

# ISSUP

## INAUGURAL MEETING AND INTERNATIONAL WORKSHOP



**ISSUP** | INTERNATIONAL  
SOCIETY OF  
SUBSTANCE  
USE PREVENTION AND TREATMENT  
PROFESSIONALS

6 - 11 July 2015  
IMPACT Muang Thong Thani  
Bangkok, Thailand



# FOREWORD

Substance use disorders take a toll on individuals, families, and communities; cost lives and productivity, and strain families and resources in the same way as untreated physical illnesses do. The recognition that substance use disorders are preventable and treatable, however, has taken the field of drug demand reduction onwards to better address its challenges.

The International Society of Substance Use Prevention and Treatment and Professionals (ISSUP) was borne from the collaborative desire to support and strengthen the global drug demand reduction initiative. It is envisioned to be a valuable platform that affords opportunities for networking and capacity-building among those working in the field of prevention and treatment of substance use disorders.

ISSUP encourages interaction among substance use prevention and treatment professionals. It provides a portal for networking and exchange of information for the field— especially recognizing

that this workforce's efficacy is reliant on the sharing of best practices and up-to-date information. Its website is first in the world to cater to the networking needs of drug demand reduction practitioners.

ISSUP supports innovation and improvement of the drug demand reduction practice. It affords members information on capacity-building opportunities to help them gain proficiency, as it also cooperates with national and international organizational partners to recognize current promising approaches. Through this, ISSUP helps identify and disseminate key evidence-based prevention methodologies and substance use disorders treatment practices.

Ultimately, ISSUP is committed to advancing health and better quality of life for individuals, and for communities to be proactive in weakening the demand for substance use and be facilitative of individuals' recovery from substance use.



# I N S I D E

- 01** **ISSUP**  
Inaugural Meeting and International Workshop
- 02 - 03** Unveiling of the **ISSUP** Plaque
- 04 - 05** **ISSUP** Introduction
- 04 - 05** **ISSUP** Countries represented
- 06 - 07** **ISSUP** Inaugural Meeting Proceeding
- 08 - 09** Launching of the **ISSUP** Website
- 10 - 13** International Plenaries



## SPEECHES

- 14** **Keynote Speech**  
**Mom Rajawongse Disnadda Diskul**  
Mae Fah Luang Foundation
- 20** **Welcome Address**  
**John Brandolino**  
Acting Deputy Assistant Secretary,  
Bureau for International Narcotics  
and Law Enforcement Affairs  
(INL), U.S. Department of State
- 22** **Welcome Address**  
**H.E. Kinley Dorji**  
Colombo Plan
- 24** **Welcome Address**  
**Dr. Gilberto Gerra**  
UNODC
- 27** **Welcome Address**  
**Dr. Nicholas Clark**  
WHO
- 28** **Interviews**

## GROUP PHOTOGRAPHS

- 32 - 33** International Participants of **ISSUP** workshop on Substance use **Treatment**
- 34 - 35** International Participants of **ISSUP** workshop on Substance use **Prevention**

## WORKSHOP

- 37 - 42** International **Workshop**





THAILAND 9th ANNUAL CONFERENCE ON DATA DRIVEN  
INNOVATION AND ECONOMIC PROMOTION  
ISSUP  
INAUGURAL MEETING AND  
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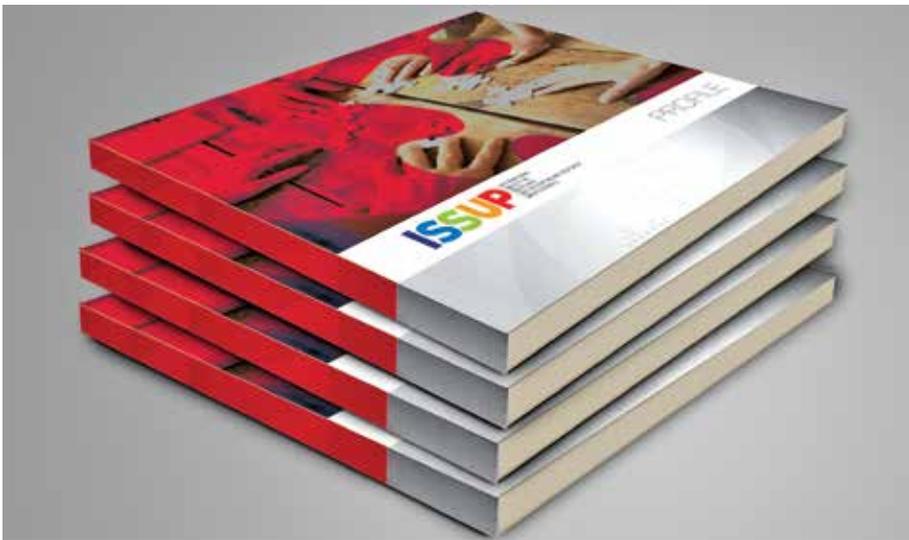
## UNVEILING OF THE ISSUP PLAQUE

# ISSUP

INTERNATIONAL  
SOCIETY OF  
SUBSTANCE  
USE PREVENTION AND TREATMENT  
PROFESSIONALS

During the inaugural meeting, INL's Acting Deputy Assistant Secretary John Brandolino unveiled the ISSUP plaque with OAS, WHO, CP, UNODC and Royal Thai Government

The unveiling signified the formal establishment of ISSUP as an organization that links the substance use prevention and treatment workforce as a professional network, a community of practice, and a global assembly.



# ISSUP INTRODUCTION

The International Society of Substance Use Prevention and Treatment and Professionals (ISSUP) was formally launched on 6 July 2015 during the inaugural meeting organized by International organizational Partners with the Office of Narcotic Control Board of Thailand (ONCB) and Princess Mother National Institute on Abuse Treatment (PMNIDAT), through the funding support of the Bureau of International Narcotics and Law Enforcement Affairs (INL) of the United States Department of State.

A consortium of international organizations— Colombo Plan, United Nations Office on Drugs and Crime (UNODC), Organization of American States Inter-American Drug Abuse Control Commission (OAS-CICAD), World Health Organization, and African Union— participated in the inaugural meeting with local partners from the Royal Thai Government via the Office of the Narcotics Control Board (ONCB) and the Princess Mother National Institute on Drug Abuse Treatment (PMNIDAT).



Over 2,200 from 60 countries took part in the event, of which 561 were from various

1. AFGHANISTAN 
2. ANTIGUA AND BARBUDA 
3. ARGENTINA 
4. AUSTRALIA 
5. BANGLADESH 
6. THE BAHAMAS 
7. BHUTAN 
8. BOTSWANA 
9. BRAZIL 
10. BRUNEI DARUSSALAM 
11. CAMBODIA 
12. CANADA 
13. COLOMBIA 
14. COSTA RICA 
15. COTE D'IVOIRE 
16. EGYPT 
17. EL SALVADOR 
18. FRANCE 
19. FIJI 
21. GERMANY 
22. GHANA 
23. GRENADA 
24. GUYANA 
25. INDIA 
26. INDONESIA 
27. ITALY 
28. JAMAICA 
29. JAPAN 
30. JORDAN 
31. KAZAKHSTAN 

# PARTICIPANTS

countries other than Thailand. The countries represented in the first ISSUP Meeting were:

32. KENYA
33. KYRGYZSTAN
34. LAO PDR
35. LEBANON
36. LIBERIA
37. MALAYSIA
38. MALDIVES
39. MEXICO
40. MOZAMBIQUE
41. MYANMAR
42. PAKISTAN
43. PARAGUAY
44. PERU
45. PHILIPPINES
46. SOUTH KOREA
47. SINGAPORE
48. SOUTH AFRICA
49. SRI LANKA
50. TAJIKISTAN
51. TANZANIA
52. THAILAND
53. TRINIDAD AND TOBAGO
54. TURKMENISTAN
55. UNITED ARAB EMIRATES
56. UGANDA
57. UNITED KINGDOM
58. UNITED STATES
59. UZBEKISTAN
60. VENEZUELA
61. VIETNAM



ISSUP was established with the aim of strengthening the global network of individuals working in the field of substance use prevention, treatment and rehabilitation

One of ISSUP's key aims is to professionalize the field of substance use prevention and treatment by promoting training, capacity- building and evidence-based practices. It is

also envisioned to stand as a global platform for substance use prevention and treatment professionals to exchange their knowledge, skills, experiences and expertise.

Through the ISSUP, treatment professionals, demand reduction practitioners, policy makers and members of the academe are given access to the latest information and news, scientific research, training opportunities, and credentialing prospects.



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# ISSUP

## Inaugural Meeting Proceeding

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The meeting started with Introductory Remarks by Dr. Suphan Srithamma, Director General of Department of Medical Sciences and Inaugural Speech by Dr. Rajatha Rajathanavin, Minister of Public Health, Government of Thailand. The Minister expressed happiness over having the 16th National Conference on Drug Abuse coincide with an international event co-organized by various international organizations. He mentioned that the Government of Thailand was happy to become part of the ISSUP International Meeting and Workshop.

H.E. Kinley Dorji, Secretary-General of the Colombo Plan welcomed the participants and expressed his appreciation for the partner organizations' concerted efforts. He described ISSUP as a historical event, and the first of its kind, to ever bring together treatment and prevention professionals from all over the world. He also shared his hopes for ISSUP to be the main platform for strengthening the network of treatment and prevention professionals as they exchange their knowledge, skills, experiences and expertise, and learn from each other. The Secretary-General finally encouraged the assembly

to take part in sustaining ISSUP. Acting Deputy Assistant Secretary John Brandolino of the INL, US Department of State, in his address, said that the ISSUP is a potent tool for global substance use prevention and treatment as it would be able to share best practices and interventions that are life-saving and helpful to communities. He encouraged the members and the partner organizations to take on their roles in promoting and sustaining ISSUP. He also shared the three main areas of drug demand reduction strategies where ISSUP's partner organizations have worked



From Left to Right:  
 William McGlynn,  
 Thomas Browne, Brian Morales,  
 Joanna Travis Roberts,  
 Sadie Thimsen, John Brandolino,  
 Anotonius Riva Setiawan

on— (1) developing a network of treatment and prevention professionals and developing a universal protocol, (2) creating and disseminating universal curricula on prevention and treatment, and (3) developing a credentialing process through a standardized proper examination. He emphasized that ISSUP should be maximized to stand as a channel for all these strategies. He likewise invited governments and academic institutions to become organizational partners with ISSUP in translating the science of substance use prevention and treatment into effective practice.

Dr. Gilberto Gerra, Chief of the Drug Prevention and Health Branch of the UNODC said that the ISSUP initiative is very appropriate and timely. He went on to remind the assembly of the need for prevention and treatment practitioners to maintain utmost professionalism in their work. He highlighted the importance of looking at substance use disorders from the standpoint of healthcare provision. Dr. Gerra emphasized that ultimately, those dubbed as “drug users” deserve to be treated with dignity and afforded with care and support.

Dr. Nicolas Clark, representing the WHO, expressed hopes that the formation of ISSUP will impact the drug demand reduction scenario in the world. He hopes that more professionals will emerge to attend to the increasing demand in substance use disorder prevention and treatment— especially because the existing health care system catering to patients with substance use disorders reach less than 10% of those needing these services.

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## Launching of the **ISSUP** Website

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Joanna Travis

As an organization, ISSUP aims to provide means for individual members to connect and share best practices. The ISSUP website acts as the main channel for this— it works with the same mechanics of social media channels and brings practitioners together to build relationships and create networks.

During the inaugural meeting, Colombo Plan Drug Advisory Programme (CPDAP) Director Antonius Riva Setiawan and ISSUP website coordinator Joanna Travis introduced ISSUP's website. They shared the site's

features and functionalities as it stands to become an inclusive information center and platform for individuals and organizations working in the field of drug demand reduction.

The website was officially launched with over 400 professionals registering on the same day. It was designed to best give members the opportunity to share and network within ISSUP; and both members and non-members the opportunity to learn more, join the latest training, and apply for qualification opportunities.

## Main website functionalities: **ISSUP Forum**

This site feature functions mainly to facilitate information exchange of best practices among a community of experts. Members are enabled to keep each other up-to-date on new and ongoing developments in the field through the various forum agenda on:

- Substance Use Prevention
- Substance Use Treatment
- Research and Evaluation
- Administration, Comments and Questions



Brian Morales



## Information Centre

ISSUP's information center offers a range of publications and maps-out significant activities that members can get involved in. Technical knowledge and information are then easily shared among substance use treatment and prevention professionals. The centre's subfolders include:

- News
- Latest Research
- Online Publications
- Calendar

## ISSUP Community

ISSUP provides many ways for individual members to connect— especially through this platform. It functions like

social media sites and ultimately links practitioners with each other to build relationships and networks.



## International Plenaries

The first ISSUP Inaugural Meeting and International Workshop was held to formally introduce ISSUP as an organization, launch the ISSUP website, host international plenary discussions and meetings on drug demand reduction, and conduct training workshops.



This section of the conference report summarizes key points discussed during the plenary sessions and meetings.

The plenary session on "Translating Scientific Research into Practice" was chaired by Thomas Browne, Division Chief of the Criminal Justice Programs, INL, U.S. Department of State and participated in by Dr. Gilberto Gerra from UNODC and Dr. Nicolas Clark of World Health Organization (WHO).

In his introduction, Thomas Browne shared the statistics

of drug use around the world, proceeding to discuss that the myth of drug use being an "insurmountable problem" should be adequately dispelled by what the data demonstrate. He explained that with various drug control strategies employed by governments around the world, those who use drugs represent only 0.5% of the global population now. However, he reiterated that it is important to continue research and assist in the efforts on drug demand reduction to ensure that this positive progress continues.

The keynote address was given by Dr. Gilberto Gerra, Chief Drug Prevention and Health Branch of the UNODC who echoed the statements of Browne, while also highlighting that despite the statistics, drug use and addiction are still potent threats to society. His presentation also included discussions on the science of drug addiction and the growing trend of drug use among children and adolescents.

Following this was a presentation from WHO's Dr.



of Substance Use (UPC), respectively.

Succeeding discussions covered the importance of generating and employing up-to-date scientific research on drug use prevention and treatment. These studies provide the foundation for evidence-based practices in the field and provide guidance for practitioners. The plenary also discussed on how each international organization is maximizing research findings to inform their programming. A presentation on the credentialing system offered by the Colombo Plan International Center for Credentialing

and Education of Addiction Professionals (ICCE) was given by its director, Tay Bian How. His presentation discussed the various evidence-based curricula that are being used by ICCE with the goal of capacitating and linking the cadre of professionals in the field of prevention and treatment.

The introductory presentation on ISSUP as an international society was presented by Brian Morales of INL, U.S Department of State. He discussed its purpose and objectives and explained that primary aims of ISSUP— promote evidence-based practices and connect researchers with practitioners.

Nicolas Clark on the importance of maintaining a balanced approach during SUD treatment. He also presented the research conducted by WHO on the need to address the mental health concerns of substance users along with their physical health concerns.

Shirley Mikell from SME Consulting, LLP, and Dr. Zili Sloboda from Applied Prevention Science presented on the Universal Treatment Curriculum on Substance Use Disorders (UTC) and on the Universal Prevention Curriculum

## Studies provide the foundation for evidence-based practices in the field and provide guidance for practitioners.





The presentation also provided information on the functional aspects of ISSUP as an international society including its membership process and planned annual gatherings. As a follow-up to Morales' discussion, Antonius Riva Setiawan and Joanna Travis-Roberts presented features of the ISSUP website. Their presentation described the process of website development and the membership model that ISSUP is following. The website was introduced as the platform which will be utilized for the networking and information dissemination to be done

through ISSUP by the society as well as its members. It functions best to support treatment practitioners and prevention specialists in networking and accessing training opportunities. They also gave an overview of the site's sections and functions and a walkthrough of the website- its key sections such as the public forum and the membership registration process.

ICCE Director Tay Bian How chaired the panel discussion on "Global Initiatives in Treatment", which discussed various treatment models as supported

by INL through UNODC, OAS-CICAD and Colombo Plan. Dr. Elizabeth Saenz from UNODC and Alexandra Hill from OAS-CICAD presented papers on their respective organizations' treatment initiatives. Winona Pandan, ICCE Curriculum Coordinator, presented the white paper on the Universal Treatment Curriculum for Substance Use Disorders (UTC). Following this was Shirley Mikell's presentation on the specialized curriculum for substance use disorder in women— Guiding Recovery of Women (GROW).

The following series of panel discussions that were simultaneously held on the second day of inaugural event covered topics on both treatment and prevention. Shirley Mikell from SME Consulting, LLP chaired the panel discussion on the Universal Treatment Curriculum Intermediate Series. Dr. Stephanie Lusk, an expert author, then presented a paper on the importance of pharmacology in treating co-occurring disorders. A presentation on Motivational Interviewing was given by Rhonda McKillip. The importance of the Diagnostic and Statistical manual of Mental Disorders, 5<sup>th</sup> edition (DSM5) substance use disorder diagnosis was covered in Dr. Martha Hurley's presentation. The last presentation from James Holder was on employing the various "Levels of Care" in treating co-occurring disorders among individuals with SUD.

Discussions on the universal substance use prevention strategies were chaired by Dr. Zili Sloboda from APS. She presented a paper on evidence-based substance use prevention interventions and policies. Dr. Wadih Maalouf from the UNODC discussed the International Standards for Drug Use Prevention. Dr. Gregor

Burkhart from the European Monitoring Center on Drugs and Drug Abuse (EMCDDA) shared the organization's Standards in Prevention and their strategies in influencing prevention systems with policy interventions. The study on "European Drug Prevention Quality Standards" was discussed by Jeffrey Lee from the Centre for Public Health-Liverpool of John Moore's University. Completing the panel presentations was the discussion of the Canadian Standards for Youth Substance Abuse Prevention and Workforce Competencies from the Canadian Centre on Substance Abuse's (CCSA) Dr. Zachary Patterson.

The panel discussion on "Emerging Science in Family, Schools and the Work Place Prevention" was chaired by Jeffrey Lee from the Center for Public Health- Liverpool of John Moore's University. APS President Dr. Zili Sloboda presented an overview of the emerging science in substance use prevention. Following the overview were the discussions on the different types of prevention interventions—family-based, school-based, and workplace-based. These were discussed by Dr. Douglas Coatsworth, Dr. Chris Ringwalt and Dr. Rebekah Hersch, respectively. The experts presented various models of

prevention practices and their implications to prevention science.

Susan David from APS, Inc. chaired the panel discussion on the "Emerging Science in Environmental Prevention, the Media and the Community Systems Level". Presentations for this panel included the discussion of "Environment-Based Prevention Interventions", given by Dr. M.J. Paschall from the Pacific Institute for Research and Evaluation, and Dr. William Crano's presentation on "Media-based Prevention Interventions".



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“The Princess Mother always believed that no one wants to be bad, but they don’t have the opportunity to be good. So, with this belief, the development in this remote and barren land began. We addressed three fundamental issues that would improve the lives of the people, that is health, livelihood, and education.”

## Keynote Speech

# Mom Rajawongse Disnadda Diskul

Secretary - General of Mae Fah Luang Foundation

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Good morning, participants and ladies and gentlemen. It’s a great privilege for me to be here this morning to share with you the work of a very great lady, a visionary lady, whose legacy became the theme of this conference.

United States. There she met and married a Prince, who unfortunately passed away in his early age. She single-handedly raised her three children. The family resided in Switzerland and they lived like commoners.

the throne after the tragic death of King Rama the Eighth, the Princess Mother assisted her younger son in addressing the problems faced by the less fortunate people in Thailand. To support health care she has

**“Succeed to the royal aspiration of Princess Mother: Thai people get happiness and free from drugs”**



First of all, I would like to introduce you to Her Royal Highness the Princess Mother; who she was and how her work in Sustainable Alternative Development became a world model with the concrete proof of several projects in Thailand and in other countries. The princess was a commoner, and she received a scholarship to study nursing at the

The children went to ordinary schools until the government of Thailand, after the change in the government, appointed her elder son to become the King Rama the Ninth. However, she insisted that the children be educated in Switzerland and live like common people so that they could experience the reality of life and learn about it. When King Rama the Ninth succeeded

set up several foundations, Volunteer Doctors Foundation, Prostate Foundation, Breast Cancer Foundation, to address the problems of health. She also set up Border Police Schools in remote areas where people would otherwise never see a doctor, or even a teacher.

Today, I will tell you about one of her projects. The Doi Tung

Development Project, under the foundation called Mae Fah Luang. Mae Fah Luang was a name given to Princess Mother by the hill people because she always travelled to the remote areas by helicopters. When they see her coming, they would call out "Mae Fah Luang" which means the 'Mother from the Sky', the 'Royal Mother from the Sky'. Every time they saw the helicopter with her, they know something good is going to happen to them.

The Doi Tung Development Project became a model of Sustainable Alternative Livelihood Development. The Doi Tung Development project is located in Chiang Rai, in the north province of Thailand, in the heart of the Golden Triangle, then the center of opium and heroin production. The total scope of project area is 150 square kilometers with six ethnic groups in twenty-nine villages. Here is a picture of the Doi Tung in 1989 before we started the project (referring to slide). The land was barren. There was no basic infrastructure, which means no road, no electricity, no nurse, no doctor, and no government officials. The people had to rely on planting rice, which was not enough for the whole year. Opium became the source of income and effective method

for paying. To sell cabbages cultivated in Doi Tung, you have to carry it, walk down for two days and spend one night along the way. But when they grew opium, the market went up to them. So that's why it became an easy source of cash for the people. Not only did they grow opium but they produced and trafficked drugs, and they themselves became addicted.

The area was controlled by war lords. Worse, some of them had to sell their daughters into the sex industry, and you know what happens, HIV follows. So, we saw the insecurity and deteriorating social structure everywhere. But what we saw are only the symptoms that surround these people. The root cause of it was poverty and lack of opportunity.

The Princess Mother always believed that no one wants to be bad, but they don't have the opportunity to be good. So, with this belief, the development in this remote and barren land began. We addressed three fundamental issues that would improve the lives of the people, that is health, livelihood, and education. We worked holistically. Because sick people cannot work, we ensured that they get better health first then we moved on to provide them

with viable livelihood options. Starting with food security, and finally when people had stable income and children no longer had to work to support the family, the priority became education which led them to long-term development.

At that time when we started the project, there were over five-hundred people who were addicted to opium which was used as pain killer. When we had a dental treatment campaign for the people in Doi Tung, we found that they put opium inside their decayed teeth to reduce the pain. So, these people became addicts by accident.

The Princess Mother posted a question, "These addicts, are they not human beings? If so, if they are human beings, why don't we give them a second chance in life?" Therefore, we organized detoxification and rehabilitation for all five hundred "addicts" at one time. We referred to them as volunteers. Unbelievably, our programme was well- received by the families as well as the villagers. So, we set up a camp in collaboration with the Thanyarak Hospital, the border police and the army. After forty-nine days of detox sessions, the addicts received physical rehabilitation.



But more important than that is the mental rehabilitation programme for one thousand days. This is to prepare them to fight against the temptation and enable them to go back into the society. We offered several skill trainings so that when they returned home they could earn their living.

To ensure the results, we followed up and monitored the progress of the addicts when they returned home. They were welcomed to the village like heroes who have changed their lives and lived again for the second time. Doi Tung has encouraged the villagers to monitor and keep the village free from drugs. They had a system to prevent drug activities. They got a poster, or a certificate, in front of their villages from the Doi Tung Development project.

Our development project focuses on people. Our work is integrated in addressing the same socio - economic and environmental issues, since everything revolves around them. Our objective is "to help the people to help themselves" and to achieve this we divided our program into three stages. The first one is, to get them out of the "survival stage". That is to ensure their food security for the whole year and that they have basic necessities in life like house and clothing. When they passed that stage, we brought them to the second stage, the "sufficient stage". That means they have a steady source of income, a job, better health care and that they could pay back some of the debts that they have. The third stage is that when they have some savings and have capacity to stand-

up to challenges and they are empowered to plan and work for their own future and of their children. And this is why we call this Sustainable Alternative Development.

In 1988, we started the work with reforestation to restore the environment. In 1989, after just one year, you can see the future of the forest that we would get back (referring to slide). The reforestation enables us to offer legitimate work to the people. Changing the opium farmers into forestry workers meant substituting illegal income of growing opium with a legal livelihood source. Not only that, we started the capacity building process. Some of the forestry workers then were trained in growing decorative plants, gardening, and helping in landscape which required higher skills. In 1992, we built the famous flower garden called the Mae Fah Luang Garden in Doi Tung. This covers an area of four hectares. And with financial assistance from the project, some of the gardeners became micro-entrepreneurs. We were able to help them start and set up their own nurseries as they sold the seedlings back to the gardens and the market. Every year we have about a million people visiting the gardens for the beautiful the view on the mountains, the cultural diversity of the various ethnic groups that promote

tourism small hotels, homestays, restaurants, and souvenir shops. These generated more income for the locals. But our programme sought to identify other livelihood options that would generate long term and stable income for the people. The answer was the economic forest. We grew arabica coffee and macadamia nuts which were suitable for the area. These crops have high value and their potentials can be maximized in the long run. When people have enough income, they no longer need to encroach on the forest. "Economic forests" were therefore identified as the buffer zones that allow people and nature to coexist in harmony.

We don't sell our products as commodity, we add value to increase the revenue and create more job opportunities. For example, simply roasting our own coffee multiplies the value of green bean. But branding and packaging for roasted coffee increased with the value further, and this largely increased with the final step in the value chain, selling them through our coffee shops.

Another approach we took is that instead of rushing to introduce a whole new set of professions, we looked at the people, we looked at what the people have already being doing. Here, the ethnic women were good at handicraft-making,

so we started from there. We looked into their roots and we built on their skills and wisdom. We brought in experts and designers to help develop their skills by showing them additional techniques and designs in order for the product to stay competitive and market-driven. We used intermediate technology, simple enough for the local people to use, and we improved the quality of the raw materials to upgrade the products. This is our collection, the Doi Tung homeware collection, handwoven fabric, handwoven carpets, ceramics, and mulberry paper under our brand "Doi Tung" (referring to slides). We started to establish the brand because in order to get into the market and to be sustainable we need to have a brand to show. This is one of our fashion show collections (referring to slides). So, we have come very far. You look at this collection and you see that the people who worked were only the women who for twenty six years ago could barely live, who still had to sell the daughters to sex industry, but this is what they have made today. So, we believe that if you give the people the chance, they will maximize their potential.

We partnered with IKEA, in a special project called the "Next Generation Initiative". Ikea helped us to move into another level because with IKEA standard we had to improve all

our supply chain and also the process of development. This way we could enter into the market in Europe. Our products are now sold in IKEA stores in three European countries at the moment—in Vienna, in Switzerland and in Sweden. This year we hope to expand it to more countries.

With the work with the community we created Four Social Businesses. We call ourselves "Four Social Businesses" because we don't have any shareholders we don't have to pay dividends, all the money goes back to the people, so it's social business. The four social businesses are food products—coffee and macadamia—handicrafts, tourism, and horticulture. Why "Four Businesses?" Because we want to provide choices and more income to the locals. We want to create jobs for lots of lives. For example, men would do agriculture work, women from the age of twenty-five to sixty-five they work in the weaving section. Ceramics, you can get younger people to do the work. So, we create jobs for people of all ages, we can say that. And the most important thing is that to diversify the risks. We have been financially sustainable since the year 2000. Our income reached 15 million US Dollars at present with 1600 people in our payroll.

“So, what is our measurement?” Our measurement is what do the people get out of it in everything we do, we ask this question. “What do people get out of it?”

This is the proof of what the people get out of it. We managed to increase the income by almost 17 folds. From US \$117 per person per year in 1988, to US \$1990 per person per year in 2013, or from 75% below bankrupt poverty line to 60% profit.

When you ask what do the people of Doi Tung spend their increasing money on; it is mostly on their children’s education. In terms of formal education, more and more of our children have graduated from universities and some of them have already finished their masters. Well, look at this picture, when the people are well off, the forest can thrive. This is Doi Tung when we started the project. And then look here, the same village, today (referring to slides).

The profit from our social businesses has improved the quality of education in our eight schools. We work with the Ministry of Education to integrate new teaching methods like the Montessori Approach for grade school pupils, vocational programs for high school students and we have

set up our Doi Tung curriculum. At the moment, the Ministry of Education is very interested in the education model that we are doing and I think this model could be replicated elsewhere.

Also the profit goes to health care operation for cataract and dental care to get the people out of suffering. The money also goes into environmental protection, irrigation water management, waste management and forest fire protection.

Today, Doi Tung has become a model of sustainable development which has been replicated in Thailand as well as other countries. Everywhere we go, we apply the people centered development approach introduced by Her Royal Highness Princess Mother, but adopted to suit the geographical and socio-economic realities on the ground. Our first extension project outside of Thailand, is in Myanmar. In 2002, the foundation was requested by the governments of Thailand and Myanmar to work in Yonka, Shan State to solve the community’s health issues, improving the irrigation system and agricultural productivities. Today the communities are able to carry out their own development when the project ended.

In 2011, the foundation began to work in Yen-an Chaung town, in the dry zone of Myanmar, one of the most impoverished areas of the country. Today the Yen-an Chaung people have a brand of the product of their own called “Our World”. They are making snacks from peanuts and sesame and it is sold in hotels in Myanmar at the moment. Our latest project in Myanmar which was implemented in 2013, covers the states of Tachileik Mong Sat in Shan State - to help the people so that they no longer have to engage in opium poppy production, forest encroachment, illegal trafficking and other criminal activities.

Apart from the neighboring countries, we also expanded our model to Afghanistan in 2006 by developing sustainable livelihood in the livestock sector through community-based enterprise. In Aceh, Indonesia in 2007, we piloted a malaria management program in the Lumbalumba Village cluster. Today the programme has become a model for nationwide malaria management in Indonesia. The project that we have recently completed was requested by the UNHCR. We worked in 9 temporary shelters along the Thai and Myanmar border since 2013, to implement a profiling project



for approximately 130,000 displaced individuals. The information gathered will be used to help prepare the future of the displaced beyond the temporary shelters.

We call the work of Doi Tung and Mae Fah Luang, the “living university”. We have several campuses in Thailand and overseas and different development approaches. Each year, hundreds of study tours, from public and private sectors, NGO’s, and academia are held in Doi Tung to learn practical knowledge and gain hands-on experience. Our Doi Tung classrooms are on the ground with lecturers who are practitioners as well as beneficiaries. In 2011, global population is at 7 billion and we expect to reach 10 billion - mark in 2015. Think of all the problems – problems we are facing now and

with 10 billion people in very short period of time. What will happen?

At the moment you see all the migrations, not only in Asia but also in Europe. Why did they migrate—poverty, lack of opportunity? We have to solve the problem at the root cause. The current millennium goals are ending. The world is coming together to take the millennium development goals further, along with the improved set of sustainable development goals, and to review the global anti-drug goals coming up at the UN General Assembly Special Session in 2016. Thailand has been asked to share its experience in many key forums in Vienna, Berlin, and New York. Today, the chairperson of the foundation is going to New York to participate in one of the conferences. At the

moment Thailand is seen as a donor country, contributing to development experiences in partnership with donors like Germany and EU to assist countries facing similar problems we once had. These are the 17 goals to be launched in New York this September: goals of poverty alleviation, food security, sustainable agriculture, sustainable management of natural resources, climate change mitigation, elimination of inequality and fostering an inclusive society and so on.

Her Royal Highness the Princess Mother and her projects in Doi Tung has long proved a solution to all these problems. Princess Mother—the theme of this conference is about the work of an extraordinary person. Her legacy lives on. Everybody in Thailand follows her footsteps in building a world of opportunity and hope for all.

# Welcome Address

**John Brandolino**

Acting Deputy Assistant Secretary, Bureau for International Narcotics  
and Law Enforcement Affairs (INL), U.S. Department of State



**"We are excited by the prospects of a global community of professionals commonly oriented towards the same goals and relying on each other to impact their communities, nations and our world."**

Good morning everyone. I'm honoured to represent the Bureau for International Narcotics and Law Enforcement Affairs of the U.S. Department of State— known to many if you as INL. On this historic day is the inauguration of an important initiative, which will define United States' global assistance in the area of substance use, treatment and prevention for the years to come. We are proud to be a founding partner of the International Society for Substance Use Prevention and Treatment Professionals or ISSUP. A global association that forges together drug treatment and prevention workforce is long overdue.

Substance use treatment and prevention is an independent and multidisciplinary field of study. ISSUP paved the way to promote this field and the ever increasing body of evidence on guided clinical practice and prevention activities around the globe.

INL's international organizational partners represented here today include the Organization Of American States, the Colombo Plan, United Nations Office on Drugs and Crime, World Health Organization, and

the African Union. Over the past years, they have helped us in one way or another to do three incredible things. First, to develop protocols, standards and guidelines for the practice of treatment and prevention. Second, to create a disseminate curriculum including the Universal Treatment Curriculum and the Universal Prevention Curriculum. And third, to establish an international examination and credentialing process. We are delighted and proud to see that these products can now be disseminated through ISSUP.

I now invite government agencies and universities currently involved in these initiatives to join us and our collaborating partners. Let's work together to translate science and to practice.

I would like to express appreciation to Thanyarak Institute for their collaboration with the INL over the past years both in addressing drug use in Thailand and hosting, as well as mentoring, international treatment staff. Likewise I would like to thank Thailand's Office of the Narcotics Control Board for their long collaborative relationship with INL particularly

in the area of drug detection and supply reduction. We look forward to continuing our partnership over the coming years as well.

Finally, I extend special appreciation to all of you, the treatment and prevention professionals who have gathered here and are about to become ISSUP members later this afternoon. We know that the network is only as strong as its membership.

Over the coming years this network will expand and grow broadly and you will be an important part of it. You should feel proud to be a part of this movement and take an active role developing in it.

Following this week's activities I hope that everyone here will register on the [issup.net](http://issup.net) website and contribute to exchange research and experiences.

Most importantly, we are excited by the prospects of ISSUP becoming a global community of professionals commonly oriented towards the same goals and relying on each other to impact their communities, nations and our world. Thank you very much.

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# Welcome Addresses

## H.E. Kinley Dorji, Colombo Plan

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“ISSUP is a platform for substance use prevention and treatment professionals to gather together, exchange their knowledge, skills, experiences and expertise and learn from each other. I’m glad to see such large number of professionals who have gathered here with the same vision and mission to work together for a common cause. Colombo Plan is privileged to take the key role in the initiation of this global forum — the first ever global initiative with the support of the international organizations, substance use prevention and treatment professionals and INL- US Department of State.”



Respected chairman, Excellencies, honourable ministers, and additional professionals, ladies and gentlemen, first of all may I take this opportunity this morning to offer on behalf of organizers, on behalf of everybody present

here and on my own behalf, the heartiest congratulations to our Royal Highness Princess Mother Aspiration for the world class community development set as an example for all of us for happiness in life; free of drugs. I would also like to say this

morning that the gathering here is amazing, inspirational and energizing. It is with immense joy and fulfilment I stand here at the launch of ISSUP—the International Society of Substance Use, Prevention and

Treatment Professionals. At the outset let me acknowledge the hard work put in by PMNIDAT and ONCB, INL, and the Colombo Plan staff who made this day possible.

ISSUP is a platform for substance use prevention and treatment professionals to gather together, exchange their knowledge, skills, experiences and expertise and learn from each other. I'm glad to see such large number of professionals who have gathered here with the same vision and mission to work together for a common cause. Colombo Plan is privileged to take the key role in the initiation of this global forum - the first ever global initiative with the support of the international organizations, substance use prevention and treatment professionals and INL, the US Department of State. The drug scenario of the world is changing day by day, with more individuals struggling with substance use disorders. This situation has created a big vacuum among professionals in the field both at drug prevention and treatment. I'm glad that Colombo Plan contributes its share, through ICCE and DAP, in this regard. The training and credentialing of additional professionals both in Universal Treatment Curriculum, UTC, and

Universal Prevention Curriculum, UPC, have been the key function of ICCE over the past several years.

We hope the management of ISSUP will further expand this mission for every ISSUP member will benefit from this endeavour. My concern, if I may share, is that both the designing and launching of the international forum are taking place with great enthusiasm. However, meeting the expectation of each the member would be a great task. Therefore, the promises of ISSUP lies in each one of you. We should give our efforts to make this mission a success. I appeal to all stakeholders to come up with clear management roles, identify

resources and determine how ISSUP would be sustained and best managed.

I would like to reiterate and say that the gathering here is amazing, inspirational and energizing. And also like to take this opportunity to thank INL US Department of State which took the first initiative for the formation of ISSUP. PMNIDAT, the key host of this event, and ONCB, our drug focal point, for making all arrangements for this meeting. I will be failing in my duty if I do not acknowledge the hard work put in by Colombo Plan officers from DAP and ICCE, also in this regard. Let me end by wishing everyone a pleasant stay and a fruitful meeting. Thank you.





# Welcome Address

Dr. Gilberto Gerra,  
UNODC

**"The reality is that we have a lot disadvantaged people who are unable to say "no" to drugs. Lots of people suffer a lot before meeting drugs became drug users and develop drug use disorders because of their suffering and disadvantages."**

Thank you very much for engaging us in starting this new venture.

The United Nations Office on Drugs and Crime is a United Nations Organization with the full mandate to deal with the world drug problem. We are doing this in cooperation of the other international organizations. We are operating in more than 40 countries for prevention in the developing, and low income countries. We are in 25 countries doing work

in treatment. For us it is a huge opportunity to be here today with an impressive audience. It is a well represented international event, very impressive!

Let me start by conveying to you the best wishes and greetings of Mr. Yury Fedotov, the executive director of United Nations Office on Drugs and Crime. He is well aware of this conference, of this effort, done by many other organizations together with us, and he is really working every single day to qualify interventions, particularly



in the area of treatment and prevention and rehabilitation.

Let me first thank the US State Department; not only for supporting the solutions to our problems, not only for organizing this meeting today; but because the State Department has the merit— they really deserve to be recognized – they have the merit to put together the organizations that, sometimes, are in competition with each other. They are very patient. Then we have today organizations here, Colombo Plan, African Union, Organization of American States and also our brothers from WHO, the World Health Organization.

My organization works through a stronger management and stronger cooperation with the World Health Organization. I always tell them, “Don’t do anything without the World Health Organization’s blessing and approval because they are really in charge of issues under health”.

We are operating in the health area. We working on a health issue. But let me say that what we are doing today, what we have launched today, mainly accomplishes a process of qualification for health professionals, and which is inspiring us to be qualified. I want to quote, to read, in front of you a small piece from the International Convention. The Convention of 1961, Article 38, the convention says, the parties “shall as far as possible promote the training of personnel in treatment and rehabilitation and social reintegration of abusers of drugs”. So training to qualify personnel is mandated by the Convention. But in paragraph 3, the International Convention adds “to gain an understanding of the problem of the abuse of drugs”. It was as if they are able to read into the future. They really didn’t know during those times, 50 years ago, that we need a better understanding of what is drug abuse.

What is the problem? In most the cases, science, the development of science is taken away far from the development of practice and policy. And we really need to bridge this gap, to fill this gap between science and clinical practice and policy dealing with the drug problem. The Convention further says that “you will need to have a better understanding, a more qualified approach to this”. Then they align clearly an alternative approach to science - based approach, the humanitarian approach, in the field of drug abuse and dealing with drug use disorder.

I want to give you an example of this unbelievable misunderstanding, the misleading view that we have to fight, we have to stop. For example, the use of the terrible word, “recreational”. Imagine these people around the world saying that about our patients, our people affected by drug abuse disorders, “I take drugs for recreational purposes”. This is a horrible form of denial, of not wanting to see the reality. And I want to take inspiration now from Her Highness Princess Mother, “No one wants to be bad”. A lot of people are with the condition, they don’t have the capacity to “be good”. And

this word “recreation” is what I want to cancel. The reality is that we have a lot disadvantaged people who are unable to say “no” to drugs. Lots of people suffer a lot even before they became drug users and have developed drug use disorders because of their suffering and disadvantages.

I want to ask all of you, if you think the street children taking crack cocaine in Latin America, can be considered as a case of individuals using drugs for recreation. I ask you if the sexual harassment of 13 year old girls who are doing prostitution— those being sold as prostitutes— if they take huge amount of tranquilizing drugs for recreational purposes? In your opinion? Or even child soldiers, who are given cocaine to fight better by their commanders, are using drug for recreational purposes? And again, children mantling in ships in Bangladesh for less than one dollar a day, and they are given amphetamines to work more, are taking drugs for recreational purposes? In each country, those people with personality disorders or mental disorders who are self-medicating with drugs— are they taking drugs for recreational purposes? We

need to really see the reality. We have to look to the suffering of these people and offer them help, and both love and respect instead of punishment, prison, or condemnation— any moral condemnation.

Let me conclude with three small things. The first is, I always think to the word “recovery”.

I very much like the word “recovery”. And I ask myself, what recovery really is. What do our patients have to recover from? Probably they have to recover a huge amount of love that they have been deprived of— loving relationships they have been deprived of during their childhood; of being neglected, being abused. They need to recover the capacity of receiving love and giving love to another. But the other important thing is that when we say that these people recover, we have to have prepared the opportunity in our society to welcome their contribution. But we are not fully convinced. We say they are “drug addicts”, they are “drug users”. They cannot contribute much to the society. This is absolutely not true. These people, because of their personality, because of their characteristics, of their personality, they are oftentimes very passionate. They have

creativity, they have intense passion, they have capacity to be positive, in the sense that, they thrive to work on innovation and they have a visionary attitude. They can really contribute to enrich and to improve the society— particularly those in developing countries.

Let me conclude to invoke an idea. In my mind, ask the parents of drug users. If we ask their parents— for them, their child’s value never diminished just because they are affected by a problem. We have to find how to go back to having this kind of respect and consideration for the persons with substance use disorders. As persons, they deserve all our love, support and our intense help. This attitude of the parents, this parental approach, should be fully adopted by the international institutions and by the national institutions.

Let me thank, finally the government of Thailand, for setting the example of commitment that they gave with hosting this meeting. Thank you, once again.

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# Welcome Address

Dr. Nicolas Clark, WHO

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**“Many people are able to change their dependence on substance use on their own with the support of their family and friends. However it’s clear that the treatment of substance use disorders and coexisting physical and mental health problems significantly improves the chances of reducing, or ceasing substance use, as well as improving well-being and life expectancy”**

Representatives of the Government of Thailand, representatives of the Government of the United States of America, representatives of the Colombo Plan, they are the co-sponsors of this meeting, the African Union, Organization of American states, representatives of many countries here, and people working in prevention and treatment of substance use disorders— it is my pleasure, on behalf of the World Health Organization, to join the organizers in welcoming you all to this combined meeting

of the 16th Thailand National Conference on Drugs and the Inaugural Meeting and Workshop of the International Network of Substance Abuse Prevention and Treatment Professionals. Indeed the title of the conference “From Her Royal Highness ‘To Succeed and Getting All People their Happiness and Free from Drugs’” is very much in keeping with the constitution of the World Health Organization.

Since its inception, the World Health Organization has always sought to improve

the health and well-being of people everywhere— in part by reducing the exposure to risk factors for health, such as drug use, and by trying to improve the health and well-being of people suffering from health conditions such as drug use disorders; and in particular, through the health care system, and where necessary, through fostering collaboration between the health care system and other systems.

The use of addictive psychoactive substances including tobacco, alcohol,

psychotropic medications, illicit drugs and as yet scheduled psychoactive substances is one of the biggest risks to health in the current era. Combined, they represent 10% of the global burden of disease, and responsible for millions of deaths each year. While to some degree substance use has become a tradition of many cultures, the era of industrialization and globalization have led to the significant increase in the production and consumption of psychoactive substances in many regions of the world.

Our pursuit, which is still continuing, now includes the many emerging markets that open up to both licit and illicit products. With tobacco and alcohol, it is now clear that regulating these markets can significantly reduce the harm due to substance use. As the Framework Convention on Tobacco Control, the first treaty negotiated under the auspices of the World Health Organization, and the Global Alcohol Strategy, highlight that in addition to a comprehensive approach to preventing harmful alcohol and tobacco use, it is also necessary to address the risk factors which predispose individuals to substance use, and promote those factors which protect from substance use, such as employment programs, alternative development, education, meaningful employment to

support family environment and so on. While the strategies for responding to illicit drugs are necessarily different; when it comes to regulating the drug market, the approach for managing risk and protective factors are essentially the same.

In the last year an estimated one billion people are smoking; several hundred million have alcohol use disorders and at least 16 million are thought to have problem with drug use disorders, as several hundred million people are estimated to be using drugs, the majority of whom who want to reduce or refuse the use.

For a time, health care systems around the world were slow to respond to this challenge. Substance use disorders, as we heard Gilberto mention, are often not recognized and people who use substances were often treated in social exclusion rather than as people who need assistance. As Her Royal Highness Princess Mother here said today in the video, "drug abusers are also humans and we have to help them to a better life". Many people who develop substance use disorders do so in response very difficult life circumstances. And we see extremely high rates of physical, sexual or emotional abuse and many coexisting mental and physical health problems among this population.

Incredibly, many people are able to change their dependence on substance use on their own with the support of their family and friends. However it's clear that the treatment of substance use disorders and coexisting physical and mental health problems significantly improves the chances of reducing, or ceasing substance use, as well as improving well-being and life expectancy. In supporting the health care systems around the world, the World Health Organization seeks to define which are the key elements required to respond effectively to different health care problems so that effective health care may be available to as many people as possible.

In its most recent estimates WHO estimated that less than 10% of people with substance use disorders around the world have been able to get the treatment they need. This network of substance use prevention and treatment professionals has the potential to change this in increasing the number of professional staff and by fostering networks of learning between and within countries.

On behalf of WHO please allow me to join the organizers and co-sponsors of this meeting in welcoming you to the Inaugural ISSUP Meeting and workshop. I hope we can work together to improve access to quality treatment and prevention services to those in need. Thank you.

# Interviews



**Dr. Gilberto Gerra**  
*Head of the Drug Prevention and Health Branch in UNODC*

ISSUP is especially important in the qualification of professionals in addiction medicine and prevention. It is an opportunity; a platform for many professionals to have a updated information about the science in this field. There is a huge gap between science and clinical practice in the field of prevention and treatment of drug dependence. The international organisations are now together in this meeting – WHO, UNODC, OAS, AU, Colombo Plan – to promote this kind of initiative that is going to help member states to better qualify their professionals in this area. This is absolutely in line with what the International Convention of 1961– Treaty on Narcotic Drugs is underlining; the necessity to have qualified interventions in prevention and treatment guided by science - based interventions, following a humanitarian approach with ethical interventions, and ISSUP is promoting all these kinds of approaches.



**Brian Morales,**  
*Bureau for International Narcotics and Law Enforcement Affairs, U.S. Department of State*

INL is one of the founding partners of ISSUP in collaboration with other international organisations from around the world. And today, we are asking and inviting you all to join ISSUP as well. It is a professional network of treatment and prevention professionals from around the world promoting training and credentialing and examination, we hope to see you all here. Please register on the website today.



**Thomas Browne,**  
*Bureau for International Narcotics and Law Enforcement Affairs, U.S. Department of State*

The ISSUP network brings together prevention and treatment professionals worldwide. For many years, I've heard from all of you about the need to network with each other, to share the best practices which have been developed worldwide to help translate science into practice. We have heard the needs that you have had and in response, we have formed this ISSUP network. Its been 25 years in the making and we invite you to sign up on the website that we have, and as we periodically have regional or international conferences – to join us in those. We truly believe that this network will help improve the work skills that you have and professionalise the field of addiction science and help you provide better services to your clients that you serve. So, once again, we invite you to join and we look forward to seeing you in the ISSUP network. Thank you.

**Tapasi Bandyopadhyay**  
India



At the very beginning, I want to thank ISSUP for organising such a massive conference. I do thank them for involving me in one of the training tracks which is very important. It was really very good and helpful for me.

**Chiang Vietnam**



I really enjoyed the conference and the experience I got here. The sharing in our classes were really amazing and rich and with lots of cultural exchange and I have a lot of friends here now and I look forward to the next ISSUP conference.



**With this Society we hope that we can bridge these two components together as collaborative drug demand reduction initiatives – prevention and treatment.**

**Antonius Riva Setiawan**  
*Director of Drug Advisory Programme, Colombo Plan.*

**Q. Why is ISSUP important?**

I think this is the first initiative that brings the prevention professionals and the treatment professionals in one forum, in one medium, so that they can interact, build and share their knowledge together.

ISSUP brings together both the treatment and prevention workforce - and I think It's a very big initiative in the drug demand reduction field.

**Aimee Manda Phillipines**



I have learned a lot from sharing experiences and meeting other people. Drug addiction is really a global concern so whether it is from a different culture or country, we have the same needs to be addressed and issues to be tackled. And I'm glad to be part of ISSUP.

**Dr. Md.Isa Amat Malaysia**

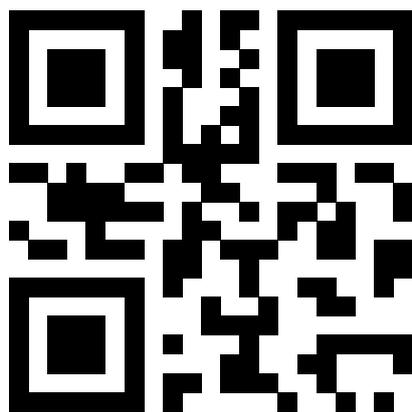


I enjoy networking with other professionals in the field of drug addiction and treatment. This is very important for me to increase my understanding as well as improve my practice. I love ISSUP.

Have you registered  
with ISSUP?

JOIN US

ISSUP



[www.issup.net](http://www.issup.net)

# International Participants of ISSUP workshop on Substance use Treatment



Evidence-based practice is important in the effective treatment of substance use disorders. The goals of substance use disorder treatment include the achievement of abstinence or reduction in the use and effects of substances, reduction in the frequency and severity of relapse to substance use, and improvement in psychological and social functioning. The ISSUP Inaugural Meeting saw the gathering of substance use disorder treatment practitioners from the wider global region. These practitioners are involved in providing complementary multimodal approaches to treating substance abuse where the care of individuals with



substance use disorders include conducting a complete assessment, treating intoxication and withdrawal symptoms when necessary, addressing co-occurring psychiatric and general medical conditions, and developing and implementing an overall treatment plan. In its inaugural meeting, ISSUP was able to provide the platform for the dissemination of research-based practices— through manualized psychosocial interventions and trainings on specific skill sets and interventions which are broadly applicable for practice.

# International Participants of ISSUP workshop on Substance use Prevention



ISSUP looks to promoting research-based substance use prevention programs. Substance use prevention aims to avert the onset of substance abuse with programmes working to boost protective factors and eliminate or reduce risk factors for drug use. These programmes are designed for various ages and can be designed for individual or group settings. Prevention specialists who gathered for the inaugural meeting of the ISSUP represent a diverse group of multidisciplinary implementers who work in various contexts where



prevention programmes can be implemented— schools, workplaces, families, communities. Through the ISSUP Inaugural Meeting, implementers and researchers got to exchange information on the effective methodologies in prevention, particularly those that employ interactive techniques and allow for active involvement in learning about drug abuse and reinforce life skills.

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A total of

**372**

prevention and treatment  
practitioners were trained  
through the

**ten (10)**

concurrent training workshops that  
were conducted from  
7 to 11 July 2015.

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In conjunction with the ISSUP Inaugural Meeting, Colombo Plan's International Centre for Credentialing and Education of Addiction Professionals (ICCE) conducted training workshops on the Universal Prevention Curriculum for Substance Use (UPC) Series and Universal Treatment Curriculum for Substance Use Disorders (UTC) Basic Level. OAS-CICAD also conducted a training programme on the PROCCER- Curriculum for Treatment of SUDs in Adolescents.

A total of 372 prevention and treatment practitioners were trained through the ten (10) concurrent training workshops that were conducted from 7 to 11 July 2015.



**ISSUP**

**INTERNATIONAL  
WORKSHOP**

6 - 11 July 2015

IMPACT Muang Thong Thani Bangkok, Thailand

# Track 01

## UPC Curriculum 1 Introduction to Prevention Science

This curriculum provided an overview of the science that underlies evidence-based prevention interventions and strategies, and the application of these effective approaches in prevention practice.



# Track 02

## UPC Curriculum 5 School-based Prevention Interventions

This curriculum provided an overview of the school in society, the science behind school-based prevention interventions, and the application of such evidence-based approaches in school settings around the world.



## Track 03

### UPC Curriculum 6 Workplace-based Prevention Interventions

This curriculum provided an overview of the role of work and the workplace in society, how stresses and other work-related influences affect people's risk of substance use, the science behind workplace prevention interventions, and the application of such evidence-based approaches in work settings around the world.



## Track 04

### UTC Curriculum 2 Continuum of Care

This curriculum provided an overview of recovery and recovery management, stages of change, principles of effective treatment, components of treatment and evidence-based practices.



# Track 05

## UTC Curriculum 4 Basic Counselling Skills for Addiction Professionals

This curriculum provided an overview of the helping relationship and the opportunity to practice core counselling including basic skills in motivational interviewing, group counselling and implementation of psychoeducation sessions.



# Track 06

## UTC Curriculum 5 Intake, Screening, Assessment, Treatment, Planning and Documentation for Addiction Professionals

This curriculum provided an overview of effective and integrated intake, screening, assessment, treatment, planning and documentation procedures to addiction professionals.



## Track 07

### Training on Developing Community-based Recovery Support Systems

This curriculum provided knowledge and skills for people, organisations and service systems in giving peer and community-based support to individuals and families with substance abuse problems.



## Track 08

### UTC Curriculum 14 Working with Families

This curriculum provided an overview on importance of working with the family when dealing with SUD, impact of substance use on family members and coping mechanisms they adopt, issues and challenges families face in recovery and various evidence based family interventions.



## Track 09

### Training on Refresher Course and Examination Preparation

This training track provided an overview of UTC Basic Level (Curricula 1-8) with emphasis on the four domains to be assessed on the ICCE examinations. A total of 93 participants attended the three prevention tracks while the six prevention tracks recorded a total of 243 participants. domains to be assessed in the ICCE examinations.



## Track 10

### PROCCER Adolescent Substance Use Disorder (SUD) Treatment Training

This track provided treatment practitioners with specialized knowledge, skills and attitudes—grounded on evidence and best practice—in providing appropriate treatment to adolescents with SUDs.



## WAY FORWARD

ISSUP's first Inaugural Meeting and International Workshop proved to be a successful event. It accomplished its aims to launch its website as a membership portal and maximize the event into becoming a valuable networking and capacity-building platform for the global cadre of substance use prevention and treatment professionals.

The five- day event

brought together over

2,200 participants

From

61 countries

and

trained 372 prevention and  
treatment specialists.

Upon its formal launch, ISSUP's website saw the enrollment of drug demand reduction practitioners committing to promote professionalism in their practice to prevent and treat substance use disorders.

ISSUP is gearing to expand its membership and to engage more and more global organizations working in drug demand reduction to co-organize. It is strengthening its leadership board to best manage its growth and expansion as the leading global forum that provides support for the drug demand reduction workforce.

# ORGANISATIONAL PARTNERS

## GOVERNMENT ORGANISATIONS



## INTERGOVERNMENTAL ORGANISATIONS



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