Southeast Asia - HIV
ATTC Addiction Technology Transfer Center Network
Funded by the President's Emergency Plan for AIDS Relief through the Substance Abuse and Mental Health Services Administration
SAMHSA UCLA CMU Chiang Mai University

Dr. Igor Koutsenok
Professor of Psychiatry at the University of California San Diego

About ICUDDR

International Consortium of Universities for Drug Demand Reduction (ICUDDR) supports the rapid improvement in competencies and skills among current and future generations of addiction professionals, to meet the increasing demand for prevention, treatment and public health services.

Seminar on International Consortium of Universities For Drug Demand Reduction (ICUDDR) In Southeast Asia 16 May 2018, Chiang Mai, Thailand

Contents

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1 ICUDDR Introduction

Seminar on International Consortium of Universities for Drug Demand Reduction (ICUDDR) In Southeast Asia was held under the 3 objectives as follows:

1. To share academic activities on DDR among universities in the region.
2. To introduce ICUDDR and SEA HATTC and their regional plans
3. To explore potential strategies for collaborative efforts on DDR workforce development in the region

Seminar participants were the university professors in health/public health sciences together with the relevant policy makers, high-level administrative persons from government and non-government organizations responsible for health and drug prevention and drug demand reduction and workers on HIV and addiction services in Thailand, Laos, Myanmar, Cambodia and Indonesia including representatives from US and international addiction related organizations.

Seminar speaker was Dr. Igor Koutsenok, a professor of psychiatry at the University of California San Diego, Director of the Center for Addiction Research, Training and Application, Director of the SAMHSA PEPFAR International Addiction Technology Transfer Center-Ukraine, and a co-director of the SAMHSA PEPFAR South East Asia Addiction Technology Transfer Center.

supports the rapid improvement in competencies and skills among current and future generations of addiction professionals, to meet the increasing demand for prevention, treatment and public health services.

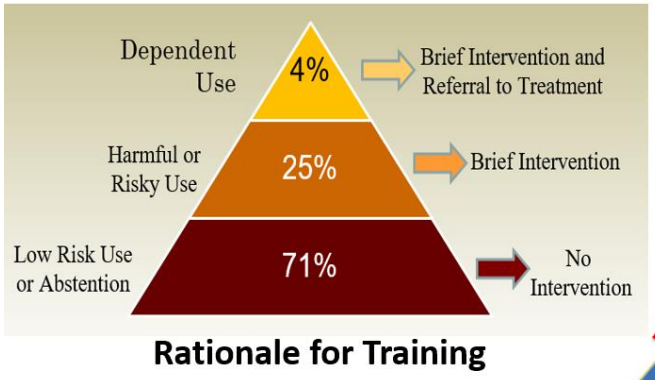
ICUDDR is a global consortium of universities which offers graduate and postgraduate study programs specifically focusing on the transfer and adaptation of science-based knowledge regarding the prevention and treatment of substance use disorders. The Consortium provides a collaborative forum to support and share curricula and experiences in the teaching and training of this knowledge as well as to promote and encourage the recruitment of persons interested in the research, prevention and treatment of substance use disorders and public health. The ICUDDR provides an opportunity for universities and institutions of higher learning to share their expertise as well as to support instructors/faculty, trainers, and students in their learning and adoption of the science of substance use disorders.

There are some troubling findings that more than 50% of patients reported that their primary care physician did not address their substance use, more than 40% of patients stated that their physician missed the diagnosis of a SUD while only 25% of patients were involved in the decision to seek treatment and less than 20% of primary care physicians considered themselves "prepared to identify alcohol or drug dependence." This contrasts with more than 80% feeling very comfortable diagnosing hypertension and diabetes.

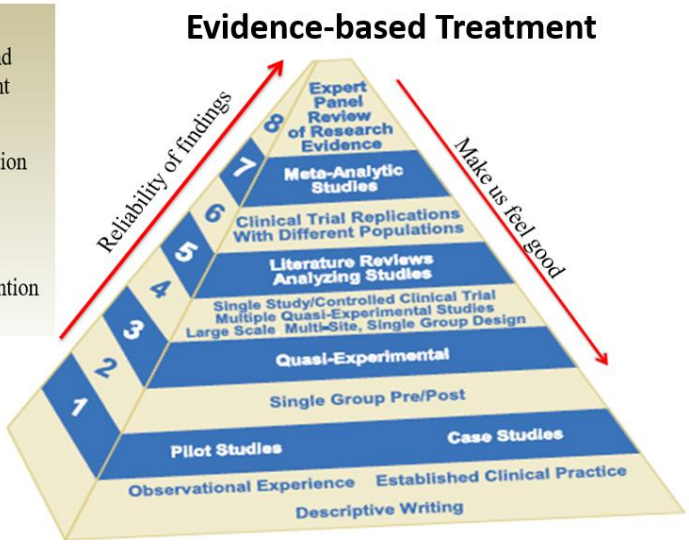
Regarding knowledge, attitude, and clinical practice. There are deficits in knowledge and clinical skills among physicians-in-training are compounded by negative attitudes toward SUDs. The lack of adequate curriculum, exposure to end-stage addiction, and lack of faculty expertise may contribute to negative attitudes. Residents often fail to appropriately screen for or diagnose alcohol and other substance use disorders in their clinic and hospitalized patients.

In primary care context. It takes advantage of the 'teachable moment.' Patients aren't seeking treatment but screening opens door for awareness and education. Focus on addressing low/moderate risk usage as a preventative approach before severe SUD is developed. CDC reports Americans, on average, visit their primary care provider at least once per year. Providers can link chronic health conditions and/or injuries that may be caused, or at least exacerbated, by excessive drinking or drug use. Medical "crisis" often provides the motivation to pts that they may need to move into action. Example of dentist with tooth decay and/or doctor with pre-diabetic pts.

Rationale for training is shown in the left picture. Based on US population's drinking usage; SBIRT mainly identifies those in 25% section 'harmful or risky use'. The right picture shows the evidence-based treatment.



Rationale for Training

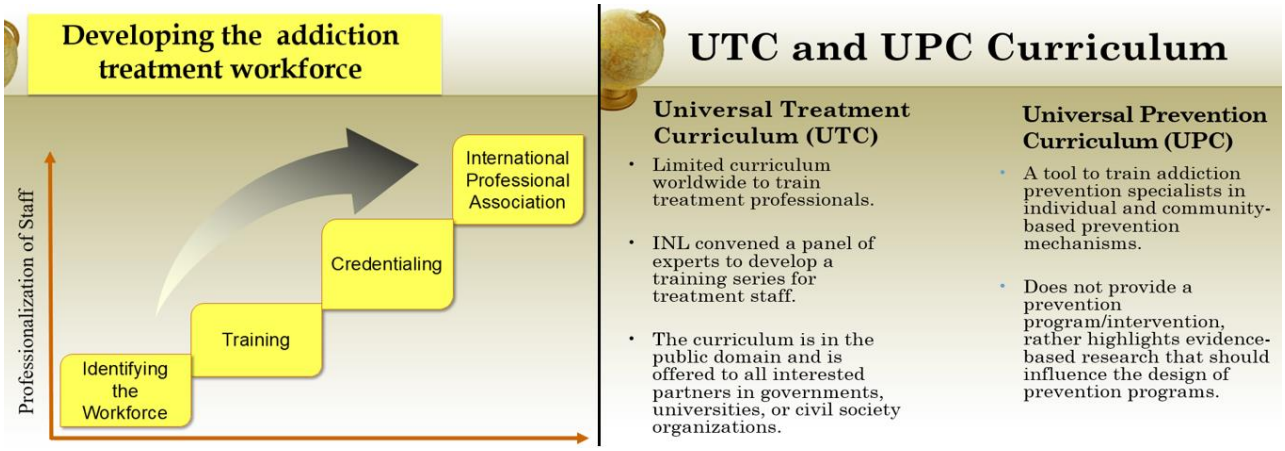


Summary findings of substance abuse training programs for physicians: (1) brief, skills-based curricula can improve physician knowledge, attitudes, and practices (2) combined interactive, experiential, and didactic curricula are preferable to didactics alone (3) expert faculty in addiction are needed to serve as role models and provide support (4) feedback to trainees should be integrated into training programs and (5) reinforcement of training improves outcomes.

Challenges in the global context. Challenge 1. Scientific research is not being translated to the workforce. Addiction remains misunderstood by many, resulting in non-evidence based practices for treatment and prevention. Failure of non-scientific interventions, results in loss of public confidence in the field. In conclusion, it is needed to do a better job of preparing the addictions workforce. Challenge 2. The field of substance use prevention and treatment is not recognized as a unique field. It is incorporated into other disciplines. Treatment is incorporated in psychology, public health, medicine, social work, nursing. Prevention is incorporated in psychology, public health, communications, education, communication. Within these academic programs, they are often given a summary or tangential focus; but multidisciplinary specialization is lacking. Only a consortium of universities have the credibility to create a discipline and educate policymakers,

businesses, professional associations, regulatory agencies, professionals in related fields, and students.

History of ICUDDR. INL engaged Colombo Plan and the Organization of American States (OAS) to organize a meeting of universities in Hawaii in March 2016. Universities from North America, Asia, Middle East, Latin America, the Caribbean, and Europe brainstormed on the benefits of such a network. Possible benefits of this network are (1) promote education and training in the field of substance use prevention and treatment (2) advance applied addictions-related treatment and prevention research (3) credentialing professionals in the workforce (4) support university networking and coordination worldwide and (5) facilitate enhanced multidisciplinary integration in the applied addictions fields. At the conclusion of the meeting, participants decided to formalize the network by calling it the **International Consortium of Universities for Drug Demand Reduction (ICUDDR)**



Developing the addiction treatment workforce through **Universal Treatment Curriculum (UTC) and Universal Prevention Curriculum (UPC)**. The curriculums are the most comprehensive training curriculum for people delivering treatment and prevention interventions. Applicable to all modalities of treatment. Covering all prevention settings. Exhaustive review process, translated and adapted for each country. Based on experiential learning, interactive for adults with exercises. Currently only available in face-to-face training sessions. Online adaptation planned for 2018.

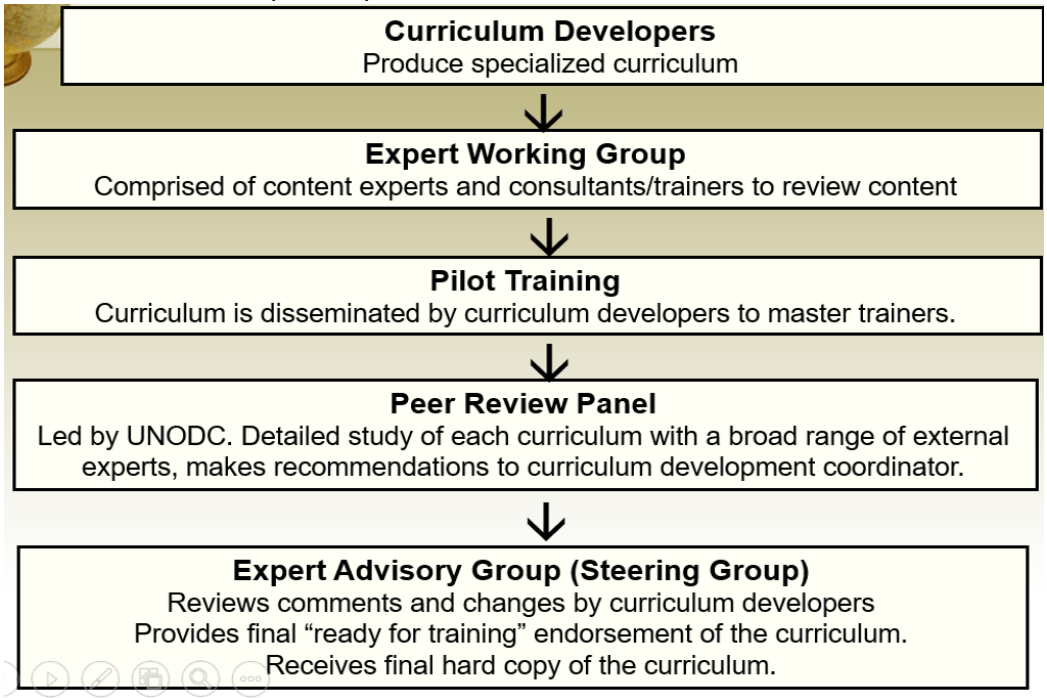
Universal Treatment Curriculum (UTC) Three Series:		
Core curriculum	Specialized curriculum	Generalist curriculum
▪ basic level (8 courses)* ▪ advanced level (15 courses)*	▪ women ▪ children ▪ adolescents ▪ recovery ▪ rural populations ▪ drop-in centers	▪ physicians ▪ psychiatrists ▪ psychologists ▪ nurses

*Scope of UTC core curriculum for basic level (8 courses) includes physiology and pharmacology (24 hrs.), continuum of care (40 hrs.), co-occurring disorders overview (24 hrs.), basic counselling skills (40 hrs.), screening-intake-assessment-treatment planning (40 hrs.), case management (16 hrs.), crisis intervention (16 hrs.) and ethics (32 hrs.). For advanced level (15 courses) includes pharmacology and SUD (33 hrs.), managing MAT program (20 hrs.), enhancing MI skills (20 hrs.), contingency management (20 hrs.), working with families (33 hrs.), skills for screening co-occurring disorders (20 hrs.), intermediate clinical skills and crisis management (33 hrs.), case

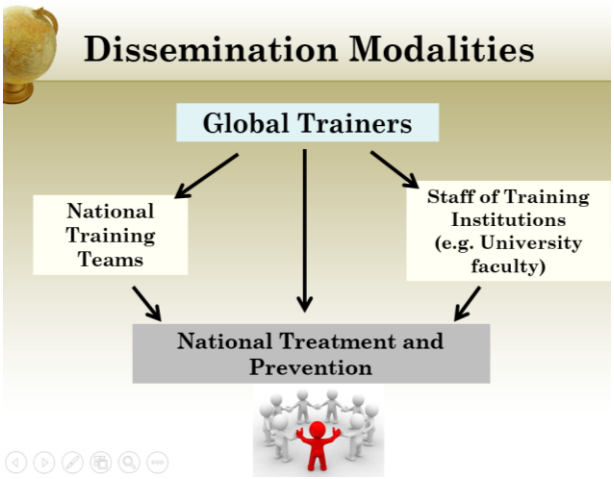
management skills and practices (33 hrs.), clinical supervision for SUD professionals (33 hrs.), enhancing group facilitation skills, special population groups, theories of counselling, trauma informed care, recovery management, continuing care and wellness.

Developing curricula undergoes a rigorous process through a multi-phased approach. First the curricula developer which are usually researcher, experts in the field and practitioners. Then UNODC and WHO conduct a peer review process to make recommendations. Edit are incorporated through a coordinators review panel before have an Expert Advisory Group meeting to approve the curricula ready for training. Then, every three years each of the curricula are updated and go through the same process. We are doing this now with the GROW curricula.

UTC and UPC development process.



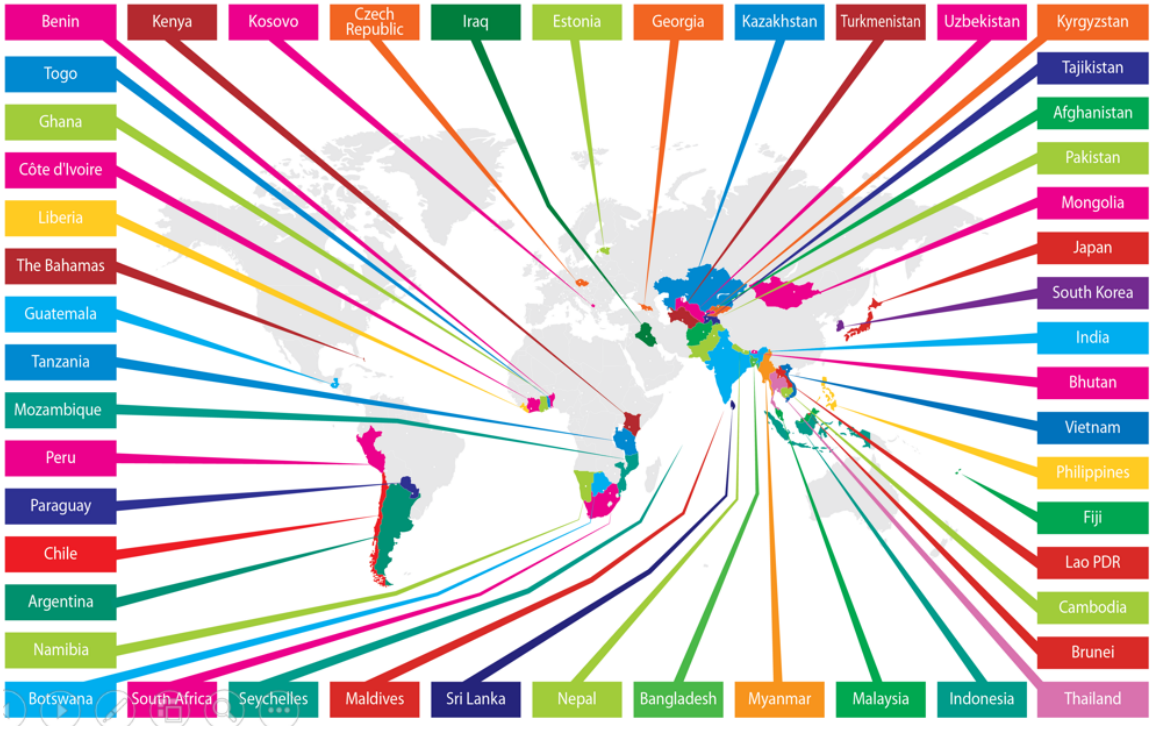
UTC and UPC Curriculum



The dissemination model for increasing professionals is shown in the left picture. The global trainers at the top are supported which can then train in 3 different ways: global trainers can train national trainers to train the workforce, global Trainers can do direct training to the workforce and global trainers can do walk through trainings to Universities interested in dissemination the UTC and UPC curricula. Through this dissemination process we are able to work in more countries and focus on curricula development and soon online training courses.

Use of UTC and UPC. In obtaining access, universities can use the UTC and UPC in several ways in order to support their academic programs: adopt the full curriculum, adopt a course, adopt a module to supplement existing course materials and use the content to support existing coursework and citing the materials where appropriate. This option would not officially be considered an UTC training. EPs have access to the materials once they sign an agreement. If a university faculty would like to receive training or a walkthrough/familiarization of the course materials, INL may be able to facilitate these events; may have restrictions in supporting activities in high-income countries.

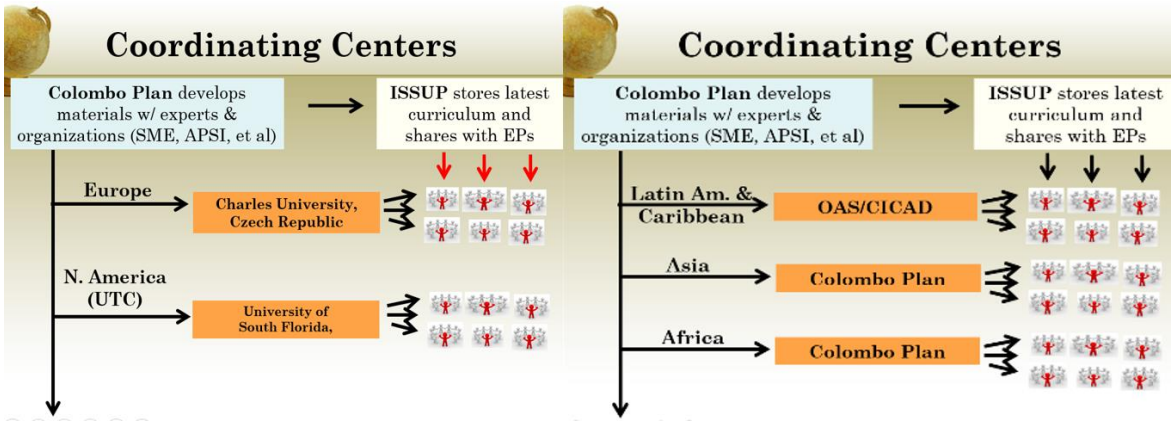
2018 Training programs in over 60 countries.



Professionalization through credentialing. ICCE credentialing products include international certified addiction professional – levels I, II, III; international certified prevention specialist – levels I, II, III; clinical supervision, recovery coach and endorsements (e.g. women's treatment).

International Center for Credentialing and Education of Addiction Professionals (ICCE).

Credential	Eligibility Criteria	Training	Examination	Credential Awarded
BASIC	1 year of full time or 1,500 hours of supervised work experience 120 contact hours education	Basic Level Nine curricula in place	ACCE I 125 MCQ	International Certified Addiction Counsellor I
CLIICAL	2 years of full-time or 3,000 hours of supervised experience 240 contact hours education	International Level Development of Curriculum in process	ACCE II 175 MCQ 3 ½ hrs.	International Certified Addictions Counsellor II
ADVANCED	5 years of full time or 8,000 hours of supervised experience 500 contact hours education	Advanced Level Development of Curriculum in process	ACCE III 225 MCQ 4 hrs.	International Certified Addictions Counsellor III



Education provider agreements. Coordinating center provides training materials free of charge, recognizes education provider status on ISSUP website, recognizes training credits for the purpose of international credentialing, participates in ICUDDR and ISSUP networks. Eps provides a list of trainers/administrators who should have access to the materials, creates training events on the ISSUP website by trainers, registers participants and awards trainers credit hours of education. Note: education providers (EPs) are universities, training institutes and NGOs.

Lastly, the International Society of Substance Use Professionals (ISSUP) is a global, not for profit, non-government organization to support the development of a professional prevention and treatment network. It serves as a focal point for information about substance use prevention and treatment. ISSUP's contribution is informed by science and research, promoting evidence based, high quality and ethical approaches and practice to substance use prevention and treatment. It does this through this unique website, providing access to up to date information and support for the substance use prevention and treatment community. The website, along with an annual international meeting also offers training and networking opportunities as well as resources that support the professionalization of the workforce.

Learn more about the Colombo Plan at http://colombo-plan.org
Learn more about ICUDDR at http://www.icuddr.com/About-ICUDDR
Learn more about ISSUP at https://www.issup.net/training/education-providers

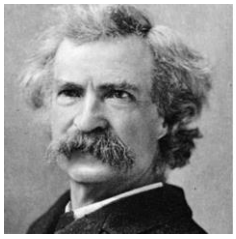
End of presentation. Questions are welcome at email: ikoutzenok@ucsd.edu

2 Common Misunderstandings about Substance Use Disorders and Treatment

Presented by Igor Koutsenok, MD.
Professor of Psychiatry, University of California San Diego

Let's define a Myth?

A myth is a belief for which we have either no evidence that it is correct, or we do have evidence that it is wrong. The evidence come from science.



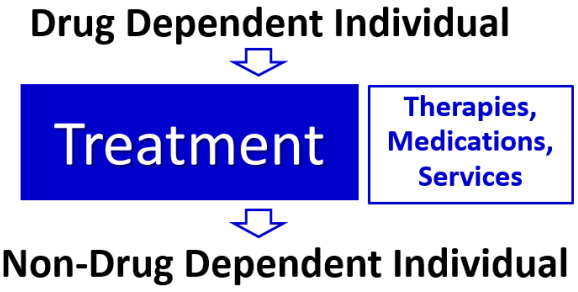
To every complex problem there is a simple answer – AND – it is usually wrong!!

Mark Twain

Mark Twain said – to every complex problem there is a simple answer – AND – it is usually wrong!! Here is a nice simple model of addiction treatment – the patient comes in addicted – he gets some fixed amount or duration of treatment (we have been studying what goes into that treatment for a very long time) – but either way – the expectation is that some amount of treatment should do it – The patient should learn that drugs are bad – learned his lesson – gotten the drugs out of his system, etc.

Now here's the important part – the expectation is that something that happens in the box will last for a very long time – otherwise the treatment was not very effective. Consider the next quote. Let's look at the model of addiction treatment – and with it how we have thought about evidence for successful treatment. The following, perhaps, is the biggest myth of all: Here is what the society and policymakers often expect from treatment.

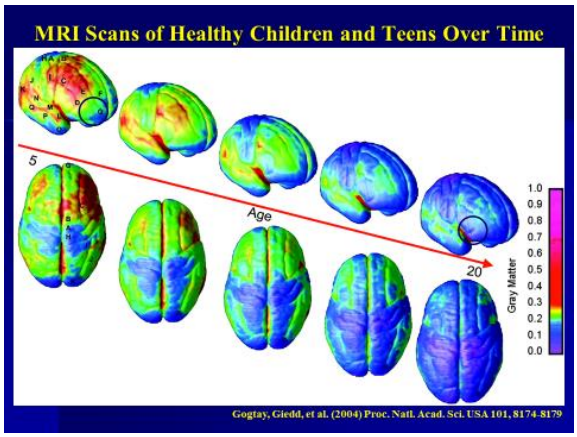
Myth 1: A Nice, Simple, and Totally Wrong Model:



Myth 2: 'Why should we treat them since it is their choice to use drugs and they did it to themselves'

According to NIAAA National Epidemiologic Survey on Alcohol and Related Conditions (2013), substance use disorders are 'paediatric onset' conditions. Adolescents aged 12-17 years 81% are more likely to drink alcohol and abuse substance comparing to the 18-30-year-old group at 13% risk or the 30-year-older group at 5.5% risk and the less than 12 years group at 0.5% risk.

The notion of choice in initiation of drug use can be described that teenagers are typically not very good in making right choices. Initiation of drug use is a very complex behavior, not 'a wrong choice'. Adolescents often have hard time making choices, mostly due to the process of the normal brain maturation (goes backwards, ends around 25). Some teenagers are more vulnerable than others (genes, personality, environment, etc.), and pathophysiology starts developing (dependence).



Magnetic Resonance Imaging (MRI) Scans allow us to map the maturation of the brain. This slide illustrates brain development through early adulthood, with blue indicating the mature state. The prefrontal cortex (white circles), which governs judgment and decision-making functions, is the last part of the brain to develop. This may help explain why teens are prone to risk-taking, are particularly vulnerable to drug abuse, and why exposure to drugs at this critical time may affect propensity for future addiction.

Myth 3: 'People Just Should Stop Using Drugs'

Many believe that the problem is that they don't SEE the problem (denial, lack of insight and knowledge), or they don't KNOW HOW to stop (lack of skills), or they simply don't CARE, or a combination of those.

If these are true, you do not need this presentation, because the solutions are simple:

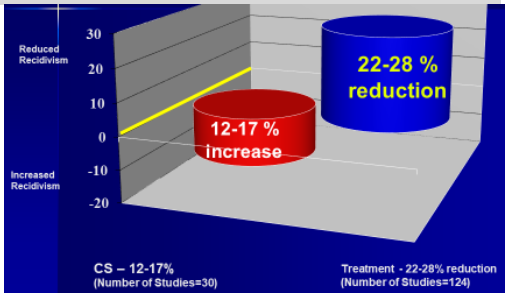
- Give them INSIGHT and KNOWLEDGE – if people just know enough, then they will stop
- Give them SKILLS – if you can just teach people how to stop, they will do it
- SCARE them – if you can just make people feel bad or uncomfortable enough, they will stop using drugs

We all know that it doesn't work. Because their brains have been re-wired by drug use. Brain changes resulting from prolonged use of drugs result in compromised cognitive functioning. Continuation of compulsive drug use in dependent individuals is beyond voluntary control.

Myth 4: Punishment, pressure, coercion, compulsory treatment, and criminal sanctions are needed to force people into recovery.

Here is what we know from high reliability studies. Criminal-justice sanctions alone do not shape pro-social behavior. In fact, some of the low risk offenders (often adolescents) being mixed with high risk offenders during incarceration become high risk offenders (i.e. we make them worse).

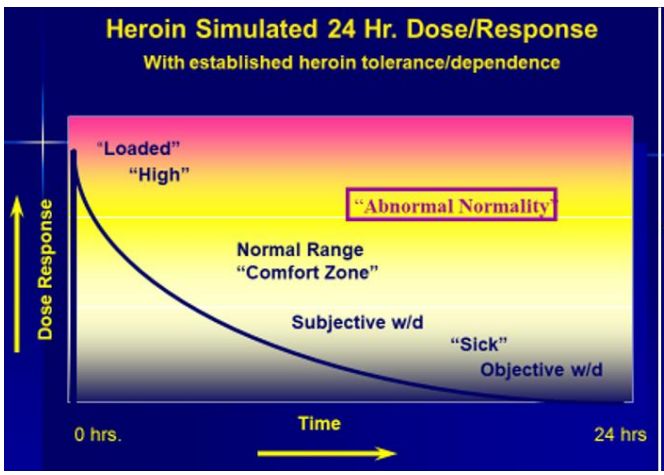
Criminal Sanctions versus Treatment

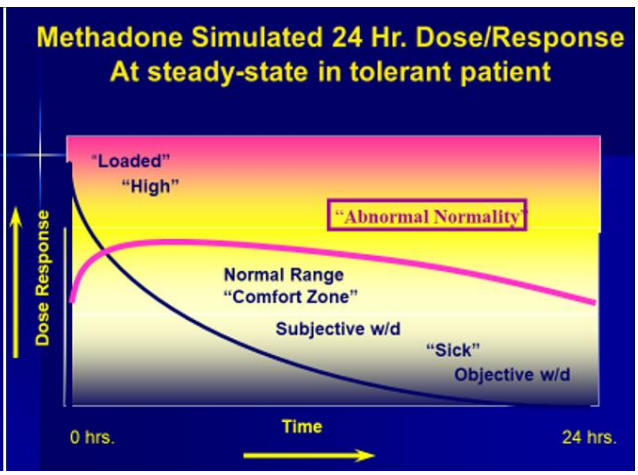


Here is what the science tells us that not a single study of the effects of punishment alone (prisons, mandatory arrests, increased surveillance, etc.) has found consistent evidence of reduced substance relapse rates and criminal recidivism. Multiple studies indicated that a large number of people actually become worse following incarceration or other forms of punishment. However, different forms of punishments are widely used in many countries and compulsory 'treatment' are quite common as well.

Myth 5: 'I don't believe in methadone or other medications', 'This is just replacing one drug with another', 'This is not a total abstinence – so, not good'.

Methadone is a medication, not a religion. Medication is compatible with non-pharmacological approaches if appropriately prescribed by trained practitioners. Patient on Methadone is abstinent if not using illicit drugs and using legal one as prescribed. It's just another medication. Meds are a tool, not a solution. Comparing Methadone versus Heroin, Methadone can be taken by mouth, slow onset of action, not continuing increase in tolerance levels after optimal dose is reached; relatively constant dose over time, long acting; prevents withdrawal for 24-36 hours (4x-6x as long as Heroin), permitting once-a day-dosing, at sufficient dosage; blocks euphoric effect of normal street doses of Heroin and medically safe when used on long-term basis (10 years or more),





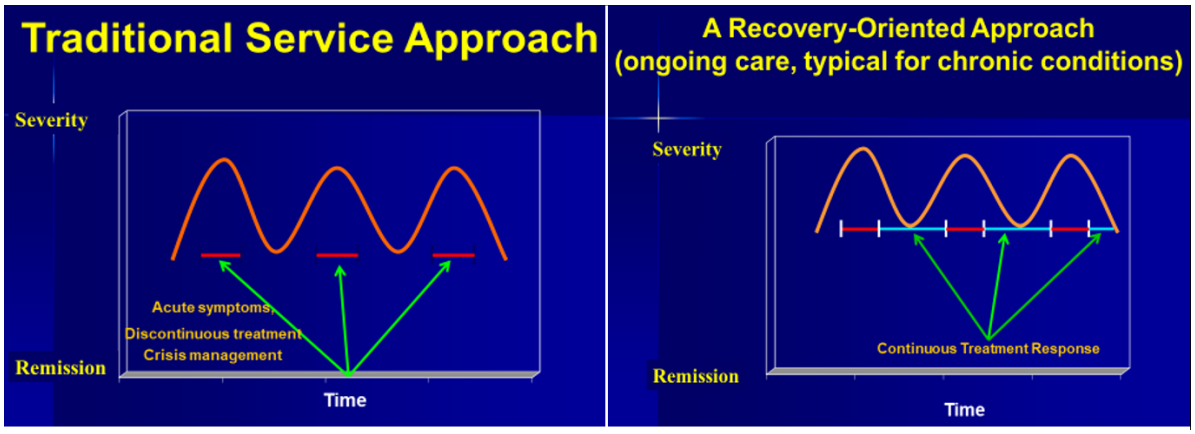
Treatment outcome data of Methadone: 8-10 fold reduction in death rate, reduction of drug use, reduction of criminal activity, engagement in socially productive roles; improved family and social function, increased employment, improved physical and mental health, reduced spread of HIV and excellent retention.

Myth 6: Treatment of Substance Use Disorders Is Not As Effective As Treatment for Other Illnesses.

Let's think about it! A comparison with three chronic medical illnesses: hypertension, diabetes and asthma. Why comparing substance use disorder to these illness, no doubt, they are illnesses and all chronic conditions influenced by genetic, metabolic and behavioral factors. There are no cures – but effective treatments are available.

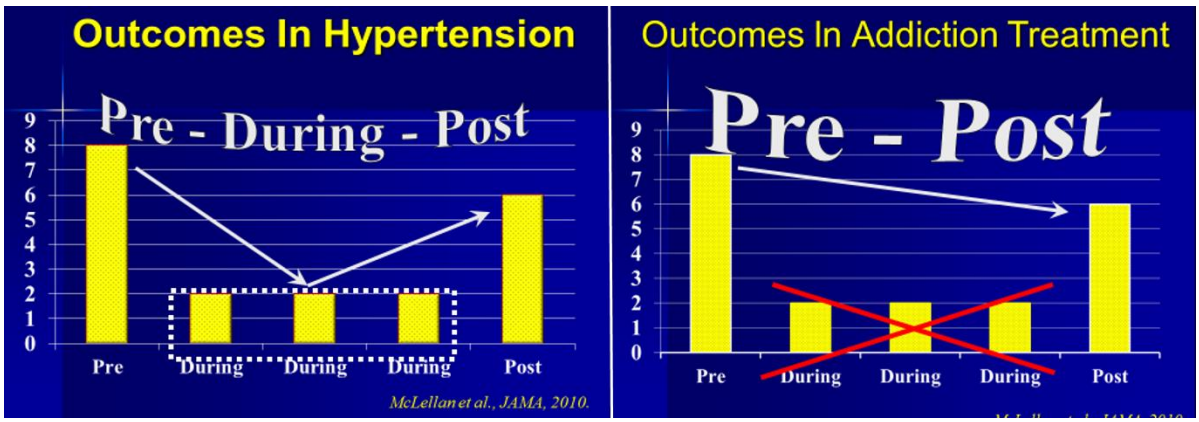
	Adherence to medication regime	Adherence to diet and exercise	Retreated in 12 months by physician, ER, or hospital
Hypertension	< 60%	< 30%	50 - 60%
Diabetes (adult onset)	< 50%	< 30%	30 - 50%
Asthma	< 30%	---	60 - 80%

Relapse. Predictive factors – all 3 illnesses, are lack of adherence to diet, medications, or behavior change, low socioeconomic status, low family supports and psychiatric co-morbidity. Please note, the severity of the condition is not among these factors. Why then addiction treatment seems so ineffective? If substance use disorders are really chronic conditions, then: we may be evaluating the effectiveness of treatments in the wrong way.



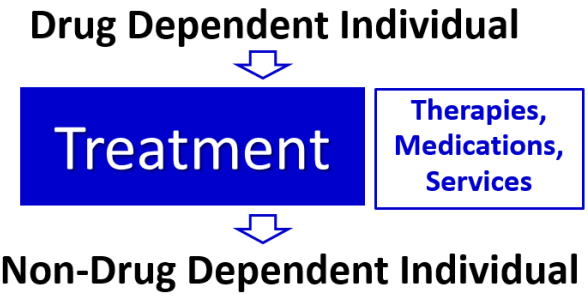
Relapse rates for drug addiction are similar to those of other well-characterized chronic illnesses. Comparing relapse rates for drug-addicted patients and those suffering from diabetes, hypertension, and asthma. Findings show that percent of patients relapse from drug addiction 40-60%, type 1 diabetes 30-50%, hypertension 50-70% and asthma 50-70%. Relapse is common and similar across these illnesses (as is adherence to medication). Thus, drug addiction should be treated like any other chronic illness, with relapse serving as a trigger for renewed intervention.

Treatment effectiveness is measured in high severity cases only which are the top of the pyramid at 12-15% with difficult and costly interventions. While the majority of drug use, the bottom of the pyramid, is recreational use which prevention should be applied. The middle of the pyramid is at risk for problems at 40-50% perfect time to intervene.



What do we know from science? We know that people with drug use disorders are very different needs, different types and severity of the problems. One size DOES NOT fit all. Assessment and treatment matching are necessary. Treatment of SUDs is as effective as treatment of any other chronic and relapsing condition. Stigma, prejudices and misunderstandings are major roadblocks to effective interventions.

Now it is clear why this model is incorrect. Mark Twain said – to every complex problem there is a simple answer – AND – it is usually wrong!!



Here is a nice simple model of addiction treatment – the patient comes in addicted – he gets some fixed amount or duration of treatment (we have been studying what goes into that treatment for a very long time) – but either way – the expectation is that some amount of treatment should do it – The patient should learn that drugs are bad – learned his lesson – gotten the drugs out of his system, etc. Now here's the important part – the expectation is that something that happens in the box will last for a very long time – otherwise the treatment was not very effective.

In conclusion, stop training separation doctors from nurses, psychiatrists, social workers and others. Do the cross-training model including peer mentors, doctors-law enforcements, etc. so they exchange/learn/understand each other. Lastly, action that can be called treatment when it only proves these 4 features as follows:

- To reduce symptom (drug use)
- To be able to prevent complications of hepatitis C, AIDS and even death
- To improve functioning of drug users
- To respect human rights

End of presentation. Questions are welcome at email: ikoutzenok@ucsd.edu

3 Review of Substance Abuse Education in 5 SEA Countries

Cambodia

Just starts discussion about addiction education which could be integrated with the existing programs.

Laos

In the beginning phase, starts with specialized doctor program, few researches have been conducted but still no addiction or substance use course/curriculum.

Indonesia

Substance use and misuse are a major public health concern with several problems, such as a huge prevalence of drug users, a small number of addiction treatment facilities, low utilization rate of treatment facilities, limited capacity of health professionals in addiction treatment field, and ongoing stigmatization. Addiction has been criminalized for a long time and has not been regarded yet as a medical problem. Addiction medicine is not recognized as a medical (sub) specialty. Most of the professionals working in addiction care have never received training on addiction. Medical education only provides addiction medicine training as a one-hour lecture as one of the psychiatric topics for medical students at the preclinical level. There is no formal training in addiction medicine for graduated medical doctors.

However, universities drive to improve medical students' understanding and clinical skills in various addiction medicine from basic science to clinical aspects as follows:

Atma Jaya Catholic University
https://www.atmajaya.ac.id/web
The phrase "*Atma Jaya*" means a glorious spirit. A glorious spirit always gives encouragement to increase the quality of education. Presently, Unika Atma Jaya has eight faculties with twenty one bachelor's degree programs, 11 master programs and two doctoral programs. Since 2009, the university has delivered addiction education for 40 medical students, the elective blocks for 4th year, basic knowledge, skill training, field visits to hospitals-rehab-community-based addiction cares. Besides, Atma Jaya is preparing to open Addiction Medicine Blocks for the 4th year medical students (final year of pre-clinical level), English

program, for other university students and foreign students learning together. The Block has 4 modules comprising of the science of addiction, clinical aspects of addiction, new trend in addiction and skills training (workshops) for total 7 weeks from August 6 – September 7 at USD 300 course fee.

Universitas Indonesia
http://www.ui.ac.id
UI has 13 Faculties, Postgraduate Programs and Vocational Programs with 291 programs of study currently available with 47,166 students, among which 309 are international students, enrolled in degree and non-degree programs. Addiction education is available in Faculty of Medicine for medical students – 6 years of training on addiction and psychiatry modules few hours per year. For master degree, there are 2 modules per semester, few hours per year, and selective module at the 2nd year. Also, there are 6-month training on basic concept, introduction in every/cycle of life, ethical communication and 6-month training on behavioral, gambling, field visit to social centers, case management/case managers in community.

UIN Syahid University and Institute of Mental Health and Neuroscience (IMAN)
http://iman-mentalhealth.com
Established in 2013, IMAN has a vision to actualize a healthy mental society through neuroscience and spirituality studies. IMAN has and keeps continuing to develop science addiction in a form of education, research and publications, collaborating with various institutions, locally and internationally. IMAN has held several scientific activities such as seminars, discussions, and guest lecturing from aboard. Modules for nursing, midwifery, addiction and HIV are available including book publications about addiction biannually. Also, there are 2 times per year workshop for social workers in same island. Addictionally, short courses certificate for undergraduate students and primary care workforces have been also provided.

Universitas Padjadjaran, Bandung
http://www.unpad.ac.id/
Faculty of Medicine, Unpad was established based on the philosophy of beneficial for community and together in equality. Among 28 study programs including doctoral degree, master degree, specialized degree, professional degree, bachelor degree and diploma degree; teaching about addiction/substance use is available for 3 years founding program and continuing education. 6-month certificate level is added in medical education. There is psychiatry practice in addiction knowledge as well.

Moreover, the Bandung Addiction Working Group developed as a part of the IMPACT program (Integrated Management of Prevention and Control and Treatment of HIV/AIDS) and in collaboration with several national and international institutions a national addiction medicine training program. They organize an expert consensus meeting of selected Indonesian experts in the field of addiction medicine. The meeting was followed by a training needs assessment and the curriculum development workshop. Those processes continued with the development of a national Indonesian Short Course in Addiction Medicine (I-SCAN).

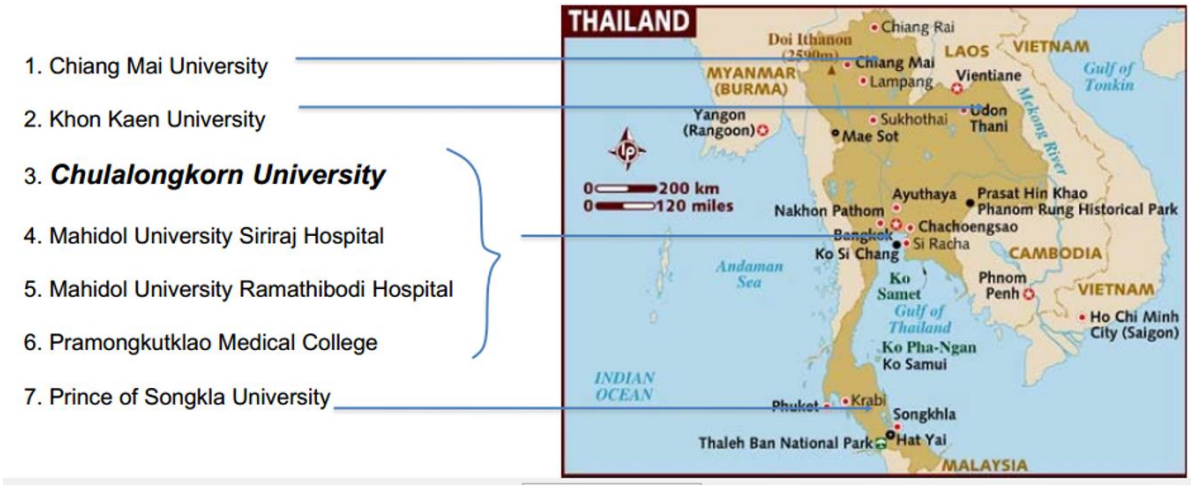
Myanmar

No addiction/substance use education for in-service workforces. Although there are problems of reaching out to patients in remote areas, so there are needs to understand of drug

epidemic and to train grass root level whose education level is low. Under the country's different context of drug problems, reaching out patients is still the problems especially the hard-to-reach ethnic people also providing services that meet the needs of this population group. Challenges are people living in villages are uneducated but they travel and come back bringing drugs with them. However, there are short courses for medical doctors and seminars including some elective courses for medical students.

Thailand

Picture below shows the psychiatric residency training sites in 7 higher education in Thailand



There are three models of addiction teaching in Thailand as follows: (1) a degree program/ curriculum of addiction for addiction professionals at Mahidol University and Chulalongkorn University and for sub-specialties i.e., addiction psychiatry, addiction medicine, addiction nursing (2) addiction courses for addiction professionals given by specialized personnel working in the service and (3) integrated addiction modules in various specialized degree/program related to addiction i.e., psychiatrist, medical doctor and other related sub-specialties, nurse, psychologist, social worker, mental health worker, public health worker, epidemiologist, neuroscientists, etc.

Chulalongkorn University
https://www.chula.ac.th
Established since 1917, comprises of 19 faculties with approximately 38,000 students each year. Faculty of Medicine, establishedin 1947, comprises of 21 departments in medical sciences with approximately 300 medical students and more than 100 postgraudate residency training each year. Addiction-related courses at Department of Psychiatry include one module each year on basic science, diagnosis and treatment for addiction under Doctor of Medicine (6 years), one month rotation in Addiction Psychiatry under Diploma Board of Psychiatry (3 years), two modules each semester in the first year and one elective course in addiction in the second year under Master of Science Program in Mental Health (2 years) and branch: substance dependence and psychiatric disorders under Graduate Diploma Program in Mental Health (1 year).

Program review for Graduate Diploma Program in Mental Health, branch in substance dependence and psychiatric disorders, a one-year course, 5-10 students per year for 24 credits. The 8 addiction-related courses include of introduction to substance dependence and psychiatric disorders, phenotypes in substance dependence and psychiatric disorders I and II, basic counselling and psychotherapy, critical thinking and bioethics, substance

dependence and psychiatric disorders seminar, clinical psychiatry and research in substance dependence and psychiatric disorder.

Application requirements, applicants graduated in bachelor degree or higher in related fields of medical science, nursing, psychology, mental health and social work with one year experience or two years experiences for applicants graduated in bachelor degree in other fields not mentioned above. Admission requires a TOEFL score of 450 or higher, pass the paper and/or interview exams, other requirement based on each year announcement from the Graduate School.

College of Public Health Sciences, Chulalongkorn University
http://www.cphs.chula.ac.th
Drug Dependence Research Center (DDRC) presently is under the College of Public Health Sciences (CPHS), Chulalongkorn University. It was established in 1977 under the Institute of Health Research, to coordinate and execute research on alcoholic beverages, substance abuse and related problems such as HIV and other addictive behaviors. In recognition of its performance, in 1981 the WHO designated the Center as WHO Collaborating Center for research and training in drug dependence. CPHS was announced as Drug Dependence Research Center by the Ministry of University Affairs and was published in the Government Gazette on January 19, 1982.

The CPHS has developed the public health and public health sciences curriculums for master and doctoral degrees. Since 2009, the DDRC has proposed the drug abuse, addiction and related problems study for master and doctoral degrees in health behavior branch for the CPHS and has started to recruit students. The courses have supported the goals of demand reduction which are (1) to decrease drug use (2) to delay the onset of drug use (3) to lower the number of morbidity deaths caused by drug use (4) to reduce drug related violence and criminal behavior (5) to diminish the presence of drug-fueled gangs and gang membership and (6) to establish self-sustained drug prevention, education, treatment, rehabilitation and aftercare programs in partner countries. Subjects in the health behavior branch includes addictive behavior, health behavior, community-based and individual intervention, prevention, intervention and evaluation of health behavior module.

Regarding the outcomes of the health behavior branch for 5 years (2013-2017), CPHS has 34 master and doctoral students graduated also 46 manuscripts published in the international journals. Topics have been covered substance use, HIV, alcohol, tobacco, sexual risk behaviors, gambling and internet use.

The major study of heath behavior branch is the concept and theory related health behavior, risk factors and risk behaviors; that affect human health; factor that influence health behaviors and risk behaviors; nutrition, physical activities, alcohol drinking, smoking, addictive substance use, sexual transmitted diseases ad AIDS, the use of communication skills, changes in health behaviors and self-control.

In addiction, the students will study about addiction behaviors particularly alcohol and substance use. it is included the introduction to pharmacology, patterns and models of drug use, nature of dependence, effects of alcoholic drink and addictive substances; public health roles and policies on alcohol drinking and drug use; concepts, theories and factors

contributing to alcohol drinking and additive substance use on individual, community, regional and global levels.

All doctoral degree students need to explore their intervention for their dissertations. The study can be risk and preventive factors which have major impact on public health and health policy. it is included practice context of prevention, interventions, and evaluation of health behavior reduction of harms caused by alcohol and drug consumption; treatment of excessive of alcohol drinking and drug use; guidelines for solving problems caused by alcohol drinking and drug use in the individual, family, peer and community levels, law enforcement, prevention, harm reduction, treatment and evaluation.

Chiang Mai University
http://www.cmu.ac.th
Addiction teaching is available at Faculty of Medicine working together between Department of Psychiatry and Department of Family Medicine in providing teaching of alcohol and substance abuse for the 3rd, 4th, 5th and 6th medical students for 250, 160, 160 and 160 students per year respectively. Detailed topics are shown in the below table.

Medical Competency for Thai National Licensure (2012) relating to substance abuse	**HATTC Training Topics**	**CMU Learning Topics**	**Content**
Basic science 1. Understanding the basic science of drug seeking behavior 2. Understanding the factors which is influence substance abuse	Understand Addiction	Addiction and Family Health	**(3rd Year Fam Medicine)** ▪ Basic neuro-behavioral sciences of addiction and substance abuse
3. Recognizing the effects of alcohol and substance abuse which caring for other diseases (treatment and rehabilitation and HPP)	Understand Addiction and Prevention for Substance Abuse	Substance Abuse and HIV in Primary Care	
Clinical skill Be able to approach patient with substance abuse (screening for detecting the problem, harm reduction and counseling for reduction of substance abuse and appropriate referral to specialist)			**(4th Year Fam Medicine)** ▪ Addiction and health ▪ Screening, brief intervention and referral for treatment ▪ HIV counselling (pre/post)
Basic science 1. Understanding mental and behavioral disorders, organic mental disorders due to alcohol, drugs and substances 2. Understanding principle of pharmacological treatment in substance dependence	Diagnosis and Treatment	Substance Related and Addictive Behavior	**(5thYear in Psychiatry)** ▪ Assessment and diagnosis (DSM-5) ▪ Pharmacological treatment - Treatment of intoxication and withdrawal

Medical Competency for Thai National Licensure (2012) relating to substance abuse	HATTC Training Topics	CMU Learning Topics	Content
Clinical skill Be able to approach (diagnosis and provide treatment and rehabilitation for uncomplicated case and refer to specialist in complicated case) the patient with substance dependence, acute poisoning from substances, mental and behavioral disorders due to alcohol and substances and alcoholic liver disease			**(5thYear in Psychiatry)** ▪ Pharmacological treatment - Treatment of substance dependence ▪ Psychosocial treatment - BI, MI and relapse prevention ▪ Case management
Clinical skill Recognizing the support from family and community during recovery phase	Recovery	Community-based Services for People with Substance Abuse	**(6th Year Fam Medicine)** ▪ Community participation ▪ Recovery-support system

At Faculty of Nursing, Chiang Mai University provides teaching in addiction/substance use, 3-hour basic knowledge, for master degree and PhD program in nursing programs. A 2-month course is also provided for community service. Few researches has been conducted.

Khon Kaen University
https://www.kku.ac.th
Addiction teaching is available at community health development program, Department of Community Medicine, Faculty of Medicine since 2009 for 1 week residency training in psychology comprising of site visit to see drug users, 3-hour lecture, 2-day training in drug use and how to treat patients. For nine years to date, students graduated over 100 both master and PhD degrees. At present, 25 students are the in programs. 3-4 researched have been conducted per year.

Mahidol University
https://mahidol.ac.th
Asian Institute for Health Development provides addiction education at graduate program. A 2-year program comprises of foundation of addiction, narcotics laws, psychology and psychiatry relating to addiction, applied statistics to addiction studies, studies and visit in addiction studies, practicum in addiction studies, seminar and thesis. Tuition fee is USD 8,000 approximately. Job opportunities after graduation, the graduates can apply for education management officer in area of addiction studies, researcher and professionals in the field of addiction on treatment and prevention.

Asian Institute for Health Development at Mahidol University has been appointed as Colombo Plan's Coordinating Center and education provider in Asia region. Since 2016, in addressing the global need for a skilled drug demand reduction workforce, Mahidol University is implementing the post graduate diploma program in collaboration with the Colombo Plan through the launch of the ICCE Fellowship Programme. This initiative offers wide opportunities for both academic and professional development through taught

courses, besides attending conferences, networking, and acquiring practical work experiences inclusive of clinical attachment. Further, with support from the Bureau of International Narcotics and Law Enforcement Affairs (INL), US Department of State, Mahidol University has been appointed as the Asia Pacific Center for academic and research affairs working closely with ICURDDR consortium in propagating the Universal Treatment Curriculum for Substance Use Disorders (UTC), Universal Prevention Curriculum for Substance Use (UPC) and Universal Recovery Curriculum for Substance Use (URC) through the university system.

Vocational trainings by Ministry of Public Health

Besides universities, addiction education has been also provided in short courses and workshops by Ministry of Public Health for in-service workforces. After 2 years of new drug law, MoPH has trained more than 600 specialists and nurses working in multidisciplinary team as case managers to better serve patients with addiction. However, more manpower especially doctors are still in need. Since most addiction treatment both in community hospitals and tertiary hospitals are taken care by nurses. As a result, there are needs for vocational training for doctors, nurses and social workers. Also, evaluation of the attitude and soft skill is important to work with IDU.

4 Initial Survey of Seminar Participants on Addiction Studies

The 27 academics and policy makers in this seminar of ICUDDR in Southeast Asia answered a 10-question survey about the academic program in addiction studies in universities in Cambodia, Lao PDR, Indonesia, Myanmar and Thailand. The results are shown as follows:

Q1: Do you have an academic program in addiction studies?
A1: Most respondents (65%) replied yes. Academic program in addiction studies are available in range of topics, short courses, courses, curriculums and programs.

Q2: If so, the program provided at the undergraduate, graduate, or certificate levels?
A2: Mostly provided in undergraduate (courses) and certificate (short courses) levels. Few electives in graduate level. Also, post graduate program (4-month program) nursing care for drug user and program for psychiatry trainees and subspecialist are available.

Q3: How long the program been operating? How many students are currently enrolled in the program? How many have graduated from the program?
A3:
- Since 2009, students graduated over 100 both Master and PhD degrees, now 25 existing
- Since 2013, 100 students per year, 60s nurses and counsellors
- Since 2009, Undergraduate program around 40-60 students per year, 450 graduated
- Since 2010, Undergraduate program about 300 students graduated
- Undergraduate 150++, graduate 19, or certificate levels 22
- Undergraduate 10 years currently 250, graduated 1,500
- Graduate program 1.5 year for medical science (mental health) 4 graduated
- Subspecialist program 6-month 4 students now
- Postgraduate 4-month program (nursing care for drug users), 100 graduated
- Certificate program 30-60 certified on drug use prevention
- Certificate level 3 years, graduated 55

Q4: Where is the program located/housed in the university (e.g., Department, College, Center, other unit)
A4: Mostly the programs are located at Faculty of Medicine, University. For nurses, programs are available at Faculty of Nursing. For in-service workforces, certificate trainings are offered at hospitals, training centers and community centers.

Q5: If there are no existing academic programs in addiction studies, are there plans to develop this type of program in the future?
A5: 36% of respondents have plan to develop academic programs in addiction studies for undergraduate medical school pre-clinical level and clinical level. At nursing school plans for primary health doctor program (equal with specialization). In Myanmar, since there are no program at the present so the country has plan for academic study program for mental health service provider.

Q6: Have you reviewed the UPC and/or UTC curricula from the Colombo Plan?
A6: Most respondents (60%) replied no/not yet.

Q7: If so, are you implementing part or all of the curricula in your academic programs?
A7: 22% of respondents replied yes while 33% replied no and n/a.

Q8: If not, are you interested in receiving one or both of the curricula, and in becoming an Education Provider for the UPC and/or UTC?

A8: 86% of respondents are interested in receiving UPC/UTC curricula and becoming EP. Some universities has reviewed the basic UTC training (8 modules). Lao UNODC and LCDC received the basic courses of UTC and implemented them for district health staff also would like to become the educational provider and join an international network of universities with ICUDDR. Currently, SARA Myanmar is helping Colombo Plan's UPC and UTC training but also interested to become an Education Provider for community level workers.

Q9: Would you be interested in joining an international network of universities that are implementing academic programs in addiction studies (ICUDDR)?

A9: 86% of respondents are interested in joining ICUDDR.
SARA Myanmar is currently a registered local NGO, they have aspirations to develop the organization to an institution that will provide training, certification, credentialing in collaboration with partners.

Q10: Comments/suggestions on the survey questions and methodology.
What questions may you feel lacking in the survey?
How best could the survey be conducted?

A10: Questions lacking in the survey are:

- How can the UPC and UTC improve the local/existing curricular?
- If the UPC and/or UTC curricula from the Colombo Plan could be translated to Thai language by professionals, would it be helpful?
- How to evaluate of the programs in universities?

Note: The above questions seem to assume that trainings, certifications, etc. are all done by universities. However, since Myanmar universities (especially medical) they only train in-service persons. The non-governmental sectors need a university or training organization, in order to meet the requirement of the community. A respondent suggested to broaden the survey not only for university but also institute and center.

Best way to conduct the survey is via online. Questionnaires should be sent to all deans of the universities, especially the health science programs. Some suggested using Survey Monkey a popular and free online survey tool. Email with survey form attached is another possible way but the form must be in Word file with more space to respond and be legible.

5 Participants Name List

Seminar participants, total 36, were the university professors in health/public health sciences together with the relevant policy makers, high-level administrative persons from government and non-government organizations responsible for health and drug prevention and drug demand reduction and workers on HIV and addiction services in Thailand, Laos, Myanmar, Cambodia and Indonesia including representatives from US and international addiction related organizations.

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