fear for youth; when you hear them say there is nothing wrong with the use of marijuana; and do not understand the ramifications of the use. She noted that the Commission should keep this in mind.

The group took a brief coffee break. Dr. Gakunju reconvened the meeting at 10:45 am; inviting Ms. Vaughn to continue the conversation on the Policy & Procedures manual.

### **Future Meeting Options**

The Commission discussed future meeting options. Ms. Vaughn proposed is to have a virtual

meeting via video conferencing platform, that would provide integrated interpretation for the participants and that the 2020 meeting could be coordinated with the 2020 ISSUP Meeting or have of the Commission members hosting the in-person meeting. She invited the Commission members to follow up with her if they were willing to host.

### **Closing Remarks**

The Chair thanked all the Commissioners, Ex-officio members and observers present for their engagement in the meeting and concluded the 7th GCCC Commission Meeting at 12:04 pm on 12 December 2018.