

# **EUPC: The European Universal Prevention Curriculum Adaptation and Training**

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International Conference on Drug Prevention, Treatment and Care: Inspiration & Direction





# "Objective: train prevention professionals with standardized curriculum"



- EUPC: targeting DOP
- DOP: Decision makers, Opinion leaders, Policy makers
- Policy makers ≠ necessarily politicians or mandatories
- Local and regional experts that make D-O-P
- At policy level: the professional who advises the policymaker
- Not (yet) the field prevention workers

## **Objectives**



Prevention effectiveness depends on

availability people who implement

level of training

- Quality standards for staff and training
- Train prevention profs with standardized curriculum
- Indicators of achievement:
  - Established European curriculum
  - Cascade training model lead to operationalisation of QS
  - Translate universal QS to prevention practice floor
  - Construction 9 country teams cooperating in EUSPR



### 11 partners

### acad ngo gov

### 5 int'l institutes

Hogeschool Gent	В
<ul> <li>Univerzita Karlova v Praze</li> </ul>	CZ
<ul> <li>University of Zagreb</li> </ul>	HR
<ul> <li>Universitat de les Illes Balears UIB</li> </ul>	ES
<ul> <li>Instytut Psychiatrii i Neurol. Warsz. IPIN</li> </ul>	PL
<ul> <li>Azienda Sanitaria Locale N. 2 Savonese</li> </ul>	ΙΤ
<ul> <li>ATS- Città metropolitana di Milano</li> </ul>	IT
<ul> <li>Tervise Arengu Instituut</li> </ul>	EE
<ul> <li>Panstw. Agencja Rozwiaz. Probl. Alkoh. PARPA</li> </ul>	PL
<ul> <li>Institute for Research and Development UTRIP</li> </ul>	SI
<ul> <li>Finder Prevention and Drug Science</li> </ul>	DE





**EUSPR** 



**UNODC** 



**ISSUP** 



**APSI** 



### Mapping of existing courses in EU

 Science for Prevention Academic Network database mapping academic prevention science courses across Europe (SPAN, 2013)



- UPC-Adapt mapping May July 2017: academic + non-academic prevention science and practice courses assembled through project partners
- #244 courses in 21 EU countries



### Mapping results

Only 11% A&D

Mostly: **public health** 

behavioral problems

mental health

177/244 > two topics.

**Related to EUPC** 

Focus substance use

Applicable to other risk behaviour

Different prevention settings

Only 14% exclusively in English.

Translation in **EU languages** is needed

Edited and distributed **EU27** in English **Translated** in 9 partner countries

Most courses have 4 or less perspectives

4/244 have all perspectives of prev science

50% research as such

Range of perspectives

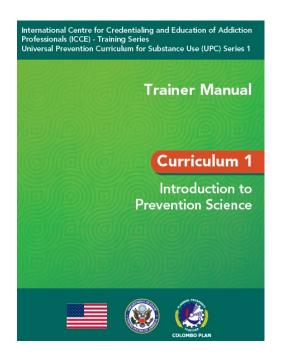
Research+ practice, policy and quality standards

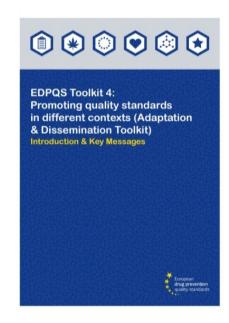
>70% academic courses

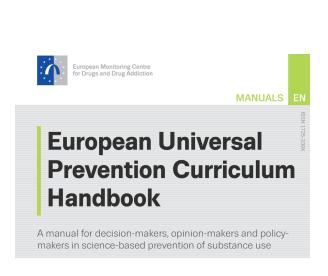
targeting **DOP** academic and **non-academic** 

## Handbook adaptation

- Method based on EDPQS
- Toolkit 4 "Promoting quality standards in different contexts"
- Step 3: Undertaking the adaptation









## Handbook adaptation

Revision of original UPC module 1 for the general chapters Repeat process for the *specific* modules: family, school, workplace,

environment, media, community

Valentina HR: "building a foundation to know more, not teaching condensed knowledge"

- Downsize the content
- Select eligible content, categorize possible adaptations
- Review with partners and experts
- Reach consensus at Savona 2017 meeting
- Review after pilots training
- Final editing with The EMCDDA to publish

## European Universal Prevention Curriculum Handbook

A manual for decision-makers, opinion-makers and policymakers in science-based prevention of substance use

## Significant themes determined

#### definition of substance use

use of psychoactive substances that affect feelings, perceptions, thought processes, and/or behaviour

EUPC avoids use of the term 'substance abuse' (ambiguous concept, might be viewed as judgemental)

### science of prevention

understanding of the factors associated with the initiation and progression of substance use

evidence-based interventions, strategies and policies

international standards

developmental stages

Handbook

## Significant themes determined

### Influencing factors

result of interactions between environmental factors and the characteristics of individuals may be the result of failed socialisation

### Prevention settings

evidence-based prevention interventions are designed to positively intervene in different environments

### Multidisciplinary

be aware of information from a wide range of disciplines, including epidemiology, sociology, and psychology.

to be applied in data collection, need and risk assessment, convene groups, persuade and advocate, implement, monitor and evaluate, develop logic to select interventions, adapt with fidelity

## Chapters

#### **PART ONE: GENERAL CONCEPTS**

- 1. Epidemiology
- 2. Foundations of prevention science and evidence-based prevention interventions
- 3. Evidence-based prevention interventions and policies
- 4. Monitoring and evaluation

#### PART TWO: PREVENTION APPROACHES IN DIFFERENT SETTINGS

- 5. Family-based prevention
- 6. School-based and workplace-based prevention
- 7. Environmental prevention
- 8. Media-Based prevention
- 9. Community-based prevention
- 10. Advocacy





## Categories of Adaptation

Surface adaptation: places, examples, data, expressions, idioms

### **Deep adaptation**

Context: re social and political organisation

Culture: re norms and values

**Technical**: graphics or illustrations

Content: remove, change, add without

altering core elements





## **Context adaptations**

- Concept of community, society and community-based
- Lack of skills how to advocate for prevention
- Nightlife prevention setting
- How to communicate with media on prevention more than building media prevention intervention





## **Cultural adaptations**

- More *risky* over *negative* behaviours
- More substance over drug
- Avoid *legal/illegal* differentiation
- More opening to process over interventions re focus of EDPQS
- More ethical dilemmas over ethical behaviour
- More focus on prevention of substance use problems over prevention of substance use or abuse
- Avoid framing addiction as a brain disease, but affirm effects on body and brain

## **Documenting rationale adaptations**



	Adaptation items	Rationale	
•	<b>Exclusion of workplace</b> module as separate chapter, include in school-based prevention chapter	Both are considered being a micro-level prevention context	
•	Exclusion of physiology and pharmacology (later: insert again focus on body & brain)	Presumed basic knowledge on these topics by target group.	
•	Focus more on <b>ethical issues</b> a prevention worker can <b>encounter</b> instead of behavioral ethical issues	As suggested by core group, but also as an outcome of focus groups (needs)	
•	Include more content on <b>quality of staff</b> in chapter on quality standards	<ul> <li>EDPQS: need of a means to contribute to a higher quality of staff through standardization of prevention training in Europe.</li> </ul>	7
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## **EUPC Handbook and 3 training toolkits**



**MANUALS** 

### **European Universal Prevention Curriculum** Handbook

A manual for decision-makers, opinion-makers and policymakers in science-based prevention of substance use













## Training in three modules: **EUPC**

#### **DOP** version

Two + Three Days Training, 20 pax

#### **Academic version**

30 hrs in 8 lessons lecture, exercise, assignment, group work, cases

#### **Online version**

Teaser, ten 20' chapter lectures, study support material



## Training toolkit design for DOP version

Based on UPC Module 1 training and EUPC handbook

- Focus groups #115 stakeholders °mid 2017
  - Importance given to prevention
  - Prevention training needs
  - Feedback on EUPC

- Pilot training #116 pax \*spring 2018
  - training helpful for prevention planning activitie
  - opportunity to discuss and integrate knowledge
  - advocacy and media highly appreciated





## **EUPC DOP training affinities**



## **EUPC DOP training differences**

Colombo Plan International Centre for Credentialing and Education of Addiction Professionals (ICCE) Training Series Universal Prevention Curriculum for Substance Use (UPC) Series 1

Introduction to Prevention

Participant Manual



Training Curriculum Series 1

Training hours: 288
More detailed
Environmental
prevention more
focused

Training hours: 31

More advocacy, nightlife settings

Less physiology, pharmacology and workplace prevention



## Organisations involved in Dissemination

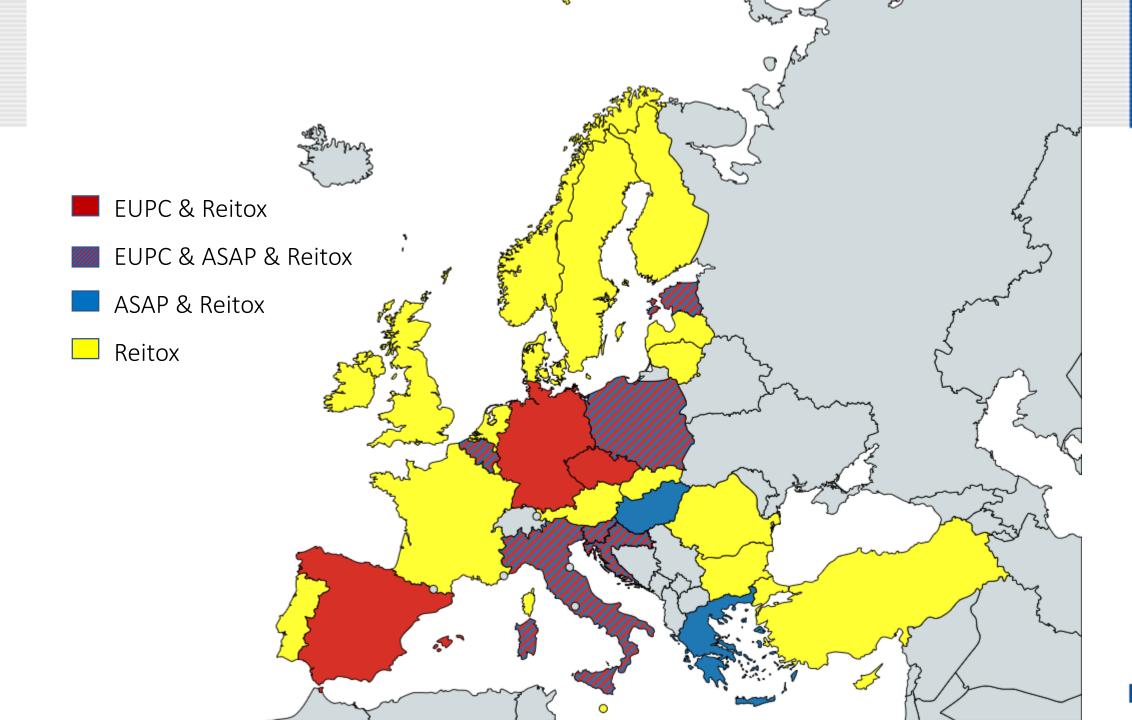
## EU institutions and projects

- EMCDDA
- EMCDDA REITOX Focal points
- ASAP project
- UPC-Adapt (past) project partners

#### **Academic networks**

- **EUSPR** (European Society for Prevention Research) (Education and Training Committee)
- **EUDDR** (European Universities for Drug Demand Reduction)

**Coordination: EMCDDA** 





### **Current progress**





- EUPC training of trainers
- Development of a digital platform
- Development virtual community of practice



- Final editing by Prof Harry Sumnall
- Dissemination to EU27
- Coordinate TOT quality, licencing, delivery



- Concertation in EUSPR ETC
- 2019 post conference workshop 18 sept with EUPC, ASAP, EU-Dap Unplugged and GBG Good Behavior Game trainers

- Adaptation of curriculum handbook
- Design of training toolkits
- Further dissemination through EMCDDA & EUSPR networks





Thank you

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