

Piloting an implementation protocol delivered as an online course: African leadership in addiction workforce development

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By Dr. Beatrice Kathungu
ICUDDR African coordinator /
Lecturer Dept. of Psychology Kenyatta University

Background –what informed the need

- **Global context**
- **Regional context**
- **Local context –at university level**

The global context

- According to UNODC 2022 world drug report;
 - Approximately 284 million people aged 15-64 used drugs worldwide in 2020
 - 26 percent increase from the previous decade.
 - Approximately 11.2 million people who inject drugs worldwide.
 - Nearly half of these individuals suffered from hepatitis C,
 - 1.4 million suffered from HIV,
 - and 1.2 million suffered from both conditions.

Regional context



A vast continent

Over 50 countries

Over 1.3 billion people

Stretches from Indian ocean to Atlantic ocean

UNODC{2021}

number of people using drugs in Africa would rise by as much as 40 per cent by 2030

- Younger population*
- Higher population growth*

UNODC {2022} report,

- majority of people treated for drug use disorders in Africa are under 35 years old.*

Therefore Interventions key in prevention, treatment, recovery support, public health interventions

The Gap in Africa

- Non evidence based practice common
- Patients viewed as lacking willingness to change
- Stigmatization and discrimination common
- Lost opportunity for interventions

The Gap - Impact of non evidence based practice

- Failed prevention and treatment efforts
- Frustration of clients and families
- Wasted resources for individuals, families communities and nations
- Lack of faith in treatment for substance use disorders (SUD)
- Negative impact on potential for insurance coverage
- Poor client outcomes

The need:

Access to Evidence based prevention, treatment options

- Continuum of prevention services
- Appropriate, screening , assessment and placement
- Holistic treatment
- Continuum of care services
- Support for long term recovery

Why we need evidence-based practice

Likely to result in ;

- better outcomes for our clients
- reduced wastage of resources
- increased faith in SUD treatment
- Increased likelihood of insurance coverage

Some global efforts

Universal Curriculum

- Developed with support from INL of the US State Dept. in partnership with Colombo Plan Drug Advisory Program(DAP) and International Society Substance Use Professionals (ISSUP)
- Other international partners UNODC, OAS, CICAD
- Targeting a wide range of professionals in the field of SUD practice
 - Range from prevention, treatment and recovery support
 - Universal Prevention Curriculum(UPC)
 - Universal Treatment Curriculum(UTC)

Need for Sustainable approach :

Tapping into universities

- Core mandate is education and training
- Apex of quality
- Existing resources
 - *faculty*
 - *lecture halls*
 - *ICT infrastructure*
 - *internal quality assurance mechanisms*
 - *other available resources*



Sustainability Strategy through ICUDDR

- Universities offer a more sustainable way for dissemination
 - To make evidence based knowledge **available and accessible**
 - Through **development & implementation of DDR programs**
 - Target both **practitioners and potential practitioners** in the DDR field
- Through International Consortium of Universities in Drug Demand Reduction {ICUDDR}

Role of ICUDDR

- One of the key mandates of ICUDDR
 - Promotion of transfer and adaptation of science-based knowledge regarding the prevention and treatment of substance use disorders through development of university-based Drug Demand Reduction (DDR) academic programs.
 - Support for Adaptation of UTCs and UPCs into university based academic programs in the area of DDR

ICUDDR Approach in Africa

6. Evaluate impact of training programs on practice

5. Development & implementation of university based DDR programs

4. Capacity building for program development

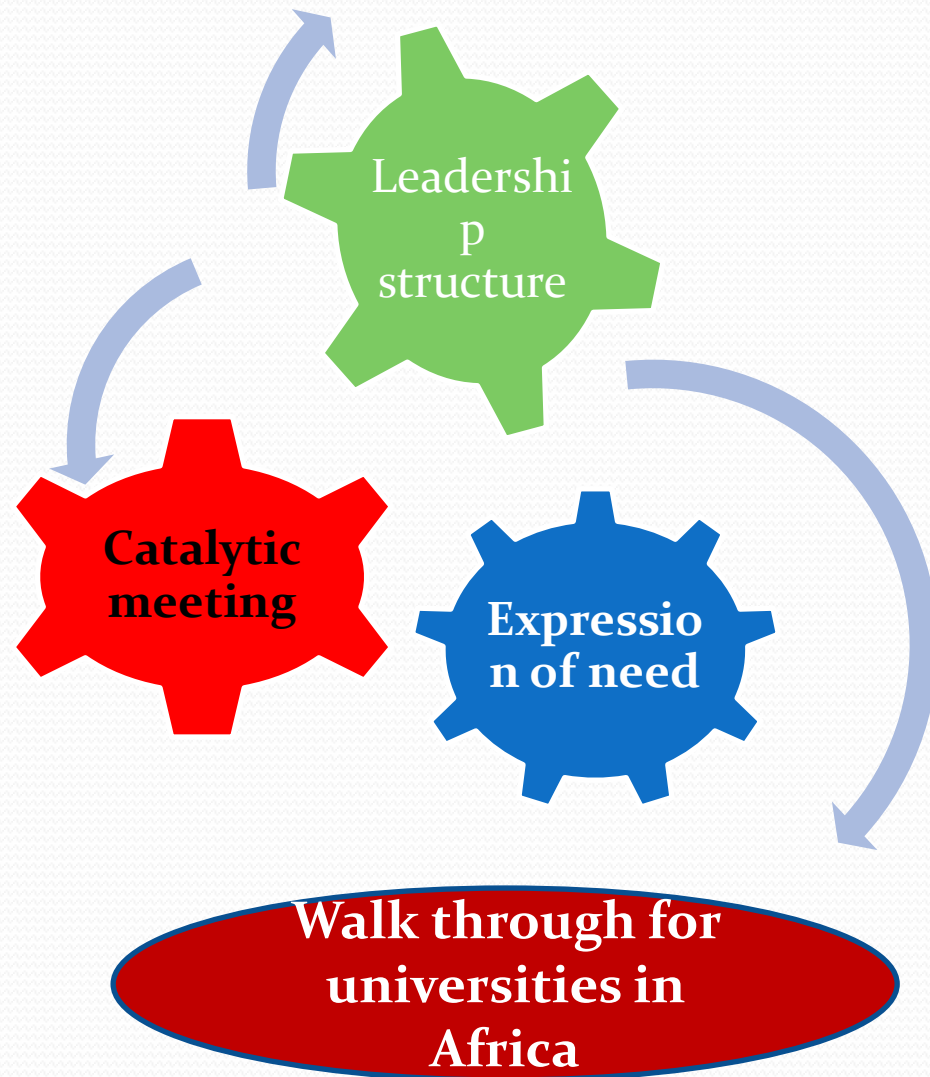
3. Needs assessment for program development

2. Conduct walkthrough to disseminate UPC/UTC

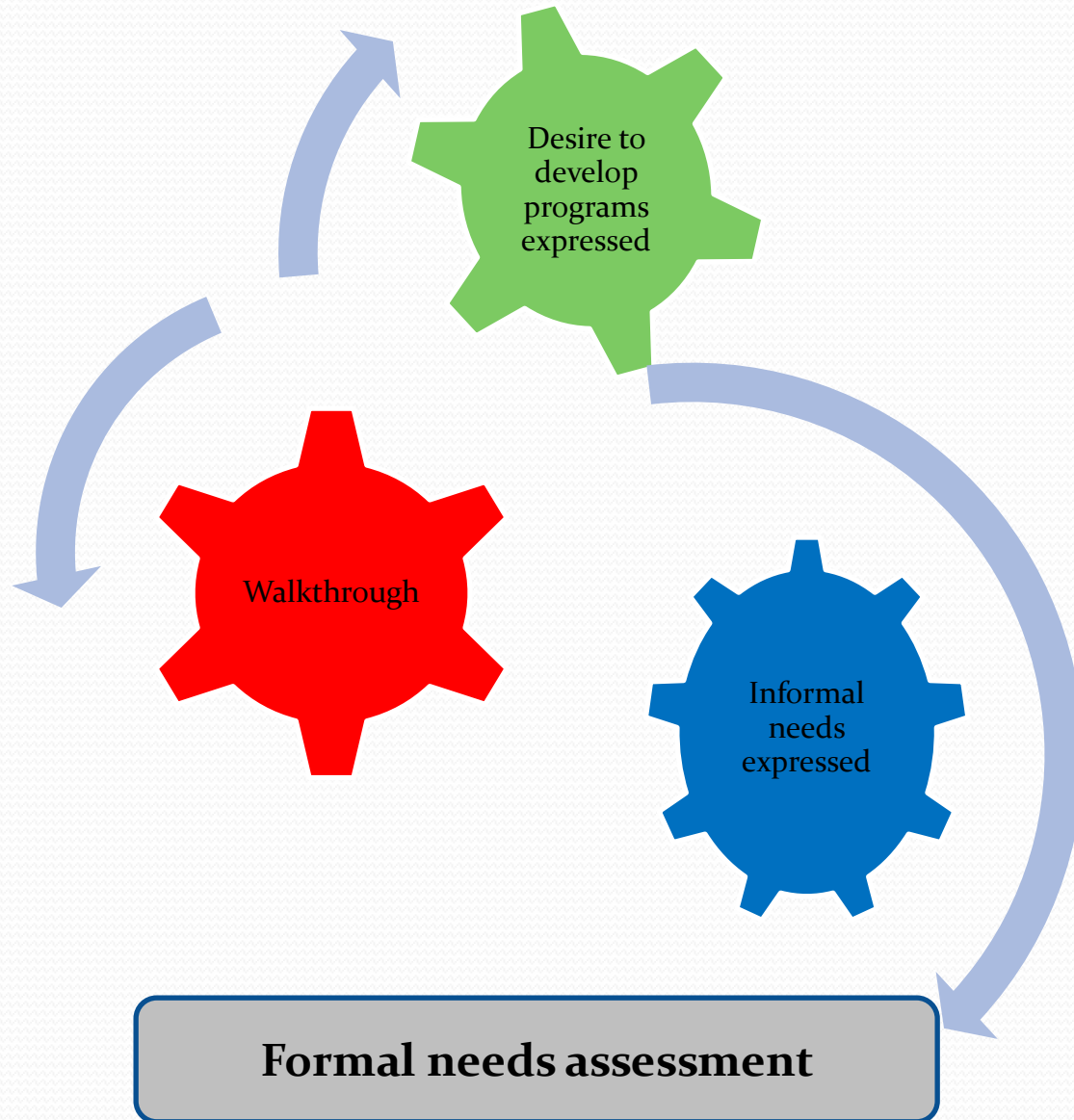
1. Identify strategic university faculty

African Region Initiative

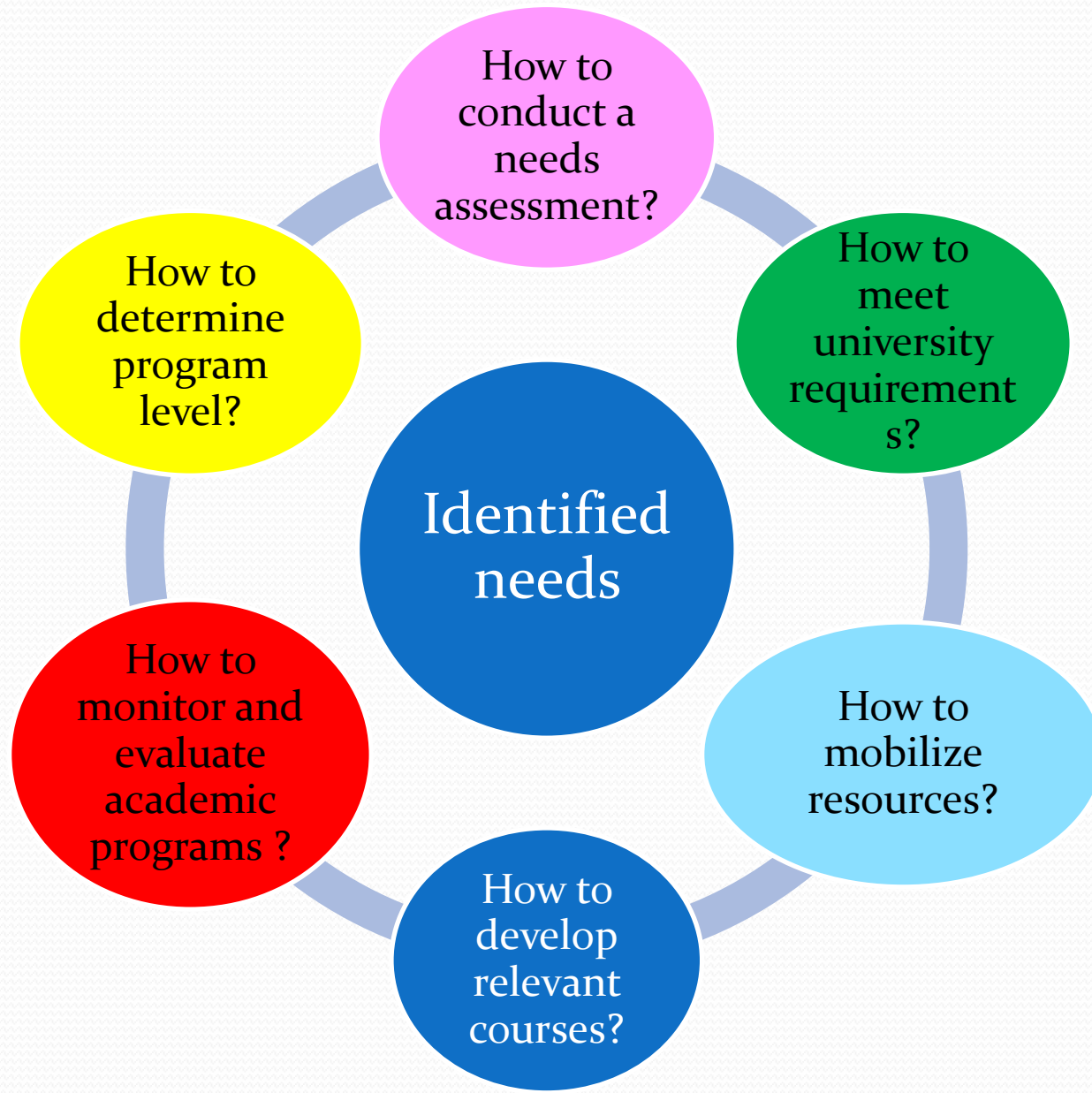
AU/ICUDDR catalytic meeting- *Addis Ababa 2019*



Continental Needs assessment



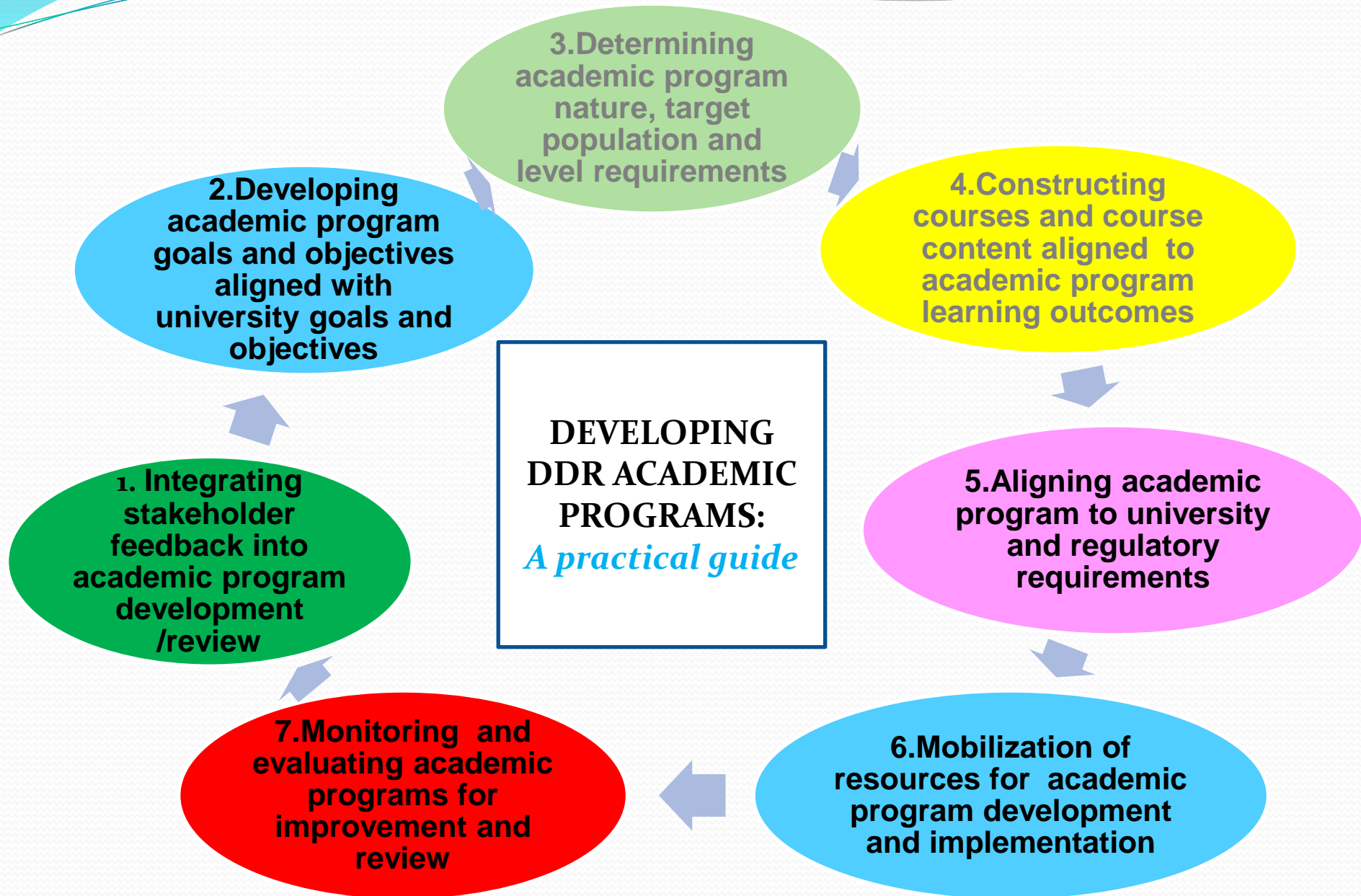
Outcome of Needs Assessment



Birth of a Capacity- building Course

- To address identified needs
- A course developed to build capacity of faculty to develop university based DDR programs
- With support from ICUDDR

The Course



Piloting of the Course

- Initially planned for Addis Ababa in March 2020
- Impact of COVID 19
- Switched to online

Online Pilot training of course

**Trainer led
presentations**

**Practical
group
assignments**

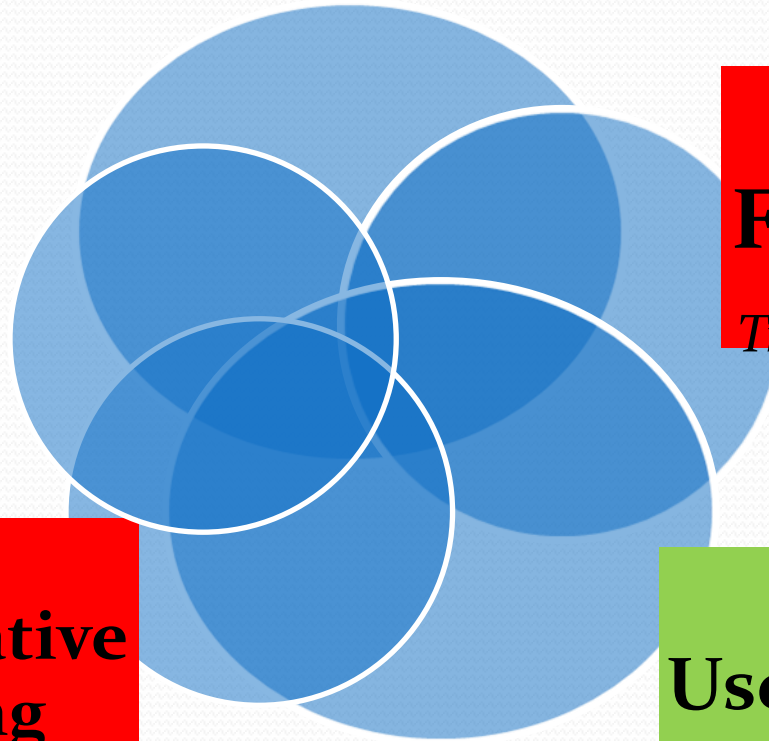
*based on content
presented*

Feedback

Trainer and peer

**Collaborative
learning**

Use of LMS



Online Platforms used

WEBEX

GOOGLE
DRIVE

LMS

Health knowledge

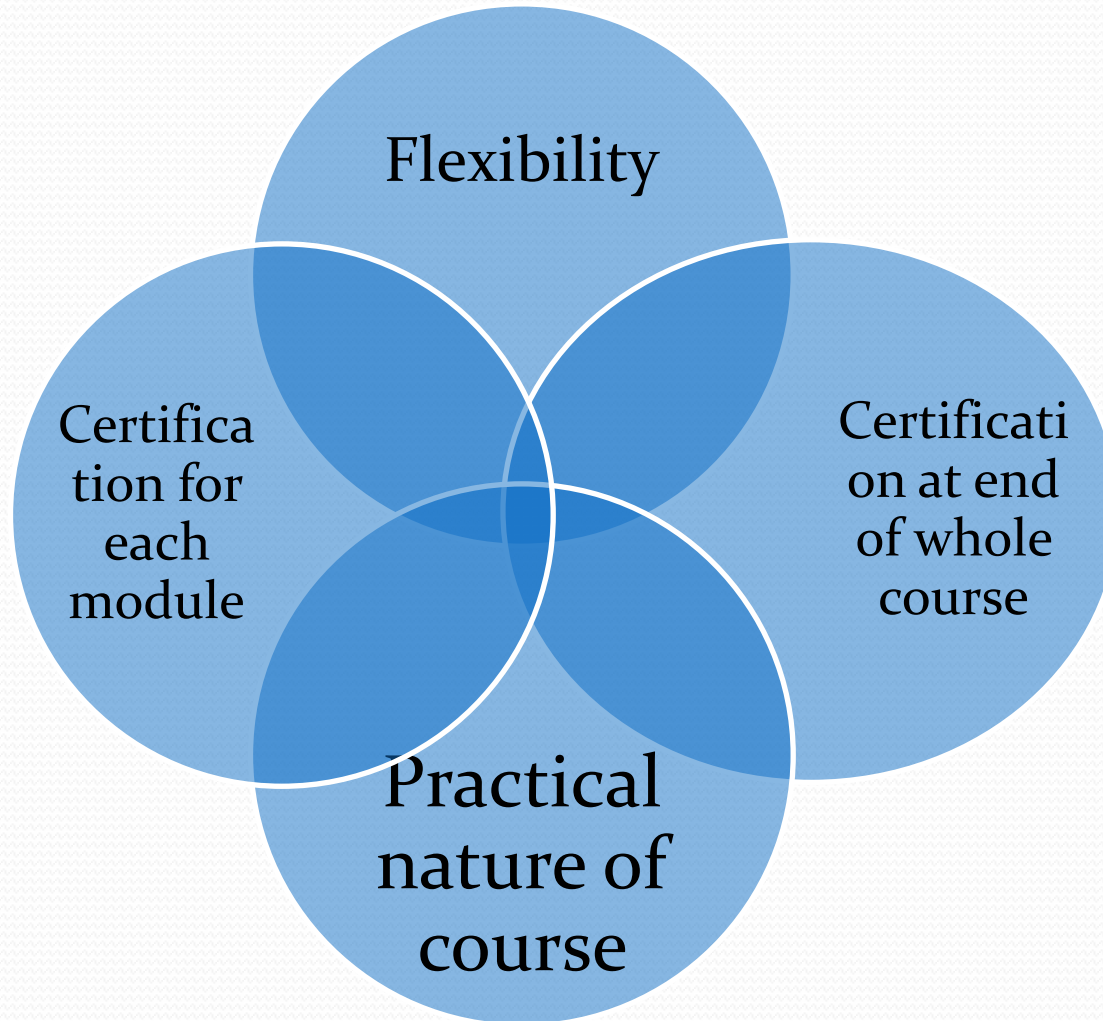
WHATSAPP

EMAIL

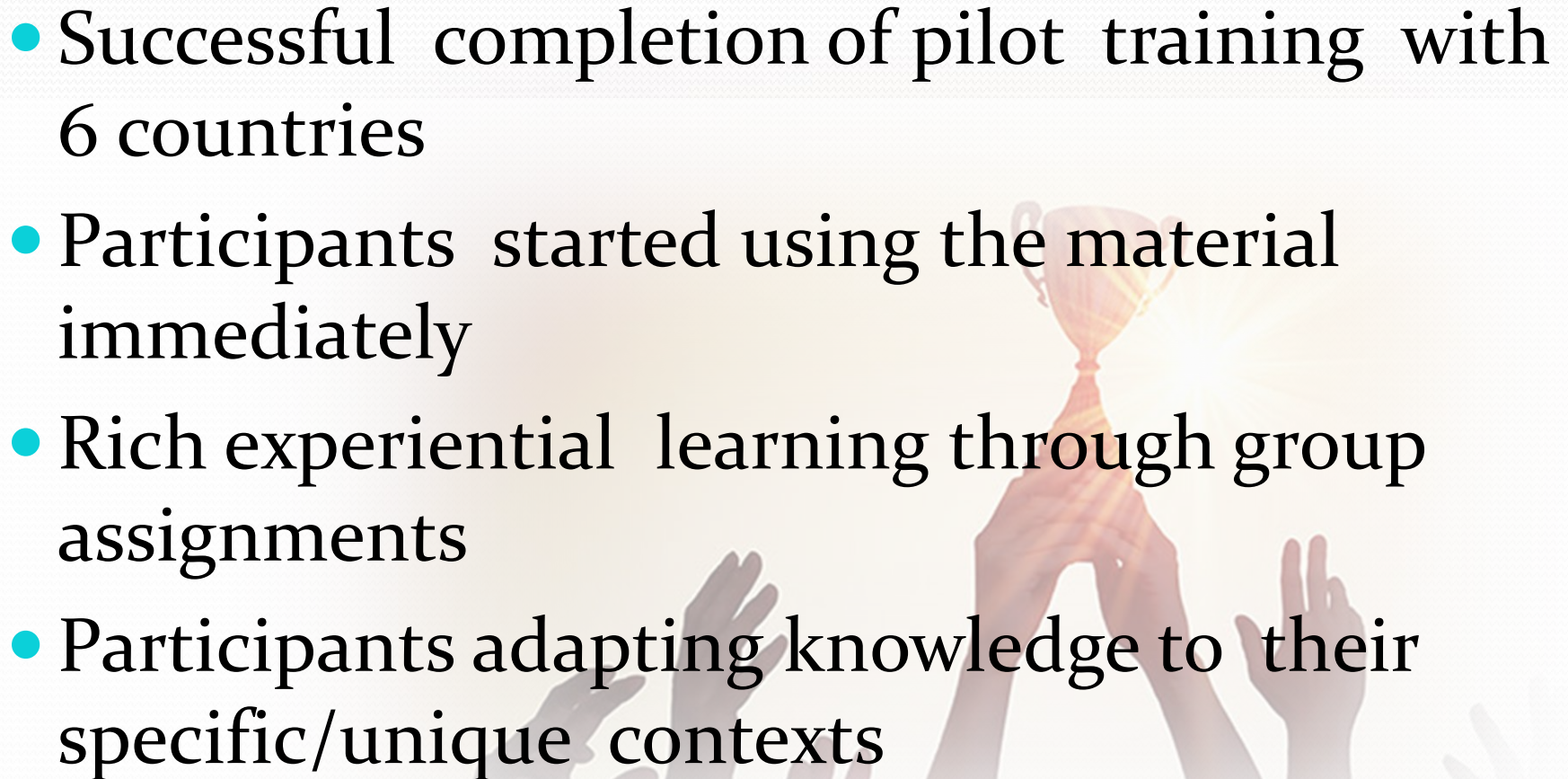
Course Hours and Delivery

- One Session of 2 Hours Per Week
- Usually in the evenings to accommodate participants' work schedules
- Initially Anticipated 53 Hours / 27 Weeks
- Stretched for 70 hours/35 weeks

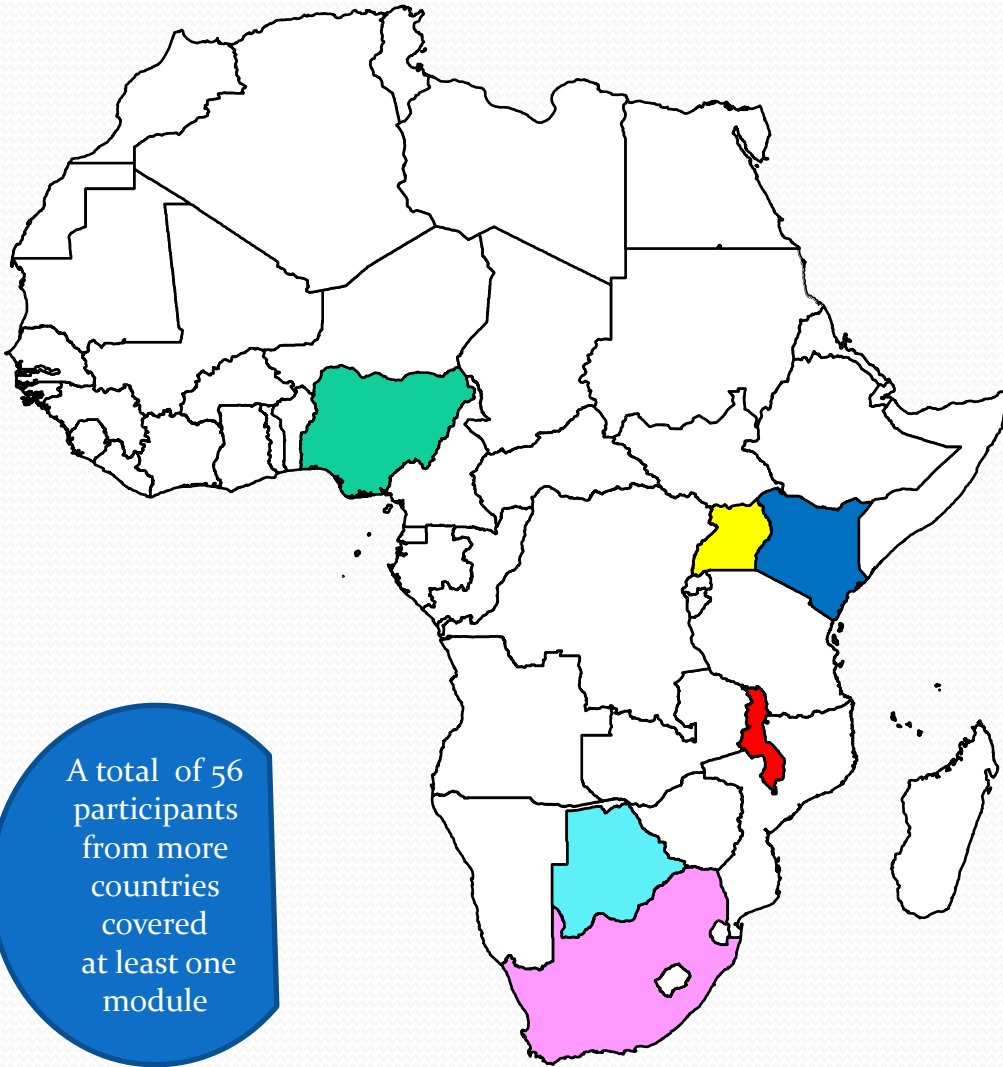
Attraction to participants



Achievements of the region

- Successful completion of pilot training with 6 countries
 - Participants started using the material immediately
 - Rich experiential learning through group assignments
 - Participants adapting knowledge to their specific/unique contexts
- 

Countries reached through pilot



*12 participants
from*

*6 countries
successfully
completed pilot*

A total of 56
participants from more
countries
covered
at least one
module

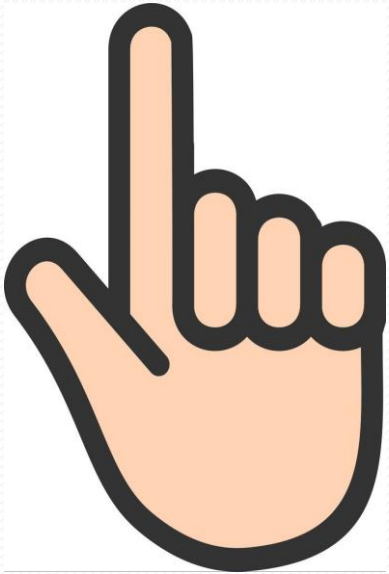
South Africa,
Botswana, Malawi,
Kenya, Uganda,
Nigeria

Challenges of online pilot training

- *Length of course*
- *Busy university faculty*
- *Drop out due to long period of course*
- *Completion of group assignments in virtual space*



Lessons learned from the pilot training



- *Need to cluster modules and do intensive work with breaks in between clusters as in UTC*
- *Have more sessions in a week to fast track completion*
- *Consider physical trainings*
- *Value of collaborative learning*
- *Value of group presentations and feedback*

Way forward- with course

- Review modules based on pilot experience and feedback
- Roll out course to interested participants in Africa and beyond
- Evaluate impact of the course
 - Immediate
 - Long-term on development or review of academic programs

Way forward-general

- Scale up capacity building of faculty to develop evidenced based DDR programs
- Supporting rolling out of such programs
- Increased sensitization for universities/countries to invest in DDR related programs



Acknowledgement

ICUDDR

Africa
coordinating
team

African
Union

INL

Regional
leaders

Individual
countries/
participants

ISSUP

Colombo
Plan-DAP



Together we can achieve more

THANK YOU

Dr. Beatrice Kathungu

*ICUDDR Africa coordinator/Faculty, Dept. of Psychology,
Kenyatta University*

bkathungu@gmail.com/kathungu.beatrice@ku.ac.ke