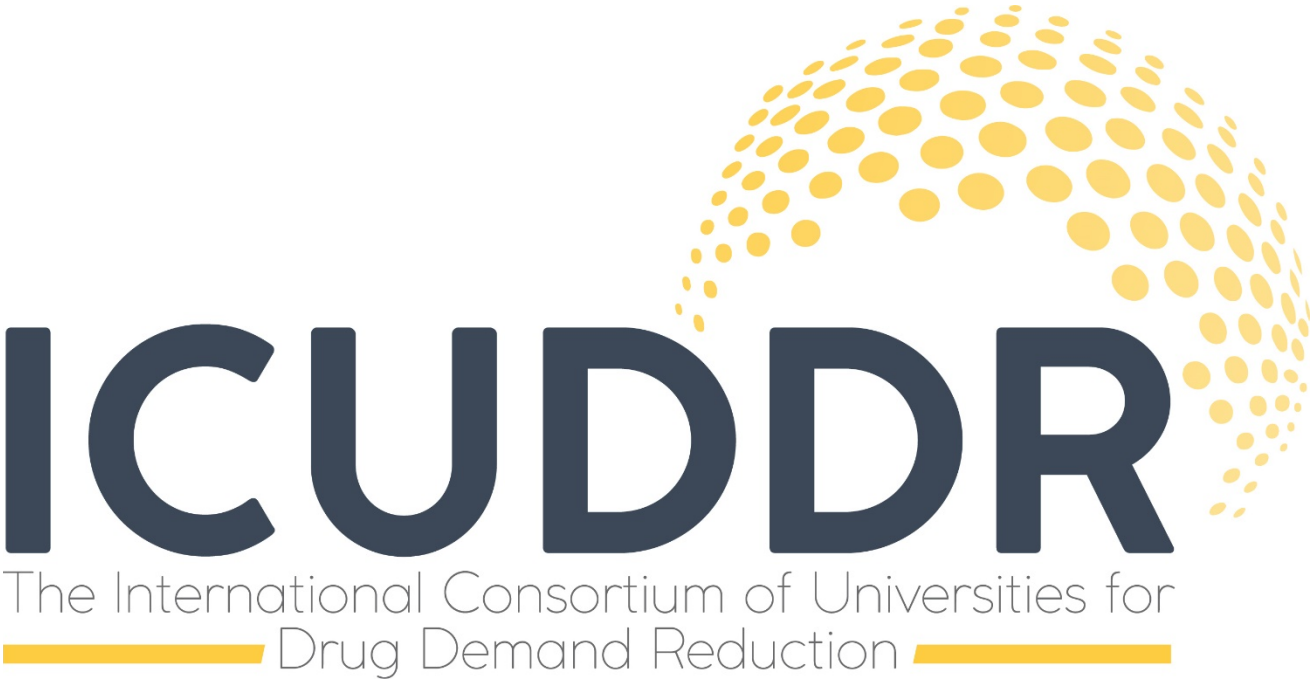

Implementing Alcohol and Drug Demand Reduction Education and Training:

A Guide for University Administrators and Faculty

International Consortium of Universities for Drug Demand Reduction (ICUDDR)
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Executive Summary

The development and implementation of substance use prevention and treatment education and training curricula in the academic setting presents numerous challenges. This Implementation Guide offers university administrators and faculty a framework for meeting such challenges, including useful strategies for resolving key practical issues. The Guide is intended to provide a simple "road map" to support academics in planning and managing their respective implementation projects.

The idea for the Implementation Guide was inspired by the experience of members of the International Consortium of Universities for Drug Demand Reduction (ICUDDR), founded in 2016 to assist academic institutions worldwide in improving education for substance use professionals. In working with universities in over 50 countries, ICUDDR has observed that education programs in preventing and treating substance use disorders usually manifests in the following categories:

- Specialized training and education activities within an existing discipline (e.g., in psychology, medicine, etc.)
- Summer or winter schools specializing in addiction or prevention geared to a range of target audiences (e.g., addiction treatment professionals. mental health providers, prevention specialists etc.)
- Lifelong/continuing education activities for different kinds of health or social work professionals
- Comprehensive academic degree programs (e.g. bachelor's, master's, and doctoral levels) that focus primarily on substance use disorder prevention and treatment.

The process within this Implementation Guide is set forth in five stages:

1. Needs assessment and preparatory work.
2. Curriculum development and adaptation of available curricula such as the Universal Treatment Curriculum (UTC) and Universal Prevention Curriculum (UPC) to the university environment
3. Program implementation
4. Ensuring sustainability of the study program
5. Establishing a quality policy: monitoring, evaluation, and updating

This guide is designed as part of a tool kit that includes case studies, video recordings of face to face training and webinars, and materials that have been developed by universities willing to share their syllabi, core requirements, and other documents necessary for education program development.

Introduction: Alcohol and Drug Demand Reduction Curricula in the Academic Setting

There are four different categories of education that require different types of implementation processes:

- **Specialized training and education activities** as a component of existing undergraduate, graduate, or postgraduate programs in different disciplines (typically psychology, medicine, social work, nursing, etc.) including specialized courses, training modules, study visits, e-learning lessons, etc.
- **Summer or winter schools specializing in addiction** and substance use prevention dedicated to different target groups and topics (public health, mental health, risk reduction management, clinical or academic training, etc.)
- **Lifelong (also called continuing) education training and education activities** for substance use professionals and/or for different kinds of health or social work professionals (including training in prevention, early identification and brief interventions, motivational interviewing, etc.)
- **Comprehensive academic degree programs** at the bachelor's, master's, and doctoral levels and similar programs specifically dedicated to substance use prevention and treatment

The development and implementation of academic curricula is a complex process that involves multiple steps and many details. Successful implementation models around the world have some similarities, but also many specific local features. ***The purpose of this document is to describe the critical activities relevant to implementing academic programs to train the workforce for prevention and treatment of substance use and its problems*** and provide practical guidance for academics as to what to do, from the planning through the evaluation phases of implementation.

The document is built on a foundation of using and adapting the world's first universal substance use prevention and treatment curricula that was developed over two decades, and as of 2020, has been successfully implemented in more than 55 countries. For two key reasons, these foundational curricula, namely the Universal Treatment Curriculum (UTC) and Universal Prevention Curriculum (UPC), bring a revolutionary perspective on overall substance use prevention and treatment education and training activities. First, UPC and UTC were created in the context of a broader mission to promote quality and sustainability in substance use service provision as well as expand a well-trained drug demand reduction workforce**.** Second, UPC and UTC were developed with an eye towards transferability of different kinds of substance use education and training programs and their respective impact on practice and policy. In one sense, these universal curricula represent the beginning of a continuing process that ideally culminates in the establishment of international quality standards for substance use education and training within the academic sphere**.**

This Implementation Guide is the beneficiary of three decades of experience gleaned by ICUDDR's member universities, including one of its oldest programs, the Barcelona master's program established in 1986. The Guide also draws on a range of case studies developed at ICUDDR's member universities, including the comprehensive Prague academic model of

addiction studies, a national system of addiction-focused education grounded within national legislation.

The Five-Stage Implementation Process

The overall implementation process can be divided into five stages and crucial activities linked to these stages can be defined (see Figure 1). Some of these activities and tasks must be conducted in a specific ordered sequence, while others are relatively independent and can be carried out whenever possible.

Stage A: Needs assessment and preparatory work	>	Stage B: Curriculum development and adaptation	>	Stage C: Curriculum implementation and building the study program	>	Stage D: Ensuring sustainability of the study program; stabilizing the process and developing all academic components and activities.	>	Stage E: Establishing a quality policy: monitoring, evaluation and updating

Figure 1: The process of establishing an academic study program in five stages[1]

Many challenges in the implementation process are common and not unexpected. For example, at the beginning of the process, numerous differences in the interpretation and perception of data and needs are very typical. Historically, in many countries the addiction field was perceived as a part of psychiatry, so a typical response to the introduction of addiction education is to strengthen psychiatric education and the role of psychiatrists. Another common response stems from the perception by university management regarding the substance use prevention and treatment field as being very narrow, one in which few job opportunities exist. Another common oversight is that university management often fails to consider the fact that the entire justice system (e.g., special programs and units for prisoners, people in probation programs, etc.) offers attractive employment opportunities for graduates with substance use knowledge and training. The concept of a professional work force in substance use prevention is unknown in many countries so developing education programs to train the workforce requires significant advocacy prior to developing education programs.

Early phases of implementation often include additional challenges stemming from different levels of knowledge and understanding of the topic on the part of the academic team. Terminology, concepts, and traditions may not translate well either linguistically or culturally. Some faculty may be comfortable or familiar with some parts of a curriculum and not others. For example, faculty may make statements such as "I prefer not to use this part of the curriculum; we have much better concepts of our own" or "I disagree with this method and that approach and I choose not to teach them." Such resistance is normal and expected.

[1] See also – the checklist – for enhanced orientation in the overall implementation process.

Stage A: Needs assessment and preparatory work

Before the technical planning and implementing of a new academic study program can begin, it is critical to understand the need for the program. *What is the purpose of the program? What will the graduates of the study program actually do for work? Are there existing service providers in the field who are interested in having professionals with this specific set of knowledge and skills?*

Perhaps one of the most fundamental prerequisites to the creation of any implementation plan is a comprehensive description of the national and regional situation, followed by some reflection on the needs that are implied.

- **Identifying needs:** Is there a need to create a new specialized addictions study program? What is the level of interest in doing so? What is the evidence? Who formulated these needs and intentions, and how?
- Has a **needs assessment for** establishing and developing a new academic study program actually been conducted and if so, by whom and how? Is it available?

Part of this preparatory stage involves **surveying/identifying the "market demand" for academic programs** dealing specifically with substance use prevention and treatment studies. This stage is similar to developing a "business plan" for the program(s) and addresses such questions as: Where will the students come from? What level of degree/certification is needed most in the field (or in specific drug services or segments of care)? How, technically and logistically speaking, will students be recruited effectively? Are there partner organizations that can serve as a referral network for students in the academic program(s)?

The potential "market demand" for addiction education programs in the academic setting can also be identified by considering the following:

- **The epidemiological situation in the country/region:** (a) availability of reliable epidemiological studies, (b) quality of data sources, (c) visibility for policy makers and university management, (d) visibility for the media, etc.

- **The complexity and richness of the national institutional infrastructure in the field of prevention, treatment, rehabilitation, and public health interventions ~~harm reduction~~:** To what extent can the need for developing a specialized workforce for specialized addiction services actually be identified? Are there prevention activities, specialized addiction treatment centers etc.? Do the health and social systems (brief interventions, school counseling, etc.) need personnel specifically dedicated to addressing substance use disorders? How many actual jobs already exist and how many can potentially be developed in the upcoming years? Who has the interest and ability to pay for such specifically trained and educated specialists?

A major part of the preparatory first stage involves **identifying key stakeholders, players, potential partners, and other supporters** who are enthusiastic about the idea of establishing a

new academic study program. Who can be engaged and involved, and how? Stakeholders can most easily be recognized in the following two categories:

a) **Stakeholders and supporters inside the university:** rector, dean, academic senate, head of department, and departmental staff. How and where was the idea discussed on academic platforms and with what results? How is this support sustainable and how is it possible to work with it?
b) **Stakeholders and supporters outside the university:** associations of service providers, associations of substance use prevention and treatment professionals, local government, local and central authorities, including the National Drug Commission and other relevant bodies (ministries, regulatory institutions, etc.)

An ideal way to begin the process is by "**mapping" various kinds of stakeholders and then engaging with them.** Dialog and effective communication will increase the chances of successfully engaging and energizing stakeholders. Sharing ideas and a sense of mission with enthusiasm is an important part of the engagement process. A critical role is played, and potentially important help and support are provided by professional societies and service providers (employers).

- **National professional societies of substance use professionals,** or similar bodies operating at the national level, are well established in many countries. They most often fall into two categories: a) field- or discipline-oriented (such as societies for addiction nursing, societies for addiction medicine or addiction psychiatry, societies for addiction psychology, etc.), or b) dedicated to different kinds of professions and professionals that cut across traditional education and training (e.g., societies for substance use professionals).
- **Service providers in the field** are important not only as a network for graduates to find jobs, but also as a place for clinical training and practice (see footnote no. 1), etc. It is helpful at the needs assessment stage to gain insight from service providers as to their respective needs, their ideas related to the university's academic program, and any relevant workforce issues (qualification, quality, skills, competencies). It is useful to determine up front the anticipated intensity of collaboration between the university and service providers and to construct a quality "map" that provides insight into this network.

Ideally, data is collected in order to create a picture of a particular country with responsibilities for particular activities and steps clearly designated. At the national level, it is helpful to identify relationships and roles which the individuals and/or organizations play in that relationship:

- Implementation university team and department staff
- Partner academic institutions and platforms (e.g., libraries, national professional journals).
- National institutions and regulatory bodies (National Drug Commission, ministries, National Institute for Mental Health, National Institute of Public Health, etc.)
- National professional societies and associations
- Service providers/employers (governmental, NGOs, private) and their associations
- Patients'/clients' associations and self-help groups
- The public, media, and journalists

Summary of Stage A: Needs assessment and preparatory work

Outputs/Deliverables[2]

a) **Vision(s):** What is the near-term vision of the program? What does this curriculum initiative aim to become in the future? What is the vision of the curriculum in the long run?
b) **Mission:** What does this curriculum strive to do? What is the purpose of bringing this initiative into existence? What is the curriculum designed to achieve?
c) **Goals:** In the long run, what can be achieved by this initiative -- beyond the curriculum itself? What is the long-term impact in terms of addressing the identified needs/gaps?
d) **Objectives:** What are the specific objectives of this curriculum? What are the specific target areas to be addressed? What are the expectations of those who complete this curriculum? What will they be prepared to do and in what areas, e.g., prevention, screening, assessment, treatment? These objectives should be considered in the context of a continuum of care from primary prevention through addiction treatment and recovery support.
e) **Target population/group:** Ideally, who needs to enroll in this program and why? Bear in mind the multidisciplinary nature of the alcohol and drug demand reduction field. Who needs to be on board to achieve the academic program goal, e.g., healthcare providers (physicians, psychiatrists, psychologists, counselors), social workers, the criminal justice system, law enforcement?

Stage B: Curriculum development and adaptation

Many existing substance use education programs share similar features and characteristics and taken together offer a treasury of experience and knowledge. The first models were focused on operations at the national level, e.g., the Trinity College program (Butler, 2011) in Dublin, the University of Auckland (Adams, 2017), Charles University in Prague (Miovský et al., 2016). These early models paved the way for systematic work on the development and formulation of the first international substance use curricula. Some efforts were focused on medical faculties and students, whereas others expanded the focus to include a much more interdisciplinary perspective. The first curriculum was dedicated to treatment and rehabilitation issues, namely the Universal Treatment Curriculum (UTC). The second addressed prevention issues and is known as the Universal Prevention Curriculum (UPC). Both curricula are available to universities by applying for access through the ICUDDR website.

It is very helpful if the implementation team charges itself with continually reflecting on the following questions throughout the implementation process: Why do we need this particular curriculum? What needs or gaps does it strive to address? Is there evidence to support these needs? What has been achieved so far? What still needs to be done? Is a university program the most sustainable way to address the identified needs/gaps?

Professional competencies and learning outcomes have a critical role in the process of curriculum development and choice (Miovský et al., 2019). A review of documents defining

[2] For more details, ICUDDR has developed a brief presentation by Beatrice Kathungu (2018) available at – https://www.youtube.com/watch?v=opxFk-vLMYU

the professional competencies of workers in the substance use field reveals a lack of agreement internationally in the understanding of the substance use prevention and treatment profession as a whole. According to the specific nature of the environment, culture, and mentality, various organizations around the world developed their own competency models of the substance use disorder treatment profession. For instance, the Canadian Center on Substance Abuse (2014) published a competency model based on measurable knowledge, skills, and attitudes. The Center states the importance of respecting addiction workers as professionals from different fields and has created a list of 35 areas in which an addiction professional should demonstrate competency. A different view is offered by the New Zealand Ministry of Health (APAANZ, 2011) which is a very culturally specific model that recognizes practical and theoretical competencies, and also describes the expected characteristics of an addiction professional. Unlike the Canadian model, it distinguishes different groups of substances and links them with specific interventions. In the U.S., several documents describe addiction professional competencies, including the American Board of Addiction Medicine (2012) which highlights six key competencies consisting of knowledge and skills. The International Society of Addiction Medicine (ISAM, 2015) defines nine competencies, which are closer to learning outcomes as a result of their connection with curricula. A very detailed document with high relevance as a result of having been reviewed many times is the competency model set forth by the U.S. Substance Abuse and Mental Health Service Administration, SAMHSA (2017). This competency model describes 123 competencies which are detailed in knowledge, skills, and attitudes. It is a list describing professional competencies, but because of its detailed description, it may also be used as a list of learning outcomes for addiction education programs that are focused on treatment skills.

Prior to choosing or developing a curriculum, the implementation team members should reflect on some important perspectives and engage in facilitating dialog which considers the following:

- What kind of educational program/product will meet the need (a single course, summer school, comprehensive academic degree program, etc.)?
- What knowledge, skills, competencies will meet the need?
- What is the perspective of the program and the role of the graduates in the workforce (e.g., for treatment and rehabilitation, recovery, public health. school prevention, etc.)?
- What is the balance between theory and practice?
- Should there be a research and academic component included?
- Have project, diploma, and thesis opportunities been identified?
- What level of degree offerings (e.g., BC, MA, Ph.D) meets the need?

The theoretical homogeneity and consistency of curricula are a critical issue, from achieving balance with the university (e.g., its mission, vision, philosophy, core values, etc.) to the balancing of theoretical perspectives (public health, mental health, perspectives on prevention, recovery versus harm reduction, etc.). It is not easy to deal with all these perspectives and issues simultaneously. One critical guideline is as follows: *The core concepts of the substance use education curricula which are ultimately selected must be consistent, and must respect the university's existing value structure while also reflecting the best science and addressing a community need.*

Summary of Stage B: Curriculum development and adaptation

Outputs/Deliverables

a) **Description of Professional Competencies:** Is there adequate description of professional competencies of students who graduate? Are learning outcomes defined in the planning of a particular subject as well as in the planning of the overall comprehensive study program?
b) **Rationale for the Choice of a Curriculum:** When choosing a particular curriculum or a certain strategy to mix different kinds of curricula, such a selection should be made in the context of a practical plan for obtaining all the relevant documents and any other materials that support the strongest possible rationale for the selection (e.g., the recommended adaptation process, recommended implementation strategy, practical experience, illustrative examples, etc.).

Stage C: Curriculum implementation and building the study program

The university implementation team may need to address many technical issues. Four of them are as follows: 1) The delivery models (form of the study), 2) formal approval (accreditation) for operating a study program, 3) course structure and plan of the studies, and 4) capacity-building. E-learning may bring many benefits, but may also impose limits in terms of communication, clinical training, and interactive skills development. While decisions on the e-learning, interactive learning, and clinical training options issue are completely up to the implementation team, it is important to respect common practices in the case of specific methods, such as motivational interviewing, clinical assessment, and behavioral interventions, including early diagnostic and brief interventions, crisis interventions and management, case management, etc. Reflection on the different needs and requirements related to teaching and training students usually leads to creating a balance between a face-to-face strategy, an online (e-learning) strategy, and practical and interactive training combined with study visits and supervision.

Formal requirements regarding the granting of academic credits (ECT credits) as well as the scope of course syllabi may differ from region to region. The recommended solution for each implementation team is to create a preliminary plan consisting of a "map" of how many credits/courses/units are needed in order to meet the learning outcomes of the program. The team must also consider how practically to adapt (UPC/UTC or other) curricula into courses and if such curricula are in fact adequate to achieve the defined learning outcomes and desired goals. Generally both internal or "within university" considerations, and external formal approval process and accreditations that are defined by regulatory bodies outside the university may be required.

Finally, capacity building is usually an underestimated issue and can be highly problematic, principally because engaging a sufficient number of qualified teachers capable of covering such a wide thematic scale as required by substance use prevention and treatment education and training often presents significant challenges. Even with linkages between courses, practical training, and diploma theses, there are often limitations in sufficient capacity building. The implementation team must achieve a balance between a practical orientation in planning the study program and a sufficient quality and proportion of academic and theoretically-oriented subjects to meet specific requirements regarding theory, methodology, etc.

Summary of Stage C: Curriculum implementation and building the study program

Outputs/Deliverables

a) **Curriculum implementation strategy and technical map.** The implementation team must create a comprehensive strategy that includes a step-by-step process with clear responsibilities for individuals, milestones, deliverables, and control checkpoints.
b) **Summary of all key technical requirements.** Technical requirements such as delivery models (the form of the study), formal approval (accreditation) for operating the study program, course structure and plan of the studies must be well defined by this stage.
c) **Identification of capacity building needs.** The strategy for moving ahead should include the identification of capacity building needs, with a focus on special training and supporting the process/program recommended as an integral part of the implementation process.

Stage D: Ensuring sustainability of the study program

Academic implementations of training and study programs have many specific features, dictated partially by the institutional framework and specific rules, but also by different traditions, the academic character and background of the institution, and usually, a highly sophisticated quality policy with links to research and sciences. What makes an academic program unique is especially its link to science and research; it is precisely this link wherein a fundamental symbiosis and dialog between theory and practice is to be found. In addition, many universities routinely conduct activities that exert a practical impact on the sustainability of each study program which it operates. Some of these activities focus on internal communication and management processes and activities, while others emphasize external aspects and perspectives. The following activities are necessary elements of ensuring sustainability:

- Development of a regular and systematic monitoring and evaluation system
- Improvement of standard services and opportunities for students, (e.g., an ERASMUS exchange program, study visits, etc.)
- Regular dialog with service providers/employers, patients' organizations, and professional societies
- Engagement of students and graduates in program evaluation
- Formal mechanism for "grounding" graduates through specific kinds of certification or a licensing procedure (e.g., through regulatory bodies, etc.),
- Establishment of a specific research profile and program that is linked to practice (applied research and evaluation) and also connects actual capacity with practical needs
- Ongoing dialog with national regulatory bodies, (e.g., the National Drug Commission) that leads to inclusion in the development of national drug policy and possible partnerships within governmental and non-governmental spheres

The above suggested steps and activities represent long-term activities which are not usually priorities or standard tasks of implementing study programs. However, operating an academic study program with such a specific focus *demands* an "open" system, one that is deeply and intensively linked to actual labor and marketplace needs and the overall field. The first addiction study programs in the academic setting grew out of practice and the needs of the field, not theory

and academic needs (Thom et al., 2017; Adams et al., 2017). With full respect to this fact, it is also helpful to bear in mind the need to develop and support dialog between science and practice and to bridge the gap between them. Reflection and feedback on the part of patients/clients and patients' associations, professional societies, employers/service providers, and regulatory bodies, is an irreplaceable source of information and an opportunity to gain inspiration from practice and practical needs. Continual dialog between academic institutions, professional societies, and service providers can produce balanced and shared models of collaboration among institutions which are participating in prevention, treatment and recovery research, including the participation of university graduates and postgraduate students (Miovský, 2014b).

Students and student activities represent another valuable source of information and feedback for ensuring sustainability. Making a study program standard in every respect means building a creative laboratory for engaging students and inviting them to participate in and improve a study program. This participatory approach is often mirrored in student associations, self-managing activities, etc. In addition, while universities have alumni programs for their graduates, an even more practical way to receive feedback and evidence about their work and movement within the labor market includes active outreach to alumni, such as graduate surveys (e.g., Pavlovska & Miovský, 2018) to obtain data about what services they actually perform within the labor market, including job description, salary, etc.

Formal approval to operate a university academic degree study program normally requires a specific kind of **national accreditation and permission** from a regulatory authority. In some countries, there is special kind of regulation (e.g., a **licensing or credentialing system**) for addiction treatment professionals, similar other health professions. This specific additional kind of regulation allows addiction specialists to be recognized as specialized health professionals, similarly to nurses, psychologists, or physiotherapists.

Summary of Stage D: Ensuring sustainability of the study program; stabilizing the process and developing all academic components and activities

Outputs/Deliverables
The implementation team can ideally ensure sustainability of the study program by developing all academic components, including the following:

a) **Standard services and opportunities for students**, e.g., ERASMUS exchange programs, study visits, etc.
b) **Specific subjects which focus on research methodology and addiction science** and which are integrated into the study program's academic curricula and linked to diploma theses.
c) **Specific research profiles and programs** which link student activities and projects with diploma theses and university research activities.

Stage E: Establishing a quality policy: monitoring, evaluation and updating

Monitoring and evaluation are standard elements of quality policy and help to improve and up-grade addiction education study programs. Universities develop many different activities dedicated to this purpose. Using these strategies and tools from as early as the implementation

phase enhances the sophistication of study programs and prevents obstacles and difficulties from arising through the entire implementation process.

Standard internal evaluation is the most common quality control measure found in universities today, but this measure is usually implemented into programs that are already in operation and is therefore not implementable at this (preparatory) stage. The situation with the international ranking of universities is very similar, and also acts as an important limit on the practical uses of internal evaluation at the lower than university-wide level. For these reasons, the following procedures and measures currented in use by ICUDDR member universities are highly recommended:

a) **Supervised adaptation of international curricula** for a particular level (in a particular university or country). This process consists of the translation and harmonization of terminology to local specific adaptations, examples, etc. Under the umbrella of this process, it is also possible to assist with the transfer of curricular tracks to the relevant subjects according to a particular study plan.
b) **Training for academic staff** is another example of implementation support to improve skills in the use of international curricula, with an eye towards respect for local terminology traditions and cultural humility, etc.

From the long-term perspective, two additional evaluation activities are systematically used by certain member universities and have been successfully implemented in national languages and different cultural contexts:

c) **Periodic curriculum review mechanisms** usually linked to feedback from employers/service providers and professional societies and data from surveys on graduates from study programs.
d) **Continual/systematic updating of the curriculum** on the basis of internal supervision and intervision (inter-collegial learning methods) conducted in the context of the team of teachers and trainers.

How and when the curriculum will be reviewed and with what frequency is specific to the individual institution. It is also an open question as to whether emphasis is placed on an internal versus an external perspective and/or if the evaluation characteristic will be normative versus formative.

Summary of Stage E: Establishing a quality policy: monitoring, evaluation and updating

Outputs/Deliverables
Monitoring and evaluation are standard elements of quality policy and help to improve and up-grade addiction education study programs. The implementation team can apply the following:

a) **Supervised adaptation of international curricula** for the particular national level (in a particular university and country).
b) **Ongoing training for academic staff** to improve skills in the use of international curricula, including respect for local traditions and culture.

c) **Periodic curriculum review mechanisms** which are usually linked to feedback from employers/service providers and professional societies and data from surveys on graduates from study programs.
d) **Continual/systematic updating of the curriculum** on the basis of internal supervision and intervision (inter-colleagial learning methods) conducted in the context of the team of teachers and trainers.
e) **Feedback from graduates and employers** regarding the strengths and weaknesses of the program

Structural Implementation Checklist (SICL)

No.	Stage and key outputs		Yes/No
	Stage A: Needs assessment and preparatory work		
1		**Vision(s):** What is the near-term vision of the program? What does this curriculum initiative aim to become in the future? What is the vision of the curriculum in the long run?	
2		**Mission:** What does this curriculum strive to do? What is the purpose of bringing this initiative into existence? What do we want this curriculum to achieve?	
3		**Goals:** In the long run, what can be achieved by this initiative -- beyond the curriculum itself? What is the long-term impact in terms of addressing the identified needs/gaps?	
4		**Objectives:** What are the specific objectives of this curriculum? What are the specific target areas to be addressed? What are the expectations of those who complete this curriculum? What will they be prepared to do and in what areas, e.g., prevention, screening, assessment, treatment? These objectives should be considered in the context of a continuum of care.	
5		**Target population/group:** Ideally, who needs to enroll in this curriculum and why? Bear in mind the multidisciplinary nature of the drug demand reduction field. Who needs to be on board to achieve the academic program goal, e.g., healthcare providers (physicians, psychiatrists, psychologists, counselors), social workers, the criminal justice system, law enforcement?	
Comments:			

	Stage B: Curriculum development and adaptation		
1		**Description of Professional Competencies:** Is there adequate description of professional competencies of students who graduate? Are learning outcomes defined in the planning of a particular subject as well as in the planning of the overall comprehensive study program?	
2		**Rationale for the Choice of a Curriculum:** When choosing a particular curriculum or a certain strategy to mix different kinds of curricula, such a selection should be made in the context of a practical plan for obtaining all the relevant documents and any other materials that support the strongest possible rationale for the selection (e.g., the recommended adaptation process, recommended implementation strategy, practical experience, illustrative examples, etc.)	
Comments:			

No.	**Stage and key outputs**		**Yes/No**
	Stage C: Curriculum implementation and building the study program		
1		**Curriculum implementation strategy and technical map.** The implementation team must create a comprehensive strategy that includes a step-by-step process with clear responsibilities for individuals, milestones, deliverables, and control checkpoints.	
2		**Summary of all key technical requirements.** Technical requirements such as delivery models (the form of the study), formal approval (accreditation) for operating the study program, course structure and plan of the studies must be well defined by this stage.	
3		**Identification of capacity building needs.** The strategy for moving ahead should include the identification of capacity building needs, with a focus on special training and supporting the process/program recommended as an integral part of the implementation process.	
Comments:			

	Stage D: Ensuring sustainability of the study program; stabilizing the process and developing all academic components and activities		
1		**Standard services and opportunities for students**, e.g., ERASMUS exchange programs, study visits, etc.	
2		**Specific subjects which focus on research methodology and addiction science** and which are integrated into the study program's academic curricula and linked to diploma theses.	
3		**Specific research profiles and programs** which link student activities and projects with diploma theses and university research activities.	
Comments:			
	Stage E: Establishing a quality policy: monitoring, evaluation, and updating		
1		**Supervised adaptation of international curricula** for the particular national level (in a particular university and country).	
2		**Training for academic staff** to improve skills in the use of international curricula, including respect for local traditions and culture.	
3		**Periodic curriculum review mechanisms** which are usually linked to feedback from employers/service providers and professional societies and data from surveys on graduates from study programs.	
4		**Continual/systematic updating of the curriculum** on the basis of internal supervision and intervision (inter-colleagial learning methods) conducted in the context of the team of teachers and trainers.	
Comments:			

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