



THE COLOMBO PLAN RECENT INITIATIVES



FOREWORD



This publication offers a comprehensive overview of The Colombo Plan's ongoing projects and illustrates the work currently in progress. The diverse initiatives and their impact, reflect our steadfast commitment to addressing global challenges and fostering sustainable development across the Asia-Pacific region.

The publication offers detailed insights into our current initiatives, each aimed at enhancing regional cooperation and delivering tangible, measurable outcomes. It also serves to increase the visibility of our work and its reach among partners and stakeholders.

We believe that collaboration and engagement are essential to driving meaningful change. If you are interested in learning more about our work or wish to contribute to any of our initiatives, please do not hesitate to get in touch.

Dr Benjamin P Reyes
Secretary-General

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THE COLOMBO PLAN

Initially conceptualised by Commonwealth countries during the Foreign Ministers Conference held in Colombo in 1950, The Colombo Plan follows a partnership concept of self-help and mutual-help for socio-economic development of member countries. It was deemed necessary to restore economic and development opportunities for countries in the Asia-Pacific region that were devastated by World War II. The Colombo Plan which was later founded by six Commonwealth countries in 195.

Back then two funding mechanisms were adopted to execute support to the Asia-Pacific countries. First is the provision of capital aid in the form of grants and loans for national development which funded projects in agriculture, power, irrigation, industries, education, transportation, communication and health care sectors. Through this mechanism, establishment of road networks, airports, railways, hospitals, farm equipment and others were accelerated in member countries.

Provision of technical support in the form of capacity-building, research and co-operation between technical service experts in the above-mentioned sectors, was the second mechanism. Trainings and south-south exchanges of expertise and new information helped fast-track development of The Colombo Plan member countries.

From the 1950s to 1980s, The Colombo Plan was managing project portfolios of over US\$50B-US\$70B. Currently, The Colombo Plan is limited to technical cooperation initiatives and have significantly reduced capital aid mechanisms. The Colombo Plan has an expanded membership of 28 countries, including non-Commonwealth countries, and are currently implementing capacity-building programmes in over 80 countries. The Colombo Plan maintains focal agencies from the 28 member countries, usually from the enforcement and health sector. *(For a brief historical timeline of The Colombo Plan priorities, please see Annex A)*

Currently, The Colombo Plan main office houses 35 employees (Technical and

Administrative) but it also maintains an office in Afghanistan and manages around ten country projects (Guatemala, Colombia, Indonesia, Kazakhstan, Liberia, Mexico, Myanmar, Nepal, Philippines and Sri Lanka). Additionally, we have around 30 technical staff all-over the world managing programmes and supervising capacity-building activities.

Current Priority Programmes of The Colombo Plan



DRUG ADVISORY PROGRAMME

In 1972, The Drug Advisory Programme (DAP) was conceptualised to address the growing global concern on opiate and cannabis abuse. DAP focused on enhancing anti-narcotics enforcement capabilities as well as, the development of human resources on drug prevention and treatment. DAP is The Colombo Plan's flagship programme.

DAP recognizes equality of all people and the rights of all nations to move together towards achieving development with the end goal of achieving more access to comprehensive, evidence-based and gender responsive services for prevention, control and treatment of substance use disorder concerns.

A. Supply Reduction Initiatives

The Colombo Plan has been working with enforcement agencies worldwide to get valuable insights on drug trends and strategies. Every year, these focal agencies meet and discuss issues through the National Secretariats Meeting (NSM) hosted by member countries. The NSM was held in Manila last year, and this year, in Bhutan.

The event highlights include, sharing of valuable information on major drug syndicates, emerging psychoactive substances and innovative interdiction, profiling and detection.

Sentinel Program: Upgrading Capabilities of Forensic Drug Testing Labs to Accurately Identify Synthetics, Unknown Substances, and Complex Drug Mixtures to Better Understand Drug Epidemics and Inform Public Health/Safety Initiatives

The Colombo Plan trainers provide forensic drug testing labs with peer reviewed and internationally recognised advanced methods using chromatography mass spectrometry techniques to better detect emerging synthetics, unknown substances, complex drug mixtures (eg. 20 compounds in same drug sample), trace elements of a drug, and dangerous drug adulterant combinations, with provision of state-of-the-art drug testing instruments (eg. LCMSMS) as necessary, professional reference standards, and follow-up technical assistance.

Objectives/Programme Activities:

- Conduct a six-week training in the U.S. for existing forensic drug testing lab officials on advanced drug detection techniques to identify previously unknown substances, emerging and existing synthetic drugs, separation of complex drug mixtures (i.e., all compounds in a single drug or toxicology sample), quantify the amounts of the substances to determine their purity and potency for potential harms, and issuance of targeted public health/early warning alerts.
- Provide each participating lab with a gold standard drug testing instrument (e.g., LCMSMS) as necessary for use in their home country lab and required professional reference standards.
- Conduct one-week follow-up technical assistance visits to each participating country

[NOTE: These techniques can be applied to either seized drug materials or toxicology samples (blood, urine, tissue, etc.). Participants are trained with hundreds of actual drug and toxicology samples representing every conceivable drug combination: complex mixtures of legacy drugs; synthetic drugs; toxic adulterants; etc.]

Participants trained on advanced, innovative LCQTOF, LCMSMS, and GC/MS instruments and techniques.

Major Goal: Identify emerging substances that cause overdose and chronic health problems in real time as soon as they appear in the local drug supply to better prevent overdose and toxic health outbreaks, as opposed to retrospectively reporting causes months or years after they appear.

Accomplishments:

- Identified the underlying factors driving the U.S. overdose epidemic (acknowledged in Surgeon General’s Public Health Reports) .
- Identified reasons for increased Covid rates among substance users in key cities.
- Identified factors that hindered or required more doses of naloxone to reverse overdose.
- Identified emerging adulterants and complex drug mixtures that caused chronic health problems worldwide (e.g., United States, Brazil, Argentina, Ecuador, South Africa, Honduras, etc.).
- Identified emerging veterinary products that could replace or rival xylazine.
- Developed first portable GC/MS for detecting complex drug mixtures.
- Developed first urine test kits for select toxic adulterants.
- Identified the emerging global trend of liquid fentanyl.

Global Level Outcomes:

- An enhanced network of forensic drug testing facilities that can more efficiently detect synthetic drugs, complex drug mixtures, and unknown substances.
- More accurate and timely reporting of emerging lethal synthetics due to an increase in the number of countries now able to detect unknown substances.

National Level Outcomes:

- Forensic labs improve detection of synthetic drugs, unknown substances, and complex drug mixtures by 50% as a result of training and technical assistance.
- Improved early warning and public health alerts (national, regional, and global) as a result of more accurate drug detection in seized drug and toxicological samples.
- A better understanding of factors driving national drug epidemics, overdose, and related chronic health problems.

Current Participating Countries:

Over 30 countries in Asia, Latin America and Africa, in addition to the United Kingdom

The project issued eight health alerts on emerging new substances and adulterants being used by the drug syndicates in 2023. As of March 2024, the project issued three alerts. (*Annex C provides sample alerts issued recently*)

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Implementing Organizations:

Center for Forensic Science Research and Education (CFSRE) and The Colombo Plan Drug Advisory Programme (DAP)

B. Demand Reduction Initiatives

Similar with the enforcement agencies (under Supply Reduction) The Colombo Plan has been engaging public health and education agencies worldwide to discuss latest approaches on substance disorder prevention and treatment. In the annual National Secretariats Meeting of Focal Drug Agencies, a prevention and a treatment sub-grouping is convened to discuss existing gaps, share latest models and determine future priorities.



The Universal Treatment Curriculum

(please Annex D-DAP Curricula Booklet)

The Universal Treatment Curriculum (UTC)

is designed for service providers who manage persons who use and abuse drugs. It consists of several courses and modules that empower care providers to be more proficient in their work, updating them with the latest evidence-based information, policies and models of interventions. UTC, with the companion Universal Prevention Curriculum (UPC), is currently being implemented in more than 80 countries worldwide. Completion of these modules allows the practitioner to take the credentialing examinations which enables the service provider to be professionally recognised as addiction practitioners internationally.

A) **Basic UTC-** has been designed to ensure that addiction practitioners appreciate a balanced substance use disorder interventions based on evidence-based principles. The 8 basic module courses currently available, were designed to enhance knowledge, skills and competencies of addiction service providers and promote evidence-based practices. The course acknowledges the fact that addiction is a health concern and must be managed with existing co-occurring morbidities, without prejudice to the dignity and rights of the patients.

B) **Advanced Level-** consist of 14 module courses developed to provide a more comprehensive and theoretical foundation for the clinical management of substance use disorder syndromes. These modules expand competencies and allows continuing education for service providers to assure quality of care and services provided to patients. The courses also give service providers in-depth knowledge on clinical processes, tools and approaches for better and efficient patient management.

C) **Specialty Courses-** allows for better understanding and management of

addiction intervention and management options for special populations and various settings

1. **CHILD Curriculum-** emphasizes the importance of age appropriate tools, intervention and methodologies for children/minors suffering from substance use disorders. The six module course focuses on capacitating care providers on the broad range of expertise necessary for the successful management of under-age patients from diverse social backgrounds.
2. **WISE Curriculum-** created to expand and improve understanding on the unique treatment needs and management of women with substance use disorders. The four module course focuses on the huge difference and service needs between genders. The course aims to capacitate addiction service providers with tools, strategies and treatment for women with substance use disorders for optimal outcomes and sustained recovery.
3. **SOGI Curriculum-** similar to the WISE programme, this curriculum addresses the distinct treatment needs of the lesbian, gay, bisexual, transgender and queer (LGBTQ) populations. Health service providers will be capacitated to consider inclusive package of services for population with diverse sexual orientation and gender identity (SOGI) suffering from substance use disorders. The curriculum currently consists of a single 26 hours-module.
4. **Rural Curriculum-** the three module course enables service providers to empower communities by providing grassroots society with better appreciation of treatment interventions, encouraging community participation. It also enables community workers to develop out-reach services to reduce risk of substance use and abuse and improve health seeking behavior and health outcomes in far-flung areas.

5. **ATI-** Alternatives to Incarceration is a 13 hour-module designed for the criminal justice practitioners. The aim is to improve understanding and competencies of the policy-makers, justice system implementors and jail management system service providers on the importance effective interventions that helps reduce criminal behavior recidivism, secondary to substance use and abuse. The training encourages stakeholders of the justice system to enhance and develop more effective and appropriate interventions in lieu of existing incarceration models.

- D) **Universal Recovery Curriculum-** designed for recovery support professionals, this two module course aims to emphasize the importance of continuing support provision after primary treatment. The course also accommodates recovering-substance use disorder patients and capacitate them to identify risky behaviors for relapse prevention. It also empowers service providers and recovering patients to link and identify recovery support networks which are essential for sustained drug-free lifestyle and recovery.



The Universal Prevention Curriculum

(please see Annex D-DAP Curricula Booklet)

The Universal Prevention Curriculum was developed to address the need to improve implementation of evidence-based prevention practices and increase the pool of competent professionals in the education and prevention field. It aims to complement the UTC for substance use disorders focusing on the role of educators, supervisors in governments, programme managers and community-based organisations.

- A) **UPC Managers and Supervisor Series-** has been designed for prevention managers and supervisors who oversee implementation of prevention interventions and policies. The series is composed of nine modules which provide

an overview of evidence-based prevention options in various settings.

- B) **UPC Practitioner Series-** is focused on providing prevention practitioners with in-depth skills to formulate prevention projects with regards to its content, structure, delivery and monitoring and evaluation of short and long-term outcomes. It consists of a core course followed by seven specialty courses that deals with specific processes like monitoring, evaluation, and prevention delivery systems. It also emphasizes settings-based initiatives in schools, the workplace, family relationships, cultural environment, and media. Each specialty course is composed of several modules.

Summary of recent UTC and UPC (JANUARY – DECEMBER 2023) initiatives

In 2023, The Colombo Plan Drug Advisory Programme (DAP), with the funding support from the International Narcotics and Law Enforcement Affairs (INL) of the US Department of States, and also partly from National Rehabilitation Centre, Abu Dhabi, United Arab Emirates successfully conducted 66 training sessions on the Universal Curricula globally. These training sessions were held through various formats, including virtual, face-to-face, and hybrid settings, at the national, regional, and global levels.

Throughout the year, the programme effectively disseminated 37 UTC trainings, 22 UPC trainings, and 7 URC trainings in 25 countries in Asia and the Pacific, 19 countries in Africa, five countries in the Americas, and one country in Europe. An impressive 2077 individuals benefited from these training sessions, contributing to enhanced knowledge and skills in the field.

Another highlight of the DAP initiatives was the organisation of the National Secretariats Meeting 2023. This regional platform provided The Colombo Plan member states with the opportunity to convene and exchange their national-level contributions and efforts to Drug Demand Reduction (DDR) and supply reduction efforts. This meeting was the first face-to-face regional level meeting organized by the DAP since its last meeting in

Singapore in 2018. This National Secretariat Meeting was held in Manila, Philippines, from 14-16 November 2023, and was conducted and participated by 79 delegates from 22 countries, fostering collaboration and knowledge exchange.

In summary, the Drug Advisory Programme made substantial strides in advancing its mission throughout 2023, contributing significantly to capacity building, global dialogue, and collaborative efforts in the realm of drug demand and supply reduction.

Current Participating Countries:

Over 80 countries in Asia-Pacific, Latin America and Africa

Rural-Based Treatment and Outreach and Drop-In Center

The Rural-Based Treatment and Outreach and Drop-In Center (ODIC) is a project implemented in 2016-2022 in the Philippines and in Indonesia. The Project aimed to establish out-patient intervention centers for patients suffering from Mild to Moderate Substance Use Disorders. It was funded through the support of the Japan Ministry of Foreign Affairs and the US State Department. It capitalizes on engaging with existing government and non-government networks involved in the field of substance use and abuse prevention and treatment work in both respective countries. The project provided capacity-building activities to improve both the technical management of addiction on an out-patient basis, develop referral networks, as well as, empower these organisations to administratively manage and operate the centers efficiently.

In the Philippines, five ODICs were established in three provinces and were able to provide services to 6,909 primary beneficiaries and 1,657 secondary beneficiaries. At the same time, the three Rural Based Treatment (RBT) initiatives provided and organized a 21-day semi-residential services which have helped 1,100 rural residents suffering from mild to moderate substance use disorders. Despite the project ending in 2022, these facilities continue to exist today.

Three organisations engaged Indonesia to provide the same direct and referral services. More than 600 Indonesian patients benefitted from the initiative.

Operations of Treatment and Rehabilitation Centers in Afghanistan

The Colombo Plan has assisted the U.S. government with its foreign assistance to Afghanistan beginning in 2003, when The Colombo Plan organised a strategic planning meeting of leading Afghan mullahs, tribal elders, and village leaders in Malaysia on behalf of U.S. Secretary of State Colin Powell. In 2007, The Colombo Plan developed Afghanistan's national drug treatment delivery system jointly with the former government of Afghanistan and the US State Department through the Bureau of International Narcotics and Law Enforcement Affairs. By 2012, over 100 treatment centers were created by The Colombo Plan, including the world's first centers for treatment of child substance users ages infancy to eight, including centers for women and adolescents. By 2014, most of these centers were successfully transitioned to the Afghan government. Since the change in the administration in 2021 in Afghanistan, 24 facilities mostly for women and children are currently supported by INL and The Colombo Plan and operated by Afghan NGOs. Around 28,000 patients have benefited from this project. The Colombo Plan is currently the largest facilitator of treatment centers in Afghanistan. The project is set to end in September of 2025.



The International Consortium for Alternatives to Incarceration (ICATI)

Officially launched in March 2024 during the Commission on Narcotic Drugs, 67th session, Vienna, the International Consortium for Alternatives to Incarceration (ICATI) was formed to promote, develop, and expand a global infrastructure to reduce crime and drug use related to persons with substance use disorders who are in contact with the justice system. Its work began in May 2023 as

a project of The Colombo Plan Drug Advisory Programme, and builds upon ATI initiatives implemented by UNODC, OAS/CICAD, The Colombo Plan – Drug Advisory Programme (DAP), and ATI global experts.

Aligned with the UN General Assembly Session (UNGASS) 2016 Outcome Document, Drug Control Conventions, Tokyo Rules, and Bangkok Rules, it aims to enhance collaboration between justice and health sectors, with health professionals and civil society organisations to advocate for drug use disorders as a health concern. As such, substance use disorders can be best addressed through evidence-based prevention, treatment, and recovery rather than imprisonment. By applying accountability and individualised service planning, these initiatives effectively support people (with drug use disorders) in contact with the criminal justice system for non-violent offences, while honoring human rights and supporting rehabilitation and community reintegration. It is hoped that this initiative will result in decreased drug use, decreased crime, increased employment, and efficient programme implementation in the respective communities.

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Implementing Organisations:

The Colombo Plan Drug Advisory Programme (DAP), ICATI, OAS/CICAD, UNODC



Global Coalition to Address the Synthetic Drug Threat

While not a project of The Colombo Plan, the organisation is significantly involved in this initiative. On 7 July 2023, U.S. Secretary of State Antony Blinken hosted a virtual Ministerial-level meeting to launch a Global Coalition to Address Synthetic Drug Threats. The Ministerial meeting aimed to provide the

foundation to combine efforts to prevent the production and trafficking of illicit synthetic drugs, identify emerging drug trends and use patterns, and respond to their public health impacts. There are ongoing activities on this initiative of which Colombo Plan serves as chairs of sub-working groups. In addition, The Colombo Plan has convened meetings in Rome and Washington, D.C. for Coalition working groups, and will help support an international meeting of all Coalition working and sub-working groups in Thessaloniki, Greece in June 2024. We actively encourage every member country of The Colombo Plan to engage and participate.

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Implementing Organisations:

The Colombo Plan Drug Advisory Programme (DAP), International Society of Substance Use Professionals (ISSUP), International Consortium of Universities for Drug Demand Reduction (ICUDDR) and other service providers



Global Recovery Network (GRN)

Overview

This is a network of individuals and organisations with a common mission to promote a universal understanding of recovery and the diversity of ways in which it can be successfully practiced

Global Recovery Network provides a platform for members to build and reinforce recovery capital through the pursuit of lifelong learning, forge and maintain connections to support each other, and advance the understanding and practice of recovery throughout the world

Objectives

To promote and enhance the strengths that recovery brings to the lives of individuals, families and communities.

To achieve this, the GRN will:

- Goal 1.1 Build and sustain a network of recovery peers and allies
- Goal 1.2 Disseminate research findings that highlight the social and economic benefits of recovery
- Goal 1.3 Promote effective storytelling techniques and showcase compelling stories
- Goal 1.4 Promote and standardize training programs to support evidence-based recovery efforts

To enumerate the various barriers to recovery at individual, clinical, community and policy levels and promote evidence-based practices to minimise them.

To achieve this, the GRN will:

- Goal 2.1 Promote the adoption of clinically appropriate, non-stigmatizing language
- Goal 2.2 Articulate the various manifestations of stigma and showcase evidence-based practices to reduce them.
- Goal 2.3 Highlight the additional barriers experienced by marginalized and disenfranchised populations and promote culturally competent, trauma-informed strategies to minimise them
- Goal 2.4 Curate and disseminate relevant resources to improve information sharing, adoption of best practices and highlight emerging practices

To promote system level changes that are needed to optimize access to evidence based care and support and to make recovery a reality for all people.

To achieve this, the GRN will:

- Goal 3.1 Promote balanced policies and comprehensive recovery models that prioritise treating substance use disorders as primarily a health matter
- Goal 3.2 Improve skills to successfully advocate for systems change and adequate resource needs
- Goal 3.3 Provide mutual support including

self-care, training and promote professional development opportunities for the recovery workforce

Goal 3.4 Develop a recovery-informed research agenda in collaboration with academic institutions

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Afghan Women Shelter Facilities

Another initiative funded by the US State Department, the Gender Affairs Programme was established in May 2014 and aims to provide necessary intervention initiatives for women suffering from substance use disorders. Funds were provided for the establishment, operationalisation and capacitating personnel of ten Women Protection Centers in ten provinces, 13 Family Guidance Centers in 13 provinces and one Halfway House Legal Advisory Center

However, because of the changing political and administrative landscape in the country, the majority of AWSF, were rendered inoperable after the change in government. Female-focused services were discontinued by June 2023, drastically reducing the project's presence from 18 provinces to solely Kabul. Funding for the remaining two boys' shelters ceased in October 2023. Throughout its duration, AWSF facilities served a total of 8,904 clients across 13 provinces. Among these, 1,208 were female survivors seeking shelter at Women's Protection Centers, while 6,061 sought assistance from the Family Guidance Centers. Additionally, over 1,400 individuals sought assistance at the two legal aid units, and 165 underage male survivors or those at risk of trafficking found refuge in the two boys' shelters. As of April 30, 2024 all support for the project ceased and the programme had to be discontinued.

Afghan Women Scholarship

In 2023, a project to award scholarship for master's level courses being offered by the Asian Women University in Bangladesh was initiated through funding from the US government. Qualified Afghan women were fully subsidised by the project to pursue higher level degrees which could help improve their respective career prospects. School year starts July 2024 for the selected candidates.

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Implementing Organisations:

The Colombo Plan Drug Advisory Programme (DAP), and the Asian Women University in Bangladesh



Dignified Menstruation Advocacy

Together with the Global Coalition for Dignified Menstruation, The Colombo Plan supports the advocacy to dismantle the complex, often cultural nature of menstrual discrimination. It would appear that women in certain cultures and rural settings still suffer from the lack of access to hygiene products essential during their menstrual cycle and experience mistreatment even from family members despite being a natural physiological cycle for women. The advocacy aims to reduce stigma and provide evidence-based orientation for people in similar situations. This initiative was launched during the 73rd anniversary of The Colombo Plan.

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Implementing Organisations:

The Colombo Plan, Global South Coalition for Dignified Menstruation and the Nepal Embassy in Sri Lanka



ENVIRONMENT AND CLIMATE CHANGE PROGRAMME

Much of the initiatives done for the Environment and Climate Change Programme was done in collaboration with other member countries of The Colombo Plan. Below are some of the few initiatives done in the last ten years

- The “Green Concert” (December, 2018)
- “One Child One Tree” campaign in Sri Lanka (since June 2018)
- International Workshop on Environment and Climate Change in New Delhi, India (April 2018)
- Training on Waste Management and Renewable Energy for The Colombo Plan member countries in South Korea (July 2017)
- International training course on Environment Audit (February – March 2015)
- Training course on Bio Medical Waste Management in India (October 2013)
- Training course on Climate Change Adaptation in Thailand (August 2013)
- Training course on Life Cycle Impact Assessment for Environmental Management in Thailand (May 2012)
- Training course on Climate Change, Energy and Environment in Singapore (2012)
- “One Child One Tree” campaign in Vietnam (April 2019)
- “One Child One Tree” campaign in Puttalam (October 25th 2019)
- “One Child One Tree” campaign in Anuradhapura (November 6th 2019)

Recently, brainstorming with the ASEAN Biodiversity Center is being done, for a project that may focus on helping specific

communities to mitigate the impact of declining biodiversity of the natural resource in the ecosystem and how it can sustain livelihood and access to these resources. The project aims to tap women in communities, empower and capacitate them to manage the impact of climate change which provide livelihood options while preserving biodiversity in the localities. The project is anticipated to be implemented by January 2025.

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Implementing Organisations:

The Colombo Plan, ASEAN Bio-Diversity Center, Philippine Department of Foreign Affairs and Community NGOs



CAPACITY BUILDING PROGRAMME

These are initiatives currently being done on a cost-sharing basis with member countries of The Colombo Plan. Most, if not all, are covered with a Memorandum of Understanding (MOU) and are usually hosted by the respective countries themselves. Activities consist of a variety of development related activities. (Please see Annex E-List of Recent Capacity Building initiatives with member countries) Recently, The Colombo Plan renewed the MOU with Indonesia and the Republic of Korea for the continuation of Capacity Building Programmes.

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Implementing Organisations:

The Colombo Plan, various member countries



MARITIME ADVISORY PROGRAMME

The latest initiative funded by the South and Central Affairs Bureau Affairs of US State Department is the Port of Colombo Capacity Building Project. It is a testament to The Colombo Plan's collective dedication to advancing the maritime sector in Sri Lanka. This project aims to provide crucial technical assistance to the Ministry of Ports and Shipping, specifically the Sri Lanka Port Authority (SLPA), to enhance human resource capabilities through professional training in alignment with global standards and best practices.

This three-year project is comprised of several key activities, including a port transportation logistics exchange study, a port transportation capacity training conference, and the facilitation of international maritime expert advisory visits to SLPA. These activities are designed to bolster maritime connectivity, promote economic growth, and enhance security within the region.

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Implementing Organisations:

The Colombo Plan, South and Central Asian Bureau of the US State Department, Sri Lankan Ports Authority

Annex A



THE COLOMBO PLAN

THE COLOMBO PLAN

for Co-operative Economic and Social Development in Asia and the Pacific



www.colombo-plan.org

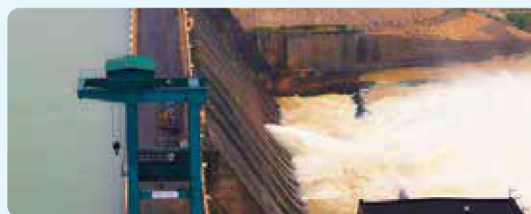
AN OVERVIEW

The Colombo Plan for Cooperative Economic and Social Development in Asia and the Pacific (www.colombo-plan.org), instituted in 1951 as a regional inter-governmental organisation consisting of 28 member countries, operates on the partnership concept of self-help and mutual help to enhance human capital development and south-south cooperation.

Colombo Plan's areas of work include drug demand and supply reduction, scholarship programmes, ports and shipping, gender empowerment and child protection, environment and climate change. Currently, the Colombo Plan has five programmes: Drug Advisory Programme (CPDAP), Capacity Building Programme (CPCBP), Maritime Advisory Programme (CPMAP), Gender Affairs Programme (CPGAP), and Programme for Environment and Climate Change (CPECC).

Over the decades, the Colombo Plan has undergone a remarkable evolution. At its inception, the Colombo Plan had a two-pronged approach to regional development: industrial infrastructure and social infrastructure. The eventual and inimitable success of the industrial infrastructure development led to the self-sufficiency of its member countries, allowing more resources to be invested into strengthening social infrastructure.

Today, Colombo Plan stands as a testament to the power of cooperation and collective action in driving sustainable development. Through its range of programmes and initiatives, the Colombo Plan continues to evolve, remaining relevant and responsive to the dynamic socio-economic landscape of the region.



Industrial Infrastructure: The Hirakud Dam in Odisha, the first major multipurpose river valley project in post-independence India.



Human Resource Development: Training of Trainers on Universal Curricula for medical professionals.

MEMBER COUNTRIES OF THE COLOMBO PLAN

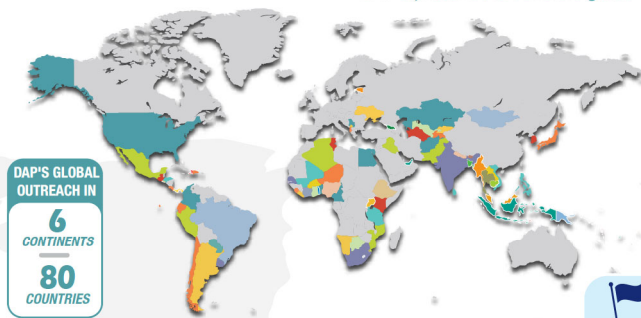
| Member | Year of accession |
|-------------------|-------------------|
| Afghanistan | 1963 |
| Australia | 1950 |
| Bangladesh | 1972 |
| Bhutan | 1962 |
| Brunei Darussalam | 2008 |
| Chile | 2021 |
| Fiji | 1972 |
| India | 1950 |
| Indonesia | 1953 |
| Iran | 1966 |
| Japan | 1954 |
| Republic of Korea | 1962 |
| Lao PDR | 1951 |
| Malaysia | 1957 |

| Member | Year of accession |
|-------------------|-------------------|
| The Maldives | 1963 |
| Mongolia | 2004 |
| Myanmar | 1952 |
| Nepal | 1952 |
| New Zealand | 1950 |
| Pakistan | 1950 |
| Papua New Guinea | 1973 |
| The Philippines | 1954 |
| Saudi Arabia | 2012 |
| Singapore | 1966 |
| Sri Lanka | 1950 |
| Thailand | 1954 |
| The United States | 1951 |
| Vietnam | 2004 |



CPDAP is Colombo Plan's flagship programme and one of the longest running initiatives in the global demand and supply reduction landscape. CPDAP initiatives include development and dissemination of universal prevention, treatment and other specialised curricula, providing technical assistance, and professionalising the drug demand reduction (DDR) workforce. Since its inception in 1973, CPDAP has extended its services to 80 countries across the globe.

DAP's presence around the globe



CPCBP provides opportunities for short-term training, workshops, long-term scholarship and master's degree programmes. CPCBP initiatives include training on community-based microcredit and sufficiency in economic development, enhancing development of small and medium industries, and master's degree programmes in public policy and management.



CPECC is aimed at environment preservation by addressing capacity building on waste management, renewable energy, eco-tourism, and climate change through training programmes, international conferences and community awareness campaigns.



CPGAP facilitates protection and development of marginalised populations including men, women and children to promote a just and equitable society in Afghanistan, Vietnam and Indonesia. CPGAP works in collaboration with governments, and stakeholders by providing training programmes, workshops, and technical assistance in developing gender policies, supporting gender-related capacity building and direct empowerment programmes across its member countries.



CPMAP, the newest Colombo Plan programme, provides technical assistance to the Ministry of Ports and Shipping of the Government of Sri Lanka. CPMAP works specifically with the Sri Lanka Ports Authority and its human resources through professional training on ports and shipping sector developments in line with global standards and best practices.



The Foreign Ministers of the British Commonwealth meet to discuss international affairs in Colombo where Australia and Sri Lanka (then Ceylon) proposes joint financial and technical assistance to the region's developing nations.

The Colombo Plan reaffirms its commitment to technical cooperation and human capital development with the establishment of CPDAP pioneering notable initiatives in drug demand and supply reduction.

Embracing new directions, the Colombo Plan pivots towards South-to-South cooperation, catering to both the region's development and the Colombo Plan's capacities; that of technical co-operation.

1950

1951-1971

1972-1988

1989-1994

1995-2004

2005-2019

2020 - 2024

The Colombo Plan is launched and begins by laying the groundwork for education, healthcare, agriculture, science and infrastructure development, gradually evolving to guide its member countries towards robust industrial sectors.

At crossroads, despite the reduced need for external technical assistance, the Colombo Plan forges ahead, buoyed by members' belief in its potential as a catalyst for regional development cooperation.

The Colombo Plan gains renewed impetus in its global mission for DDR. As the oldest regional inter-governmental programme in the Asia-Pacific region, it ventures into certification, global prevention and treatment protocols, and the development of training curricula.

Stepping into a decade of milestones, online self-led curricula play a pivotal role in global DDR and capacity building, facilitating outreach to new countries and providing accessible services to both member and non-member countries.



THE COLOMBO PLAN GLOBAL TOXIC ADULTERANTS AND SENTINEL PROJECTS

“ Providing a novel early warning system on new synthetic drugs of abuse and toxic drug/adulterant combinations entering a nation’s local drug supply to facilitate the cause of saving lives and protecting the public health of communities worldwide. ”

www.colombo-plan.org

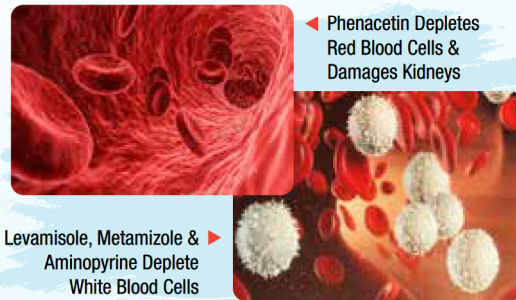


The Colombo Plan for Cooperative Economic and Social Development in Asia and the Pacific (www.colombo-plan.org), instituted in 1951 as a regional intergovernmental organisation consisting of 28 member countries, operates on the partnership concept of self-help and mutual help to enhance human resource development and south-south cooperation.

Set up in 1973, the Drug Advisory Programme (DAP) is Colombo Plan’s flagship programme, as well as one of the longest running initiatives in the global drug demand and supply reduction landscape.

THE COLOMBO PLAN GLOBAL TOXIC ADULTERANTS AND SENTINEL PROJECTS

The Colombo Plan’s Global Toxic Adulterant and Sentinel Projects promote the use of state-of-the-art technologies for testing retail/street-level and wholesale drugs internationally and domestically for toxic adulterants in response to the alarming upsurge in the use of pharmacologically active chemicals added as adulterants to drugs of abuse, in addition to the emergence of new deadly synthetic drugs in order to prevent overdose. Many of these new adulterant chemicals and synthetic drug combinations pose serious public health hazards beyond the effects of the drug itself; adulterants and impurities, alone or in combination, can cause poisonous medical effects, including overdose, death, and near- and long-term public health problems.



STARTING IN 2010, the Colombo Plan’s supply reduction experts, working with law enforcement and public health in Latin America and other countries, began to detect an unprecedented trend of drugs being cut along the entire global supply chain (source, transit, and consumer countries) with toxic adulterants that severely increased morbidity.

BY 2016, the Colombo Pan’s Global Toxic Adulterant Project was fully engaged in the global testing and analyses of seized drug samples as well as conducting research on the serious immediate and long-term public health implications of these adulterants, including respiratory depression, cardiovascular problems, immune system suppression, and red/white blood cell depletion.

In addition, the presence of fentanyl, its analogs, and novel synthetic opioids as adulterants were suspected of influencing levels of overdose.

THE WORLD’S FIRST INSTANT ADULTERANT TEST KIT for the detection of the adulterants, phenacetin and aminopyrine, were developed by INL’s global toxic adulterant project. In addition, the world’s first portable GC/MS drug testing machine that can simultaneously detect and display over 20 compounds in an individual drug sample was developed by Colombo Plan scientists.





BEGINNING IN 2016-2017, the Colombo Plan adulterant project began testing of street drugs in the United States to help determine the underlying factors driving the unprecedented overdose epidemic which results in record overdose death rates on a yearly basis.



MOST RECENTLY

▶ The Colombo Pan's Global Toxic Adulterant Project has been engaged in tracking the alarming super-stimulant effects reported by users of Middle Eastern manufactured "counterfeit" Captagon pills.

These pills are often cut with 4 common stimulants that in combination can pose dangerous cardiovascular health effects. Many pills are also cut with the bronchodilator, theophylline, which potentiates the effects of amphetamine-type stimulants. Other cutting agents that can cause severe health effects such as damage to red/white blood cells, pulmonary damage, and organ (liver, kidney) damage have also been detected.

▶ The Colombo Plan's Sentinel Project has identified additional ingredients/cutting agents in fentanyl pills that redefine the definition of a lethal dose.

▶ The Colombo Plan's Toxic Adulterant Project identified new patterns regarding the vet product, Xylazine, in the U.S. drug supply, which primarily in combination with fentanyl exponentially increases the chances of overdose. Project issued the first xylazine health alert in October 2020.

▶ The Sentinel Project recently issued the first global alert on the emerging threat of injectable liquid fentanyl (both pharmaceutical grade and illicitly manufactured) in January 2024.



IN 2023 AND BEYOND, the Colombo Plan's Toxic Adulterant project will continue to monitor drug supplies for the presence of adulterants and their synergistic effects, while the Sentinel project will document the emergence of new, deadly synthetic such compounds. Such information is of critical value to both the law enforcement and public health communities around the world and warrants a coordinated response going forward.

INTERNATIONAL SYMPOSIUM OF FORESIC DRUG TESTING LAB DIRECTORS

The International Symposium of Forensic Drug Testing Lab Directors, organized by the Colombo Plan Secretariat on behalf of the U.S. Department of State's Bureau of International Narcotics and Law Enforcement Affairs, included lab directors and toxicologists from over twenty-five countries.

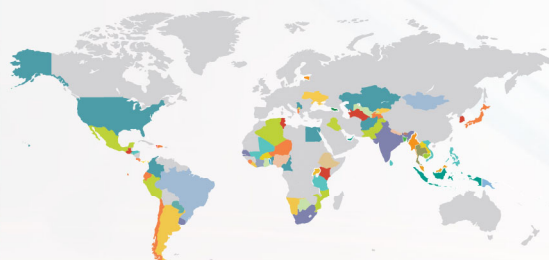
Lab directors and experts share their respective experiences and findings to gain a better understanding of the global threat of toxic adulterants increasingly being used to cut drugs of abuse, in addition to new synthetic compounds appearing in the illicit drug supply. Discussions often include details on participating countries' sample preparation, analytical platforms and equipment capabilities, drug testing and reporting formats, and those specific toxic adulterants/new synthetic compounds being identified.

The Symposium has also taken the initiative to develop a shared database, the International Toxic Adulterant Database (ITAD), to routinely collect information on adulterants and new synthetic compounds from a range of countries. The Colombo Plan and the Center for Forensic Science Research and Education (CFSRE) continue to work in close collaboration with symposium participants to determine what information should be collected and methods for maximizing the best use of the data. This global database will eventually serve as a global early warning system for the emergence of new toxic adulterants and novel synthetic compounds and their potentially injurious or fatal combinations.



Participants and resource persons from the 3rd International Symposium of Forensic Drug Testing Lab Directors held on May 14-16, 2022 in Abu Dhabi

DAP'S PRESENCE AROUND THE GLOBE



DAP'S GLOBAL OUTREACH IN **6** CONTINENTS | **80** COUNTRIES



THE COLOMBO PLAN

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February 2024

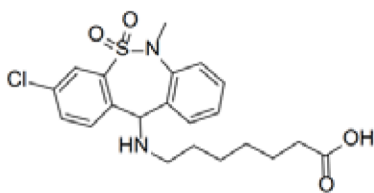
Emerging Drug Alert: Tianeptine



This notice is to alert substance abuse treatment providers, clinicians, public health agencies and testing labs that Tianeptine, an unapproved atypical antidepressant with opioid activity at higher doses, has been reported for sale in US gas stations and convenience stores, especially throughout the southeast United States. It has the potential to cause adverse opioid-like effects and has been linked to intoxication, overdoses, and death.

Background: Tianeptine, popularly known as “gas station heroin” has been encountered in various forms including bulk powder and counterfeit pills mimicking hydrocodone and oxycodone. Tianeptine has been sold as “ZaZa”, “Tiana”, “Neptune’s Fix” and other brand names. Poison Control Center cases involving tianeptine exposure increased nationwide, from 11 total cases between 2000 and 2013 to 151 cases in 2020. As an antidepressant, tianeptine is prescribed to treat depression and anxiety in some European, Asian, and South American countries, but it is not approved for medical use in the United States. Tianeptine-containing products are marketed as dietary supplements or as “smart drugs” that allegedly enhance cognitive function. Tianeptine induces euphoria at high doses via activation of mu-opioid and dopaminergic receptors. It is also alleged to be useful to manage opioid consumption, with claims that it reduces the effects of opioid withdrawal and craving. Unregulated tianeptine is at an increased risk of contamination with adulterants, which may cause additional or unexpected side effects. Tianeptine is not currently controlled under the Controlled Substances Act, but has been scheduled in several states.

Tianeptine



Recommendations for Clinicians

- Since **tianeptine** activates opioid receptors, know that naloxone should be used in the acute management of **tianeptine** overdose with the conventional indication of respiratory depression.
- Be familiar with the signs and symptoms associated with **tianeptine** toxicity and withdrawal.
- Report adverse events to the FDA.

Indicators of Toxicity

Effects mimicking opioid toxicity

- Respiratory depression
- Sedation
- Loss of consciousness
- Coma

Withdrawal effects

- Agitation
- Nausea
- Vomiting
- Tachycardia
- Hypertension
- Diarrhea
- Tremor
- Diaphoresis

Recommendations for MEs & Coroners

- Consider testing for **tianeptine** when products suspicious for containing tianeptine are located at the scene, internet browsing history shows searches for tianeptine and/or analysis of seized drug evidence confirms its presence. Be alert for ZaZa, Tianna Red and other apparent supplement products at death scenes.

Recommendations for Forensic and Clinical Laboratories

- Consider toxicology testing for **tianeptine** when case history supports its use.
- Consider laboratory analysis of seized drug material or commercial products purported to contain **Tianeptine**.
- Share data with local health departments, medical examiners and coroners.

Health Impacts:

- Tianeptine use carries a risk of misuse, dependence, tolerance, and overdose. A concentration of 15.5 mg/L was reported in a complex suicide case, and a concentration of 5.1 mg/L along with an ethanol concentration of 0.51 g/100mL in another fatality. Toxicological analysis has detected tianeptine in human performance impairment (e.g., intoxication, DUI/D) cases. In three cases submitted by Pennsylvania law enforcement for investigation of driving under the influence of drugs, tianeptine blood concentrations were found to range between 0.50 and 2.9 mg/L. The results of comprehensive toxicology testing performed on these cases are shown below.

| Drug results in three human performance impairment cases where comprehensive toxicology testing was performed. | Case 1 | Case 2 | Case 3 |
|--|-------------------------------|----------------------------------|------------------------------|
| | Amphetamine: 170 ng/mL | O-desmethylvenlafaxine: 64 ng/mL | Tianeptine: 570 ng/mL |
| | Methamphetamine: 380 ng/mL | Tianeptine: 2900 ng/mL | |
| | Mitragynine: 11 ng/mL | | |
| | Tianeptine: 1600 ng/mL | | |

February 2024

Emerging Drug Alert: Tianeptine



Health Impacts Continued:

Tianeptine misuse has been associated with psychosis in supratherapeutic doses, particularly in individuals with a history of substance abuse or psychotic disorders. In one report, the authors describe a 28-year-old woman with a history of schizoaffective disorder, bipolar type, and polysubstance use who was admitted to inpatient psychiatry for aggressive behavior. She had also been experiencing somatic delusions with disorganized behavior and speech at the time of admission. Her symptoms were previously controlled with monthly long-acting paliperidone. During her admission, the patient reported procuring tianeptine from the Internet and friends to control her anxiety and depression, taking around 100 mg daily. The psychosis reportedly resolved after 2 days of abstinence.

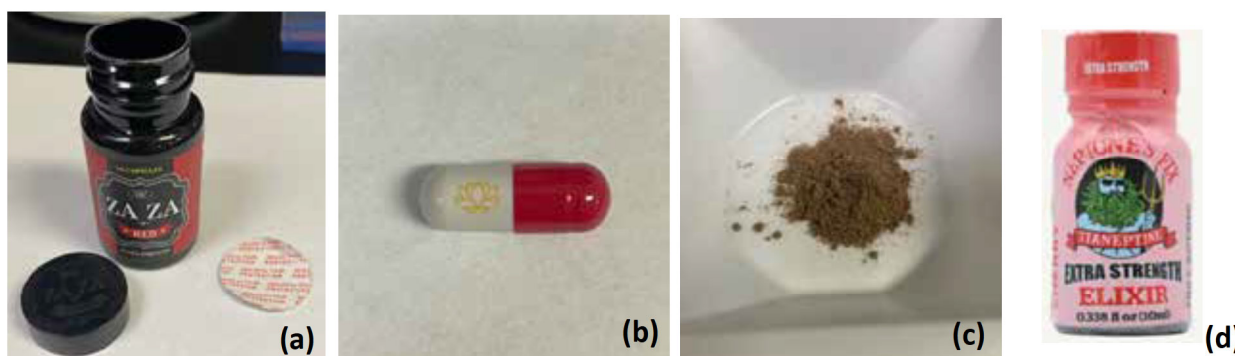
Intentional ingestion of tianeptine as part of a successful suicide attempt has also been reported. In one case, a 26-year-old man was found dead in his apartment next to multiple packets of 12.5-mg tianeptine tablets. A suicide note confirmed the ingestion to be intentional. Analytical testing revealed elevated tianeptine concentrations in the blood, urine, liver, and stomach. The cause of death was attributed to suicidal ingestion of tianeptine in combination with alcohol consumption (serum ethanol concentration: 53 mg/dL).

From 2018 to 2023 tianeptine was detected and quantified in 90 blood samples collected for death investigation purposes. In these cases, tianeptine blood concentrations ranged from 5.0 ng/mL to 47,000 ng/mL (mean: 3,841 ng/mL; median: 1,750 ng/mL). Other substances commonly co-detected in this population included amphetamine, fentanyl, gabapentin, mitragynine, and ethanol.

Analysis of Tianeptine Containing Exhibits Samples

- An authentic sample of ZAZA was acquired from North Carolina. Labelling on the bottle indicates that the product contains *combretum quadrangulare leaf*, tianeptine and piper methysticum, also known as **Kava**. The contents of the capsule were analyzed at CFSRE via gas chromatography mass spectrometry (GC/MS) and liquid chromatography high resolution mass spectrometry (LC/QTOF-MS). Samples were diluted in solvent or mobile phase prior to analysis.
- Analysis of the product by GC/MS identified a peak consistent with a breakdown product of tianeptine. Results from the LC/QTOF-MS analysis identified tianeptine and the sedative natural product **kavain**, known to be present in the piper methysticum (kava) plant. Interactions between drugs with opioid effects and CNS depressant effects can be significant. In addition, more than 100 cases of liver toxicity related to the use of kava had been reported, some leading to liver transplant and some leading to death.
- The same methodologies were used by CFSRE to test another product labelled "Neptune's Fix", a flavored elixir shot associated with a series of severe clinical effects in New Jersey. The product was identified as being available at gas stations and online, and bottles were marked as containing kavain and tianeptine. Patients were described as having altered mental status, tachycardia, hypotension, seizure, and various heart rhythm changes that increase the risk of ventricular arrhythmia. In addition to tianeptine and kavain, some bottles tested positive for the synthetic cannabinoids MDMB-4en-PINACA, and ADB-4en-PINACA. More details were reported recently in the CDC's [Morbidity and Mortality Weekly Reports \(MMWR\)](#).

Figure 1. Images of (a) authentic ZAZA sample obtained from a convenience store in North Carolina; (b) intact capsule and; (c) contents from the capsule once broken open, and (d) Neptune's Fix bottle.



February 2024

Emerging Drug Alert: Tianeptine



Evaluation of Seized Drug Samples from North Carolina Investigations

- A total of 59 random seized illicit drug samples from North Carolina were obtained and analyzed to evaluate the potential presence of tianeptine as an adulterant in the illicit drug supply. Twelve (20%) of the samples contained fentanyl, 16 (27%) were positive for cocaine, and 18 (30%) were positive for methamphetamine. Only one sample contained all three of those drugs in a mixture along with other opioids and/or adulterants. A majority of the fentanyl samples were highly lethal. Of the twelve fentanyl samples, seven (58%) contained 2 or more fentanyl compounds. None of these samples however contained tianeptine, suggesting that it is currently present in specific products (see below), and not mixed in with the general drug supply in North Carolina. This, however, should continue to be monitored.
- In the North Carolina samples, 67% of the cases containing fentanyl also contained [xylazine](#). Xylazine is a veterinary tranquilizer known to increase the sedative effects of fentanyl. These samples also contained varying amounts of other active drugs including opioids such as tramadol and heroin, and stimulants including cocaine and methamphetamine that if present in sufficient quantities could enhance the effects on the user and add to the potential lethality of the mixture.
- One North Carolina sample consisted of a combination of two designer benzodiazepines, flualprazolam and [clonazepam](#), the latter posing higher risk than other designer benzodiazepines due to its ability to produce strong sedation and benzodiazepine intoxication at doses higher than 0.5 mg. Note: naloxone is not an antagonist for benzodiazepines.

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- [Tianeptine in Dietary Supplements | FDA](#)
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Acknowledgements: This report was prepared by Barry K. Logan, Ph.D, Laura M. Labay, Ph.D., Amanda L.A. Mohr, M.S., and Thom Browne, MA. The authors would like to acknowledge Lewis Nelson, M.D. for his review and contributions to the alert. Funding for this document was received by the Fredric Rieders Family Foundation from the Colombo Plan via U.S. Department of State/INL under 2019-RG-061 and 2017-RG-61, and other Colombo Plan funding sources. The opinions, findings, recommendations, and conclusions expressed in this publication are those of the authors and do not necessarily reflect those of the U.S. Department of State. More information on tianeptine is available by contacting barry.logan@cfsre.org.



March 2023
Phenylbutazone: A Toxic Adulterant
Found in Illicit Street Drugs

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Phenylbutazone: A Toxic Adulterant Found in Illicit Street Drugs

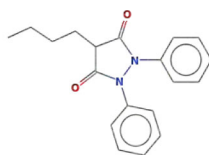
**Toxic Adulterant Alert**

Substance abuse treatment providers, clinicians, outreach workers, public safety and public health agencies should be aware of the following information. Phenylbutazone ("Bute", Phenylcare®) has been identified as an adulterant in illicit drug material. In a review of case data from NMS Labs from 2016-2021, 116 seized drug samples from Pennsylvania were identified as containing phenylbutazone. This represents a small percentage of total samples analyzed during the time frame. Xylazine, which is now a national concern, first emerged in the northeast (principally Pennsylvania) before spreading across the United States. As phenylbutazone has been gaining prominence in Pennsylvania over a five-year period, the possibility exists that it too can spread nationwide. This adulterant was most frequently observed in samples containing heroin, fentanyl and/or fentanyl derivatives. In addition to illicit drug samples, there have been reports in the literature of adulteration of herbal medicines and supplements with phenylbutazone and self-medication with phenylbutazone prescribed by veterinarians. The serious adverse effects of phenylbutazone can include gastrointestinal bleeding, liver and kidney damage, and blood disorders.

Table 1. Phenylbutazone Positivity in Seized Drug Cases in PA 2016-2021

| Year | No. of Positive Phenylbutazone Samples | Most Common Additional Findings |
|------|--|--|
| 2016 | 15 | Heroin, Fentanyl, Caffeine |
| 2017 | 23 | Heroin, Fentanyl, Xylazine, Additional Adulterants |
| 2018 | 4 | Heroin, Fentanyl, Xylazine, Additional Adulterants |
| 2019 | 18 | Heroin, Fentanyl, Xylazine, Additional Adulterants |
| 2020 | 37 | Heroin, Fentanyl, Acetylfentanyl, Xylazine, Additional Adulterants |
| 2021 | 19 | Heroin, Fentanyl, para-Fluorofentanyl, Valeryl Fentanyl, Cocaine, Tramadol, Xylazine, Additional Adulterants |

Background: Phenylbutazone is a nonsteroidal anti-inflammatory drug (NSAID) introduced in the 1950s that has analgesic and anti-inflammatory properties. It inhibits the enzyme cyclooxygenase (COX), preventing prostaglandin creation. Phenylbutazone is highly absorbed when taken orally. It is highly bound to protein in plasma and has a low volume of distribution. Its half-life is widely variable but averages 70 hours. It is metabolized to oxyphenbutazone, 3'-hydroxyphenylbutazone, dihydroxyphenylbutazone, and glucuronides. Oxyphenbutazone is an active metabolite. Phenylbutazone was prescribed to treat arthritis, gout, and ankylosing spondylitis. Quickly after its introduction, side-effects were noted in patients using phenylbutazone both short and long term. **Phenylbutazone was largely discontinued from human use after reports of deaths caused by the medication.** It continues to be used in veterinary medicine, specifically for treating lameness, pain, and inflammation in horses.

Phenylbutazone**Recommendations for Clinicians**

- Be aware that illicit drugs (mostly heroin or fentanyl) may contain **phenylbutazone** which can complicate the clinical presentation.
- Be familiar with the signs and symptoms associated with **phenylbutazone** toxicity.
- Be aware that most hospital-based clinical laboratories do not offer **phenylbutazone** toxicology testing.

Frequent Indicators of Toxicity

- Rash
- Blurred Vision
- Nausea/Vomiting/ Diarrhea
- Edema
- Stomach pain
- GI bleeding
- Aplastic anemia
- Agranulocytosis
- Low blood pressure
- Confusion
- Incoordination
- Coma
- Convulsions
- Kidney failure
- Liver failure

Recommendations for MEs & Coroners

- If NSAID poisoning is suspected, conduct toxicology testing for **phenylbutazone** in opioid-related fatalities.

Recommendations for Forensic and Clinical Laboratories

- Consider including **phenylbutazone** in the routine scope of testing.
- Develop sensitive confirmatory procedures for common adulterating agents, including **phenylbutazone**
- Consider laboratory analysis of seized drug samples taken from suspected drug overdose investigations.
- Share data on adulterants in drug seizures in your jurisdiction with local health departments, medical examiners and coroners.

March 2023

Phenylbutazone: Toxic Adulterants Found in Illicit Street Drugs



Health Impacts:

Phenylbutazone has been identified in illicit opioid drug samples. Adverse effects of phenylbutazone included rash, blurred vision, tinnitus, dizziness, headache, and edema. Gastrointestinal symptoms can include nausea, vomiting and diarrhea, stomach/abdominal pain, ulcers, and bleeding. Phenylbutazone overdose can also cause hepatitis, kidney failure, and congestive heart failure. Serious blood disorders like agranulocytosis, leukopenia, thrombocytopenia, and aplastic anemia have also occurred and, in some cases, led to death at therapeutic doses. Toxic effects are more frequently seen when daily doses are greater than 600 mg or serum concentrations are greater than 100 mg/L, but have been noted at lower levels.

Treatment of phenylbutazone toxicity is generally supportive care, similar to poisonings involving other NSAIDs. Supportive care can include maintaining an airway, correcting metabolic imbalances, and fluid resuscitation. There are mixed reports on the use of dialysis and hemoperfusion to treat phenylbutazone toxicity, as it is highly protein bound and elimination will be minimal. If phenylbutazone exposure occurs through a mechanism other than intravenous opioid use, such as ingestion of adulterated herbal supplements or diversion of veterinary medicine, gastric lavage and activated charcoal may be useful.

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Acknowledgements: This report was prepared by Sarah A. Shuda, M.S., Amanda L.A. Mohr, M.S., Thom Browne, and Barry K. Logan, Ph.D. Funding for this document was received by the Fredric Rieders Family Foundation from the Colombo Plan via U.S. Department of State/INL under 2019-RG-061 and 2017-RG-61, and other Colombo Plan funding sources.

The opinions, findings, recommendations, and conclusions expressed in this publication are those of the authors and do not necessarily reflect those of the U.S. Department of State. More information on phenylbutazone is available by contacting mandi.mohr@cfsre.org.

The Colombo Plan
Health Alert Emerging Threat:
Injectable Liquid Fentanyl

Annex C-3

COLOMBO PLAN HEALTH ALERT



COLOMBO PLAN



Public safety and public health officials worldwide should be aware of an emerging threat of diverted liquid pharmaceutical fentanyl, and other liquid forms.

This threat could have severe implications for the introduction of fentanyl into a country's illicit drug supply, or make an existing fentanyl epidemic worse.




EMERGING THREAT:

Injectable Liquid Fentanyl





- Fentanyl misuse or abuse typically involves injection or smoking of illicitly manufactured fentanyl (IMF). Illicit fentanyl is most commonly sold on the street as counterfeit tablets or as powders in folded glassine papers.
- Recently, however, diverted injectable solutions of pharmaceutical fentanyl have been reported in countries where IMF has not yet become established, such as Nigeria, Colombia and El Salvador (see details over); in addition to Argentina (500 vials), Brazil (72 vials), and Costa Rica (25 vials). Furthermore, there are reports of fentanyl injectable solutions being stolen or diverted from hospitals, clinics and medical supply houses in Panama (19,000 vials), the United States, and Europe.
- Pharmaceutical fentanyl citrate injection solution typically contains 50 micrograms of fentanyl citrate in each milliliter of solution (50 mcg/mL); a non lethal dose. However, injection of 5-10mL of these solutions can cause intoxication, and may lead to death in susceptible individuals or users without opioid tolerance.
- Diversion of pharmaceutical grade fentanyl in medicinal (non-lethal) doses has the potential to introduce fentanyl into local drug supplies in many countries that currently do not have a major illicit opioid problem, without attracting the attention of police and public health authorities following large overdose outbreaks.
- Not only can diverted medical fentanyl lead to opioid addiction, but when the source of diverted pharmaceutical fentanyl is shut off through interdiction or enforcement, local drug distributors and users may turn to the more dangerous powders and pills being produced by Mexican cartels to fill the demand, thereby increasing the risk of fatal overdose.
- IMF in powder and pill forms have been demonstrated to be difficult to produce consistently in non-lethal doses. The fentanyl content of these illicit pill and powder dosage forms has been shown to be highly variable which can lead to higher overdose death rates and lethal outbreaks.
- More recently, IMF in liquid (solution) form has also been seized in the United States in bulk quantities which are easier to conceal, transport and package for sale. These liquid solutions, however, can be as lethal as the standard powder and pill forms of the drug.
- Fentanyl can be recovered and concentrated in powder form from these IMF or diverted injectable solutions by chemical extraction or by evaporation, for example in a microwave, or the solutions can be directly injected. Recent U.S. seizures, however, indicate intent is for intravenous use in liquid form.
- Drug dealers may also mix adulterants (xylazine) and other drugs (e.g. cocaine, fentanyl analogs) into liquid fentanyl solutions creating complex lethal drug mixtures to mimic the effects of similarly adulterated fentanyl powders and pills.
- This health alert provides details of some of the liquid dosage forms that have been reported in international illicit drug markets. They may represent an emerging threat in countries that have not historically been exposed to illicit opioid use, or may exacerbate an existing IMF crisis like in the United States.

Acknowledgements: This report was prepared by Thom Browne, MA, Barry K. Logan, Ph.D., and Amanda LA Mohr, MS, MJ Menendez JD. Funding for this document was received by the Fredric Rieders Family Foundation from the Colombo Plan via the US Department of State/INL under 2019-RG-061, 2020-RG-061, and 2021-RG-001, and other Colombo Plan funding sources. Information for this report was also obtained both during and after on-line calls for the State Department's Global Coalition to Address Synthetic Threats under sub-working groups 1.1 (Manufacturing of Synthetic Drug and their Precursors) and 2.1 (Data Collection, Analysis, and Trends Including Early Warning). The opinions, findings, recommendations, and conclusions expressed in this publication are those of the authors and do not necessarily reflect those of the U.S. Department of State.

International Reports of Injectable Liquid Fentanyl

| COUNTRY | REPORTED ACTIVITY | |
|--|---|--|
| <p>NIGERIA (May 2023)</p> | <ul style="list-style-type: none"> • NDLEA reported the seizure of diverted pharmaceutical am-poules of fentanyl in an open-air shopping market. Each ampoule contained 50 micrograms of fentanyl in 1 ml of so-lution. The initial source of the fentanyl was a pharmaceutical firm in the United Kingdom. • THREAT: These individual ampoules represent non-lethal doses that could introduce illicit fentanyl use in countries not previously exposed to this substance. |  |
| <p>COLOMBIA (2023)</p> | <ul style="list-style-type: none"> • Colombian National Police Antinarcotics teams intercepted shipments of medicinal fentanyl citrate in glass amber am-poules. The source of the fentanyl was a pharmaceutical manufacturer in Chile. Each ampoule contained 0.5 mg / 10 ml or 50 mcg / 1 ml of liquid fentanyl. Ampoules have been seized in Bogota, Medellin (280 vials), Tulua, and Cucuta. • THREAT: These individual ampoules represent non-lethal doses that could introduce illicit fentanyl use in countries not previously exposed to this substance. |  |
| <p>EL SALVADOR (May 2023)</p> | <ul style="list-style-type: none"> • El Salvador National Police seized 500 ampoules of medicinal fentanyl citrate along their border with Honduras. The source of the fentanyl was a health agency in Guatemala. Each ampoule contained 0.1 mg / 2 ml or 50 mcg / 1 ml of liquid fentanyl. • THREAT: These individual ampoules represent non-lethal doses that could introduce illicit fentanyl use in countries not previously exposed to this substance. |  |

International Reports of Injectable Liquid Fentanyl

| COUNTRY | REPORTED ACTIVITY |
|------------------------------------|--|
| <p>HONDURAS (2023)</p> | <ul style="list-style-type: none"> In November, Honduran authorities seized 48,600 ampoules of medicinal-grade fentanyl packed into dozens of sealed cardboard boxes. The shipment originated in the UK. THREAT: These individual ampoules represent non-lethal doses that could introduce illicit fentanyl use in countries not previously exposed to this substance.  |
| <p>UNITED STATES (2023)</p> | <ul style="list-style-type: none"> In October & November 2023, large quantities of liquid injectable fentanyl solutions were seized in Arizona. The first seizure totaled 54 gallons, while the latter totaled 64 gallons. Intent was for intravenous use, to be further broken down into vials for individual sale and consumption. In July 2023, 1.58 kg of liquid fentanyl was seized in Kentucky. THREAT: Uniform individual doses of IMF liquid fentanyl would be extremely difficult to safely produce, resulting in similar risks for overdose as with traditional tablet or powder forms. <p>The DEA estimates that only 16g of fentanyl out of the 691kg U.S. 2022 fentanyl manufacturing quota was diverted from the medical supply. U.S. fentanyl nitrate injection solution typically contains 50 mcg / ml solution.</p>  |
| <p>EUROPE (May 2021)</p> | <ul style="list-style-type: none"> In 2021, European Union member states reported to the EMCDDA approximately 140 deaths associated with fentanyl. A significant portion of these, however, were thought to be associated with fentanyl diverted from medicinal use rather than fentanyl from illicit production. <p>https://www.emcdda.europa.eu/publications/European-drug-report/2023/drug-situation-in-europe-up-to-2023_en</p>   |

International Reports of Injectable Liquid Fentanyl

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Questions? Please email Barry.Logan@cfsre.org.



DAP Curricula Booklet
2023 - Edition



DAP
Drug Advisory Programme

DAP CURRICULA BOOKLET

2023 - Edition

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The Drug Advisory Programme (DAP) was established as a permanent programme of the Colombo Plan in 1973 as a response to the growing drug-related concerns in the Asia Pacific region.

Over the years, DAP has assisted its member states and non-member states to formulate effective policy and craft practical solutions through innovative science-based approaches, and strong and grass-roots partnerships to address drug use in their countries.

DAP operates in accordance to the Colombo Plan spirit which recognises

equality of all people and the right of all nations to move together along the march of development. DAP empowers its partners to identify their priority needs and seek assistance that are best suited for them while supporting a balanced health-oriented approach to the global drug problem. Its programmes and trainings are focused on strengthening access to comprehensive, evidence-based, and gender-responsive services for prevention of drug use and treatment of substance drug use disorders.



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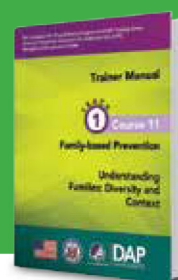
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UNIVERSAL PREVENTION CURRICULUM FOR SUBSTANCE USE (UPC)

The Universal Prevention Curriculum for Substance Use aims to address the need for knowledgeable and competent professionals working in the prevention field. This training series is designed to meet the current demand for an evidence-based curriculum for substance use prevention that would complement the existing Universal Treatment Curriculum for Substance Use Disorders (UTC) for addiction treatment professionals. It has been developed for managers and supervisors of government programs and community-based organizations as well as prevention practitioners for working in evidence-based prevention at the grassroots level.

The development of the UPC is in accordance with science-based information and skills-based prevention training, and founded on the International Standards on Drug Use Prevention developed by the United Nations Office on Drugs and Crime (UNODC). It is written by prevention researchers who are specialists in substance use epidemiology and evaluation, and in prevention strategies that are delivered to families; within schools, workplace and community; and through the media and regulatory policies. The primary thrust is on evidence-based interventions and policies, and implementation quality and sustainability.



UPC MANAGERS AND SUPERVISORS SERIES

The UPC consists of two series, namely: UPC for Managers and Supervisors (UPC-M&S) and UPC for Practitioners (UPC-P). The UPC-M&S provides a training programme for prevention managers and supervisors who manage and supervise the implementation of prevention interventions and/or policies. This series is composed of nine courses as follows:

UPC 1 Introduction to Prevention Science

This course provides an overview of the science that underlies evidence-based prevention interventions and strategies, and the application of these effective approaches in prevention practice. (33Hrs)

UPC 2 Physiology and Pharmacology for Prevention Professionals

This course presents an overview of the physiology and pharmacology of psychoactive substances and their effects on the brain to affect mood, cognition and behaviour, and the consequences of such use on the individual, the family and the community. (20Hrs)

UPC 3 Monitoring and Evaluation of Prevention Interventions and Policies

This course gives an overview of primary evaluation methods used to measure evidence-based prevention interventions and guidance in applying them to “real-world” prevention settings. (33Hrs)

UPC 4 Family-based Prevention Interventions

This course explores the family as the primary socialization agent of children, the science behind family-based prevention interventions, and the application of such evidence-based approaches to help prevent the onset of substance use in children. (26Hrs)

UPC 5 School-based Prevention Interventions

This course presents an overview of the school in society, the science behind school-based prevention interventions, and the application of such evidence-based approaches in school settings around the world. (39Hrs)

UPC 6 Workplace-based Prevention Interventions

This course provides an overview of the role of work and the workplace in society, how stresses and other work-related influences affect people’s risk of substance use, the science behind workplace prevention interventions, and the

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application of such evidence-based approaches in work settings around the world. (26Hrs)

UPC 7 Environment-based Prevention Interventions

This course reviews the science underlying evidence-based substance use prevention environmental interventions, involving policy and community-wide strategies. (20Hrs)

UPC 8 Media-based Prevention Interventions

This course presents the science underlying the use of media for substance use prevention interventions. (20Hrs)

UPC 9 Community-based Prevention Implementation Systems

This course introduces the science underlying the systems approach to prevention interventions and guidance on developing such approaches, as well as exemplars of evidence-based drug use prevention systems. (33Hrs)

UPC PRACTITIONERS SERIES

The UPC-P is designed to provide knowledge, skills, and competencies to prevention practitioners so that they have a better understanding about the key elements of evidence-based (EB) prevention and about the most effective EB prevention interventions that are currently available. The series is not intended to prepare prevention practitioners to deliver these interventions, rather to provide the necessary knowledge and understanding about how these interventions were developed and why their delivery as designed is very important to the intervention's level of effectiveness.

This training series provides practitioners with an in-depth knowledge and skills related to content, structure, effective delivery, and monitoring and evaluation of the short- and long-term impact of prevention interventions and policies. It consists of the CORE course and seven Specialty Tracks, that is, Monitoring and Evaluation, School, Family, Workplace, Environment, Media and Prevention Delivery Systems. In addition to providing basic knowledge and skills in the various settings, the Specialty Track training also includes extensive in-class exercises and a practicum upon completion of two courses for each track. The three practica provide an opportunity to apply theory learned into practice in the field.

UPC 10 Introduction to the Universal Prevention Curriculum Series for Practitioner

The CORE Course is composed of 10 modules representing different aspects of prevention science and its application to practice. It is designed to give participants a foundation in the knowledge and skills needed to undertake evidence-based prevention programming at the community level.

The course provides an overview of the basic processes that underlie addiction and the brain, basic pharmacology of psychoactive substances, and preventive mechanisms that have been

found to be effective in more than 30 years of prevention science. It also provides skills-building in areas such as reviewing data needed to assess the substance use problem; working with a prevention implementation planning approach; and developing logic models to assist in that planning. It is required as a pre-requisite for participation in the specialty tracks. Each of the specialty tracks is self-contained but it is necessary to take the CORE first as an introduction to the training series.

PRACTITIONERS SPECIALTY TRACK 1: FAMILY-BASED PREVENTION - 87HRS

This track gives an overview of the science inherent in family-based prevention interventions and the methods used to intervene effectively in order to prevent substance use in children and adolescents. It also provides experiential learning in some of the skills used in effective family-based intervention methods to prepare prevention implementers to participate in such programmes. The seven courses in this track are as below:

UPC 11 Understanding Families: Diversity and Context

This course presents research about the diversity of families within and across countries, how family structures differ and how families may function differently. It also discusses how family practices influence youth substance use and related problems and some basic skills for working with families.

UPC 12 Interventions with Families - Basic Models and Skills

This course discusses general models of interventions with families such as the Family Partnership and Family Development Models. It also presents some examples of evidence-based interventions that prevent substance use.

UPC 13 Family-based Interventions: Skills & Evidence-Based Programs

This course presents some of the best family programmes with the best evidence that target families with children of different ages such as: Nurse Family Partnership Model as an example of Home Visiting models for helping families of infants and toddlers; The Incredible Years and Dare To Be You intervention models to intervene with families of young children; Strengthening Families for Parents and Youth 10-14; and Multi-systemic Therapy intervention models which demonstrate skills used by professionals to intervene with families of adolescents.

UPC 14 Interventions with Groups - Management and Processes

This course describes the concepts related to the management and processes of conducting multi-family group interventions that include identifying stages of group dynamics that occur in this

type of intervention, characteristics of effective group leaders, skills of organizing a group, some common problems that occur with the structure and process of running family-based interventions in groups and challenges that might happen in groups.

UPC 15 Barriers and Challenges to Family Interventions

This course examines on some of the common barriers and solutions to implementing effective family-based prevention programmes in the community, such as, local customs and practices that may limit family participation, and some of the possible solutions that help families participate, despite barriers. It also examines different reasons for adapting programmes and illustrates the best practices in adapting programmes to make them match with the local culture.

UPC 16 Interventions with Families: Ethics, Supervision and Self-Care

This course explains the basic principles of and application to working with families based on a model of ethical decision-making. It also examines concepts related to basic child maltreatment, intimate partner violence definitions and reporting, elder abuse, suicide and homicide in youth and adults, and burnout as well as steps for creating a self-care plan.

UPC 17 Monitoring and Evaluation of Family Programs

This course discusses the importance of and application of monitoring and evaluation to family-based prevention interventions, the process for developing a monitoring system, and the purposes of process and outcome evaluation for family-based prevention interventions.

PRACTITIONERS SPECIALTY TRACK 2: SCHOOL-BASED PREVENTION - 84HRS

This track introduces the science behind school-based prevention interventions and policies, and the methods used to improve school climate, strengthen policies, and intervene directly with classroom prevention interventions. It provides one track for administrators on effective planning and strategies for addressing school policy and climate; and a second track for teachers primarily on classroom interventions. The eight courses in the track are as follows:

UPC 21 Role of Schools in Prevention

This course provides the background information and skills about evidence-based substance use prevention in the school setting. It also builds a knowledge and skill base for school staff to implement and sustain substance use prevention programming in schools.

UPC 22 Building Teams for Comprehensive School- Based Prevention

This course describes how to develop and contribute to the Prevention Leadership Action Team (PLAT) that will be responsible for implementing Evidence-based Prevention Interventions (EBIs) in the school. The PLAT is the infrastructure that will support the selection, implementation and evaluation of comprehensive substance use prevention initiatives.

UPC 23 Creating Substance Use Prevention Policies in Schools

This course focuses on the process for examining school policy and how to include stakeholders in the policy development and implementation process.

UPC 24 Creating A School Prevention Climate

This course explores the concept of a school prevention climate and how that positively affects learning and helps prevent problem behaviour, including substance use.

UPC 25 Selecting Evidence-Based School Prevention Curricula

This course describes how to match the needs and climate of the school and classroom to the specific focus of these evidence-based interventions.

UPC 26 Action Planning to Create a Comprehensive Substance Use Prevention Initiative

This course outlines the cyclical implementation process that the Prevention Leadership Action Team can use to successfully implement programmes, as well as policies and practices to help children and youth make positive decisions about substances.

UPC 27 Positive Classroom Climate

This course describes how to create a positive engaging, protective environment in the classroom regardless of what prevention programme is selected. Such an environment facilitates learning and helps students connect to the goals of the school. It also provides an opportunity to work in teams and practice skills during this course.

UPC 28 Interactive Teaching Skills

This course focuses on interactive teaching skills, including modelling and practicing these skills during the training sessions.





PRACTITIONERS SPECIALTY TRACK 3: WORKPLACE-BASED PREVENTION - 85HRS

This track presents the science underlying workplace-based prevention interventions and policies, and the methods and strategies workplaces can use to improve their environment and culture. It also provides experiential learning in planning for workplace policy changes and other substance use prevention efforts thus empowering employees to avoid substance use. It consists of the following seven courses:

UPC 31 The Role of the Workplace in Prevention

This course describes the role of the workplace in prevention that includes how workplaces in communities impact the local community, how workplace and workforce substance use can impact different types of workplaces, workplace cultures, structures, environments and activities that reduce the likelihood of substance use among workers and workplace characteristics that may increase the likelihood of worker substance use. It also articulates the ethical principles guiding workplace prevention.

UPC 32 Why the Workplace is an Important Setting for Prevention

This course discusses the costs of substance use among adults and how it affects local workplace, association between substance use and a variety of workplace performance and interpersonal problems and the components of a “business case for prevention” draft.

UPC 33 Key Components of Workplace Substance Use Prevention Policies

This course defines the concept of stakeholders and how to identify stakeholders in the individual organisation. It also describe how different strategies target the workplace environment, social norms and interactions, and individual behaviour, the importance of taking a health and safety approach as well as how drug testing is used as part of prevention in the workplace.

UPC 34 Developing Effective Workplace Substance Use Prevention Policies

This course examines the application of the 12 UNODC principles to policy development in the workplace, selection criteria for stakeholders in the development of policy and programme implementation, importance of substance use prevention and policies to stakeholders and others in the workplace and community, and utilisation of the Workplace Policy Template in developing a workplace prevention policy.

UPC 35 Overview of UNODC International Standards on Drug Use Prevention

This course discusses the characteristics of and criteria for evidence-based workplace interventions as well as reviews and selects evidence-based interventions for applicability to the individual workplace.

UPC 36 Implementing and Adapting Workplace-Based Programs

This course explains the steps in the implementation process and strategies to address the barriers to implementing prevention interventions.

UPC 37 Monitoring and Evaluation as Applied to the Workplace

This course describes the importance of evaluation in the workplace, and the concept and process of process evaluation and the collaborative model of evaluation. It also outlines how to select the most appropriate evaluation design for the individual workplace.

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PRACTITIONERS SPECIALTY TRACK 4: ENVIRONMENT-BASED PREVENTION **- 69HRS**

This track reviews the science behind effective environment-based prevention interventions and policies – which focus on community-wide strategies to prevent tobacco and alcohol misuse; and illegal drug trafficking and use in various settings and the methods used to identify and successfully implement these interventions. It also provides experiential learning in planning for and implementing environmental policy changes and other community-wide substance use prevention efforts. The seven courses in this track are as follows:

UPC 41 **Description of the Environmental Approach**

This course examines the components of the Environment-based Intervention (EI) track, planning framework, and Etiology Model. It also provides an opportunity to think strategically about how to plan interventions that will last, and reflect the specific culture(s) of an individual's community.

UPC 42 **Assessment of Geographic Area and Need for Environmental Interventions**

This course explains how to do an assessment of the local community including collection and use of the assessment data, define the geographic area or community and identify the specific environments within the community where alcohol, tobacco and other substances are sold, purchased and used. It also examines how to collect and use statistical data to describe the extent and nature of substance use and related consequences.

UPC 43 **Strategically Build Partnerships to Address Needs - Building a Prevention Team**

The course describes the process of building partnerships with other organisations, agencies and individuals in the local community to address substance use prevention needs by building a prevention team representing organizations and groups such as businesses, law enforcement and other governmental agencies, the health care community, and educational institutions.

UPC 44 **Evidence-Based Environmental Interventions and Policies**

This course examines some evidence-based environmental substance use prevention

strategies to address substance use and related problems in the local community or country, and how they can affect substance use availability and norms through regulations and enforcement. It also explains how to identify and implement appropriate environmental interventions.

UPC 45 **Policy Advocacy**

This course explains the steps involved in policy advocacy that include understanding various macro-environmental levels of policy change, developing a policy action statement for desired change, identifying implementation and enforcement partners, developing talking points, case statements, and media messages for advocacy, and doing follow up after a policy is adopted or not adopted.

UPC 46 **Development of a Community Strategic Environmental Prevention Plan**

This course discusses the process for the development of a comprehensive community environmental prevention action plan that includes developing a logic model indicating environmental intervention strategies and how they will impact targeted outcomes, identifying and discussing steps involved in each environmental intervention strategy, and anticipating challenges and how to overcome them.

UPC 47 **Monitoring and Evaluation**

This course examines the definitions and purposes of monitoring and evaluation, use of assessment data to establish baseline, target outcomes, and monitor intervention effects, steps for conducting a process evaluation to determine how well an intervention is implemented, and how to use data for ongoing surveillance and writing an evaluation report.





PRACTITIONERS SPECIALTY TRACK 5: MEDIA-BASED PREVENTION - 86HRS

This track discusses the science inherent in effective media-based substance use prevention interventions with a focus on developing successful persuasive communications. It also provides experiential learning in planning messages and media for reaching parents and youth in substance use prevention efforts. It comprises the following six courses:

UPC 51 Introduction to Media and Their Use in Prevention

This course presents basic information relative to media campaigns including the steps for effective campaign planning. It also underscores the importance of understanding culture and the use of social media.

UPC 52 The Nature of Media and Theories of How the Media Affect the Audience

This course describes how the Theory of Planned Behavior forms the foundation for persuasion and is applied in media messaging and media campaigns. It also explains the importance of Hovland's Message Learning Theory of Persuasion and how to apply it to media messages and campaigns.

UPC 53 Practical Application of Persuasion in Substance Use Prevention

This course discusses ways in which the media can be used to people avoid substance use. It also explains how to develop a media campaign to target substance use problems.

UPC 54 Improving the Impact of Media Campaigns

This course describes the media's role in prevention and how they work in persuasive prevention. It

also presents the advantages of mass media for communication, namely Reach, Return and Rapid Response.

UPC 55 Monitoring and Evaluating Media Messages

This course focus on various aspects related to monitoring and evaluating media messages such as developing measures of the media campaign's audience's knowledge, attitudes, and intentions to use psychoactive substances, using pre-and post-assessments of these measures to determine campaign effectiveness, and determining if persuasive effects found on immediate post-campaign measurement persist over time, at the individual and community levels. It also describes the data necessary to inform the development of effective substance use prevention campaigns in the home context.

UPC 56 Applications to Practice

This course provides an opportunity for the application of knowledge acquired and skills learned in the preceding courses to developing an effective media campaign.

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PRACTITIONERS SPECIALTY TRACK 6: COMMUNITY PREVENTION IMPLEMENTATION SYSTEMS - 89HRS

This track explores the science underlying the systems approaches to prevention interventions and presents the primary methods for planning community-wide implementation systems. It also provides experiential learning in planning and working with stakeholders to develop prevention intervention services. It consists of seven courses as follows:

UPC 61 Rationale and Conceptual Framework

This course underscores the importance of substance use prevention in the community, micro- and macro- level environmental influences in communities, rationale for using teams to deliver EBIs to a community, need for multi-component prevention, and importance for planning interventions systemically and identifying environmental influences to inform the selection of EBIs. It also outlines a plan for teaching these concepts to a community team.

UPC 62 Community-Based Implementation Systems

This course presents the benefits of using a community-based implementation system, identifies reasons why some community teams are successful, and phases of team development as well as how they influence team activities. It also discusses two evidence-based models of community implementation systems.

UPC 63 Building a Community-Based Implementation System

This course provides an opportunity to identify and practice strategies that build capacity and foster teamwork, skills related to the roles and responsibilities of team members, and skills and abilities of effective team leaders and members in leadership roles. It also helps the team anticipate, adapt to and plan for change, identify common barriers and develop strategies to overcome challenges to effective teamwork as well as communication skills to teach others about the benefits of using EBIs.

UPC 64 EBI Selection and Implementation

This course discusses needs assessment and data sources, strategies for building team capacity, matching community needs to the most appropriate EBIs, the importance

of implementation fidelity and the need for adaptations when appropriate as well as the steps for developing a comprehensive implementation plan.

UPC 65 Monitoring and Evaluation

This course underscores the importance of evaluation for implementers, evaluations that measure progress, intended outcomes and impact on the community, steps for monitoring team processes and EBI implementation as well as a data system to collect and use information. It also explains how data are used for continuous quality improvement.

UPC 66 Sustainability

This course outlines the components of an implementation plan and its application to the community, use of logic models to support high quality implementation and sustainability of EBIs and the community team, sustainability inputs and characteristics of healthy teams, application of organisational and environmental strategies for the sustainability of EBIs and well-functioning teams and the implementation of sustainability concepts to a community team. It also outlines a sustainability plan and strategies to identify and secure resources using different approaches for different audiences.

UPC 67 Prevention Systems Thinking and Networking to Build Capacity

This course explores how teams can link to multiple systems and influence multi-level interventions across community domains, basic concepts and benefits of “prevention systems thinking”, ways that community-based teams can network with larger prevention systems within and outside the community and technical assistance assessment.

PRACTITIONERS SPECIALTY TRACK 7: MONITORING AND EVALUATION OF PREVENTION INTERVENTIONS AND POLICIES - 63HRS

This track presents primary evaluation methods with a focus on monitoring and process evaluation used to measure outcomes of evidence-based substance use prevention interventions and policies. It also provides experiential learning in planning and monitoring outcomes through exercises and a practicum completed at the end of the track. There are eight courses in this track as follows:

UPC 71 Overview of Monitoring and Evaluation

This course reviews key concepts related to monitoring and evaluation, such as its definition and purposes. It also examines the monitoring and evaluation system, and discusses the role of monitoring and evaluation in the Implementation Cycle.

UPC 72 Logic Models

This course explains the definition, purposes, structure and limitations of logic models and how they are linked to the monitoring and evaluation system. It also provides examples from two evidence-based substance use prevention interventions, namely LifeSkills Training and Project Towards No Drug Abuse.

UPC 73 Types of Data and Data Collection

This course describes two types of data, that is, quantitative and qualitative data. It also explains how to define and describe different data collection methods and how to apply them in an evaluation.

UPC 74 Data Analysis and Reporting

This course examines different types of data analysis strategies for qualitative and quantitative data and effective ways to report the findings from monitoring and evaluation activities. It also focuses on how to collect, analyze and display data and report the results of implemented monitoring and evaluation activities.

UPC 75 Process Evaluation and Program Monitoring

This course reviews the concepts and procedures for programme monitoring and process evaluation. It also explains how to develop a process evaluation and programme monitoring plan that is linked to needs assessments and the logic model process.

UPC 76 Outcome Evaluation

This course discusses the basic principles and practices of the outcome evaluation design and methods such as outcome measures, data collection, data analysis, and reporting.

UPC 77 Ethics

This course addresses the ethics underlying monitoring and evaluation when involving the community, collecting and storing data, reporting and ownership of evaluation findings. It also emphasizes the importance of maintaining confidentiality.

UPC 78 Monitoring and Evaluation Plan: Review of Practicum 2

This course explains various methods for conducting monitoring and evaluation, components of the monitoring and evaluation system, and how to build logic models based on an understanding of the community or target population needs and intervention intent.



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UNIVERSAL TREATMENT CURRICULUM FOR SUBSTANCE USE DISORDERS - BASIC LEVEL (UTC BASIC)

The Basic Level UTC consists of eight courses that cover the broad spectrum of addiction treatment. The content and methodology of the UTC training series is designed to ensure that addiction practitioners develop a balanced perspective of the principles relating to both the science and art of addiction treatment. Each course is intended to enhance the knowledge, skills and competencies of

addiction professionals, as well as promote evidence-based practice for the enhancement of service delivery and treatment outcomes. Moreover, each course underwent the rigorous process of reviews to ensure the outstanding quality of content, as well as identify and address existing gaps prior to its application by training. The eight existing courses are as follows:



UTC 1 Introduction to the Science of Addiction

This course provides the foundation for understanding the science of addiction. It gives an overview of the physiology of addiction as a brain disease and pharmacology of psychoactive substances. (20Hrs)

UTC 2 Treatment for Substance Use Disorders – The Continuum of Care for Addiction Professionals

This course provides the foundation for learning about SUD treatment. It gives an overview of recovery and recovery management, stages of change, principles of effective treatment, components of treatment and evidence-based practices. (33Hrs)

UTC 3 Common Co-occurring Mental and Medical Disorders - An Overview for Addiction Professionals

This foundational course provides an overview of the relationship of co-occurring mental and medical disorders, and SUD-related treatment issues. (20Hrs)

UTC 4 Basic Counselling Skills for Addiction Professionals

This course provides an overview of the helping relationship and opportunity to practice core counselling including basic skills in motivational interviewing, group counselling and implementation of psychoeducation sessions. (33Hrs)

UTC 5 Intake, Screening, Assessment, Treatment Planning and Documentation for Addiction Professionals

This course is a skills-based course that teaches effective and integrated intake, screening, assessment, treatment planning and documentation procedures to addiction professionals. (33Hrs)

UTC 6 Case Management for Addiction Professionals

This is a foundational and skills-based course that provides an overview of case management in SUD treatment and provides skills practice in case management functions. (13Hrs)

UTC 7 Crisis Intervention for Addiction Professionals

This course addresses the concept of crisis as a part of life and provides guidelines for crisis intervention including managing suicide risk. It also addresses ways in which counsellors can avoid personal crisis situations by providing information and exercises about counsellor self-care. (13Hrs)

UTC 8 Ethics for Addiction Professionals

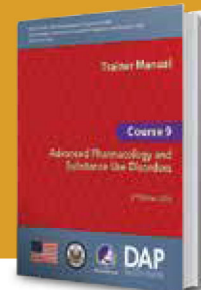
This course addresses professional conduct and ethical behaviour in SUD treatment that covers confidentiality, ethical principles and professional code of ethics. It provides the opportunity to learn and practice the use of an ethical decision-making model through case study analyses. (26Hrs)

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UNIVERSAL TREATMENT CURRICULUM FOR SUBSTANCE USE DISORDERS - ADVANCED LEVEL (UTC ADVANCED)

The Advanced Level UTC is a set of 14 courses, which is developed to provide a more comprehensive and theoretical foundation in the clinical practice of substance use disorder treatment. It is a specialised training course that aims to provide an in-depth continuing

education with the latest information and skills-based activities to further enhance the capacity of the treatment workforce and standardise the quality of care and services they provide for their clients.



UTC 9 Advanced Pharmacology and Substance Use Disorders

This 3-days course provides an overview of pharmacology through the identification of the classification of drugs based on their effects on the central nervous system and addiction potential. It provides an understanding of the role of neurotransmitters in the development of addiction and the psychological implications on substance use disorders. Participants will review routes of administration and discuss the progression of substance use to substance use disorder. The research related to the co-occurrence of psychiatric disorders (e.g., mood, bipolar, psychiatric, and anxiety disorders) with substance use disorders will be presented while examining the importance of integrated treatment. This course will address the need of both the substance use disorder and the co-occurring psychiatric disorder at the same time in the same location by an integrated treatment team. Participants will come to understand the social implications of substance use disorders; its impact the community, the family system and the individual. (20Hrs)

UTC 10 Managing Medication-Assisted Treatment Programs

This 4-days course provides a comprehensive understanding of the importance of medication in SUD treatment and its benefits when used in conjunction with psychosocial interventions. This course is designed for those persons who are interested in understanding the “How To’s” in developing and establishing a Medicated Assisted Program. The participants attending will be informed about treatment recommendations, background information and historical review

of available evidence- base services for pharmacotherapies and practice guidelines for pharmacotherapy services. Topics that will be explored are: What is pharmacotherapy; Pharmacotherapy Treatments; Neurobiology and Assessments (specific-medical and clinical). Formulating a treatment plans that show the collaborative approach between clinical and medical teams will also be discussed. (26Hrs)

UTC 11 Enhancing Motivational Interviewing Skills

This 5-days course provides an understanding of the theory and application of Motivational Interviewing strategies and interventions for SUD treatment. It contains a set of methods used to help people to increase internal motivation by exploring and resolving ambivalence about behavior change. This skill can be used in reducing risk behaviours and increase client engagement in treatment. It is more cost effective than the alternatives and 10-20% more effective than no treatment. It works for clients with varying level of severity, age, gender and even work better for ethnic minority. (33Hrs)

UTC 12 Cognitive Behavioral Therapy

This 4-days course provides an overview of cognitive – behaviour therapy goals, techniques and its application to treatment of people with substance use disorders and comorbid disorders. These skills equip the professionals with the skills to help people with SUDs to recognize and cope with craving, managing thoughts about substance use, problem solving, planning for emergencies and refusal skills. Hence, these skills are widely used in relapse prevention. (26Hrs)

UTC 13 Contingency Management

This 3-days course is a foundational course that provides an understanding of the theories and principles of reinforcement-based treatment, in general, with specific focus on the Contingency Management approach. The course covers the use of behavioral interventions in the treatment of SUD, and the basic components of Contingency Management (CM) and its application. Participants will be able to identify at least two types of CM reinforces and explain the steps for designing a CM program. Finally, participants will be able to develop an action plan for the implementation of a CM program within their projects or programs. (20Hrs)

UTC 14 Working with Families

This 5-days course provides a comprehensive overview for SUD treatment practitioners working with families who are dealing with substance use disorders. The discussion covers the impact of SUD on family, its coping mechanisms, recovery issues and interventions that can be implemented with families affected by SUD. This course emphasizes that family's strengths or support can add to the resource available to increase the chance of recovery. On the other hand, the course discusses that dysfunction in the family can lead to substance use and unaddressed family issues can become barriers for recovery and relapse triggers. (33Hrs)

UTC 15 Skills for Managing Co-Occurring Disorders

This 3-days skills-based course enhances participants understanding of co-occurring disorders, substance-related disorders, and mental disorders. This course is designed to develop skills to identify and provide intervention to people with SUD and other co-occurring medical and mental disorders. Participants will be able to identify and describe common co-occurring medical disorders such as tuberculosis, hypertension, diabetes, Hepatitis, and HIV as well as identify and describe mental health disorders that frequently co-occur with substance use such as depression, anxiety, trauma-related, schizophrenia spectrum, bipolar, compulsive disorders and personality disorders. (20Hrs)

UTC 16 Advanced Clinical Skills

This 5-days course provides an in-depth understanding of the theories of counselling and the application of its therapeutic techniques in various SUD treatment settings. On-the-job skills such as training and supervision skills are addressed in this course that will enhance counsellors' skills to evaluate their treatment services for possible adoption of methods from various treatment interventions. (33Hrs)

UTC 17 Case Management Skills and Practice

This 3.5-days course is designed to provide the opportunity to enhance competency in case management through a better understanding of the important roles and skills of case managers. It further describes the key functions, applications, assessment, management plan, advocacy and evaluation within a case management context. This approach focuses on assisting the client in accessing needed services or resources throughout the continuum of care and assist them by focusing on the outcome of treatment services. (23Hrs)

UTC 18 Clinical Supervision

This 5-days course provides an overview of the fundamentals, principles, models and methods of clinical supervision. This is also meant to lay out the roles, functions, skills and competencies of clinical supervisors. These are the skills that clinical supervisors will need to positively impact the development of counselors and treatment programs in delivering SUD treatment services. Participants will gain an understanding of the roles, functions, skills, and competencies of clinical supervisors in this course. (33Hrs)

UTC 19 Enhancing Group Facilitation Skills

This 3.5-days course is a skills-based course that enhances group facilitation skills of SUD treatment practitioners. This method is used to support and guide people with similar problems or issues seeking advice or meeting to discuss issues. It enables a small group of persons with SUDs to meet regularly to talk, interact, and discuss problems with each other and the group facilitator. It centers around understanding of group processes, concepts, models and methods

through experiential learning. These skills will encourage practitioners to guide a group through the complex stages of group development that is built on trust and safety, creating cohesion among members that learn from experience. (23Hrs)

UTC 20 Populations with Special Clinical Needs

This 6-days specialised course provides basic tools necessary to help meet the needs of a broad and diverse array of individuals with substance use disorders, provide and/or improve access to quality treatment services that address the issues of diversity and address the unique mental health needs of the communities' different population groups. This course is also designed to implement culturally responsive treatment services to provide appropriate treatment services and strategies for diverse populations with special clinical needs. It also promotes respect and the practice of cultural humility as it highlights the importance of understanding different groups' health beliefs, practices, cultural and language needs that contribute to individuals relapsing to substance use and engaging in and maintaining recovery. (39Hrs)

UTC 21 Trauma-Informed Care for Adults

This 4- days course provides information about trauma, its prevalence among people with substance use disorders, and impact on treatment and recovery as many researches found that trauma is associated with higher risk of later substance use and also substance use itself in turn can predispose people to higher rates of trauma. Understanding about these issues permits treatment and recovery support service providers to identify how trauma affects the community, the elements of trauma-informed care and ways to address its effect on service providers. It also helps to develop and integrate trauma-informed care into existing treatment system and make it available to all clients with SUD. (26Hrs)

UTC 22 Recovery Management and Relapse Prevention

This 4-days course provides a foundational understanding of recovery management and relapse prevention. It covers discussion on the process of recovery, the variance from treatment as well as the elements of relapse and relapse prevention. This course is designed to provide the skills and knowledge to help individuals manage their own recovery by identifying relapse triggers, developing healthy coping skills and ways to manage recovery through in individual, family and community approach. It also presents challenges and issues that are sometimes encountered in recovery management - issues such as dealing with mental health and physical health issues, the role that medication assisted treatment can play in recovery management and very importantly, the role of addressing trauma in recovery. This course also examines the role of peer support specialists and recovery coaches in helping support recovery from substance use disorders. (26Hrs)

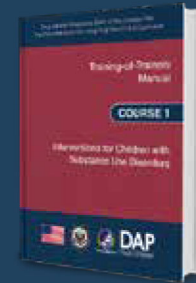
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UNIVERSAL TREATMENT CURRICULUM FOR SUBSTANCE USE DISORDERS - SPECIALTY COURSES

THE CHILD INTERVENTION FOR LIVING DRUG-FREE (CHILD) CURRICULUM



The Child Intervention for Living Drug-Free (CHILD) Curriculum provides treatment providers with the tools they need to identify, assess, and treat children with substance use disorders (SUDs) using age-appropriate interventions and methodologies. It is a six-course training programme that responds to the needs of children and their caregivers impacted by substance use and life circumstances of various social, cultural, economic, and political situations. The curriculum was developed by an internationally-recognised panel of experts from a broad range of specialisations—including treatment, prevention, public policy, pediatric medicine, psychology and pharmacology—with first-hand experience in working directly with substance-using children and their caregivers from diverse social backgrounds.

UTC 31 Interventions for Children with Substance Use Disorders

This first foundational course addresses the uniqueness of treating children with substance use disorder, beginning with the need for treatment professionals to alter intervention techniques to accommodate the child's level of cognitive and emotional development. It introduces major topics for expansion in later courses, including basic counseling skills, motivational interviewing, treatments for children exposed to trauma, pharmacological options as a part of treatment, and ethical considerations. In addition, Course 1 introduces the components of a unique intervention (Suitcase For Life) for working directly with the child which was initially developed by working with children in Afghanistan and then tailored for children in street circumstances in Brazil. This intervention is presented in full detail in Course 6. (40Hrs)

UTC 32 Treating Children with Substance Use Disorders: Special Considerations and Counseling with Children

Course 2 builds on the theoretical foundations set forth in Course 1 and effectively translates theoretical constructs into hands-on practices for use in the field. Child substance use disorder is presented through the lens of health care in which substance use disorder is seen as a complex, but treatable disease in which co-occurring disorders are common. Treatment providers are then introduced to practical applications of 12 key underlying concepts of effective child substance use disorder treatment. As the first critical step in developing an individualized treatment plan, participants will learn how to perform screening and assessment procedures. Finally, the quality of professionalism—as an acquired skill, a code of conduct, an attitude, and an adherence to ethical standards—is explored as the basis for all



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effective counseling relationships. The set of universal treatment tools found in Course 2 can be adapted by treatment practitioners according to their specific settings, substances used by children, minority populations, culture, and other local needs. (40Hrs)

UTC 33 **Motivational Interviewing for Children with Substance Use Disorders**

This course builds on the key concepts set forth in Course 2 and explores basic counseling skills in greater detail. Course 3 focuses on the development of the Motivational Interviewing (MI) technique, a skill which can permeate and bolster all of the practitioner's efforts in the field. MI is recognized as a practical technique for developing empathy in the treatment provider; empathy which he or she then extends to the child and caregiver(s) experiencing the impact of drug-life circumstances. The course identifies the MI key concepts and the application of MI techniques, including FRAMES, OARS, EARS and DARN-CATS. It also guides participants towards assessing and determining the level of motivation in the child as well as how to respond to children in different stages of change. (40Hrs)

UTC 34 **Attachment Theory and Principles of Treating Children with Substance Use Disorders Affected by Trauma and Distress**

The critical premise of this extensive course is that relationships form a child's world, including relationships with the mother, the family, and the community. It addresses relationships in the context of "Attachment Theory" and "Styles of Attachment" and further explores the complex link between a child's "style of attachment" and substance use. Research indicates that while the link between a child's attachment style and substance use is not causal, it is highly correlated and is thus a critical lens for understanding and treating substance use disorders in children. This course offers specific interventions for working with children whose relationships are disrupted as well as practical tools for providers to examine if their staff is trauma-informed and their program trauma-specific. (56Hrs)

UTC 35 **Principles of Pharmacological Treatments for Children with Substance Use Disorders: A Menu of Options**

This course focuses on pharmacology as one part of a holistic and systems approach to

managing substance use disorders in children. It is designed for two primary audiences; first, medically-trained individuals who are qualified to prescribe and supervise the administration of pharmacological agents to children, and second, non-medically trained professionals for whom an increased understanding of pharmacological interventions can enhance the capacity to observe, assess, monitor, and help children with substance use disorders. The course presumes that not all children will need pharmacological treatment, and that pharmacological approaches will be used in tandem with psychosocial interventions, with the latter as the first and preferable option. However, for those children for whom medications can interrupt the disease process and ease symptoms, Course 5 offers practical guidance for identifying and responding to signs and symptoms of intoxication and overdose in children for a range of substance classes. In addition, pharmacological protocols are set forth for managing detoxification and relapse-prevention. (24Hrs)

UTC 36 **The Suitcase For Life Intervention Tool**

This course offers practitioners a unique intervention tool for working directly with children in the field. The highly mobile and culturally adaptable Suitcase For Life is informed by the broad range of evidenced-based principles and efficacious treatment practices set forth in Courses 1-5. Sophisticated intervention approaches have been adapted for children's varying cognitive and developmental levels and seamlessly incorporated into games, storytelling, and other activities. The Suitcase For Life Intervention Tool consists of eight modules which develop strengths and skills in the child in eight areas of functioning: Artistic Expression; Communicating and Relating; Dealing with Stress; Understanding the Harms of Drugs; Keeping the Body and Mind Healthy; Keeping Yourself and Others Safe; How to Be a Good Citizen; and Dreaming and Planning for the Future. Each module is expected to be tailored to each unique cultural context (e.g., words, pictures and activities need to reflect the local community). The Suitcase For Life Intervention Tool does not supplant treatment; it is a highly flexible adjunct tool for both prevention and treatment efforts from which practitioners can pick and choose elements according to where the child falls within the at-risk continuum. (40Hrs)

WOMEN'S INTERVENTION FOR SUBSTANCE EXPOSURE: COMPREHENSIVE CARE FOR SUBSTANCE USE DISORDER (WISE)

The WISE Curriculum was created to increase understanding of women's unique treatment needs and how to address them through practical knowledge and techniques. The four-course curriculum specifies how treating women for substance use disorders differs from treating those of men, and how to respond

to women's needs appropriately. It offers participants the tools and strategies to identify, assess, and treat women for substance use disorders with the goal of improving and optimizing outcomes and sustaining recovery.



UTC 41 Clinical Care for Women with Substance Use Disorders

This 5-day foundational course examines the core competencies needed to treat women as well as what makes women unique-- as compared to men-- in their illness trajectory, including substance use initiation, use, treatment and recovery. It addresses basic theories and concepts that underpin substance use disorder treatment with women and legal and ethical issues that providers often face when treating women for substance use disorders. The course will help participants to identify substance use disorders among women and how to create and implement comprehensive assessment and individualized care plans for women with substance use disorders. The latter modules discuss key components of a comprehensive substance use disorder treatment program for women, evidence-based approaches to caring for women with co-occurring disorders, and how to provide case management for women. (33Hrs)

UTC 42 Trauma Responsive and Family-Centered Care for Women and their Children

This course defines trauma and a trauma-responsive environment in substance use disorder treatment. It then addresses how trauma-specific treatment is specifically integrated into women's substance use disorder treatment, including the importance of teaching staff working with women in a substance use disorder treatment setting about trauma-responsive care. The course concludes with

evidence-based approaches to empower women to enhance parenting and how family-centered care can be integrated into women's treatment for substance use disorders. (13Hrs)

UTC 43 Caring for Women with Substance Use Disorders across the Lifespan and in Specialized Circumstances

This course addresses the stages of life and when special considerations are needed. Ages include children, adolescents, young adult, middle adult, pregnancy and the postpartum period and older women. It also covers a broad category of women dislocated or displaced from the home environment. The types of situations in this broad category includes: homeless adults and youth, human trafficking survivors, involved with criminal justice system (incarcerated and post-incarcerated), and military service members (active duty, discharge from military and veterans). A final module covers cultural competence and cultural humility. (13Hrs)

UTC 44 Creating and Implementing a Women-Responsive Substance Use Disorder Treatment Model of Care

The final course unites all of the information in the previous courses into practical model of care. It examines each of the core components of women's SUD treatment and recovery. Participants are guided through how to develop an action plan to put women-centered treatment into place. (7Hrs)

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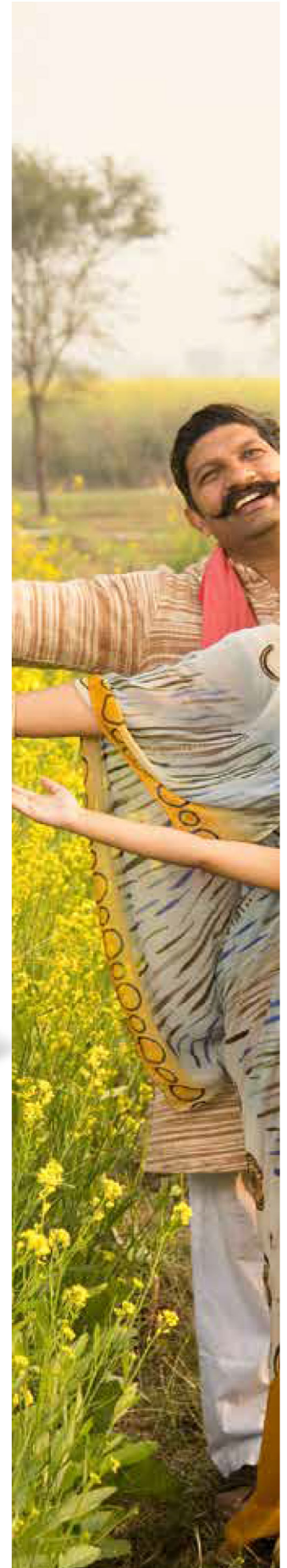
THE INTERSECTION OF SUBSTANCE USE AND SEXUAL ORIENTATION AND GENDER IDENTITY (SOGI)

UTC 46 The Intersection of Substance Use and Sexual Orientation and Gender Identity

This curriculum is designed to develop provider skills in delivering culturally responsive prevention and treatment services for LGBTQ populations. This training will provide participants with an overview and understanding of the considerations that health providers should take into account to provide inclusive services aimed at people with diverse Sexual Orientation and Gender Identity (SOGI) with a particular focus on the treatment of disorders due to the use of substances. (26Hrs)



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RURAL-BASED PREVENTION AND TREATMENT CURRICULUM FOR SUBSTANCE USE DISORDERS (RURAL)

This specialty training series aims to reduce the significant health, social, and economic problems associated with the substance use by professionalizing prevention and treatment workforce, and promoting community participation to develop sustainable community-based prevention, outreach and treatment services in rural and isolated areas throughout the world.

This training helps social workers of the community to create the groundwork necessary to facilitate programme acceptance and community participation, and thus to result in a successful programme in prevention and treatment, with a focus on continuing, long-term effects. The training also helps outreach and treatment workers to develop a range of outreach services and treatment camps to reduce the risks of drug use and improve health, and well-being, for substance users in rural and isolated areas.



UTC 51 Substance Use Awareness and Prevention in Rural Settings

This course contains information on how to developing community-based awareness and prevention programme through systematic process of community needs assessment and community resource mobilization. The course focuses on considering culture and the use media for effective prevention campaign. (52Hrs)

UTC 52 Community Outreach

This course defines trauma and a trauma-responsive environment in substance use disorder treatment. It then addresses how trauma-specific treatment is specifically integrated into women's substance use disorder treatment, including the importance of teaching staff working with women in a substance use disorder treatment setting about trauma-responsive care. The course concludes with evidence-based approaches to empower women to enhance parenting and how family-centered care can be integrated into women's treatment for substance use disorders. (33Hrs)

UTC 53 Community-based SUD Treatment in Rural Settings

This course provides step-by-step information about establishing and running treatment camps in rural settings that takes place over three stages - preparation, active treatment and continuing care. (33Hrs)

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CRIMINAL JUSTICE PRACTITIONERS

UTC 81 The Alternatives To Incarceration - 13Hrs

The Alternatives To Incarceration (ATI) training and technical assistance program was developed in order to stimulate systems change through the use of treatment in the rehabilitation of individuals with substance use disorders whose criminal activity is related to that disorder. The overall goal is to train national policy makers to employ alternatives to incarceration across the criminal justice system for individuals identified with substance use disorders.

ATI constitutes an innovative treatment model that focuses on the effectiveness of reducing the risk of criminal recidivism, providing effective treatment of problematic drug use and assuring adequate social integration. It is based on the conviction that while models of treatment and rehabilitation of drug users who have committed a crime can be carried out within the prison system, ATI provides a more effective alternative to the individual. It increases treatment opportunities in the community for people with substance use disorders under the jurisdiction of the justice system who can safely receive this intervention without the need for incarceration. In doing so, ATI supports recovery and social integration of the individual and promotes the overall health and safety of the community.

The training provides information on the science of addiction, evidence-based treatment for the justice involved, decision making using a criminogenic risk/need framework, models of alternatives to incarceration, case management, and developing effective collaboration between the justice and health systems. During the training, stakeholders from the national justice and health systems engage in group activities and exercises together to develop a plan to enhance alternatives to incarceration in their country.

Goals for the Training include:

- Providing an understanding of the global challenge of drug use, its relationship to justice involvement, and the opportunity to address this challenge through alternatives to incarceration.
- Increasing the participants' understanding of the importance and duration of the recovery process.
- Understanding the outcomes and benefits of treating substance use disorder following encounters with the justice system and learning about evidence-based treatment practices.
- Becoming familiar with the Risk-Needs-Responsivity (RNR) model; identifying criminal risk factors that should be the focus of offender treatment programs, and increasing awareness of responsivity factors that can undermine treatment effectiveness.
- Understanding the building blocks to alternatives to incarceration across the justice system from law enforcement to reentry from detention.
- Understanding screening and assessment as a core component of alternatives to incarceration and adopting screening and assessment as a systems approach.
- Understanding case management as a key component of alternatives to incarceration and its role in facilitating alternatives to incarceration.
- Understanding a systems change process and conducting a needs assessment of critical areas necessary to develop alternatives to incarceration in the country.
- Complete an action plan that will identify the next steps, tasks and results to improve alternatives to incarceration in the host country.



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THE UNIVERSAL RECOVERY CURRICULUM (URC): DELIVERING RECOVERY SUPPORT SERVICES

Recovery from substance use disorders is more than just not using alcohol or other substances. It is more than just going through substance use disorder treatment. It is a long-term process of learning to live life and solve problems without alcohol or other drugs. Long-term support is often necessary for individuals with substance use disorders to achieve and sustain recovery.

Both of the URC courses focus on equipping participants with core competencies and skills to work as a recovery support professional.

One course is designed for those individuals who themselves are in recovery from a substance use disorder and the other is for those individuals who do not identify as being in recovery. Successful completion of either one of the recovery-focused courses will allow participants to become eligible to sit for an exam through the Global Centre for Credentialing and Certification (GCCC) to qualify to work as a recovery support professional in the field. (For more information contact: www.globalccc.org)



URC 1 Delivering Recovery Support Services: The PEER (Peer Experiences Empower Recovery) Model

This course does not require prerequisite training and is designed to be a stand-alone course so that recovery support professionals can be trained quickly in the field. This course, often referred to as “PEER,” provides a brief foundation that defines substance use disorders and recovery, and then provides the needed information about competencies and skills, including awareness of trauma-informed care, self-care, and boundary setting, to work successfully as a recovery support professional.

Note: This course is created for those who already are working or want to work as a peer support professional and who are in sustained recovery for a minimum of two years from a substance use disorder. This course is also designed for those whose lives have been seriously impacted, either directly or indirectly, by the behavior of an individual with a substance use disorder and who have embarked on their own journey of recovery as a result. Such persons, which most often includes family members and significant others, are qualified to offer peer recovery support by virtue of their “shared personal experience” with addiction and recovery. (40Hrs)

URC 2 Delivering Recovery Support Services: The Recovery Allies (Allies Link and Lend Inventive Engaging Support) Model

Like the PEER course, the Allies course does not require prerequisite training and is designed to be a stand-alone course so that recovery support professionals can be trained quickly in the field. The Recovery Allies course orients participants through a brief foundation that defines substance use disorders and recovery, and then provides the needed information about competencies and skills, including awareness of trauma-informed care, self-care, and boundary setting, to work successfully as a recovery support professional.

Note: This course is created for those with interest in working as a recovery support professional and who do NOT identify as being in recovery from a substance use disorder. (40Hrs)

Capacity Building Programme and
Programme for environment and
Climate Change
provided the following
scholarships/training programmes
during the period of
July 2022 to December 2023.

Annex E

Capacity Building Programme and Programme for environment and Climate Change provided the following scholarships/training programmes during the period of July 2022 to December 2023.

| Implementing Agencies | Title of the Training Programme / Theme | Number of Beneficiaries |
|---|---|--|
| <p>The Korean Development Institute (KDI)</p> <p>The Colombo Plan Secretariat</p> | <p>One-year master's scholarship programme offered by the KDI School of Public Policy and Management - Spring 2022</p> | <p>A total of 3 individuals from Myanmar (2) Thailand (1)</p> |
| <p>Bureau for Foreign Technical Cooperation, Ministry of State Secretariat of the Republic of Indonesia</p> <p>Center for Education and Training Indonesian Agency for Meteorology, Climatology, and Geophysics</p> <p>The Colombo Plan Secretariat</p> | <p>South-South and Triangular Essential Training Programme on Provision of Climate Information for Sectors under the theme of Building Climate Change and Food Security Resilience through the Provision of Climate Information for Sectoral.</p> | <p>A total of 25 participants from Bangladesh (4), Indonesia (6), Lao PDR (2), Myanmar (2), Nepal (7), Papua New Guinea (1), Sri Lanka (1), Vietnam (2)</p> |
| <p>Bureau for Foreign Technical Cooperation, Ministry of State Secretariat of the Republic of Indonesia</p> <p>Secretariat for Directorate General of Small, Medium, and Multifarious Industry, Ministry of Industry of the Republic of Indonesia</p> <p>The Colombo Plan Secretariat</p> | <p>Capacity Building Programme on Enhancing the Development of Small and Medium Industry 2022 under the theme of "Creative Industry, Economic Recovery, Fashion, Craft, Indonesian Presidency, G20."</p> | <p>A total of 19 participants from Bangladesh (2), Lao PDR 2, Malaysia (2) The Maldives (2), Nepal (2), Pakistan (2), The Philippines (2), Kingdom of Saudi Arabia (1), Sri Lanka (2)</p> |
| <p>The Korean Development Institute (KDI)</p> <p>The Colombo Plan Secretariat</p> | <p>One-year master's scholarship programme offered by the KDI School of Public Policy and Management - Spring 2023</p> | <p>A total of 4 participants from two member countries: Myanmar (2), Nepal (2)</p> |
| <p>The Bureau for Foreign Technical Cooperation, Ministry of State Secretariat of the Republic of Indonesia; Secretariat for Directorate General of Small, Medium, and Multifarious Industry, Ministry of Industry of the Republic of Indonesia; and The Colombo Plan.</p> | <p>The Knowledge Sharing Program on Enhancing the Development of Small and Medium Industry 2023, themed 'The Empowerment of Small and Medium Industry through a Sustainable and Environmental Approach.</p> | <p>A total of 15 participants from nine member countries: Bangladesh (2), Indonesia (2) Lao PDR (2), Maldives (1), Myanmar (2), Nepal (2), The Philippines (1), Sri Lanka (2), and Vietnam (1)</p> |

| Date Conducted | Venue/Place where activity was conducted |
|--------------------------|--|
| January to December 2022 | Republic of Korea |
| 15 to 29 August 2022 | Online |
| 19 to 30 September 2022 | Indonesia |
| January to December 2023 | Republic of Korea |
| 2 to 10 July 2023 | Semarang, Central Java, Indonesia |

2022

13 MEMBER COUNTRIES PARTICIPATED

44 PARTICIPANTS

3 SCHOLARSHIPS

2023

| Implementing Agencies | Title of the Training Programme / Theme | Number of Beneficiaries |
|---|---|---|
| <p>The Bureau for Foreign Technical Cooperation, Ministry of State Secretariat of the Republic of Indonesia; Bureau for Law and Organization, Indonesian Agency for Meteorology, Climatology, and Geophysics; and The Colombo Plan.</p> | <p>The Blended Training of Trainers on Climate Field School 2023, under the theme 'Understanding and Practicing Climate Information to Support Agricultural Activities for Food Security.</p> | <p>A total of 17 participants from eight Colombo Plan member countries: Bangladesh (3), Bhutan (1), Indonesia (4), Myanmar (2), Nepal (2), The Philippines (2), Papua New Guinea, (1) Sri Lanka (2)</p> |
| <p>The Bureau for International Technical Cooperation, Ministry of State Secretariat of the Republic of Indonesia; Bureau of Law, Organization, Cooperation, and Public Relations, The National Library of the Republic of Indonesia; and The Colombo Plan.</p> | <p>A third training program was conducted this year under the Indonesia South-South Cooperation program on the Knowledge Sharing Program on Social-Inclusion Based Library Transformation, with the theme of 'Strengthening the Role of Public Libraries for Promoting Local Community Welfare.</p> | <p>A total of 10 participants from seven Colombo Plan Member Countries: Lao PDR (1), Myanmar (1), Malaysia (3), Nepal (1), The Philippines (2), Sri Lanka (1), Vietnam (1)</p> |
| <p>Thailand International Cooperation Agency (TICA), in cooperation with The Colombo Plan and Chiang Mai University.</p> | <p>Co-sharing training course titled "Food Safety and Security from Animal Origin: Strengthening the Network for Sustainability.</p> | <p>A total of 26 individuals from member countries: Bangladesh (1), Bhutan (10), Pakistan (4), and Sri Lanka (11).</p> |
| <p>Thailand International Cooperation Agency (TICA), in cooperation with The Colombo Plan and Mae Fah Luang University.</p> | <p>Cost-sharing training course on "The SDGs Localization: Sufficient Economy Philosophy and Community-Based Tourism.</p> | <p>A total of 20 individuals from 9 member countries: Bangladesh (1), Bhutan (2), Fiji (1), Lao PDR (1), Maldives (4), Mongolia (1), Myanmar (4), Nepal (2), Pakistan (4).</p> |
| <p>The Korean Development Institute (KDI) The Colombo Plan Secretariat</p> | <p>One-year master's scholarship programme offered by the KDI School of Public Policy and Management - Spring 2024</p> | <p>A total of 4 participants from three member countries: Maldives (2) Nepal (1) Sri Lanka (1)</p> |

| Date Conducted | Venue/Place where activity was conducted |
|---------------------------|--|
| 8 to 18 July 2023 | Jakarta, Indonesia |
| 12 to 17 November 2023 | Jakarta, Indonesia |
| 7 to 25 August 2023 | Online |
| 24 July to 15 August 2023 | Online |
| January to December 2024 | South Korea |

15 MEMBER COUNTRIES PARTICIPATED

88 PARTICIPANTS

4 SCHOLARSHIPS

4 SCHOLARSHIPS

2023

2024





THE COLOMBO PLAN

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