



GCCC Commission Meeting Minutes
Virtual Zoom Meetings by Region:
Africa/Middle East | 24 September 2020
Americas | 29 September 2020
Asia | 7 October 2020

Africa/ME Attendees

GCCC Commission Members

1. **Kenya- GCCC Chairman**, Dr. Richard M. Gakunju, Kenya Certification Council, National Authority for the Campaign against Alcohol and Drug Abuse (NACADA)
2. **Ghana** - Mr. Francis Kofi Torkornoo, Executive Secretary, Narcotics Control Board (NACOB)
3. **South Africa**-Dr. David Bayever, Chair, Central Drug Authority
4. **U.A.E** – Dr. Samya Al Mamari, Acting Medical Services Sector Director, NRC (National Rehabilitation Centre)

Ex-Officio Members/Advisors

1. Mr. Brian A. Morales, Director, Drug Demand Reduction Division, Bureau of International Narcotics and Law Enforcement Affairs, U.S. Department of State, USA (United States).
2. Jane Marie Ong'olo, Head of Social Welfare, Vulnerable Groups and Drug Control, African Union Commission, Addis Ababa, Ethiopia

Observers

1. Professor Yao Ronsard Kouma, Technical Head of the Inter-Ministerial Commission on Drugs, Cote d'Ivoire
2. Professor Menan Rabie, General Secretary of the General Secretariat of Mental Health and Addiction Treatment, Egypt
3. Dr. O. Ogun, Medical Director, Federal Neuro-Psychiatric Hospital, Nigeria
4. Ms. Siza Magangae, Chief, Directorate of Families, Children & Drug Control, South Africa
5. Professor Hajer Skhiri, Head National Institute of Health, Tunisia
6. Dr. David Basangwa, Executive Director, Butabika Hospital, Uganda
7. Dr. Shamil Wanigaratne, Consultant Clinical Psychologist / Senior Advisor to Director General, NRC, United Arab Emirates
8. Ms. Charlotte Sisson, Senior Foreign Affairs Officer and Team Lead, Drug Demand Reduction Division
9. Mr. Bill McGlynn, International Affairs, US Department of State
10. Mr. Bruno Bui, Foreign Affairs Officer, Drug Demand Reduction Division

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. George Murimi, DAP-Colombo Plan

Americas Meeting Attendees

GCCC Commission Members

1. **Bahamas-** Ms. Bernadette Ellis, Secretary Registrar, Health Professions Council
2. **United States-**Mr. Kansas Cafferty, Chair, National Certification Commission for Addiction Professionals (NCC AP) under the auspices of NAADAC

Ex-Officio Members/Advisors

1. Mr. Brian A. Morales, Director, Drug Demand Reduction Division, Bureau of International Narcotics and Law Enforcement Affairs, U.S. Department of State, USA.
2. Ms. Jimena Kalawski, Assistant Executive Secretary, CICAD

Observers

3. Mr. John Bóhorquez, Head of Treatment of the Ministry of Health, Colombia
4. Ms. Helena Velez, Treatment of the Ministry of Health, Colombo
5. Mr. Roberto Hernández, Head of Drug Treatment and Rehabilitation of the Government, Ecuador
6. Dr. Patricio Zapata, Secretary of the Inter-Institutional Committee Drug, Ecuador
7. Ms. María Elena Medina-Mora, Head of the Department of Psychiatry and Mental Health of the Faculty of Medicine of the Autonomous University of Mexico (UNAM (Universidad Nacional Autónoma de México)), Mexico
8. Ms. Charlotte Sisson, Senior Foreign Affairs Officer and Team Lead, Drug Demand Reduction Division, United States of America
9. Mr. Alan Piracha, Foreign Affairs Officer, INL (International Narcotics and Law) (International Narcotics and Law), US Department of State, United States of America
10. Ms. Anne Chick, Foreign Affairs Officer, US Department of State, United States of America
11. Mr. Bruno Bui, Foreign Affairs Officer, Drug Demand Reduction Division, United States of America
12. Ms. Fan Yang, Foreign Affairs Officer, Drug Demand Reduction Division, United States of America
13. Mr. Johnathan Earles, Drug Demand Reduction Division, United States of America
14. Mr. Luis González, National Secretariat of Drugs of Uruguay, Uruguay
15. Soc. Gustavo Misa, Coordinadora del Área de Formación de la Secretaría Nacional de Drogas, Uruguay
16. Lic. Andrea Rizzo, Coordinadora del Área de Relaciones Internacionales y Cooperación, Uruguay

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, Colombo Plan, Chile
 5. Mr. Rodrigo Portilla Huidobro, Colombo Plan, Chile
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Asia Regional Meeting Attendees

GCCC Commission Members

1. **Kenya- GCCC Chairman**, Dr. Richard M. Gakunju, Kenya Certification Council, National Authority for the Campaign against Alcohol and Drug Abuse (NACADA)
2. **Bhutan**-Mr. Nima Damdul, Chief Program Officer, Demand Reduction Division, Narcotics Control Agency
3. **Japan**- Mr. Shu Kawaguchi for Mr. Yuji Yazawa President and CEO, Oneness Group
4. **Malaysia**-Dr. Zall Kepli MD Rejab, Assistant Professor Cyberjaya University, College of Medical Sciences
5. **Malaysia**-Ms. Hadifah, Chief Assistant for NADA (National Anti-Drugs Agency) representing Dr. Sabri Zainudin Zainul, Deputy Director General, National Anti-Drugs Agency, Ministry of Home Affairs
6. **Philippines**-Mr. Benjamin P. Reyes, Permanent Member, Dangerous Drugs Board
7. **Sri Lanka** –Dr. Laknath Welagedara, Chairman, National Dangerous Drugs Control Board
8. **Thailand**- Dr. Prapapun Chucharoen, Program Director, Addiction Studies, Department, Mahidol University, ASEAN Institute for Health Development

Observers

1. Ms. Charlotte Sisson, Senior Foreign Affairs Officer and Team Lead, Drug Demand Reduction Division, United States of America
2. Ms. Anne Chick, Foreign Affairs Officer, US Department of State, United States of America
3. Mr. Bruno Bui, Foreign Affairs Officer, Drug Demand Reduction Division, United States of America
4. Ms. Fan Yang, Foreign Affairs Officer, Drug Demand Reduction Division, United States of America

The Colombo Plan

1. Ms. Nathalie Panabokke, DAP Deputy Director, Colombo Plan
2. Ms. Becky Vaughn, Director, GCCC
3. Ms. Samitha Gunasekera, Programme Officer, GCCC
4. Ms. Ashley Becker, Programme Officer, GCCC

The Global Centre for Credentialing and Certification of Addiction Professionals (GCCC) (formerly ICCE (International Centre for Credentialing and Education)) the credentialing arm of Drug Advisory Programme (DAP) of the Colombo Plan Secretariat (CPS) organized three Virtual Regional Meetings for 8th Commission Meeting: Africa/Middle East Region: 24 September 2020 via the Zoom Platform on 6:00 am – 10:00 am (Washington, DC)/3:30 pm – 7:30 pm (Colombo, Sri Lanka)/11:00 am – 3:00 pm (GMT); the Americas Region: 29 September 2020-11:00 am – 3:00 pm (Washington, DC)/8:30 pm – 12:30 pm (Colombo, Sri Lanka)/3:00 pm – 7:00 (GMT); and Asia Region: 7 October 2020 Started at 8:30 am – 12:30 pm (Colombo, Sri Lanka)/4:00 am – 8:00 am (GMT)/ 6 October 2020 11:00 pm-3:00 am.

MEETING DISCUSSION

Item 1: Commission Orientation/Welcoming Remarks

The GCCC Commission Virtual Meetings were opened by GCCC Director, Ms. Vaughn. She welcomed participants to the meeting and invited Dr. Gakunju to bring greetings and lead the introductions for both the Africa/Middle East and for the Asia Regional Meetings. Ms. Vaughn led the introductions for the Americas meeting, where she extended Dr. Gakunju's regrets for the time conflict.

A Representative from the United States of America's Department of State-International Narcotics and Law Enforcement Affairs (INL) brought greetings during each virtual session; Ms. Sisson for Africa/ME Regional Meeting; Mr. Piracha, INL Foreign Service Officer for the Americas Regional Meeting and Ms. Yang, INL Foreign Service Officer for the Asia Regional Meeting; respectively.

They shared greetings and thanked everyone for their participation. Each started by acknowledging that in midst of the global pandemic everyone has strived to connect and support those suffering from substance use disorders. They noted that we should all congratulate ourselves for our abilities to overcome these challenges.

INL supports specialized training programs for evidence-based practices through the Universal Curricula posted on the ISSUP (International Society of Substance Use Professionals) website. INL has been working to support prevention and recovery specialists online – through online training and courses. INL has expanded its ability to meet with people online to move the efforts forward through two initiatives: an instructor-led online course accessible on ISSUP website and online self-guided courses. For both, GCCC will offer continuing education professional credit.

They pointed to other piloted courses that are available – a mentoring course to go with each UTC (Universal Treatment Curriculum) course like the counseling mentoring course to practice skills. Those end with online trainer-led courses. INL supported the Colombo Plan in the development of new Recovery Courses – 1. For those in Recovery (Recovery Peers) two. For those who are Recovery Allies (Recovery Allies). INL closed by acknowledging all the partnerships that are working towards supporting the work of recovery and prevention professionals.

Action: For information only.

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

Dr. Gakunju/Ms. Vaughn asked that Commission Members in attendance introduce themselves in country order. He then announced the new members to the Commission: Pakistan – Mr. Sabino Sikandar Jalal, Senior Joint Secretary, Ministry of Narcotics Control; Sri Lanka –Dr. Laknath Welagedara, Chairman, National Dangerous Drugs Control Board U.A.E – Dr. Samya Al Mamari, Acting Medical Services Sector Director, NRC; and Mr. Kansas Cafferty, Chair, National Certification Commission for Addiction Professionals (NCC AP) under the auspices of NAADAC.

Following those introductions, guests were welcomed by calling on the country and asking them to introduce themselves. They were thanked for their participation.

Ms. Vaughn then shared thanks for the interpreters and other aid given by Ms. Gunasekera, Programme Officer-Credentialing & Ms. Becker-Programme Officer-Online Curriculum.

Action: For information only.

Item 3: Project Updates: Credentialing/Online Curriculum

Ms. Vaughn started her presentation with a brief background on the Colombo Plan and the year's past activities. She pointed to the online orientation for new Commission members that is posted on the GCCC's Website under the Commission section.

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 and addiction professionals often do not know the impact of their work. She lauded their continued efforts in the face of the global pandemic.

She then highlighted how the GCCC operates and gave the financial overview of using two overlapping INL budgets.

She noted that GCCC is currently working in the Contract year of 2019. That Contract started in September of last year. She pointed out the deliverables for the current contract are:

1. Conduct at least 20 ICAP Credentialing and/or Certification exams.
2. Brand GCCC and market the ICAP by attending and/or presenting at **3 Conferences**
3. Post credentialing news and other information on the ISSUP website.
4. Maintain and update GCCC website

She noted that GCCC has not been able to offer an exam since February of this year but had offered 15 as of 1 March; with 5 exams still needed to meet the deliverable for the 2019 contract. She emphasized that COVID has made all travel challenging; but she was still able to take part and exhibit at the 2020 Commission on Narcotic Drugs (CND) Meeting in Vienna. She also presented on 6 October at the 1st Virtual Conference on Drug Demand Reduction in Africa that kicked off in September. She also served as the Kickoff speaker for a UTC training on 15 September in India for over fifty participants from 6 different countries.

She pointed out that GCCC continues to work on expanding the recognition of the ICAP credential. The new Recovery Support curriculum is currently going through the review process and then the exam will be updated, and a new certification offered. Ms. Vaughn pointed out that with the new database, GCCC will be able to track and remind people to renew their credentials more efficiently.

Ms. Vaughn then went over the 2020 contract, a 3-year contract phase that has just started. GCCC's original intention was to begin scheduling in-person exams in each country so that trainers and participants could plan around their date. COVID has put that on hold for now along with the training of local exam proctors. GCCC will now be able to offer remote proctoring; that will be started in November with a pilot group in The Bahamas and follow that up with an online exam in computer centers in Kenya and Ghana.

GCCC continues to see exam fees as a major barrier for professionals getting their credential. Ms. Vaughn discussed the challenge of the exam fees and the need for a sliding scale. She noted that GCCC continues to work on this issue. She affirmed that the new GCCC database will encourage renewals as well as make online payments possible and for candidates to pay exam and renewal fees. It will also be easier for professionals to track their certifications and continuing education. GCCC continues to promote ISSUP membership.

Ms. Vaughn highlighted that GCCC has been working with NAADAC over the last several months to come to an agreement on merging the exams. There will be one global standard and GCCC will be utilizing NAADAC's testing company. The larger economy of scale allows GCCC to reduce the cost of the exams, cut the duplication of exam development and updates, and allows us to expand our offerings to include an ICAP IV-Masters Level Credential. The branding will remain the same as well as our credential and this will only apply to treatment. The development of Prevention and Recovery Support Certification will be separate and done by GCCC staff. For example, when GCCC explored remote proctoring, it did not meet the minimum number of exams that most companies required. Again, the economy of scale produces better opportunities for both organizations.

Ms. Vaughn went on to breakdown the Financial Report:

Beginning Balance 1 Jan 2019	\$91,687
Renewal fees 2019	\$6,437
Renewal fees 2020 (through 31 Aug)	\$7,363
Ending Balance	\$105,487

Online Curriculum

Ms. Vaughn reminded participants that the UTC-2 Curriculum has been through several iterations as GCCC has worked to convert the UTC into an independent online curriculum for those students who cannot access in-person training. She noted that GCCC started with a more basic course and INL was interested in what could be done to include more interaction and gamification with the goal of increasing engagement. GCCC also developed an intro video that can serve all courses and give students an overview of the entire process and its importance no matter where they start in the curriculum. GCCC believes that this is a high quality and inspirational kick-off to each course.

Ms. Vaughn then introduced Course 2 of the UTC Online curriculum, specifically viewing two video sections: a review and quiz. She welcomed feedback noting that the project is in its final stage of development, pending TEAG curriculum review. Participants in each meeting affirmed the final product. Ms. Ong'olo noted the significant need for this product and how it will be a great tool for professionals. The goal is for translation to be done in all the current UTC languages.

Action: For information only.

Item 4: Proposed Changes to Commission Policies/Procedures

Ms. Vaughn presented proposed changes to the GCCC Policies/Procedures/Bylaws. The Commission members and guests were sent these amendments in advance of the meeting for their review. Ms. Vaughn presented each item, inviting discussion. They can be found in the appendix of these minutes.

From the Americas Meeting, Mr. Brian Morales asked regarding the recommended Bylaws Change, Article 3, Section A; whether there should be a member of the Commission for the United States separate from NAADAC and INL representation. He noted that a representative from SAMHSA or ONDCP could represent the US on the Commission. Ms. Vaughn will follow up.

The main feedback focused on the proposed changes to the Policies and Procedures, focusing on ICAP Renewal.

Ms. Vaughn presented two options:

1. Require renewal every two years like it was prior to 7th GCCC Committee Meetings.
2. Leave it for three years for renewal and then add the clarification line that if the candidates want reciprocity, you will have to renew your credential every two years.

From the Africa/Middle East virtual meeting, Dr. Wanigaratne noted that three years is more convenient – NAADAC reciprocity adds to the credibility and if you add levels of renewals, it could be confusing. He noted that two years tends to be a more normal global standard.

Ms. Sisson reminded the group that the reason it shifted to three years was due to the cost. Ms. Vaughn noted that the renewal fee was reduced to USD 50 but the three years was also to allow more time to get the continuing education credits. She noted that it could become confusing to have two separate levels. Another reason for the low renewal rate may not be the period – but the lack of government requirement.

Ms. Vaughn noted that there was positive feedback for the three years – also noting that there were people who would have no need for NAADAC reciprocity.

Ms. Sisson noted that the additional line that credentialed professionals who wish to have reciprocity must renew within the two-year period should be added. The main feedback focused on the proposed changes to the Policies and Procedures, focusing on ICAP Renewal and the future offering of the ICAP Practice Exam in congruence with the Refresher Course.

Dr. Wanigaratne also pointed out that the more consistent renewal reminder process would improve the rate of renewal. Ms. Vaughn agreed that the three-point system will reinforce the standard that if they do not renew within one year of deadline, candidates will need to re-take the examinations.

Ms. Ellis in the Americas Regional meeting asked why change it to two if participants are finding it difficult to renew in three? Ms. Vaughn noted that two years is best practice but three is reasonable.

Mr. Cafferty noted that it would only matter if the professional needed the credential for the United States. He further reiterated that the two years piece is tied to the continuing education time – two years was determined to be a good standard for staying updated in their field.

Ms. Sisson noted that GCCC just recently made the change because of the cost implications for renewing it in two years versus three. She noted that she likes the option two language, because it opens the options for participants.

Ms. Vaughn presented the addition of the ICAP IV about Annex B: Eligibility Requirements for ICAP – Treatment; (5) International Certified Addiction Professional IV (ICAP IV). The main feedback came from Mr. Reyes during the Asia Regional Meeting, who questioned how the GCCC would be able to decide if the universities issuing the master's degrees were credible. Ms. Vaughn noted that it was a good point and that she would follow up with ICUDDR for advice on how to define credible universities who issue Bachelor's and Master's degrees related to requirements for the ICAP III and IV.

Another focus of the feedback was on the Future Fees part regarding the future offering of the ICAP Practice Exam through NAADAC.

Ms. Vaughn noted that she had some reservations offering this because of the cost barrier for many of the participants. She noted that she worries that there would be a discrepancy for those who have financial resources versus those who do not. She did note it could be a real advantage however, in helping individuals understand the process/pacing of the exam.

From African/ME Regional Meeting; Dr. Ogun noted that in Nigeria the cost would be prohibitive; pointing out that participants found just the ICAP exam cost was almost prohibitive and would not be able to afford the practice exam and the ICAP credentialing exam.

Ms. Ong'olo wondered if in congruence with the Refresher Course, DAP-GCCC could integrate sample questions /examples for how the exam is structured and tips on how pacing can be integrated. Ms. Becky noted that it could be added to the end of the online Refresher Course and agreed to follow up.

From the Americas Regional meeting, Ms. Kalawski from CICAD expressed added concern that during the pandemic the cost would be tough for people in their regions. Would there be a way to request it on a case-by-case basis because the added price would be too much.

Ms. Sisson from INL noted that it might be confusing to even offer the practice exam- it

must be clear that GCCC does not have to require the practice exam; it is an added resource. Many practice questions are included in the Refresher Course and the added online courses would be available. Ms. Vaughn agreed that it could be confusing and of course GCCC would have to be clear on the intent of the practice exam; an opportunity versus a requirement.

Mr. Kansas Cafferty from NAADAC in the Americas Regional meeting suggested that an added choice could be a self-scoring practice exam that is posted online to give the candidate an idea on how they are doing in the domain areas and pacing. The update would be minimum. There would be minimum first costs incurred. He noted this will help reduce some of the test taking anxiety.

Mr. Roberto Hernández in the Americas Regional meeting asked if GCCC could create a price differential to offset the cost, a sliding scale for the fees of all exams. Ms. Vaughn noted that his point falls in line with the plan to use the global wage chart and create a sliding scale based on that. The challenge is that most of GCCC's current members fall in the lower wage range, so it is difficult to balance it with those countries on the upper end of the scale. GCCC will need to build up the account (not just through renewal fees) to serve as a cushion for when the upper-level fees do not balance out the lower-level fees. GCCC is moving forward with an analysis on how to make this work.

Ms. Kalawski from CICAD in the Americas Regional meeting echoed that she believed it can be a useful tool and that Kansas had a great idea of a self-scoring practice exam; to help decrease the fail rate. Ms. Vaughn agreed and noted that she would investigate it.

Ms. Vaughn took no vote in the meeting but explained to commission members that she would send the proposed changes for a vote via email following the completion of the three virtual meetings.

Action: GCCC will add the recommended edits to the By-laws. Ms. Vaughn will send an email with the recommended changes to the By-Laws and Policies & Procedures for a vote.

GCCC will follow up with INL for further discussion on having a US commission member.

Ms. Vaughn will follow up with DAP about integrating sample questions/pacing tips to the Refresher Course in lieu of added fee of the NAADAC USD 50 practice exam or creating a self-scoring exam that would need minimum update.

Item 5: Preview of GCCC Website Portal/Application Process

Ms. Vaughn handed the floor over to Ms. Becker from the GCCC team to present the GCCC Credential online portal. Ms. Becker walked participants through the login procedure and the dashboard. From there, she walked them through the stages of filling out the ethics guideline form; the fillable steps of the application, uploading supporting documentation and then sending the application for processing. Ms. Becker pointed out that the portal is in the pilot phase and that it will be tested in several groups. The feedback will be integrated into the final process including an online payment platform.

The main feedback came from the Americas meeting with the request to have the application/website available in multiple languages starting with Spanish. Brian Morales suggested that GCCC could use its resource of the Colombo Plan-Chile office to help with this phase.

Action: Ms. Vaughn will follow up with the Colombo Plan-Chile office about translation and application processing for Spanish-speaking applicants.

Item 6: Government Progression Tool (Appendix II) & Regional Issues Discussion

Ms. Vaughn introduced the government progression tool that GCCC has been working with INL on noting that she believes it will be helpful in reaching the goal of more credentialed professionals. She noted that as GCCC continues to talk to increasing number of decision-makers, it is helpful for countries to name where they are reducing the negative consequences of addiction in their country. She went through the stages of the government progression tool inviting Commission members to discuss where they believe their country is in the process.

She estimated that while very few countries are at the first step of the progression level, there are still countries in the world who are doing little to address this problem. Many still only see it as a criminal justice issue ignoring the health aspects of the disease. Level 2 is a place where NGOs are supplying some services, but the government is not really involved. Level 5 proves more Government involvement as they recognize a profession that needs training to ensure best practices. Level 6 understands the need to at least certify their facilities to protect their very vulnerable citizens and make sure they are not taken advantage of. Governments are encouraged to ensure that services are available, and that the workforce must prove that they have the knowledge and skills to provide these crucial services through some level of certification.

She then invited discussion with each group to get their reflections on their countries.

From the Africa/ME Regional Meeting; Dr. Gakunju noted that Kenya has made progress toward a mandatory requirement for professionals working in field to have training and certification. He noted that there is a mechanism for credentialing facilities – they must have at least one level of certification and curriculum.

Dr. Wanigaratne noted that UAE has the field of psychology but does not have the professional post of counseling recognized (i.e.: drug counselors etc.). This could help set up a professional group working with addiction. He noted that many of the countries meet Level 7 but are missing the addiction profession.

Mr. Torkornoo shared that Ghana is a point five close to six on the scale where it will become criteria for credentialing and sanctioning if they do not meet the training requirement on the Government Progression Tool. Encouragement is being given to the UTC Curriculum.

Dr. Gakunju again noted the need for a government agency that has the means to lobby for and address demand reduction.

Professor Kouma from Cote d'Ivoire noted that the government was working from a law enforcement perspective initially and shifted to demand reduction when Cote d'Ivoire joined Colombo Plan in 2014 because of research showing that addiction is not a crime but a disease per the report from UNODC (United Nations Office on Drugs and Crime) (United Nations Office on Drugs and Crime). He added that they are past 4 and 5 and working on Step 6 and that it would improve when the country improves its laws on drug use and offers more training in best practices.

Dr. Bayever noted that in South Africa there has been progress; there is still more work to do. He pointed out that South Africa is rewriting its Prevention of and Treatment for Substance Abuse Act to strengthen the government's ability to deal with the soft target of taking advantage of users/users' families. There has been a proliferation of facilities with no structured program so audits/inspections are needed to make sure the standards are being met and the public is protected. The government is starting to recognize this need. He noted that there are many more steps the government needs to commit to using those agencies with this experience to reduce demand and have qualified professionals and aides in the process.

Dr. O. Ogun shared that in Nigeria the National Law Enforcement Agency has been the lead for drug abusers because the government believed that individuals abusing drugs should be in jail. Over the past few years, the issue of drug demand reduction has moved to the forefront at the national level. There are eight mental health facilities and individual states have some facilities. There are other private facilities led by clinical psychologists. The government set up an agency to give governments information on how drug addiction has affected the country. The mental aid bill is in the legislative house – with the hope it will pass. It will now include substance abuse to reduce demand. We are on Step 5 moving toward Step 6.

Dr. David Basangwa said that Uganda is on a scale of different steps- a country with national level services of best practices for training and certifications through universities. Unfortunately, this is only in the urban areas and there is a disparity in access for those who do not live near cities. There is an attempt to integrate substance use care and prevention in general health.

Dr. Gakunju noted that the pandemic has given us new ways of looking at prevention and treatment. He noted that in Kenya when alcohol shops were closed public drinking went down, but now it is done more at home; families are being exposed to the substances because of the lock down. This created the opportunity to gain experience how to intervene at the family level. Now that there are no physical meetings, using virtual tools is helpful. He noted that going forward there will be a need for changes in how interventions are completed. He believes they are doing well by adapting training methods.

Dr. Samiya from UAE noted that all countries going through the pandemic are experiencing dramatic change. Training, intervention etc. were closed, but some people found ways to meet their needs for addiction treatment. There needs to be new ways to think freely and meet those needs.

At the Americas Regional meeting, Mr. Bóhorquez started the discussion by noting that this is a great tool. He noted that Colombia is working on trying to complete a required credential for NIH (National Institute of Health) allowing them to strengthen everything at

the basic level of services. If Columbia wants to move forward to get everyone certified- this tool could be used by applicants to accomplish this. Colombia has a technical team in the Ministry of Health that is working towards this requirement goal.

Mr. Hernández shared that he loves the classification system so that countries can see where they are in the process. In Ecuador in 2014 they launched a national strategic plan for health (a protected right in Ecuador). There are 743 centers for outpatient services and twelve centers that are residential facilities. That does not meet all the needs, especially right now with the pandemic but there are some services available. Credentialing is one of the main challenges. There are some requirements but getting everyone credentialed can be a challenge. We want to move to a well-rounded system of services (social inclusion) and get everyone credentialed as well.

Ms. Ellis noted that The Bahamas is straddling between step 3 and 7 and may end up with six in terms of facilities. She noted that making the process mandatory requires legislative reform. GCCC's input in terms of getting governments to understand the need for a professional workforce is needed prior to the legalization of specific substances. A cohort of trainers with the ability to offer this support/services would help to address any issues that could arrive from unknown factors.

Mr. Morales noted that UNODC is taking the lead on quality assurance for facilities, WHO (World Health Organization) is also working on the development of a consortium of services centered around accreditation of centers/services. It all connects to this process for the workforce. Ms. Kalawski echoed that CICAD is working with UNODC to find ways that they can cooperate. She noted CICAD can aid countries in the Pan America region in moving through these steps on the matrix.

Ms. Vaughn reminded the Commissioners of her availability to meet with each of their countries and their decision-makers to discuss strategies to help to reduce drug demand.

Action: For information only.

Future Meeting Options

Ms. Vaughn noted that scheduling of Ethics Committee to review process and procedures, and Credentialing Committee to review requirements for Prevention and Recovery Support Certification Requirements will come shortly. She noted that the 2021 Commission meetings will again be remote and regional and that the next in-person meeting will be from 7-11 February 2022 in Abu Dhabi, UAE.

Closing Remarks

The Chair/Ms. Vaughn thanked all the Commissioners, Ex-officio members and observers for their presence and engagement and closed the Virtual Meetings on 24 and 29 September 2020 and 7 October, respectively.

APPENDIX I Proposed Changes to the Commission By-laws, Policies & Procedures



By-Laws

Article 3, Section A

The GCC Commission shall be comprised of members from the participating (currently offering or expressing interest in offering training) countries. Of these members, at least two Commissioners shall be professionals in the field of addiction treatment and be selected based on their individual capacity; two Commissioners shall be from the DAP-Approved Training Organizations, **two Commissioners representing affiliated professional associations**, and two Commissioners representing the International Consortium of University Drug Demand Reduction (ICUDDR). The other Commissioners shall represent the drug focal points of the participating countries.

Policies and Procedures

2: ICAP Application Process

V. After an unsuccessful exam, candidates may reapply after a minimum of 3 months

3: ICAP Renewal

ICAP Credentials and Certifications are valid for 3 years from the date of issue. The candidate will be required to renew to stay in good standing by complying with the following requirements:

Option 1:

ICAP Credentials and Certifications are valid for ~~3~~ 2 years from the date of issue.

Option 2:

ICAP Credentials and Certifications are valid for 3 years from the date of issue. **If the Candidate wants reciprocity with NAADAC in the United States, their ICAP must have been renewed in the last 2 years.**

11: ICAP EXAM FOR ~~UNIVERSAL CURRICULA TRAINERS~~ OTHER PURPOSES

A. Purpose

The purpose of this policy is to provide **a process for those who want or need to pass the ICAP exam (such as trainers) credential and/or certification for trainers who have passed the exam** but do not have the required clinical experience to work in the field.

B. Scope

This policy covers all professionals applying **to take for any ICAP exam credential and/or certification.**

C. Objective

The objective is to allow candidates and/or professionals who have been trained in at least one of the Universal Curricula ~~and passed to take~~ the exam ~~to obtain a credential and/or certification,~~ but also protecting the public from confusion as to a qualified professional.

D. Procedure

Any individual who has been trained in at least one of the Universal Curricula and passed the exam ~~they~~ will receive a certificate indicating passage of the ICAP exam. ~~can apply for the appropriate credential and/or certification. However, if they lack the required supervised experience but are applying to be a trainer of the curricula, they will be awarded a Trainer's ICAP Credential.~~

Annexures

Annex B: Eligibility Requirements for ICAP – Treatment

5. International Certified Addiction Professional IV (ICAP IV)

- a. Master's degree or higher in SUD/Addiction and/or related counseling subjects.
- b. At Least 5 years of full-time or 7,500 hours (about 10 and a half months) of supervised working experience as a SUD-related professional. The 5 years need not be consecutive.
- c. Current ICAP credential or credential/license as an SUD/addiction professional issued by a national entity or other credentialing authority.
- d. Written verification of competency in required counselling skills and functions as certified by an addiction professional, supervisor, or other health care professional who has personally observed the candidate's SUD-related work. The candidate should have conducted assessment, treatment planning and counselling for at least 100 patients/clients following ICAP II.
- e. Documentation total of 500 contact hours of education and training in SUD-related subjects. Included in this total must be at least 20 contact hours on supervision, 6 contact hours of HIV/AIDS training, 6 hours on co-occurring disorders, and at least 6 contact hours of ethics training. (Related topics should include areas covered in UTC Series).
- f. Submission of a signed and dated statement that the candidate has read the GCCC Credentialing Code of Ethics for addiction professionals and agreed to adhere to it.
- g. Completion of an application for the appropriate level of credential and submission of the same to GCCC.
- h. Payment of **non-refundable** application fee.
- i. Passing score on the GCCC examination for ICAP IV credentialing.

Proposed 2020-21 Fees: *

Credentials (150 question exams)

All proctored exams (online or paper/pencil) USD 100

Remote-proctored exams USD 125

Practice exams (new) USD 50

Proposed 2021 Fees

Certifications:

Prevention Core USD 60

Prevention Specialties USD 40

Recovery Support USD 50

*A sliding fee scale (\$40-200) will be implemented when GCCC reaches a financial capacity to support fees below cost.

APPENDIX II GOVERNMENT PROGRESSION TOOL

At What Stage is Your Country?

What technical assistance do you need to move forward?

