Addiction Curriculum in Nigerian Higher Education System – Contextualizing Western-based methods and approaches responsiveness and effectiveness

By

Martin O. Agwogie, PhD, ICAP 11
Founder/Executive Director, GISA &
Asst. Coordinator ICUDDR in Africa

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Country Profile

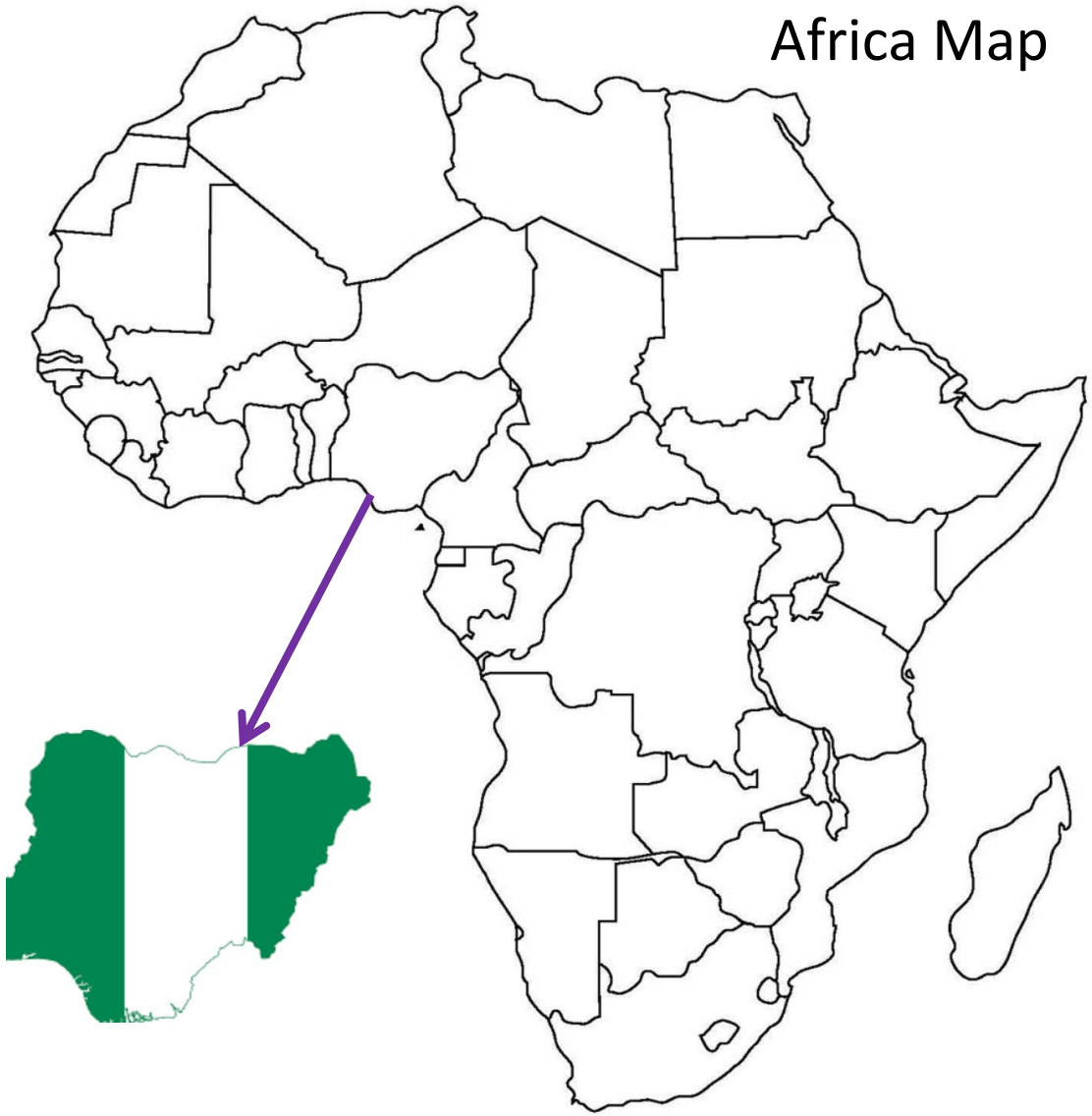
- Most populous country in Africa and 7th in the world

- Approximately 215 million people

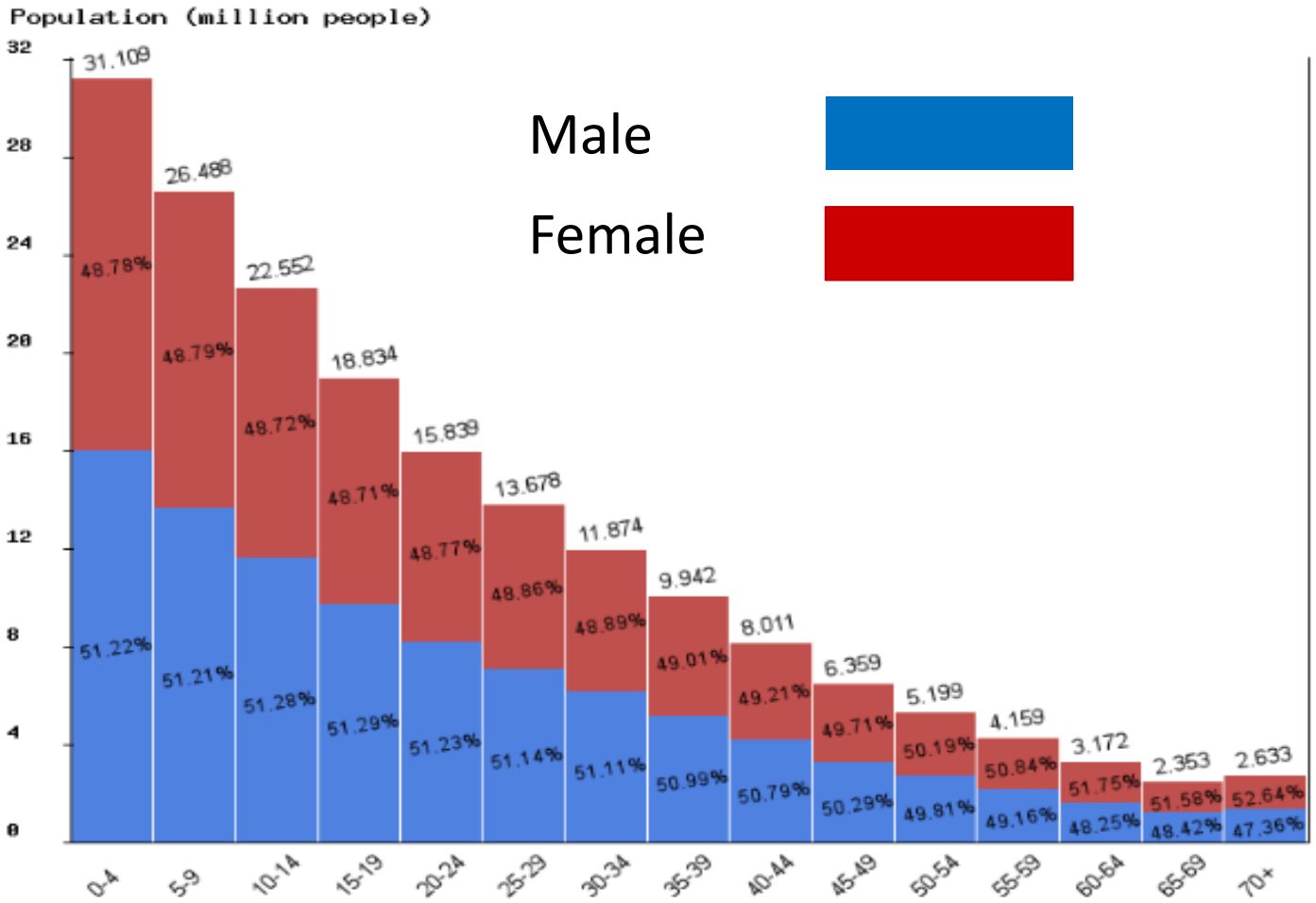
- Level of Development: Middle Income Country

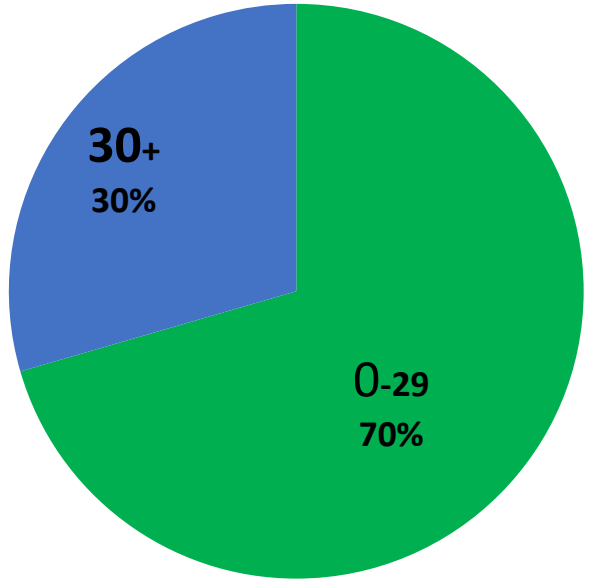
- 63% of the population live below the poverty line

- 23.1% rate of unemployment



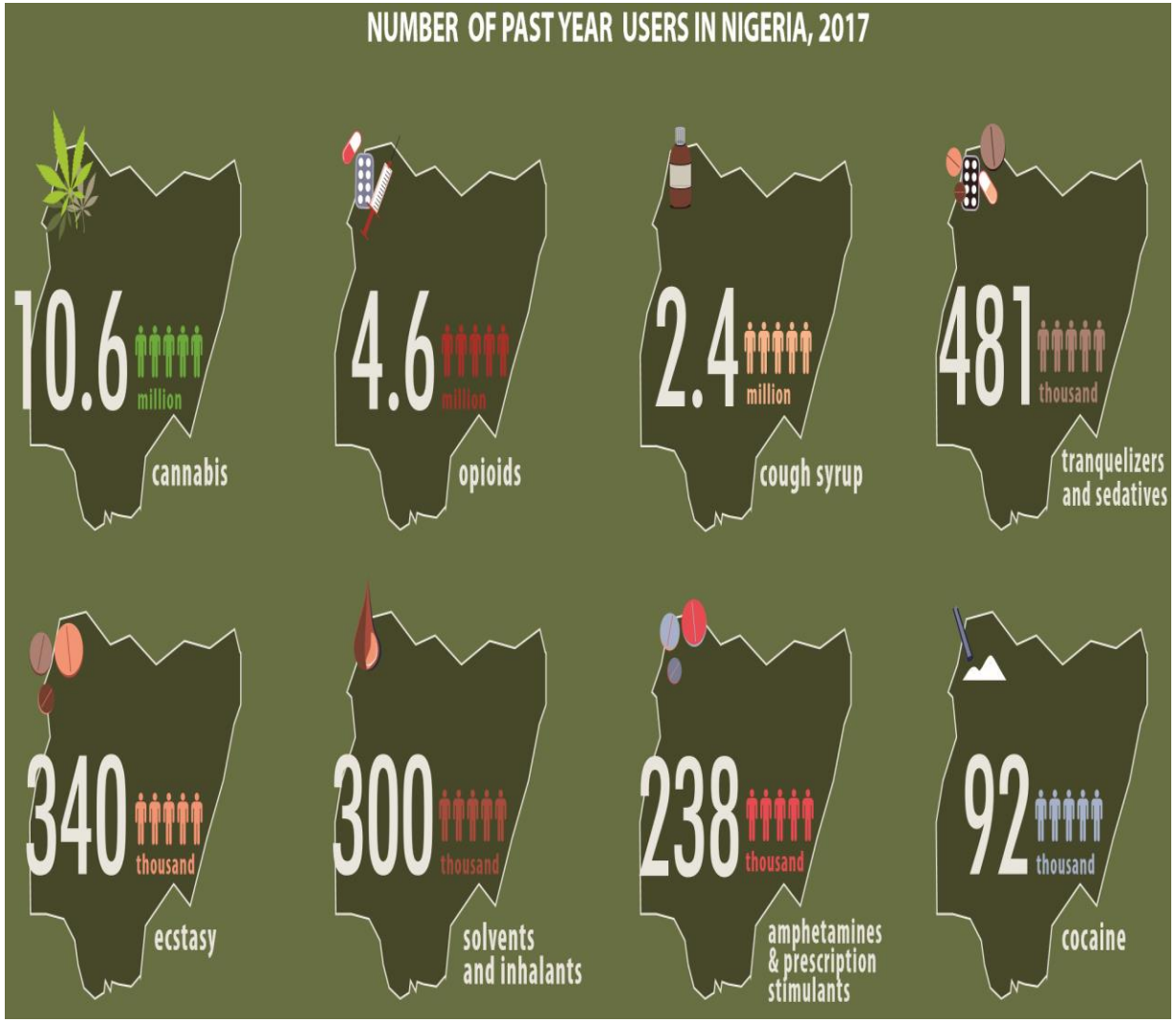
Population Distribution





One of the countries with the largest youth and children population in the world

Burden of Drug Use -1



- Past year drug use prevalence 14.4% (about 14.3 million people) age 15-64 years old
- Almost 3 times global prevalence
- About 20% have substance use disorders, higher than the global average by 11%.
- 25-39 years old have the highest concentration of persons who use drugs

Burden of Drug Use - 2

- Poly-drug use is the norm
- Women account for 25% of persons who use drugs
- Persons who use drugs in Nigeria spend 168% of their weekly pay on drugs
- 60% of students never exposed to substance use prevention interventions
- 73% of teachers do not teach topics related to substance use prevention
- Negligible number of educational institutions with programmes on addiction topics
- Drug use, including unconventional, use is of a public health concern
- According to recent literature, problematic drug use has been linked to health, social and security issues in Nigeria.
- Access to treatment is low compared to need.

Reasons for low treatment rate

- Limited size of addiction care workforce and expertise for substance use assessment and treatment – complicated by brain drain
- Health and social welfare training programmes often do not include specialized training in substance use disorders (SUD), lack of certified courses in addiction and credentialing process

Addressing the Workforce Gaps

- One of the ways to address this nationwide systemic concern is by:
  - building health workforce and strengthening the human resources available via the development of range menu of courses for competency-based multidisciplinary roles in addiction science.
  - contextualizing Western-based models of pedagogy in order to develop addiction study curriculum that is sensitive and responsive to local and national needs.
- It is against this background and rationale that this presentation highlights a co-produced blueprint curriculum for addiction studies in Nigerian higher education system.

Responses to the need for workforce improvement prior to ICUDDR initiatives in Nigeria

- ISSUP, Colombo Plan and other strategies – curricula for prevention, treatment, and recovery delivered by government institutions and NGOs.
- Those who attempted to overcome the gaps in knowledge and skills in addiction attended occasional and unsystematic training events and courses arranged by some organizations.
- No university programmes on addiction studies. Except for selected topics in some social sciences and medicine courses.
- Lack of guidelines on core competencies; reliance on several internationally accredited curricula that lacks contextualization
- Some of these interventions are at early stages with limited evaluation

Development of the University Curriculum

- The increased membership and interest of drug demand reduction practitioners in ISSUP and ICUDDR have further exposed practitioners to international knowledge on evidence-based service delivery.
- This has increased universities involvement in the development of academic programmes in addiction studies.
- Prior to the introduction of ICUDDR to Nigeria in 2018, no academic programme, from certificate/diploma to postgraduate degrees, focusing on drug issues were offered in any university in Nigeria.
- Today post-graduate programmes in addiction studies have been introduced in two Nigerian Universities, Niger Delta University and Nnamdi Azikiwe University.

Curriculum Development -1

- Central to workforce development is the development and implementation of a substance use curriculum.
- Curricula for a multi-professional course in addiction were reviewed.
- The process included a desk review of multi-professional addiction studies course development in the education system. This includes:
  - The Universal Prevention Curriculum (UPC) and
  - Universal Treatment Curriculum (UTC).
- In-depth interviews and focus group discussions were conducted with Nigerian stakeholders in the addiction treatment field.

Curriculum Development - 2

- The joint exercise raised awareness about the need to contextualize Western inputs into local realities and establish a theory-driven process for identifying barriers and opportunities that might arise in developing a Nigerian addiction studies curriculum.
- Provided an overview of the relationships and collaborative work amongst partnering institutions.
- The curriculum was developed through evidence-based interdisciplinary efforts that involved the ICUDDR in accordance with the Bologna Declaration.

Curriculum Development - 3

Curriculum models reviewed includes:

- the subject-based (Morrison, 1940)
- objective-based (Tyler, 1949)
- expressive (Schmidt, 1993)
- problem-based (Barrows, 1986), and
- the humanistic-educative approach (McNeil, 2009).

After evaluating these models, weighing the merits and demerits of each, non was wholly selected.

Curriculum Development - 4

- The six major areas covered in the World Health Organization (2010) health systems building block were also reviewed. This includes:
  - health service delivery
  - health workforce
  - health information systems
  - access to essential medicines
  - health systems financing, and
  - leadership and governance.
- Although all these areas are critically important, in developing the curriculum, efforts were on building the health workforce and strengthening the human resources required to combat problem drug use in Nigeria.

Curriculum Development - 5

- Human resources building involves:
  - developing capacity for evidence-based substance use legislation and policies
  - pre-service training curriculum
  - in-service training with locally contextualized tools
  - continuing in-service training and mentorship
  - capacity building for monitoring and evaluation, and
  - linkages with international partners.

Curriculum Development – Priorities - 1

- The overall goal is to develop competency-based roles with continuing education and transitioning to addiction specialist roles.
- To develop a multi-professional course that would lead to a widely accepted national certification in substance use prevention and treatment appropriate for professions with regulatory bodies through collaboration.
- Study programmes that will undoubtedly have an immense impact on the professionalization of the Nigerian addiction field.
- A coordinated response to the drug menace in Nigeria is needed.

Curriculum Development – Priorities - 2

- Study programmes that will encompass the comprehensive infrastructure of the addiction study field.
- Have structural mechanisms to support university education in addictions, such as:
  - specialized journals
  - research centers
  - professional societies
  - training
  - education programmes
  - institutions

Curriculum Development - Team

- In developing such a broad curriculum, a team of Nigerian addiction specialists mainly from universities in 4 out of the 6 geo-political zones in Nigeria formulated the aims and learning outcomes of a competency-based curriculum based on Beattie's curriculum model (Beattie, 1977).
- The team used concept mapping to identify the key educational programme concepts required to meet the course aims and learning outcomes.
- Team discussed the benefits of professional development using Clark and Hollingsworth's Interconnected Model of Professional Growth (IMPG; Clarke & Hollingsworth, 2002

Curriculum Development – Beattie's model

- The Beattie's model was selected based on the humanistic-educative approach in curriculum building.
- This approach creates an environment that promotes:
  - reflective learning
  - critical thinking
  - creativity
  - interpersonal relationships, and
  - attitude change through process learning.

Curriculum Development – Beattie's model

- In addition, Beattie's model encourages interaction processes around the curriculum content rather than upon the content itself.
- This interaction facilitates multidisciplinary collaboration.
- Beattie's model provides a holistic framework and culturally sensitive care that is well suited to developing substance use education.
- It constructs a curriculum around essential knowledge and encourages learners to explore worthwhile educational areas in substance use and the processes in working with other disciplines, persons who use drugs, their families and friends.

Key Steps in Beattie's model

- Key Steps
  - drawing up a map of key subjects
  - compiling a schedule of basic skills needed
  - assembling a portfolio of meaningful experiences to guide learning, and
  - constructing an agenda of important cultural issues.
- To map the key subjects, focus group discussions and in-depth interviews were conducted with participants chosen through key stakeholder analysis across Nigeria.
- WhatsApp, Skype, etc. were used to convene the stakeholders and review curricula

Curriculum Development –Cultural Considerations

- Also considered were pilot of existing programmes and institutional partnerships. This includes the UPC and UTC to identify cultural gaps to expect when incorporating them in our new curriculum (Agwogie & Bryant 2021; Ayu et al., 2017).
- The aim was to identify cultural gaps to expect when incorporating them in the new curriculum
- This step highlighted a promise of improving curricular quality and adoption rates.
- Thus, the innovation fora dispersed information and current knowledge to participants and recommended modules that would address Nigeria’s substance use problems and other shortcomings in existing courses while consolidating, to a degree, the UPC and UTC curricula.

Deliberation on Cultural Issues

- This approach to the curriculum focus on social, political, and ethical issues.
- It is based on the view that profound, long term disagreements exist around the topic of health.
- Divergent views reflect deeper value conflicts and political dilemmas, and these should be placed at the center of the curriculum for the professional education across existing professions.

Skills Needed

• The training in substance use prevention and management should enlist a sound knowledge of:

- Pharmacology
- Epidemiology
- Medicine
- Public health
- Health education and prevention
- Health psychology
- Social policy and context
- Treatment issues, and
- Legal aspects.

Skills Needed

- Essentially, the curriculum considered the biopsychosocial view of human functioning and consist of courses that focuses on:
  - behaviour
  - Practice
  - Policy
  - seminar, and
  - participatory research

Level of Academic Programmes -1

- Levels of academic programmes include basic, intermediate and advance level courses.
- Basic level courses include:
  - physiology and pharmacology of drugs
  - the continuum of care
  - co-occurring disorders
  - screening, intake, assessment, and treatment planning
  - case management
  - crisis intervention
  - ethics
  - the science of prevention, and theories of prevention
  - prevention methodology, and
  - interventions in prevention.

Level of Academic Programmes - 2

- Master’s and PhD level courses consists of:
  - pharmacology and substance use disorders
  - managing medication-assisted treatment programmes
  - working with families
  - special population groups
  - theories of counseling
  - trauma informed care
  - recovery management, continuing care, and wellness
  - applied prevention methodology, and
  - applied interventions in prevention

Skills and Competences at each level

- At the diploma level, consolidates on the health care professionals' generic skills including counselling skills.
- At the master's and PhD levels, skills will consist of enhancing motivational interviewing, cognitive behavioural therapy, contingency management, skills for screening cooccurring disorders, clinical supervision for SUD professionals, intermediate clinical skills and crisis management, case management skills and practices, and enhancing group facilitation skills.

Competency Based

- Identified sets of clearly articulated competencies serves as a road map for the learner's destination and, most importantly, what learners will be able to do once they get there.
- At each level of the diploma, masters, and PhD, the core competencies will be graded and in scaffolds.
- This includes:
  - analytic assessments
  - basic public health skills in SUD
  - cultural competency skills
  - community dimensions of practice skills
  - management skills, and
  - policy development skills.
- Students will need to achieve competencies in each domain at one of the three levels: awareness, knowledge, and proficiency

At Different Levels

- The awareness level is a basic level of mastery of the competency. The learner can identify the concept or skill but may have limited ability to perform the skill.
- The awareness level will fit into the stepped care approach in the WHO optimal mix of services (WHO, 2010).
- At the knowledge level, the learner has an intermediate level of mastery of the competency. Here, the learner can apply and describe the skills in prevention and treatment.
- At the proficiency level, the learner can synthesize, critique, or teach the skill.
- Thus, the curriculum for the diploma, masters, and Ph.D. aligns with a continuum of competencies at three levels of health practice: the generalist role (diploma level), specialist/manager role (master's level), and consultant role (PhD.)

Duration of Programmes

- First, the basic level (diploma) will require two semesters full time or 1,500 hours of supervised work with 120 contact hours of education.
- The master's (clinical) level will require two years of full-time or 3,000 hours of supervised work with 240 contact hours of education.
- The PhD will require four years of full-time or 6,400 hours of supervised work with 400 contact hours of education.

Sensitive to peculiarities

- It was resolved that the curriculum should be consistent with and supportive of the curriculum for health care professionals such as nursing, pharmacy, and social work etc.
- The curriculum will be sensitive to the systems theory upon which different disciplines are based.
- Thus, it will underscore the interrelationships and interactions between a variety of systems, including individuals, families, groups, organizations, and communities in terms of primary, secondary, and tertiary prevention.
- The ecological approach, a subset of systems theory, will also be useful since it is more specific to individuals and family systems.
- Thus, all courses are developed through a system or ecological perspective and the adoption of a strengths perspective

Students' Lived Experience in Curriculum Development

- The students lived experience is that the curriculum is organized around the learners':
  - interests
  - experiences, and
  - needs.
- Approach to the curriculum design is based on the belief that adult learners are themselves a rich resource for learning and will learn best when new learning is related to their experiences.
- Recognizing personal experience asserts learners' rights to "autonomy and authentic learning."
- Authentic learning underpins the personal experience as a source of meaningful incidents and encounters and as a starting point for inquiry and reflection.

Evaluation

- Evaluation systems are important component of curriculum development and should be built into the addiction educational programmes.
- This process should not only assess the learning and teaching activities but also the course impact on professional competence.
- The context, inputs, processes, and products (CIPP) model, were recognized as worthwhile.

Curriculum Development Models -1

- The curriculum development methods are comparable to the works of Henriques and his colleagues in 2019.
- It is noteworthy that the context-responsive approach was key in developing their curricula.
- Similarly, in Nigeria, we considered the importance and relevance of factors such as cultural orientations, local needs, and proficiency in developing blueprints for different levels of in-training and in-service professionals.
- Similarly, the curriculum focuses on learning outcomes as in the perspectives of Charvat et al. (2012).
- There was no need to re-invent the wheel.

Curriculum Development Models - 2

- Within this perspective, considering a continuum of three levels of higher education of addiction studies (i.e., diploma, master's, and doctorate levels) provides the key to building the requisite trust for successful learning mobility, cross-boundary academic cooperation, and forum for international dialogue.
- In other words, envisioned was a continuum of service provision accessible to a broad range of stakeholders that will stimulate the expansion of a competent addiction workforce in Nigeria.

Partway to Addiction Professionalization

- In regard to professional specialization, the curriculum was developed to allow for addiction specialization in Nigeria within the existing addiction care professions (for example, doctors, psychologists, social workers, and counselors) or within the training of addiction specialists as independent professionals.
- Both pathways are not mutually exclusive because the different professions currently involved in the addiction field in Nigeria will remain relevant after addictology’s ascent as a profession.

Employment Opportunities

- For curriculum for university-based addiction programmes to realize its potential and impact on addiction workforce development, employment opportunities must be available, allowing addiction professionals from such programmes to work independently in the clinical setting according to their level of competencies.
- The addiction science graduates from such programmes do not represent competition for any of the existing professions, since it is difficult for it to replace any of the other existing professions.
- Settings and organisations for employment opportunities for addiction professionals exists in Nigeria, ranging from government to private institutions.

Bridges to Cross

- As important as the development of the addiction curriculum is, there are still some bridges to cross. This includes:
- support and buy-ins from academic and government institutions
- issues related to regulatory and accreditation bodies
- investment in the training by government bodies,
- collaborative relationships across agencies
- the capacity for supervision
- differences in practice in work settings and training environment, and
- funding

Conclusion

- The fact that addiction science has not been developed as a university programme in Nigeria before now reflects the low estimation of addiction science as a strategy for addressing the burden of drug use in the country.
- It is a milestone that a blueprint curriculum for addiction studies in the higher education system in Nigeria has been developed through evidence-based interdisciplinary efforts that involved ICUDDR in accordance with the Bologna declaration.
- The description of the development of an interdependent appropriate curriculum for diploma, master's, and PhD courses in Nigeria may be of interest to universities in other locations that want to establish a nationwide approach to addiction education and training

Thank You

Martin O. Agwogie, PhD
agwomart@yahoo.com
+2348023265398

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References

- Agwogie, M. O. et al. (2021). Implementing and evaluating the UPC to promote capacity building among drug demand reduction practitioners in Nigeria: Lessons learned and future directions. Adiktologie, 21 (4), 219–228.
- Ayu, A. P. et al. (2017). Core addiction medicine competencies for doctors: An international consultation on training. Substance Abuse, 38 (4), 483–487.
- Beattie A. (1977). Making a curriculum work. In P. Allen & M. Jolley (Eds.), The curriculum in nursing education (pp. 55–71).
- Lososova, A., (2020). Overview of university-based academic programs in addiction studies in Africa. Journal of Substance Use, 26 (1), 102–106.
- Miovský, M. et al. (2016). The Prague comprehensive model of academic addictology (addiction science) education. Adiktologie, 16 (1), 36–49.
- Pavlovská, A. et al. (2017). Overview of the European university-based study programmes in the addictions field. Drugs: Education, Prevention and Policy, 24 (6), 485–491.
- World Health Organization. (2010). Monitoring the building blocks of health systems: A handbook of indicators and their measurement strategies. WHO Document Production Services. https://www.who.int/healthinfo/systems/WHO_MBHSS_2010_fullweb.pdf?ua=1