

## 8th GCCC Commission Meeting Minutes

12-16th May 2022

Abu Dhabi – UAE

### Attendees

#### **GCCC Commission Members**

1. **Argentina** - Dr. María Verónica Brasesco, Coordinator ISSUP, Universidad del Museo Social Argentino
2. **Bahamas** - Bernadette C. Ellis, Registrar, Health Professions Council
3. **Bangladesh** -Md Abdus Sabur Mondal PAA, Director General, Department of Narcotics Control
4. **Cote d'Ivoire** - Dr. N'guessan Badou Roger-Head of Drug Addiction Treatment and Research, Inter-Ministerial Committee for the Fight Against Drug (CILAD)
5. **Ghana** - Godlove Vanden-Bossche, Head, Counselling Referral and Social Re-Integration Unit, Narcotics Control Commission
6. **Guatemala** - Fredy Anzueto Villatoro, Executive Secretary, SECCATID Guatemala
7. **Indonesia** - Dr. Riza Sarazvita, Deputy of Rehabilitation, Indonesia National Narcotics Board (BNN)
8. **Kenya** - Grace Wanjiku J, Director, Psychological Counselling Services, State Department for Public Service, Ministry of Public Service and Gender
9. **Kenya** - Dr. Richard Gakunju, Clinical Director & Advisor, Movement Against Substance Abuse in Africa (MASAA)
10. **Malaysia** - Dato' Dr. Muhamad Sade Bin Mohamed Amin, Deputy Director General of NADA (National Anti-Drugs Agency), National Anti-drugs Agency
11. **Malaysia** - Zall Kepli Bin MD Rejab-Managing Director, Supreme Training & Consultancy Malaysia
12. **Nigeria** - Ogun Oluwayemi Cecilia, MD/CEO, Chief Consultant Psychiatrist, Affable Health Consults
13. **Pakistan** - Muhammad Hassan Abdullah Malik-Section Officer, Ministry of Narcotics Control
14. **Philippines** - USEC Gilberto DC Cruz, Undersecretary / Permanent Board Member/ Dangerous Drugs Board, Dangerous Drugs Board
15. **Republic of Korea** - Hyesun Kim-Professor, Board Member, Kangwon National University/ KAAP (Korean Associate of Addiction Professionals)
16. **South Africa** - David Bayever, Research Director, GTL-Wits International Research, Wits University Pharmacy and Pharmacology Dept
17. **Sri Lanka** - Dr. Priyangie Amarabandu, Chairperson, National Dangerous Drug Control Board
18. **Thailand** - Asst. Prof. Dr. Prapapun Chucharoen- Director, ICUDDR-Mahidol
19. **Tunisia** - Pr. Hajer Aounallah-Skhiri, Professor of Preventive and Community Medicine & Director of the National Institute of Health, Faculty of Medicine - University Tunis El MANAR (UTM)
20. **Uganda** - Dr. David Basangwa, Medical Director, DAKSI Clinic
21. **United States of America** - Kansas Cafferty, LMFT, MAC (Master Addiction Counselor), Chairman, NCCAP-NAADAC

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

1. Dr. Benjamin P. Reyes, Secretary-General, The Colombo Plan Secretariat
2. Mr. Brian Morales, Director, Global Drug Demand Reduction Division, U.S. Department of State

#### **Observers**

1. Ms. Charlotte Sisson, Senior Foreign Affairs Officer and Team Lead, Drug Demand Reduction Division
2. Ms. Cynthia Moreno, BSW, NCACII, CDCIII, SAP, Executive Director, NAADAC, the Association for Addiction Professionals
3. Prof. Michal Miovsky, Professor at Clinical Psychology Charles University-Prague
4. Ms. Dawn Randolph, GCCC Consultant, Direct Consulting

## The Colombo Plan

1. Ms. Becky Vaughn, Director, GCCC
2. Dr. Nathalie Panabokke, Project Director: CHILD, DAP
3. Ms. Samitha Gunasekera, Senior Program Officer, GCCC
4. Ms. Ashley Becker, Programme Officer, GCCC
5. Ms. Joanne Morris, Junior Programme Officer, GCCC
6. Mr. Erry Wijoyo, Programme Officer, Indonesia, DAP

## Thursday, 12th May 2022

The Global Centre for Credentialing and Certification of Addiction Professionals (GCCC) the credentialing arm of Drug Advisory Programme (DAP) of the Colombo Plan Secretariat (CPS) organized the 8th Commission Meeting on 12<sup>th</sup> - 16<sup>th</sup> May 2022, Abu Dhabi, United Arab Emirates (UAE) in collaboration with the International Society of Substance Use Professionals (ISSUP). This initiative was organized 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

Dr. Richard Gakunju, former GCCC chairperson, welcomed the participants, then invited GCCC Director, Ms. Becky Vaughn, to extend her greetings. Ms. Vaughn welcomed participants to the meeting and noted adjustments to the order of the agenda based upon schedule conflicts due to ISSUP Opening ceremony adjustment. Ms. Vaughn also gave a brief introduction to the interpretation team String & Can Multilingual Online and allowed them to walk the group through connecting via the interpretation system.

### Action: For information only

### Item 2: ICUDDR Presentation

Ms. Vaughn proceeded to introduce the first speaker, Prof. Michal Miovsky – Professor at Clinical Psychology Charles University-Prague, board member of ISSUP & ICUDDR and President of the International Society of Addiction Journal Editors, Deputy Editor and Chief of The Journal of Addictology.

Prof. Michal Miovsky, explained the role of *the International Consortium of Universities for Drug Demand Reduction (ICUDDR)*; the universities/colleges that promote advanced degrees and continuing education for addiction professionals; supporting Inter-University networking in the applied addiction fields. He elaborated on the challenges faced by ICUDDR and suggested strategies that can be implemented to overcome those challenges. He expressed his concerns in terms of, how to make graduates recognizable for the system, how to license professionals in Europe, how to ensure quality standards in ICUDDR In a university level, accessibility and availability of a standardized curriculum across universities globally, overlaps in the field, professionals not being recognized in the system and thereby lack of employment opportunities, definition of an addition professional in a global context, standardizing the quality of education & workforce across borders and ethical issues.

Pr. Michal Miovsky elaborated on Quality Standards and Competency. ICUDDR attempts to answer the question “*who has what?*” Studies conducted in this regard based on a competency model enable us to compare the competency of ICUDDR & other International Programs. He acknowledged that *Universal Prevention Curriculum* UPC, *Universal Treatment Curriculum* UTC & *Universal Recovery Curriculum* URC are the first real International Curriculum under discussion used by over one hundred universities over the Globe.

Ms. Vaughn thanked Prof. Miovsky for his remarks and insights. She then followed by emphasizing the importance of maintaining our partnership with the universities & professionals at ISSUP for a well-trained strong workforce. Ms. Vaughn confirmed hers & Ms. Cynthia Moreno support to the ICUDDR group to further complete work on these standards which will be a leap forward to a trained workforce.

Secretary General of The Colombo Plan, Dr. Benjamin P. Reyes raised a question on what role the government regulatory bodies have in terms of implementation quality assurance. Prof. Miovsky answered this question by sharing his personal experience in Europe; by working with the relevant ministries to establish “Addiction Professionals” as a separate profession (like clinical psychologist, physical therapists, and other disciplines. This helps in defining a clear position in the system - the job market). He explained that in Europe, this launched recruitment opportunities for graduates to be contracted directly by insurance companies. This was a revolution in the system. Further, Prof. Michal pointed out that there are NO clinical psychologists who are interested in working with addictions. The same applies for psychiatrists as well. This calls for the need for “Addiction Professionals” in the field. In the year 2020, the General Director of prisons in The Czech Republic (34 prisons), created sixteen positions for “Addiction Professionals” in prisons with adequate pay.

Prof. Miovsky addressed questions about advocacy and outcomes for Addiction Professionals and other professions in the market. He emphasized the need to establish a professional society that officially represents the profession, making it recognizable to insurance companies and other organizations. Additionally, negotiation and advocacy with MPs and parliament are crucial to create a permanent space for these professionals, ensuring safe and effective work. The group moved forward to have further discussion, acknowledging the achievement of recognizing addiction as a global problem and discussing it in a global forum.

**Action: For Information Only.**

Session 1 ended as everyone went for lunch at 12:30 p.m.

**Item 3: Introduction of the participants and additional greetings**

Ms. Vaughn reconvened the meeting at 1:30 PM. By way of introduction, Ms. Vaughn reflected on her experience and connection within the industry; and her time with Colombo Plan-GCCC Credentialing. Ms. Vaughn thanked her staff for all their support and assistance. Ms. Samitha Gunasekera; Senior program officer, Ms. Ashley Becker; Program Officer & the newest recruit Joanne Morris; Junor Program Officer and consultant Dawn Randolph.

Ms. Vaughn then introduced Dr. Benjamin Reyes, Secretary General, Colombo Plan (former GCCC Commissioner) and invited him to share greetings. As the 8<sup>th</sup> Secretary General of The Colombo Plan, he assumed his post on the 3<sup>rd</sup> of May 2022 in Colombo Sri Lanka.

Dr. Reyes noted that GCCC has a special place in his heart as a former commissioner, a post which he now passes on to his colleague USEC Gilberto DC Cruz from Philippines. He is pleased with the systems developed, policies reviewed, and programs implemented. GCCC together with ISSUP Provides opportunity for capability building schedule testing and certification for Substance Use Professionals. He recalled that in 2019 at the Previous Commission meeting held in Kenya, discussions were on how we can acquire reciprocity with NAADAC. He acknowledged that GCCC has come a long way since then. Colombo Plan in all its programs has responded by providing virtual platforms which demonstrate their exceptional commitment to persevere the work despite the prevailing conditions. He stated that further enhancing online access will ensure efficiency in touching base with Colombo Plans intended targets around the Globe. Dr. Reyes congratulated the commission members for all their magnificent work in the field of addiction in their respective countries. He commended the efforts of GCCC to amend/update their policies and procedures making them more adaptable, universal, and relevant. Despite these achievements he urged GCCC to reach out to more Government Institutions to provide more opportunities in Professionalization of Addiction Professionals.

Finally, he explained that focus government agencies can help us in aligning our work with national laws. Such efforts uphold the goal of quality assurance intervention and make an impact on the drug campaign worldwide. Secretary General Dr. Reyes concluded his speech by expressing his gratitude towards GCCC for their commitment in this field of work collectively working together to unite the global community.

Ms. Vaughn thanked Dr. Reyes for being able to attend the Commission despite his busy schedule.

**Action: For Information Only.**

#### **Item 4: Continue Presentation for ICUDDR**

Ms. Vaughn briefly introduced Dr. Chucharoen, Ph.D., Assistant Professor, Faculty of Medicine, Mahidol University, Thailand GCCC Commissioner, highlighting her position on the board of ICUDDR and one of the ICUDDR representatives to the Commission.

Dr. Chucharoen presented a case study on the ASEAN University Network Quality Assurance (AUN-QA) program at Mahidol University, focusing on the MA Program in Addiction Studies since 2004. This program is the first of its kind in Thailand and the Asia-Pacific region. The curriculum committee comprises senior and junior staff from various departments and institutions, ensuring a diverse perspective in addressing student and societal needs. The curriculum aligns with national higher education regulations and incorporates stakeholder feedback. Learning outcomes encompass advanced studies, personal development, academic attitude, competence, transferable skills, and job market readiness. Dr. Chucharoen also mentioned program activities like the Training Center in Addiction Studies and the International Conference on Addiction Studies, concluding with a quote emphasizing the application of knowledge for humanity's benefit.

Ms. Vaughn thanked Dr. Chucharoen for her closing statement. She emphasized the importance of GCCC Commissioners to understand what is happening at the University Level.

**Action: For Information Only.**

Ms. Vaughn paused the session to invite Dr. Gakunju to welcome the commissioner from Bangladesh - Md Abdus Sabur Mondal PAA-Director General, Department of Narcotics Control.

#### **Item 5: Partnership with NAADAC for exams and credentials update**

Ms. Cynthia Moreno's presentation highlighted NAADAC's partnership with the Colombo Plan, drawing parallels between the COVID-19 pandemic and the addiction pandemic. NAADAC, founded in 1972, represents addiction counselors, educators, and healthcare professionals in the US, Canada, and beyond, focusing on prevention, treatment, and recovery support.

During the presentation, Ms. Moreno addressed questions from commissioners. She emphasized the importance of standardized competencies, highlighting a US model that connects education and credentials, accommodating diverse educational backgrounds. Recognizing addiction counseling as a profession is crucial, and governments need to understand its uniqueness compared to other disciplines.

Ms. Moreno shared her experience advocating for addiction recognition in South Korea's parliament and acknowledged the increasing global demand for addiction education. She discussed the NAADAC certification commission's work on exams and the importance of uniform standards for evidence-based practices.

The presentation also touched on the variation in the scope of practice by country, the need for a credentialing system, and efforts to distinguish students from experienced professionals through the ENCAP-A credential. Additionally, Cynthia mentioned ongoing work on supervision for clinical supervisors to ensure quality in the field.

**Action: For Information Only.**

Ms. Vaughn concluded the session for the evening tea break and invited the commissioner to the Global Dialogue in Hall A-BC.

**Friday, 13<sup>th</sup> May 2022**

**Item 6: Committee Meetings**

Commission members went into their respective committee meetings until 5:00 PM; giving the commissioners the time to participate in the ISSUP Conference sub plenary sessions. Committee meeting notes are available for commission members to review.

**Action: For Information Only.** Any motions/amendments that come from committee were presented/voted on during the business section of the meeting.

**Saturday, 14<sup>th</sup> May 2022**

Ms. Vaughn reconvened the meeting at 9:00 a.m. by announcing that following the passing of the President of the UAE, it has been requested that there be no celebration, applause, and photographs as a sign of condolence.

**Item 7: Credentialing and National Policy.**

Ms. Vaughn discussed the topic of "Credentialing and National Policy" during the presentation. For GCCC, this involves advocacy to ensure that credentialing policies align with the needs of certified professionals. They employ a "bottom-up" strategy by collaborating with grassroots certified professionals. However, for success, a "top-down" strategy involving "National Policy" is essential. This means that countries recognize the importance of protecting vulnerable populations by requiring professionals to obtain certification, although it does not necessarily have to be an ICAP certification.

Ms. Vaughn emphasized that advocacy considers the unique laws, policies, and regulations of each country. Simply certifying professionals is not enough; the goal is to ensure that governments require workforce certification to practice. This approach ensures that people receive quality services and are protected from potentially harmful ones, aligning with the commission's objectives.

**Action: For Information Only.**

**Item 8: Indonesia Presentation**

Ms. Vaughn commended that Indonesia has already accomplished this goal. She handed over the presentation to the Indonesian commissioner, Dr. Riza Sarasvita. Dr. Sarasvita proceeded to share about the current state of her country and the roads that had been made to integrating prevention and treatment into their government. Dr Riza then allowed DAP Staff member Erry Wijoyo to present the achievements and programs done by DAP in Indonesia.

**Action: For Information Only.**

**Item 9: Presentation.**

Ms. Vaughn then invited David Bayever, GCCC Commissioner from South Africa, to present on the advances in pain management.

Ms. Vaughn was really impressed by these advances in pain management. She also added that international nurses have requested for the credential program. She emphasized that all nurses meet and treat patients who are suffering from SUD's. As such, their knowledge and understanding on how to service such patients was important.

**Action: For Information Only.**

Dr. Gakunju acknowledged the presence of Ms. Charlotte A. Sisson -Senior Foreign Affairs Officer, Drug Demand Reduction Bureau of International Narcotics and Law Enforcement Affairs (INL)-U.S. Department of State. He thanked her for her support. Ms. Sisson expressed her appreciation towards Indonesia who is now operating in the National Level. She further acknowledged all the work GCCC is doing overall. She announced that the Mr. James Walsh the president deputy president INL will join the commission to present some general remarks on behalf of INL.

Dr. Gakunju dismissed the commission for lunch, to recommence at 1.30 pm.

Dr. Gakunju reconvened the session at 1:30 pm, inviting Ms. Vaughn to continue the discussion on Credentialing & National Policy.

**Item 10: Continued Discussion on Credentialing and National Policy**

Ms. Vaughn wanted insight into each country in terms of where they stand with regards to the credentialing tool/stage. She acknowledged the decent work done in the Philippines & Kenya for being close to stage 7 – government required certification in-order to practice.

Dr. Maria Veronica Brasesco stated that Argentina is between level 3 & 4- they do recognize that the issue, there is a public agency in charge of this problem and data is collected. However, with regards to having access to certification the government is already proposing a training course for operators as well as, community-based program. This is just baseline training for community workers. This is not mandatory- rather just an option for people who are interested in working in the field. Ms. Vaughn acknowledged that this is a widespread problem. People tend to acquire credentials but do not transfer that back into the field. This is due to the lack of jobs and requirement for the credential. She emphasized the advocacy needed at a government level.

Dr. David Basangawa also stated that in Uganda the use of substance is a growing problem, and the workforce is few, and there are only a few trainings available. The number of facilities available in government is well controlled as staff are recruited by public services. However, the facilities available in the private sector consider this more as a "business" – as patients are required to pay. But credentialing and certification is not given priority. He stated that proper policies and procedures need to be in place. However, he acknowledged that support is required from a government level – appointing a ministry in charge and so on. Nothing much has been done as of now, and he expressed his gratitude to GCCC for assisting in taking this matter forward. Ms. Vaughn stated that many governments do acknowledge SUD as a problem, whereas other Governments are reluctant to identify SUD as a national problem. The latter makes it more challenging in-terms of instilling policies and procedures as there is no support in a government level.

Godlove Vanden-Bossche, stated that in the past (10 years ago) in Ghana, there was little facilities / training from people suffering from SUD. The only institution which offered help was psychiatric hospitals. And yet adequate help/treatment was not available for such patients. Ghana has come a long way over the past 10 years as now there are close to ninety institutions who treat SUD. However, the credential is not yet mandatory. This places Ghana between level 4-5. He expressed the need for collaboration amongst agencies to develop measures on

which they are currently working. They also have a rehabilitation fund to train and professionalize and research. As such he stated that Ghana has room for improvement and the future is bright.

Md Abdus Sabur Mondal PAA-Director General, Department of Narcotics Control stated that the present government in Bangladesh has given special emphasis on treatment. The divert has already established four treatment centers, under the initiative of the government 363 non-government treatment center; since 2013 47% got ICAP 1, only 1 % ICAP 2. Ten master trainers in the country. The need to increase master trainers is evident, as such we emphasize the need for professionals to take ICAP 2. Bangladesh hopes to improve this situation within the next 2 years with help in GCCC. Ms. Vaughn in acknowledgement stated that credentialing is only possible when training is available and accessible. We cannot expect to credential the workforce if we cannot train them. The availability of online training will help but not solve the problem. And training is not possible without master trainers. Overall, there is a domino effect.

Dr. N'guessan stated that Cote d' Ivoire is at a level 3-4. First, they have treatment facilities run by government, private and NGO's. one year ago, they started methadone substitute treatment with small doses. And only twenty people are part of it. Most recently the legislation was reviewed regarding the war against drugs, and they have therefore reduced the different condemnation and decided that drug addiction is a healthcare issue. As such *treatment* was given priority. They have 18 UTC national Trainers, and they are ICAP certified. There is no other credential recognized at a national level. There is no location initiative to recognize any other certification. Sadly, this is not a main concern for the government of Cote d'Ivoire; rather It is a personal initiative. As such, interested parties' benefit from the ICAP certification. They do have a pool of local trainers including three master trainers, who also have guaranteed training in neighboring countries. However, due to the lack of resources Cote d'Ivoire is not able to conduct training. This results in the absence of ownership of ICAP tanning. As such, it has been challenging to train due to the limited resources. So, the participants finance these training courses themselves, thereby making it difficult to replicate and decontaminate the training to other participants.

Ms. Vaughn acknowledged the above by stating that she is glad she is glad even though SUD is not a main priority to the government, they have recognized this is as healthcare issue and not an issue in terms of criminal justice. Cote d'Ivoire is on the right road with people who see the value of this and the presence of national trainers. Ms. Vaughn appreciated all the challenging work done by Dr. N'guessan.

Pr. Hajer stated that Tunisia is at a level 3-5. Considering the significance in each level – with regards to facilities, the government has recognized the problem of SUD, The National Institute of Health (NIH) is part of the government trying to improve and impose the facilities. However, there are no specialized facilities to target drug users. Drug users go to psychiatric institutions to treat SUD. There is only one therapeutic center in Tunisia which has less than 30 beds for a population of twelve million. According to the trends of drug use according to the three national surveys, it is evident the prevalence of drug use is increasing. The legislation framework which is against drug use did not drug use as a chronic disease. As such there is a struggle to reduce the repressive nature of this legislative text. Further mapping of facilities, and collaboration to implement network for which quantitative data was requirement by the ministry of health – Tunisia. Pr. Hajer stated that she has even met with George Murimi to further discuss the possibilities in UPC. Her next remark was a proposal to implement an information system on drug use. She emphasized that we should not be ashamed to start small. Finally, she stated that, the mission of the NIH does not include actions in-terms of prevention/ treatment However, in 2019, an intervention program was conducted in school level in-order to promote artistic activities with the theme of “drug use / prevention of drug use”. This was a successful project. Ms. Vaughn emphasized that the fact that the government in Tunisia is requesting information is progress.

Dato' Dr. Muhamad Sade Bin Mohamed Amin states that currently there is no mandatory policy that requires staff to have training on addiction in Malaysia. As such they require technical assistance from GCCC to strengthen public policy. If the government gives 10% of operational expenses to conduct training this might be a reality. Dato' Dr. Muhamad Sade believes that this is the time to reach out to the government to improve this. Currently Malaysia is at level 4-5.

Dr. Chucharoen noted that few years back Thailand was also experiencing the same problem as Malaysia. Since 2004 one of the universities in the national board started talking about addiction professionals. At the time this was termed as “addiction-otology” this was later changed to “addiction professionals/credentialing.”

Session was adjourned.

**Action: For information only.**

#### **Day 4: Sunday, 15th May 2022**

##### **Item 11: DAP Update on Training**

Charlon Sisson joined the meeting. She mentioned that widening the audience via online platforms by DAP-Colombo plan commenced before the pandemic. And although the crisis lasts 2 years, the work continued, and more audiences were reached by online instructor lead courses available in English & Spanish for prevention. She offered that if any of the partnering governments wish to translate these courses into a preferred language this would be a major support, so that these self-lead courses are available free of charge to each country. Currently there is a lack of funds to translate these courses. In the event any country requires the self-lead UTC courses 1-8 in a preferred language which is the basic curriculum for ICAP 1 – contact Colombo Plan- DAP. Once this is done, the courses will be available on the ISSUP website and available to everyone who speaks that language. She emphasized that that is one way each of us can partner together, so that this information can be disseminated to the world.

Dato’ Dr. Muhamad Sade Bin Mohamed Amin raised his concerns in terms of exams also being translated. As an example – he mentioned that the main language in Malasia is Malay. And many practitioners read/learn and communicate to their patience in Malay. In a situation like this, both the curricular / self-lead course and the exam need to be available in Malay and these people find it hard to communicate in English.

Dr. Panabokke answered this by stating that the curricular is available in twenty-four languages, this is achieved with the support of drug focal points from various counties. However, with regards to the exam and translations, this is done within DAP. The examination questions are not shared with the country translators for confidentiality reasons. As such, the curricula can be translated with the help of the Malaysian government, then GCCC will take over the translation of the examination. Ms. Vaughn noted that this can be further discussed.

##### **Item 12: Committee Reports**

On behalf of the training committee, Dr. Chucharoen presented the following which was discussed by means of Presentation.

1. Credentialing & national policy
2. Advocating and supporting each other countries
3. Discussion on where each country has assisted in reaching the level.
4. Current level
5. Condemn of care as this is a chronic disease.

Dr. Chucharoen invited Ms. Randolph to give a brief executive summary on what she had shared during the Training Committee meeting. The one-page data sheet is available for committee members on request. Following the presentation, Ms. Randolph fielded questions.



Ms. Sisson inquired about which course is the most popular course. Ms. Randolph noted that the most popular course is UTC 1 and those who require ethics do direct towards UTC 8. Ms. Vaughn added that learners do not need to go in order as these are self-constrained courses, but it is natural that people start with UTC 1. She added that just as UTC 8 is popular for the requirement of ethics for their credential, she expects HIV course also to be equally popular in the future. Dr. Sarasvita stated that in Indonesia UTC 5 – “screening assessment & treatment plan” is most popular. This is because it has been made compulsory to acquire competency in – “screening assessment & treatment planning.” As such, many professionals are requesting UTC 5 available. Becky stated that unfortunately we are still awaiting funding for UTC 5 but attested that it is an important requirement for a counselor.

Dr. Panabokke further added that there is a lot of interest in UTC 5 which covers documentation and assessment. Many treatment centers require this when putting their procedures in place. The revised version will be ready in 1-2 months. Ms. Vaughn added that it is in fact the course that took the longest time, mainly because information keeps getting updated.

Ms. Ellis inquired on what challenges were faced during the implementation of these courses and how these challenges were mitigated. Ms. Randolph explained that the main challenges have been in line with connectivity and language / diversity. Further, she stressed that an online learning platform cannot be a recorded lecture, rather it needs to be a much more engaging platform as it is online, and classroom based.

Ms. Brasesco stated that they are adapting to online courses with partnership with university in the Philippines who has an English version and a university in Argentina which has a version in Spanish. This exchange was very enriching. In terms of cultural adaptation and language wise. She believed that the outcome of their effort was positive. At the beginning in terms of community prevention courses; Argentina oversea the English and Spanish versions. Afterword's Colombo plan decided to work with a philopena university to translate to English and Argentina will translate to Spanish. This has been challenging but rewarding. The process is currently under a pilot stage. Online courses are created in a way that people can access even on their phones. These are achievements that need to be celebrated.

Ms. Vaughn stated that they are yet to analyses the data in-terms of “if” someone completes courses 1-8 online – how well would they fair on their credential exam. This data will take time to collect. However, trainers are working with the possibility of hybrid training. Where courses which are more skill based can be done in person. And others can be done online. Feedback was received that the online courses are a great review tool for those who had completed their courses a couple of years back.

Dr. Gakunju thanked Ms. Randolph for her presentation. He then invited Ms. Vaughn to convene the business portion of the meeting.

### **Item 13: Business review meeting**

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 pointed to the period of performance and objectives for the active INL Contracts.

Ms. Vaughn pointed to 2020 noting that GCCC had accomplished four of their goals: Establish remote proctoring for exams; set up automatic emails for renewal reminders and an online payment system; maintain and update the GCCC website; and translate exams where needed based on established priority list. She highlighted the other

goals that are in process: Develop a sliding scale for exam fees; promote ISSUP membership and database registration and track certifications and continuing education; and the post exam opportunities/results as well as other pertinent information on the ISSUP website. She also noted the goals that have been on hold due to COVID: Offer in-person ICAP exams once a year as requested by participating countries and contract with and train local exam proctors with an online webinar.

Ms. Vaughn shared that in 2021, the number of exams were less than expected. However, numbers still existed lower than previous years. She emphasized that all objectives for this contract were in progress with portions complete and very few on hold until COVID regulations are highlighted. These Objectives are:

Objective 1: Increase the number of ICAP-Certified Professionals – In Progress

- Train 10 local exam proctors
- Increase the number ICAP Candidates by 15%
- Post exam opportunities and other pertinent information on the ISSUP website
- Maintain and update the GCCC website – Complete.
- Translate exams where needed-Complete.

Objective 2: Increase the number of countries that recognize and require certification- In Process.

- Meet with appropriate government officials to advocate for movement on the Government Progression Scale.
- Recruit new Commissioners in active countries

Objective 3: Increase areas of certification in prevention and recovery support-In Process

- Develop priority list for new certifications based on Universal Curricula
- Develop exams and criteria for new certifications-Delayed because of Covid

Ms. Vaughn went on to give the update for the GCCC Website and highlighted that post piloting four types of ICAP will be available.

**Action: For Information Only.**

#### **Item 14: Review & Approval of Minutes**

Ms. Vaughn brought the minutes forward for notice asking members to review, requesting live wordsmithing of the minutes as the members provided edits. Ms. Vaughn then called for the approval of the minutes with amendments.

**Action: Ms. Vaughn who called for the approval of the minutes from the 8th ICCE Commission Meeting. Ms. Ellis motioned that the minutes be approved; USEC Gilberto DC Cruz second it. The minutes were approved.**

#### **Item 15: Finance Report**

Ms. Vaughn was invited by Dr. Gakunju to continue with delivering the Finance Report. She highlighted how the GCCC operates and gave the financial overview of operating under two overlapping INL budgets. This is available upon request.

She went on to explain:

- #509 account
- INL funding (2021 contract & 2020 contract) – credentialing funding.

- Supplemental funding received for translations.

**Item 16: Proposed changes to the policies and procedures.**

The Ethics committee report changes, but the committee recommended that they require further information before this is finalized. Ethics committee to meet to complete the update.

Commissioner from United States of America-Kansas Cafferty presented the Credentialing committee updates. He went on to identify the proposed amendments:

**Proposed Amendment: ANNEX D: ELIGIBILITY REQUIREMENTS FOR ICAP- Recovery Support**

For Recovery support,

- 1-year full time / 1500 hours full time work
- Highschool diploma, and/or passage of public examination equivalent (depending on your country there is allowance in terms of differences.)
- One hundred documented hours of education, or training is SUD's.
- Forty contact hours **specialized** in recovery support/recovery coaching/ peers.
- Signed Code of ethics
- Completed application.
- Passing of the RS exam
- Fees

He explained that in Recovery Support (RS) the relationship is different and there are specific parameters to it. It is important that interested parties comprehend this as they march forward in the professional field of RS.

Ms. Vaughn added that RS is an important part in the professional field of SUD, as well as an important part in the continuum of care. that this is addressed. And in the continuum of care. But it is important that the scope of practice is clearly distinguished for an RS professional. And they are not treatment professionals. and each RS professional needs to understand their own parameters. Mr. Cafferty added that it is hard to distinguish the line between clinical and support. This is applicable even the treatment centers when recruiting. She confirmed that the new updated curriculum helps to understand these differences and is clear.

**Action: The vote was taken to this notion. No one opposed the motions discussed.**

**Proposed Amendment: ANNEX C: ELIGIBILITY REQUIREMENTS FOR ICAP- Prevention**

For ICAP Prevention 1,

- 2 years/ 3000 hours working experience.
- Bachelor's degree in relevant field / **or related** behavioral social science degree (this was to give flexibility to the types of degrees applicable to this area)
- Or a s alternative equivalency they could have 5 years full time /7500 working hours in working experience of prevention SUD – in addition to a high school diploma (or equivalent)
- In addition, written verification of 150 Hours of supervised practical experience in prevention activity. (By someone who has personally observed this person's work / a work contract)
- 120 documented hours of prevention education / training – including six contact hours of physiology & pharmacology.
- Six contact hours of ethics training (submission of a signed dated statement that they adhere to the code of ethics)
- Completed application.
- Completion of the exam (passing the exam)
- Fees

Ms. Vaughn added that these updated criteria for prevention credentials were discussed with professionals already in the field to ensure these updates are in line with what is feasible. And the inclusion of the “contract” was a highlighted point. This is because most who are working in prevention are not supervised as those who are working in treatment. As such a contract with deliverables was a required notion. In addition, the committee made a powerful addition when they added “behavioral social science degree.”

Mr. Godlove inquired – that nothing stops people from having all three qualifications (i.e. – treatment, RS, Prevention) Ms. Vaughn confirmed that this is in fact so. In fact, many treatment centers now include all three criteria of treatment.

The vote was taken to this notion. No one opposed to the notions discussed.

### **Proposed Amendment: ANNEX C: ELIGIBILITY REQUIREMENTS FOR ICAP- Prevention**

#### For ICAP Prevention 2,

- 5 years/ 75,000 hrs. working experience.
- Bachelor’s degree in relevant field / or this could be a behavioral social science degree (this was to give flexibility to the types of degrees applicable to this area)
- Or a s alternative equivalency they could have 7 years full time /10,500 working hours in working experience of prevention SUD – in addition to a high school diploma (or equivalent)
- In addition, written verification of three hundred Hours of supervised practical experience in prevention activity. (By someone who has personally observed this person’s work / a work contract)
- 240 documented hours of prevention education / training – including six contact hours of physiology & pharmacology.
- Six contact hours of ethics training (submission of a signed dated statement that they adhere to the code of ethics)
- Completed application.
- Completion of the exam (passing the exam)
- Fees

**Action Item: The vote was taken on this motion. No one opposed the motions discussed.**

### **Proposed Amendment:**

#### Eligibility requirements for endorsements

Types of endorsements: school based, family based, environmental based community based, media, workplace based, monitoring and evaluation.

Requirement:

- successful completion of credential and level 1 or 2 / or prevention credential
- 1 year’s full time or 1500 hours working experience in the selected prevention area.

Example For and endorsement in Media Training is SUD prevention – three thousand hours working in media would be required.

- In addition, written verification of 100 hrs. of supervised practical experience in prevention (by someone who has personally observed this person’s work)
- 120 documented hours of education or training in the selected endorsement area
- Completed application.
- Completion of the exam (passing the exam)
- Fees

Ms. Vaughn confirmed that training for all the above areas is available at UPC.

**Action Item: The vote was taken to this notion. No one opposed to the notions discussed.**

### **Item 17: Election of officers**

Dr. Gakunju conducted the election. The proposed slate was displayed on the screen. With no additional comments, the Commission then proceeded to vote. Dr. Gakunju requested those who agree with the proposal to raise their hands. The slate was approved unanimously.

That slate is as follows:

#### Executive committee

- **Proposed chairperson:** Nima Damdul, Bhutan
- **Vice chairperson:** Dr. Prapapun Chucharoen, Thailand
- **Secretary:** Bernadette Ellis, Bahamas

#### Officers for committee chairpersons.

- **Credentialing:** Kansas Cafferty, USA
- **Training:** Godlove Vanden-Bossche, Ghana
- **Ethics:** Ogun Oluwayemi Cecilia, Nigeria

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

Following the approval, certificates of the newly appointed commissioners were also presented. Ms. Vaughn then took the liberty to present a token of appreciation was presented to chairperson from 2018-2022 Dr. Richard Gakunju.

### **Future Meeting Options**

The Commission discussed future meeting options. Ms. Vaughn noted that the 2023 will be via video conferencing platform, which would provide integrated interpretation for the participants. She invited the Commission members to follow up with her if they were willing to meet her in their respective countries.

Ms. Vaughn thanked String & Can (interpretation company) for their hard work behind the scenes.

Ms. Ellis thanked Dr. Gakunju for his hard work and the GCCC team for all their hard work, for organizing and facilitating everyone present.

### **Closing Remarks**

The Chair thanked all the Commissioners, Ex-officio members and observers present for their engagement in the meeting and concluded the 8th GCCC Commission Meeting 15<sup>th</sup> May 2022 at 1:09 pm.