



**6<sup>th</sup> ICCE Committee Meeting  
Yogyakarta, Indonesia  
3-4 April 2017**

**OPENING CEREMONY**

The opening ceremony was held on 3 April 2017 from 9:30 AM to 11:00 AM. It started with the national anthem of Indonesia and was graced with the presence of Sri Paduka Paku Alam X, Vice-Governor of Yogyakarta, Special Region and Arief Wicaksono Sudiutomo, BNN General-Inspector and Deputy for Law and Cooperation.

**Welcome Address by Mr. Arief Wicaksono Sudiutomo, BNN General-Inspector and Deputy for Law and Cooperation, Government of Indonesia**

Mr. Arief Wicaksono Sudiutomo, extended a warm welcome to the delegates on behalf of the government and people of Indonesia. He informed the delegates about the measures undertaken by the Indonesian government to address and reduce substance use in the country. These measures included prevention interventions among high school and university students; de-criminalizing of individuals with substance use disorder and referrals to rehabilitation centers by the criminal courts; training of addiction treatment practitioners on the Universal Treatment Curriculum for Substance Use Disorder (UTC); and ICCE credentialing examination for validating the knowledge and skills of the treatment providers. He mentioned that a total of 1,700 practitioners were trained on UTC between the years 2012 to 2016.

Mr. Sudiutomo complemented Colombo Plan for playing a significant role in professionalizing the drug demand reduction practitioners in Indonesia and requested the meeting to provide recommendations on strengthening this endeavor. He concluded his speech by thanking the administration of the Yogyakarta province for hosting and supporting the 6<sup>th</sup> ICCE Commission meeting and the Colombo Plan for entrusting the Government of Indonesia to organize the meeting.

**Response to Welcome Remark by Dr. Richard Gakunju by Acting- Chair, 6<sup>th</sup> ICCE Commission Meeting**

Dr. Richard Gakunju, the Acting-Chair of the 6<sup>th</sup> ICCE Commission Meeting thanked the National Narcotics Board, Indonesia and INL, U.S. Department of State for their generosity in funding the 6<sup>th</sup> ICCE Commission Meeting. He informed that H.E. Dr. Hamad Abdullah Al-Ghaferi, the Chair of the Commission and Dr. Shanthi Ranganathan, the Vice-Chair of the Commission could not be present in the meeting due other prior commitments. Mr. Tay Bian How, ICCE Director retired after 15 years of service to the Colombo Plan on 28 February 2017 and Ms. Veronica Felipe the Director of the Drug Advisory programme of the Colombo Plan was currently in-charge of the activities of ICCE.

**Opening Address: K.G.P.A.A. Paku Alam Vice Governor of Yogyakarta Province**

The Chief-Guest Sri Paduka Paku Alam X, Vice-Governor of Yogyakarta welcomed the delegates on behalf of the governor and the people of Yogyakarta and said that he hoped that the meeting would provide a platform for sharing best practices and strengthening collaborations between participating countries for addressing drug related problems. Following his speech, Vice-Governor of Yogyakarta declared the 6<sup>th</sup> ICCE Commission meeting open.

**Key Note Address by Mr. Brian A. Morales, Director, Drug Demand Reduction Division, Bureau of International Narcotics and Law Enforcement Affairs, U.S. Department of State, USA**

Mr. Brian Morales during his key note address, informed that INL intends to expand the training on Universal Prevention Curriculum (UPC) and Universal Treatment Curriculum (UTC) in the American continent as a part of the current U.S Government's policy. In this regard, he stressed that more countries from Western Hemisphere should take part in the ICCE Commission.

He also informed that INL intends to promote substance use prevention and treatment as an independent and unique field of study and career and has facilitated the formation of the International Consortium of Universities for Drug Demand Reduction (ICUDDR) to support this endeavor. The ICUDDR conference in 2017 would be hosted by Charles University in Prague in the month of June.

With regards to UPC and UTC, Mr. Morales said that these are very comprehensive training materials which have undergone intense review by various international organizations and can be used effectively for professionalizing drug demand reduction work force. By the end of 2017, INL plans to implement these curricula in 80 countries including the countries in Latin American, Eastern European and South Pacific regions. He also informed that credentialing examination needs to be expanded as it validates knowledge, skills and competence and plays an important role in professionalizing the drug demand reduction workforce.

Mr. Morales requested the meeting to discuss on a few key issues such as expansion of ICCE commission by including in the commission, representatives of all the countries where DAP and ICCE initiatives are being conducted; introduction and promotion of ICCE credentials in all the countries where UTC and UPC trainings are implemented; ways of strengthening collaborations and reciprocity between ICCE with other credentialing bodies; and improving the ICCE credentialing examination process by including clinical skills tests. The credentialing examination of Mexico, Mr. Morales informed, requires the examinees to model clinical skills.

Mr. Morales further informed that ICCE would start offering ICPS credentialing examination by 2017 and requested the commissioners to provide technical support for the translation of the

test items in various regional languages. He expressed appreciation to the government of Argentina for their support in the translation of ICAP examination in Spanish language.

Mr. Morales expressed his concerns about the changes in the pattern and trends of drug use in the past few years. He informed about the opioid crisis in USA; increase of cocaine consumption in Colombia; increase in cocaine trafficking in Asia and Africa; and adulteration of drugs with toxic elements that leads serious public health consequences including cancer.

With regards to the International Society of Substance Use Professionals (ISSUP), Mr. Morales said that it is the first global organization that brings together treatment and the prevention field into one network. The 3<sup>rd</sup> ISSUP conference would be in the Mexico City in December 2017 and the 4<sup>th</sup> ISSUP conference in Kenya, Africa in 2018. He invited policy makers and government representatives from different countries to participate in the 3<sup>rd</sup> ISSUP conference where UNODC would facilitate a workshop effective implementation of UNGASS conventions.

Mr. Morales shared that the international organizations (IOs) like UNODC, WHO and Colombo Plan are working together to develop quality standards for treatment and care. The IOs would also partner with governments of various countries to develop a licensing and accreditation system for addiction treatment facilities across the world.

He concluded his key note speech by thanking the Indonesian Government for their hospitality and emphasizing on the need for promoting a single global unifying credential and expanding the membership of the ICCE Commission.

## **MEETING DISCUSSIONS**

### **Item 1: Introduction of the participants and Adoption of the Agenda**

The meeting started from 11:00. In absence of the Chair and the Deputy Chair of the ICCE Commission, the Sixth ICCE Commission Meeting was chaired by Dr. Richard Gakunju who is currently appointed as the treasurer of the Commission.

Dr. Gakunju started the meeting by requesting the delegates to introduce themselves. Following the introduction by the participants, the agenda for the 2-day meeting was adopted.

**Action:** For information only

### **Item 2: Presentation on DAP and ICCE Initiatives**

The Chair invited Ms. Veronica Felipe, Director Drug Advisory Programme, Colombo Plan to make a presentation on the DAP and ICCE Initiatives. Ms. Felipe started her presentation with a brief background on Colombo Plan. She informed that organization was established in 1951 to promote the concept of mutual help and south-south cooperation in assisting Asian countries to recover from the effects of World War II. Currently it has 27 countries as its member states.

Colombo Plan has three permanent programmes namely Programme for Public Administration, Programme for Private Sector Development and the Drug Advisory Programme (DAP). DAP was established in 1973, during the 23<sup>rd</sup> Consultative Committee Meeting of Colombo Plan to address substance abuse and illicit drug trafficking in the region. Its initiatives include developing

effective prevention programs by engaging youth in drug demand reduction; improving access to treatment & rehabilitation; providing treatment services for children; and expert advisory services, training and credentialing examinations for drug demand reduction workforce. DAP collaborates with governments, non-governmental organizations, universities and all other relevant stake holders for the implementation of its initiatives.

The prevention interventions of DAP include contextualized support, capacity building and technical assistance, implemented in various settings such as in schools, communities, and organizations. It is also developing Universal Prevention Curriculum for Substance Use (UPC) to disseminate training on evidence-based prevention practices.

The initiatives for the youth aim to engage young people in creating a healthy and safe environment while mobilizing them to develop their potentials as contributing members of the society. The skills enhancement programs for the youth offer personal, social, resistance and communication skills while providing them with preventive drug education concepts. Recognizing the role of youth in nation building, DAP organized nine Asian Youth Congresses & the Global Forum for Youth Leaders.

Encouraged by the impact of the Asian Youth Congress on young people, many member countries like Afghanistan, Philippines and Pakistan organized national youth congress in their respective countries. With regards to addiction treatment, DAP promotes evidence-based practices, adherence to ethical and humane treatment; capacity building of treatment workforce through training on universal treatment curriculum. It also provides mentoring to SUD treatment professionals on administrative and clinical management of treatment facilities.

DAP also recognizes that not all the individuals affected with Substance Use disorders are in need long term residential care. In this regard, it endeavors to make treatment accessible for all by using different treatment modalities such as out-reach and drop-in centers, out-patient treatment centers, residential cares and low cost rural-based treatments.

Between 2012 to 2015, DAP provided support to Bangladesh, Bhutan, India, Indonesia, Thailand and Liberia to set up out-reach and drop-in centers (ODICs). In 2016, support for 3 ODICs in Indonesia was revived. In 2017, with funding from Japanese Government, DAP would support 6 ODICs and Treatment Centers in the Philippines.

DAP also provides financial and technical assistance to treatment and rehabilitation centers. This includes 41 inpatient treatment centers and 22 outpatient centers run by NGOs, and 22 inpatient treatment centers run by Ministry of Public Health. Annual treatment capacity is about 15,570 for residential care, 6,880 for home-based care and 4,620 for outpatient care.

DAP has also developed the world's first treatment curriculum for training treatment practitioners on effective interventions for children. The curriculum consisting of 6 courses provides information and skills on age-appropriate treatment services for children who are using drugs.

International Centre for Credentialing and Education of Addiction Professionals (ICCE) – the training and the credentialing arm of DAP was established in February 16, 2009 to address the dearth of trained drug demand reduction workforce. The functions of ICCE initially were curriculum development, training and credentialing. Currently, the main focus of ICCE is to promote and expand credentialing among SUD professionals. Ms. Felipe informed that ICCE would work towards reciprocity

of its credentials whereby credentials awarded by ICCE Commission would be recognized by other credentialing bodies in different countries and vice versa.

Ms. Felipe stressed on the importance of mapping prevention and treatment services and establishing networks between the service providers. In this connection, she encouraged all to register with the International Society of Substance Use Prevention and Treatment professionals (ISSUP). She also shared with the meeting about that the steps involved in the development of DAP training curriculum; courses offered under each of the curricula, the curriculum dissemination process, examination process and the credentials offered by ICCE.

Following the presentation, the Chair thanked Ms. Felipe for making a very comprehensive presentation and opened the floor for discussion.

Assistant-Secretary Earl Poiquinto Saavedra highlighted the need for setting up youth centered initiatives towards drug abuse prevention and control. He informed that the Philippines would be the chair of the Association of Southeast Asian Nations (ASEAN) on 2017 and 2018. During this period, the Philippines plans to organize the first Youth Congress on Substance Use Prevention and Education for the Asian region. Assistant-Secretary Saavedra invited countries from other regions to join this initiative. He also informed that the Philippines would pilot community-based programmes this year and offered to share learnings from this pilot initiative to other commission members.

Mr. Parimal Kumar Dev informed that a total of fourteen national trainers from Bangladesh have been trained by ICCE on UTC 1 to 8. These trainers have trained a total 235 treatment providers on UTC 1 to 8 who are now ready to take ICAP credentialing examination. He requested online ICAP examination in Bengali language for these candidates. Mr. Dev also informed that 5 out of 9 UTC basic level courses have been translated into the national language of Bangladesh, and requested Colombo Plan to support the translation of the other 4 courses.

Dr. Shamil Wanigaratne informed that NRC would be pleased to provide office space to Colombo Plan in its new office premises to set up a regional office for DAP or ICCE.

Mr. Nima Damdul informed that Bhutan requires training on evidence-based prevention particularly on school and workplace-based interventions.

Ms. Kathy Benson informed that NAADAC has now partnered with Criterion -an international testing company that not only offers paper and pencil tests and on-line examination through testing centers and but also has the technology to offer electronically proctored examination whereby candidates having the required software can take the examination from home computer.

Ms. Benson requested the commission members to provide support in translating the training courses and the test items. She also emphasized on the need for strengthening the clinical supervision process and develops a separate code of ethics for the clinical supervision (CS) supervision credentials to be offered by ICCE Commission.

Ms. Fathimath Azza stressed on the need for setting up online training especially for geographically dispersed counties like Maldives.

**Action:**

DAP to collaborate with DNC, Bangladesh for the translation of 4 UTC courses into Bengali language

DAP to collaborate with PTC New York and relevant ICCE Commissioners for the translation of ICAP examination in various regional language including Bengali language for Bangladesh

DAP to organize the ICAP examination for Bangladesh between the year 2017 and 2018.

**Item 3: Update on ICCE Commission.**

Dr. Richard Gakunju provided the meeting with a brief overview on the history and back ground of the ICCE Commission and highlights from the updated policies and procedures of the Commission. His presentation also aimed to prepare the meeting for the subsequent discussion on the recommended changes in article 3 and 4 of the policy. He informed that the ICCE commission was formed in the year 2012 as a policy making body for all ICCE training and credentialing matters. The first ICCE commission meeting was held in Jakarta, Indonesia on 4-6 June 2012 and was represented by 10 countries. This meeting prepared the initial draft of the commission's policy and procedures.

Dr. Gakunju mentioned that according to the existing policy, the Commission would comprise of 24 members; of them at least two commissioners would be professionals in the field of addiction treatment and selected on the basis of their individual capacity; two commissioners would be from the ICCE Approved Education Providers; and other commissioners would represent the drug focal points of the participating countries. The commissioners representing drug focal points of the participating countries would be selected by virtue of their position in the relevant government departments. All the Commission members may serve a term of two years. All the Commission members may also serve two terms. The representatives from other countries participating in the ICCE initiatives but not in the Commission may attend the Commission meeting as observers. ICCE approved Education providers not represented in the Commission may attend the Commission meeting as advisors.

His presentation also covered the structure of the ICCE Commission Executive Board that consists of 8-13 members selected from the ICCE commission and includes the Chair, Deputy-Chair, Secretary, Treasurer; and members of three subcommittees namely – Training Subcommittee, Examination and Credentialing Subcommittee and ethics Sub-committee.

He talked about the code of ethics established by the commission and the credential examinations offered by ICCE. He informed that a total of 639 individuals from 32 have been awarded with ICCE credentials.

**Action: Information only**

The meeting was adjourned for lunch at 12:45 hours.

**Item 4: Amendment of Article 3: Section A of the ICCE Commission Policy and Procedures: Selection of ICCE-Commission Members.**

The afternoon session resumed at 1:45 PM. The chair took up the next item on the agenda which was discussion on the proposed amendment in Article 3: Section A of the ICCE Commission Policy and Procedures: Selection of ICCE-Commission Members.

As informed by Dr. Gakunju in the previous session, the existing policy stated that the Commission would comprise of 24 members from the countries participating in ICCE initiatives and representatives from other countries participating in the ICCE initiatives but not in the Commission may attend the

Commission meetings as observers.

The meeting discussed this article and decided that all the countries implementing UTC and UPC initiatives to be invited to participate in the Commission.

**Action:** ICCE to make the recommended changes in the ICCE Commission policy and share the revised policy to the Commission members electronically.

**Item 5: Amendment of Article 4: Role and Responsibilities of ICCE Director in ICCE Commission**

The meeting discussed the roles and responsibilities of the ICCE Director which was articulated under Article 4 of the ICCE Commission policy and procedures. It was decided that as mentioned in the existing policy, the ICCE Director would continue to be the executive director of the Commission and would be responsible for implementing the decision of the Commission.

**Action:** For Information only.

**Item 6: Professionalizing the Drug Demand Reduction Workforce: Country Experience: Indonesia**

The Chair invited Dr. Diah Setia Utami, Deputy of Rehabilitation, National Narcotics Board, Indonesia to make a presentation on the Indonesian experience on professionalising drug demand reduction workforce.

Dr. Diah Setia Utami informed that three government departments of Indonesia - Ministry of Health, Ministry of Social Affairs and the National Narcotics Board (BNN), work in collaboration with each other to provide addiction treatment and rehabilitation. The Ministry of Health is responsible for the regulations on medical rehabilitation and endorsement of medical rehabilitation services; Ministry of Social Welfare is responsible for the regulations on social rehabilitation; and the National Narcotics Board is specifically responsible for capacity building of treatment service.

While sharing about the history and progression of treatment for substance use disorders in Indonesia, Dr. Diah mentioned that Indonesia recognised the problem of substance use in 1970s. Cannabis use was most common during that time, followed by a few cases of opioid use. There were no structured programmes. Training on evidence-based SUD treatment was not available for the staff. The treatment work force comprised of medical doctors, social workers and other professionals but did not include recovering users for peer based approach. Religious or spiritual leaders provided support towards social rehabilitation. Over the last 20 years however, recovering users were gradually included in the treatment team to address the increasing problem of heroin use through community-based peer led approach.

As the problems associated with substance use became more and more complex, the need for training of the treatment practitioners was felt in Indonesia. The treatment practitioners started using standardised and comprehensive assessment tools and individualised treatment plan from the year 2000 onwards and Ministry of Health introduced medication assisted treatment (MAT) in the year 2003. MAT now includes both Methadone and Buprenorphine substitution. Efforts towards professionalizing addiction treatment practitioners started in 2011 when National Narcotics Board officially set up National Certification Board for Addiction Counselors with the technical assistance from ICCE. Since 2013 more than 1700 treatment providers have received training on different courses of UTC.

Dr. Diah also informed that the future endeavours of BNN include setting up of the Indonesian national certification and credentialing system with support of the government, academic community and professional association.

The Chair thanked Dr. Diah Setia Utami for her presentation. Ms. Veronica Felipe commended BNN for implementing UTC training successfully.

**Action:** ICCE to collaborate with BNN for organizing credentialing examination for candidates who have been trained on UTC in Indonesia.

**Item 6: Nomination and Election of New ICCE Commission Members and Executive Board Members.**

Ms. Bernadette Ellis of the Bahamas proposed that Dr. Maria Veronica Brasesco of Argentina be appointed as a commissioner in line with the recommendations made under agenda item 4. The proposal was seconded by Assistant Secretary Earl Poiquinto Saavedra of the Philippines.

The Chair also informed that four positions were currently vacant in the ICCE Commission Executive Board. These included the position of the ICCE Commission Secretary, one position in the Training Sub-committee and two positions in the Examination and Credentialing Sub-committee.

The Chair then invited nominations for each of these posts.

Mr. Yaw Akresi Sarpong of Ghana proposed Ms. Fathimath Azza of Maldives for the post of the Secretary of the Commission. The nomination was seconded by Assistant Secretary Earl Poiquinto Saavedra of the Philippines. Ms. Azza's name was then put to vote and she was elected unanimously for the post of the Secretary.

The name of Mr. Yaw Akresi Sarpong of Ghana was proposed for training sub-committee membership by Dr. Richard Gakunju of Kenya and Dr. Riza Sarasvita of Indonesia. The proposal was seconded by Mr. Karunadasa Gamage of Sri Lanka. The name of Mr. Yaw Akresi Sarpong was then put to vote and he was elected unanimously as a member of the training sub-committee.

Mr. Yaw Akresi Sarpong of Ghana proposed the name of Ms. Bernadette Ellis for examination and credentialing sub-committee membership. The proposal was seconded by Mr. Parimal Kumar Dev of Bangladesh. The name of Ms. Bernadette Ellis was then put to vote and she was elected unanimously as a member of the sub-committee.

The name of Mr. Parimal Kumar Dev of Bangladesh was proposed by Mr. Nima Damdul of Bhutan and seconded by Mr. Yaw Akresi Sarpong of Ghana for the examination and credentialing sub-committee membership. The name of Mr. Parimal Kumar Dev was then put to vote and he was elected unanimously as a member of the sub-committee.

The Acting-Chair congratulated all the new office bearers. The meeting was adjourned for the day at 4:30PM.

**4<sup>th</sup> April 2017**

**Item 7: Professionalizing the DDR Workforce: Country Experience: Kenya**

The Dr. Richard Gakunju reconvened the meeting at 09:30 AM on 4 April 2017 with a presentation on the Kenyan experience on professionalising the drug demand reduction work force.



Dr. Gakunju informed that in Kenya, National Authority for the Campaign against Alcohol and Drug abuse (NACADA) is the focal organization that works in the area of drug demand reduction in close conjunction with other stakeholders including other government departments, treatment & rehabilitation facilities, NGOs and CBOs.

Dr. Gakunju informed that the drug demand reduction initiatives in Kenya were launched following the recognition of alcohol use as a national problem in the year 2001. In 2009, with funding from INL US department of State, a cadre of addiction treatment practitioners were trained on evidence-based practices and credentialed by NAADAC, USA. In order to improve and maintain quality standard of the drug demand reduction initiatives, NACADA facilitated the development of the national standards for treatment and rehabilitation and also the policy on accreditation of training institutions providing training on addiction related issues. It also conducts on a regular basis inspection of rehabilitation centers and runs a toll-free help line 24 hrs. a day. It has established the Kenyan Certification Council – for certification for addictions professionals which is currently working in collaboration with ICCE. ICCE training on UTC and Recovery coach Curriculum along with the credentialing programme has been much beneficial to the country. So far, 111 treatment practitioners in Kenya have been credentialed through ICCE. NACADA is planning to organize another ICAP examination for a group more than 100 applicants in June 2017. There are 2 ICCE approved education providers in Kenya. Establishment of the ISSUP Kenyan chapter has provided a platform to the drug demand reduction practitioners to discuss various issues related to substance use, its prevention and treatment. ISSUP, he felt, can play a pivotal role in disseminating published researches and best practices among its members.

Dr. Gakunju informed that Kenyan Government collects tax revenue from companies that produce legal addictive substances like tobacco, alcohol and khat and uses a part of this revenue to provide subsidy on addiction treatment. Kenyan insurance companies also cover addiction treatment. He shared concerns about the various kinds of adulterated drugs used in his country. These included quinine as adulterant for heroine, mosquito coil as adulterant for Khat, and methadone mixed with Alcohol. He also talked about the monitoring and documentation mechanisms used in Kenya. Following Dr. Gakunju's presentation, Assistant Secretary Earl Poiquinto Saavedra shared that Philippines integrates the cost of addiction treatment as a part of its primary health care services and the Philippines health insurance covers addiction treatment expenses of those individuals who seek addiction treatment voluntarily. He also informed that his country has established an integrated drug abuse data information network through internet connectivity. All the treatment and rehabilitation centers under the purview of the Philippines government are required to report to the Dangerous Drugs Board in terms of the number of admissions, the services provided, funds received for operations and their requirement.

**Action:** ICCE to collaborate with NACADA in organizing ICAP examination for Kenya in June 2017.

#### **Item 8: Professionalizing the DDR Workforce: Country Experience: Argentina**

The Chair invited Dr. Maria Veronica Brasesco, Director of Drug Observatory, SEDRONAR, Argentina to make the presentation on Argentina's experience on professionalising DDR Workforce. SEDRONAR is the nodal government agency in Argentina for the prevention of drug addiction and the fight against drug trafficking.

Dr. Maria Veronica Brasesco informed that the key objectives of Argentina's national plan for drug demand reduction includes improving accessibility to addiction treatment, improving quality of

services, establishing evidence based interventions and policies and providing gender sensitive services.

SEDRONAR has improved the accessibility to addiction treatment by strengthening the network between service providers within the community, establishing community-based treatment services as well as centers for the second level of health care, and also by providing training to primary health workers on screening and intervention. Besides, all the treatment centers are required to comply with quality standards to be accredited by SEDRONAR. She informed that the guidelines and quality standards agreed upon in COPOLAD (Cooperation between Latin America and the European Union in Drug Policy) were considered while developing the Argentinian accreditation system and discussed briefly the indicators established by **COPOLAD** for auditing the care institutions.

**Action:** Information only

#### **Item 10: Presentation on ICCE Education Providers**

The Chair invited Ms. Cindy Biding of the Colombo Plan to make a presentation on Education Provider. Ms. Biding informed that DAP awards Education Provider status to organizations and universities/colleges in its effort to enhance the prevention and treatment capacity globally. There are three categories of DAP education provider which are universities/colleges, non-governmental organizations and government agencies.

A university education provider can integrate the Universal Prevention Curriculum for Substance Use (UPC) and the Universal Treatment Curriculum (UTC) into their existing under-graduate or diploma or post graduate course(s). It can also disseminate the UPC and UTC courses to drug demand reduction practitioners in their respective country or region. She also mentioned that in order to be a DAP education provider, the university should be a legally recognized educational institution and offer relevant programmes or courses on substance use prevention and treatment.

At present, 20 universities from 8 countries (Republic of Korea, Thailand, Malaysia, Kenya, Botswana, Czech Republic, Philippines and USA) are recognized as DAP Education Provider. All the University Education Providers would be required to join the International Consortium of Universities on Drug Demand Reduction (ICUDDR). ICUDDR members can collaborate with each other in research programmes, student exchange programmes and training and workshops on issues related to drug demand reduction.

NGOs and government agencies can also apply for DAP education providers status to disseminate training on UPC and UTC to treatment practitioners in their countries. To be considered as a DAP education provider, such applicants must be a legal entity, have at least one international trainer or two national trainers and a minimum of three credentialed staff with at least one staff having level II credential or its equivalent. The organization should also have conducted one international training or two national training or three city wide training on substance use prevention and treatment in the past two years. So far, a total of 16 NGOs from 10 countries have been appointed as DAP Education Provider.

Ms. Felipe informed that the new education provider criteria would not affect the existing contracts that the organizations have with Colombo Plan. However, the education providers will be required to furnish DAP with regular report and data base of the participants. She also mentioned that the education provider status awarded by DAP to one organization cannot be transferred to another

organization.

Mr. Brian Morales added that DAP would enter into education provider agreement with the government entities in all the countries where UPC and UTC training are being conducted in collaboration with the government. Mr. Morales also recommended that the education provider fees be removed and the Government of Thailand which at present is not represented in the Commission be invited to join the ICCE Commission.

Mr. Morales further informed that all education providers would have access to UTC and UPC materials in ISSUP website following the signing of a memorandum of agreement with DAP. University education providers would not be required to undergo walk-through training or training of trainers by DAP, if the faculty members are comfortable with the UTC and UPC materials.

**Action:** DAP to enter into education provider agreement with the government entities in all the countries where UPC and UTC training are being conducted in collaboration with the government.

#### **Item 11: Any Other Business**

Ms. Jane-Marie On'golo said that it was a privilege for African Union Commission (AU) to be a part of ICCE and ISSUP initiatives. African Union has 55 member states of which 11 countries are now taking part in ICCE initiatives. AU would support the expansion of ICCE initiatives in other member countries. She also informed that in 2018 the ISSUP conference will take place in Kenya, Africa and invited all to participate in the same.

Dr. Riza Sarasvita on behalf of the Indonesian observers present in the meeting, suggested that the Commission develop an ethical policy to address ethical violation cases.

Ms. Kathryn Benson informed she was retiring from the post of Chair of NCCAP, National Association of Alcohol and Drug Abuse Counsellors (NAADAC) and hence the next NCCAP Chair would replace her in the ICCE Commission.

Ms. Veronica Felipe, DAP director extended her appreciation to all the delegates for participating in the ICCE commission meeting. She informed that the costs of trainings on UPC and UTC in future would be shared with participating countries to expand training and credentialing services beyond the Colombo Plan member countries.

#### **Closing Remark**

The closing remark was delivered by Dr. Diah Setia Utami Deputy of Rehabilitation, National Narcotics Board, Indonesia. She thanked the participants for their valuable inputs on improving the quality of drug demand reduction services at the global level. She thanked the Colombo Plan, U.S government, Indonesian Ministry of Tourism, Ministry of Foreign Affairs and Government of Yogyakarta Province for providing support in organizing the meeting.

The Chair thanked all the Commissioners, Ex-officio members and observers present in the meeting and concluded the 6<sup>th</sup> ICCE Commission Meeting at 1 P.M on 4 April 2017.