

Saint Lucia National Drug Information Network

2009 Annual Report



July 2009

Compiled by
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Saint Lucia National Drug Information Network, (NATDIN) 2009
Annual Report
July 2009

This is not an official document of the OAS.

This document has not been formally edited. It is meant for discussion only.

The contents of this report represent the data submitted to the Drug Information Network. The author noted the challenges in obtaining data, analysis of existing data and the findings of research into the nature and extent of the drug problem in Saint Lucia for the period ending 2009. As this is the first report of its kind the data reported on will be cumulative to date. In the future it is the intention to prepare an annual report using only data from the previous year.

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Ministry of Health

Saint Lucia

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Central Procurement
Golden Hope Psychiatric Hospital
Turning Pont Treatment Centre
Saint Lucia Customs and Excise Department
Saint Lucia Statistics Department
Saint Lucia Substance Abuse Advisory Council
Staff, Saint Lucia Substance Abuse Advisory Council Secretariat
Royal Saint Lucia Police Force

Executive summary

The report, “Saint Lucia National Drug Information Network Annual Report 2009”, represents the first formal report commissioned for Saint Lucia. The findings herein catalogue the most current information into the nature and extent of the drug situation in Saint Lucia to date.

The report identifies the main challenges of obtaining data on licit and illicit substance use in Saint Lucia. While compiling this report is in itself an accomplishment it is not without challenges. From reviewing the data herein the reader will notice that there are gaps in the available data, that some data is disjointed and is difficult to reconcile.

An example of this is the links between drug arrests (available from the RSLPF web site), court dispositions of those arrests (no data provided) and incarceration data (available and included herein). Because the data does not flow from arrest to court to prison it is impossible to determine the impact of the enforcement of drug laws. Similar gaps exist with the manufacture and sales of intoxicating liquors and tobacco and the diversion of pharmaceuticals.

There is also little to link drug rehabilitation data with arrest data or with admissions to the Golden Hope Psychiatric Hospital.

Currently, data collection on drug related matters need improvement. Many key agencies do not keep records in a manner that makes them accessible or useable for policy or programmatic purposes. In addition many incidents of violence, accidents or acquisitive crimes that involve drugs or drug use are not recorded to reflect that overlap. Therefore drugs as the motivating cause for such incidents are lost.

Many agencies are possessive of their data and are reluctant to share data. The obligation to provide data to the Drug Information Network (DIN) or the DIN’s right to collect data is not enshrined in legislation making it even more challenging to compel agencies to report or to compile data.

Efforts need to be made to introduce a integrated interconnected data collection system that will permit a cohesive look at the drug situation in Saint Lucia and to use that data for evidenced based policy and programme formulation.

Introduction

The Caribbean island of Saint Lucia (13 53 N, 60 58 W) is located on the eastern edge of Caribbean Sea. The estimated population was approximately 170,000 at the end of 2009. Ninety percent of the population is Afro-Caribbean, 6% is mixed race, 3% is East Indian, and 1 % Caucasian. English is the official language, but given the French heritage, a large portion of the population speaks a French Kweyol as their cradle tongue. The country has a stable British-style parliamentary democracy, and is a member of the Commonwealth of Nations, the Caribbean Community (CARICOM) and a member of the Organisation of Eastern Caribbean States (O.E.C.S). The per-capita gross domestic product is USD \$ 5,400, the unemployment rate is about 15%, and the literacy rate is about 95% (calculated as the percentage of individuals who completed school to the age 14. Twenty-nine percent of the population falls below the poverty line of USD \$170.00 a month. The capital is located at the port of Castries.

Saint Lucia is a member of the Caribbean Community and Common Market (CARICOM). Most goods can be imported into Saint Lucia under open general license but some goods require specific licenses. Goods that are produced in the Eastern Caribbean receive additional protection; in May 1991, the CARICOM Common External Tariff (CET) was implemented. The CET aims to facilitate economic growth through intra-regional trade by offering duty-free trade among CARICOM members and duties on goods imported from outside CARICOM.

Saint Lucia is also a member of the Organization of Eastern Caribbean States (OECS) among other functions the OECS comprise a monetary union with a common currency. Saint Lucia is a member of the Eastern Caribbean Currency Union (ECCU). The Eastern Caribbean Central Bank (ECCB) issues a common currency for all members of the ECCU. The ECCB also manages monetary policy, and regulates and supervises commercial banking activities in its member countries.

2006 unemployment rate was set at 15.7% but this figure only reflected those individuals “actively looking for work”. There are many other individuals who are not counted into this figure. The author calculates that 40% of those individuals who are between the age of 16 – 60 and not students are not employed or grossly under employed. This is significant as antidotal evidence and the popular press places this under employment in the formal sector as a contributing factor to individuals seeking employment in the drugs economy.

Saint Lucia and Drug Use

Saint Lucia is for the most part a cocaine transshipment point to the UK and to a lesser extent to Europe and North America. The most widely used substance is alcohol followed by marijuana. Research by the Caribbean Drug and Alcohol

Research Institute shows that crack cocaine is also smoked and its use is common in the indigent and homeless population of the urban centres of Castries, Vieux Fort and Soufriere. Given the wide availability of crack cocaine throughout the nation, the author theorises that there is much more “causal” crack cocaine use than is commonly believed.

A comparison of 2005 Inter-American Drug Use Data System (SIDUC) data showed that St. Lucian students report higher levels of alcohol use in the Caribbean and the second highest in cannabis use.

Agencies from which data was collected and including those involved in Drug Control, Drug Prevention & Drug Treatment and Rehabilitation

Ministry of Education
Criminal Investigation Unit (RSLPF)
Turning Point Drug and Alcohol Detoxification and Rehab Centre
Chief Pharmacist
Crown Prosecution
Golden Hope Mental Hospital
Victoria Hospital
Customs and Excise
Bordelais Correctional Facility
Central Procurement
Statistics Department
Caribbean Drug & Alcohol Research Institute
Caribbean Harm Reduction Coalition

The Role of SAACS

The Substance Abuse Advisory Council Secretariat (SAACS) is a government agency within the Ministry of Health, Wellness, Family Affairs, National Mobilisation, Human Services and Gender Relations. It is the administrative body of the Government efforts in the anti-drug activity in Saint Lucia, regionally and internationally.

The Secretariat is guided through an advisory council (SAAC) mandated by Cabinet and operates through the Drug Misuse and Control Act #22 of 1988. The Act states that the Advisory Council comprises of representatives from the public, private and NGO sector but is currently only comprised of government sector members. The Secretariat, which is the implementing arm of the Advisory Council is headed by a Director and assisted by Programme Officers and support staff.

The objective of the SAACS is to develop, monitor and coordinate an effective and supportive campaign against the Supply and Demand for illicit drugs and the reduction of the abuse of licit substances. Collectively, members of the Secretariat have a broad mandate in attending to all issues that relate to substance abuse and illicit drug trafficking.

The Substance Abuse Advisory Council Secretariat (SAACS) is the central agency created by legislation to oversee all aspects of drug control and prevention. SAACS duties include gathering and disseminating data on the drug Situation in Saint Lucia but to date this information gathering has been conducted on an ad-hoc basis and has not been very effective in compiling information that will be useable in policy formation.

Background to Network

The Saint Lucia National Drug Information Network (NATDIN) is the system through which Saint Lucia will seek to coordinate the collection and dissemination of information and relevant statistical data from all institutions involved in the area of drug control. It is envisaged that NATDIN will also enhance Saint Lucia's ability to participate in international data-gathering projects such as the Multilateral Evaluation Mechanism (MEM), Inter-American Uniform Drug Use Data System (SIDUC), Annual Reports Questionnaire (ARQ) United Nations Office on Drugs and Crime.

Information on Drug Trends and Demand Reduction Efforts

2006 Saint Lucia Global School-Based Student Health Survey

The Global School-Based Student Health Survey (GSHS) was completed by 1,276 students in 20 schools in Saint Lucia during 2007. The school response rate was 100%, the student response rate was 82%, making the overall student response rate also 82%. The results are representative of all students in the grades listed below.

The weighted demographic characteristics of the sample are as follows: Males comprised 45.1% of respondents while females were 54.9%, which is reflective of secondary school enrollment in general. In 2008 while 51%¹ of the students starting kindergarten are male that percentage drops considerably so that by time students enter secondary school males only comprise 44%² of those students leaving secondary school.

¹ <http://www.stats.gov.lc/edtab13.htm>

² <http://www.stats.gov.lc/edtab66.htm>

The break down of students surveyed by form

Form 1	Form 2	Form 3	Form 4
27.3%	24.8%	23.7%	24.1%

Students completed a self-administered, anonymous, 66-item questionnaire. Survey procedures were designed to protect the privacy of students by allowing for anonymous and voluntary participation.

Findings and Commentary related to substance use inquiries

The GSHS queried students on tobacco use and intent to use, alcohol use and drug use.

The questions on tobacco and alcohol use were very informative. A total of 8 tobacco questions were asked, five questions about tobacco use (age of initiation, 30 day, 12 month and lifetime use, use of any other tobacco product³) and 3 questions regarding peer pressure, intention to use tobacco and exposure to tobacco. Regarding alcohol there were six questions focusing on age of initiation, quantity consumed, frequency of consumption and place alcohol was consumed. Compare this with “drugs”. There was one question on drug using behavior. It asked about life time prevalence of use of the combined substances of marijuana, cocaine, pot, hemp, or heroine (sic). Except for broadly demonstrating an expose to illicit substances of varying harms, this data is for all practical purposes useless in relation to gauging drug use risks since asked only lifetime prevalence and wrapped diverse substances such as cannabis and cocaine and heroin into one question.

Findings

The data derived from this survey is marginally helpful for two reasons. 1) The most vulnerable young people are those not affiliated with an educational institution and therefore the findings are not generalisable to all young people in the age groups only to in school youth. 2) As stated above there was not enough data collected on illicit drug use.

Recommendations

Should this survey be replicated in the future efforts should be made to include more questions on illicit drug use and to include a cohort of young persons of the same age level but not in school, usually characterised as “youth on the block”

³ Question 34 asks: During the past 30 days, on how many days did you use any other form of tobacco, such as Black joints, pipe, chewing or cigars? The use of the term “Black Joint” which in Saint Lucia and other Eastern Caribbean countries refers to the mixture of crack cocaine and marijuana in a “joint” and not tobacco further illustrates the lack of drug understanding on the part of the persons drafting this questionnaire.

PAHO/WHO Provided Drug Use Data

The data provided below was obtained from a regional report on drug use compiled by data culled from country reports.

Prevalence of drug use in previous 12 months as a percentage of the population ages 15-64, unless otherwise indicated; reference year 2005, unless otherwise indicated

	Opiates	Cocaine	Cannabis	ATS	Ecstasy
St. Lucia	-	1.0 (2002)*	9.00 (2006)*	-	-

* UNODC estimates based on local studies, special population group studies, and/or law enforcement agency assessments.

Lifetime and 12-month prevalence of drug use based on school surveys of students ages 13- 17

Country and year	Cannabis		Cocaine		Coca paste		Inhalants	
	Male	Female	M	F	M	F	M	F
Saint Lucia (2005)	25.5	15.9	1.5	0.8	ND	ND	9.7	5.7

Lifetime prevalence of any illegal drug use among students ages 13-15, by sex, by country; from the Global School Health Survey

	% who used illicit drug at least once during their life								
Country and year	Both sexes			Boys			Girls		
St. Lucia (2007)	22.0	±	3.0	29.7	±	4.5	15.8	±	3.6

In the past 20 years, enough such surveys have been conducted to estimate the prevalence and impact of drug-use disorders on the population of Latin America and the Caribbean. The following tables and discussion are based on that work (42, 43).

Percent that drug-use disorders as a contributing cause of years lived with a disability (YLD)

Years lived with a disability year 2002

Country	% that drug-use disorders contributed to YLDs
Saint Lucia ⁴	0.2

⁴ Kohn R, Levav I, Caldas de Almeida JM, Vicente B, Andrade L, Caraveo-Anduaga JJ, Saxena S, Saraceno B. Los trastornos mentales en América Latina y el Caribe: asunto prioritario para la salud pública. Rev Panam Salud Publica. 2005;18(4/5):229-40.

Recomendations

A review of this data shows a very high level of cannabis use among high school students. Interventions that are designed to address current drug and alcohol use and issues around safety among students need to be added to the drug free messages currently being promoted.

The Ministry of Education and Culture

The Ministry of Education and Culture is the arm of the Government of St. Lucia responsible for all aspects of education in St. Lucia. They have no standard data collection process as it pertains to substance use/abuse. However, the school Counselors and Principals keep physical files on students who seek counseling or receive punishment e.g., suspensions or expulsion. These notes would indicate any involvement of drugs in the incident. These notes are not categorized or stored in a way that lends itself to easily identifying drug related incidents. One would need to read through every case to pick out those involving drugs.

The Ministry of Education and Culture also conducts occasional surveys. These surveys can measure incident of drug use and dropouts. At the time of this report, the Ministry had recently concluded a Drop Out Survey. The analysis is not yet complete and data could not be made available at this time from that survey.

The Ministry of Education is interested in assisting and gathering data that can be beneficial and useful to St. Lucia. At this time, they lack the resources to be able to accomplish this.

Recommendation

The Secretariat should insert into their plan of work activities that will supply technical assistance to the Ministry of Education to assist them to gather drug use data as it relates to there student substance use and the consequences of that substance use.

The 2005 SIDUC Secondary School Survey

In November 2005, the substance Abuse Advisory Council Secretariat in conjunction with the Inter-American Drug Abuse Control Commission of the Organization of American States (CICAD-OAS) conducted a survey of substance use and related behaviours among full time secondary school students of Forms 2, 4 and 5 in Saint Lucia. A total of 2072 students from 20 secondary schools around the island participated in this study. The highlights of the findings of this survey are presented here.

Alcohol was the most widely used substance among secondary students. Cigarettes and marijuana were the next most widely used substances.

Findings

Licit Substance Use

Alcohol

- Alcohol was the number one substance that secondary school students reported using in 2005. Although the legal drinking age in Saint Lucia is 18 years, approximately 88.2 percent (88.2%) of students reported having consumed an alcoholic drink at least once during their lives, 77.3 percent used an alcoholic drink in the past year and 63.8 percent used an alcoholic drink within the past month, prior to the survey.
- A substantially higher percentage of students currently use alcohol (63.8%) than use cigarettes (5.9%), or inhalants (3.3%).
- About one third of students (32.9%) reported bingeing on alcohol, which is, drinking five or more alcoholic drinks in a one sitting on at least one day within the past two weeks. Among this group of secondary school students, bingeing was as much a common practice of females (50.1%) as males (49.1%) however, it occurred only on one occasion within a two-week period. The heavy drinkers were the males (9.2%) who consumed five and more drinks on any one occasion for at least six days within a two-week period.

Cigarettes

- Just over one quarter (27.8%) of secondary school students in the sample have used cigarettes at least once in their lives; 11.3 percent have used cigarettes in the past year and 5.9 percent smoked cigarettes in the month prior to the survey. More males (7.1%) smoked than females (5.0%).
- Of current cigarette smokers, 10.8 percent smoked 1 to 5 cigarettes per day. Less than 2 percent smoked 5 or more cigarettes per day.

Inhalants

- Nearly 10 percent (9.8 percent) of secondary school students used inhalants (e.g. solvents) at least once in their lives and 5.6 percent used inhalants in the past year. In the past month, 3.3 percent of students or 250 students used inhalants.

Illicit Substance Use

Any illicit drug

- About fourteen percent (14.3%) or approximately 296 of the secondary school sample were current users of an illicit drug, including marijuana.

- Over one third (35.8%) of secondary school students report using an illicit drug at least once in their lifetime and 23.1 percent have used an illicit drug in the past year.
- Whereas over 60.0 percent (approximately 61.6%) of students were not curious about trying an illicit substance, 23.2 percent indicated curiosity and 15.2 percent were hesitant. Interestingly however, when asked whether they would try an illicit substance if given the opportunity 7.1 percent responded that they would, while 24.2 percent were uncertain.

Marijuana

- Marijuana was the most commonly used illicit drug. 25.6% of the students in our sample reported that they had used marijuana at least once in their lifetime. Among secondary school students in the sample, 9.0 percent used marijuana, 3.0 percent used tranquilizers and 2.2 percent used stimulants in the month prior to the survey. Other drugs were consumed by 5.5 percent of secondary school students in the month prior to the survey.
- Marijuana was the most widely used illicit drug with 25.6 percent of the students having used the substance at least once in their lives and 16.0 percent in the last year. The percentage of secondary school students currently using marijuana in 2005 was 9.0 percent.
- Among secondary school students in the sample lifetime prevalence of marijuana smoking was more popular among males (33.7%) than females (19.9%). Use of marijuana was also more common among males in the past month prior to the survey with 12.4 percent (12.4%) males and 6.5 percent (6.5%) females reporting having smoked marijuana.

Hashish

- Less than two percent of secondary school students reported ever using hashish (1.7%).

Tranquilizers

- Three percent (3.0%) of secondary school students reported using tranquilizers in the past month prior to the survey, 4.5 percent in the past year and 7.3 percent at least once in their lives.

Cocaine/Crack

- Both current use (0.58%) and past year (.77%) use of cocaine or crack was less than one percent. Less than two percent (1.48 %) of secondary school students reported having used cocaine or crack in their lives. Lifetime prevalence of crack only, was .99 percent.

Stimulants

- About two percent (2.2%) of secondary school students reported using

stimulants in the month prior to the survey and 6.1 percent (6.1%) reported ever having used stimulants in their lifetimes.

Coca paste

- Less than one percent (0.7%) of secondary school students reported using coca paste in the past month and less than two percent (1.8 percent) report using coca paste at least once during their lifetimes.

Heroin and other opiates

- In 2005, less than one percent of students report using heroin (.89 percent), opium (.45 percent) or morphine (.74 percent) in their lifetimes.

Hallucinogens

- Hallucinogens were used by less than one percent (0.59%) of secondary school students in 2005.

Ecstasy

- The rate of lifetime use of ecstasy was less than two percent (1.54%) among secondary school students in 2005.

Other drugs

- Marginally more than 5.0 percent (5.5%) of secondary school students report using other drugs in the past month prior to the survey, 8.6 percent have used other drugs in the past month and 12.0 percent have used other drugs during their lifetime.

Incidence or first time users

The 2005 National Survey provides a variety of estimates related to first use of substances, based on the question '***When was the first time you tried (name of substance)?***' Information on substance use incidence or first-time use is important because such measures provide valuable information that can be used in the assessment of the focus of prevention efforts.

Alcohol

- Alcohol had the highest incidence by far among all substances used (see Figure 3). Over fifty percent (51.7%) or approximately 1071 secondary school students in the sample used alcoholic drinks for the first time in the past month prior to the survey and more than two-thirds (67.6%) or approximately 1400 secondary school students in the sample used alcoholic drinks for the first time in the past year.
- The age of first use of the various substances seems to indicate that the use of alcohol usually precedes the use of other substances. In 2005, the average age at first alcohol use was reported among secondary school students was 11.3 years (see Figure 4).

Cigarettes

- The percentage of secondary school students who smoked cigarettes for the first time within the past twelve months was 9.9 percent and 3.4 percent smoked cigarettes for first time in the past month. In 2005, the average age of first cigarette use among recent users was 11.8 years.

Inhalants

- In 2005, 3.6 percent of students or 72 students used inhalants for the first time within the past 12 months; 20.1 percent were under the age of 10 when they first used. The average age at first use of inhalants in 2005 was 11.7 years.

Any illicit drug

- In 2005, the incidence rate for the use of illicit drugs over the past month was 7.1 percent and 15.3 percent within the past twelve months.
- The average age at which students first used an illegal drug was 12.1 years but 27.5 percent were under age 11 when they first used.
- Among secondary school students in the sample, the average age of first use of marijuana was 12.9 years, 13.2 years for cocaine, 12.5 years for stimulants, and 12.2 years for tranquilizers
- Marginally more than ten percent (10.3%) of students used marijuana for the first time in the past 12 months. The number of recent new users of marijuana among secondary school students in the sample was sixty-four (64) in 2005.

Other drugs

- The incidence rate for the use of other drugs within the past year was 7.4 percent and 4.0 percent in the past month.

Recommendations

- The high prevalence of alcohol use among secondary school students requires a major focus on prevention and intervention programmes.
- Since many students begin using in the lower forms of secondary school (around age 11 to 12 years), prevention programmes need to be strengthened at the primary school level and be integrated into curriculum from the beginning of the secondary school years.
- The wider community must be fully engaged in prevention efforts for a comprehensive and successful approach.
- The legal drinking age needs to be enforced

Treatment admissions; Turning Point Treatment Centre

Turning Point Alcohol, Drug Detoxification and Rehabilitation Centre, is the only treatment centre in Saint Lucia. Drug and alcohol treatment is based on a psycho-social model with a strong reliance on the 12 Step model. It operates as part of the Ministry of Health, and is located adjacent to the Golden Hope Psychiatric Hospital. It was opened in 1987. There is a charge for treatment of \$1500.00 XCD per month. The administration of the Centre states that no one is denied treatment because of a lack of ability of payment but the question of “no cost” multiple treatment episodes is not clear.

This data represents treatment admissions. The data presented here is obtained via the patients’ Intake Forms and psychosocial assessments. This data reflects all persons in Saint Lucia seeking treatment in Saint Lucia. Given the issue of confidentiality of small island states, treatment seekers from other islands in the region without a Treatment Centre or come to Turning Point for treatment because they are unknown in Saint Lucia. For the same reason some Saint Lucians who require treatment and can afford to go overseas will do so for the anonymity afforded.

The completed forms are entered into the database on a monthly basis. The Staff have indicated that there are no barriers to their data collection. The collection and storage process lacks nothing at this time and on a monthly basis, a report is forwarded to the Ministry of Health.

Turning Point Treatment Centre January - December 2008		
ADMISSIONS		
Total admission	59	
New admissions	43	
Readmissions	16	
Males	53	
Females	6	
Age Group	Males	Females
Under 15	2	
15-19	9	
20-24	5	
25-29	10	
30-34	6	1
35-39	10	
40-44	8	3

45-49	1	
50-54	2	
55-59		
60-64		1
65 & over		
Source of Referrals		
(a) Family	5	
(b) Court / Police	10	2
(c) Private Doctor	3	

**Turning Point Treatment Centre
January - December 2008**

DISCHARGES	Male	Female
Total discharges	50	8
Against Medical Advise	16	3
Involuntary	1	
Absence Without Leave		
Therapeutic	25	2
Transfers		
(a) to Victoria Hospital		
(b) to Golden Hope Hospital		
(c) to other (specify)BTC	1	
Diagnosis		
(a) Cannabis	12	1
(b) alcohol	6	1
(c) Cocaine/Crack	1	
(d) Poly Drug	22	1
(e) other (specify)		

Findings

11 males below the age of 19 were sent to Turning point in 2008. There is no indication of there drug of choice. There are also 12 males and one female admitted for cannabis use.

16 people left treatment before their time. There is no indication from the existing records why this was.

Recommendations

- Given the young age of some of the males sent to treatment – a focus should be on determining if existing programmes are youth friendly.
- Efforts should be made to conduct client satisfaction evaluations to determine the reasons why people leave treatment early.
- Outcome evaluations should be conducted to determine the effectiveness of the treatment product offered by Turning Point.
- Cannabis treatment: Outpatient treatment may be a more cost effective way of addressing cannabis dependency as residential treatment for cannabis is not usually indicated unless the dependency is particularly acute.
- A series of evaluations should be undertaken with a view toward improving the effectiveness of the treatment experience
 - client satisfaction,
 - cost benefit analysis,
 - outcome evaluation

The Golden Hope Mental Hospital

The Golden Hope Mental Hospital (GHH) is the provider of residential and outpatient mental health care for all of St. Lucia. Data is compiled through the Inpatient Forms and the Outpatient Forms. The Inpatient Forms are regularly entered into a central database on a computer. The data is categorized by diagnosis, patient ID and admission or discharge status. The Hospital gathers data from all mentally disabled or affected persons in St. Lucia.

In the appendix is a print out of a database from GHH. It appears that there are no drop down menus to select a diagnosis from so when the diagnosing clinician enters a diagnosis even the subtle change in capitalisation results in a separate entry rather than a cumulative entry. From these records there were 156 individual diagnoses in 2007

There were 285 persons admitted to Golden Hope Psychiatric Hospital in the first 8 months of 2008. This averaged to 35 admissions per month. In 2007 there were a total of 156 admissions for the 12 months, averaging 13 per month. This

represents an almost 3 fold increase in admissions with no explanation as to the reason behind the increase.

In 2007 29% of the admissions were attributed drugs and alcohol. Almost 11% of diagnoses were attributed to “drugs” with no other detail, 12.8% to marijuana and 5.77% to Alcohol use. There appears to be no admissions from cocaine use. Given the psychoactive nature of cocaine and crack use one is left to assume if cocaine use is subsumed under the “drugs” heading. This should be clearer in the reporting.

Drugs	Cocaine	Marijuana	Alcohol
17	0	20	9
10.90%		12.82%	5.77%

In the first 8 months of 2008 less the 20% of the admissions were attributed drugs and alcohol

Drugs	Cocaine	Marijuana	Alcohol
40	0	10	8
14.04%		3.51%	2.81%

Recommendations

- It is recommended that a standardized list be developed of categories of Diagnosis and sub diagnosis based on World Health Organisation ICM10 with a third tier allowing specific inputs in order to have a data base that is more ordered for analysis.
- That admissions for drug dependency state which drugs the patient is presenting for or currently using. That the generic “drugs” not be used but that substance specific drugs be listed.

Drug Deaths and Emergency Department episodes

This data is not currently available from the Ministry of Health or the two hospitals that currently handle the emergency care.

Recommendation

An effort should be made to prepare a simple data collection instrument to collect data on drug related deaths and drug related emergency and accident episodes.

Information on Drug Trends Supply Reduction Efforts

Royal St. Lucia Police Force (RSLPF)

A Royal St. Lucia Police Force Drug Squad is the arm of the Police Force responsible for the eradication of illicit drugs, interdiction and seizures in St. Lucia. The Unit collects monthly records from each of the stations island wide which are entered and collected into a database. The Drug Squad compiles data on seizures, arrests, eradications and interdictions from all over St. Lucia. The data reflects categories such as drug type, nationalities and countries of organized destination.

Data collection efforts are one of the many jobs carried out by Drug Squad members. The Squad members have indicated that they had no specific barriers to other data collection but that time constraints and pressing priority issues leave data collect duties undone. Often, the station does not have a dedicated Records Clerk. The job therefore falls on an Officer who, because of overall staff shortages, is often over extended with other duties. This result in inconsistent data reporting and a difficulty of getting data that may even have already been collected and entered into a database.

The authority of the RSLPF to address illicit drugs and drug related matters is found in the Drug (Prevention of Misuse) Act Chapter 3.02 of the Revised Laws OF St. Lucia 2001;

- The suppression of drugs trafficking and related offences island-wide;
- Leads intelligence gathering activities to insure the provisions of quality information in support of intelligence led policing activities;
- Direct and plan operations related to drugs and its activities;
- Conduct surveillance activities relating to drugs;
- Establishes contacts with relevant regional and international agencies with the aim of bringing together those who have an interest in the combating of drugs activities and participate in forums in order to exchanging ideas, coordinate services and improve policies;
- Analyses reports on trends and intelligence related offences and offenders who features as current priorities and targets;
- Lead intelligent led pro-active policing-building on local knowledge, observation targeting known criminals in other to support local and force initiatives at improving the detective and prevention of crime;
- Develop educational programs for schools such as the DARE-Drug Abuse Resist Education Programs;
- Establish and maintain a multi-agency approach in local communities' government and non government organization;
- Work in collaboration with Custom and the Air and Sea Port Authority in other government and non government in maintaining the island laws;

- Maintain law and order and other police role and responsibilities;

Saint Lucia Crime Statistics 2007 ⁵

Charge	Rpt	Acpt	Refused	Detected	Cleared	Persons arrested 7		Persons summoned 8		Dealt w/by court	% ⁶
1	2	3	4	5	6	M	F	M	F	9	10
129 Unlawful Possession of Cocaine	53	52	0	43	82.96%	52	6	0	0	18	34%
130 Unlawful Possession of Cannabis	441	434	1	429	98.85%	381	9	0	0	128	29%
131 Trafficking Cocaine	14	14	0	14	100%	11	6	0	0	9	64%
132 Trafficking Cannabis	20	20	0	19	95%	22	1	0	0	6	30%
133 Cultivating Cannabis	11	10	0	10	100%	8	0	0	0	4	36%
134 Possession of "Other Drugs"	2	2	0	2	100%	2	0	0	0	2	100%
135 Other	26	26	0	25	96.15%	14	0	0	0	3	12%

The statistics presented above show an interesting trend. Column 2 shows the number of cases that are reported, column 6 shows the number of cases cleared and from the indication of that column it shows a very high rate of "cleared" cases, an indication of successful police work. When one examines column 9 and 10 clearly the percentage of cases that are dealt with by court as a factor of the total cases reported show a very low percentage level. So while this chart may indicate successes in police work the overall rate of success with the criminal justice system is low.

Incarcerations for Drugs at Bordelais Correctional Institution

Only males were incarcerated from drug charges during the period below										
No. of persons who have been to Bordelais for	2007	% of total	2008	% of total	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09
export of cocaine.	3	3%	3	3%	0	0	0	0	0	0
Intent to supply cannabis	1	1%	1	1%	0	0	0	0	0	0
possession of cannabis.	61	60%	50	50%	0	4	1	5	0	1
possession of cocaine	32	32%	22	29%	0	1	1	0	0	1
possession of hashish	1	1%	1	1%	0	0	0	0	0	0
cultivating Cannabis	2	2%	2	2%	0	0	0	0	0	0
attempt export of Cocaine	1	1%	1	1%	0	0	0	0	0	0
No. of foreigners in custody for cannabis	0		4		0	0	0	0	0	0
No. of locals in custody for cannabis	12		0		0	4	1	5	1	1
No. of foreigners in custody for cocaine.	7		4		0	1	1	0	0	1

⁵ <http://www.rslpf.com/statistics/pdf%20format/CRIMES%20STATISTICS2007.pdf>

⁶ Percentage of cases reported that ultimately were dealt with by the court

No. of locals in custody for cocaine	5		4		0	0	0	0	1	0
No. of foreigners on Drug Charges NOS	1		1		0	0	0	0	0	0
No. of locals incarcerated Drug Charges NOS	10		10		0	0	0	0	0	0

92% of the drug incarcerations in 2007 were for simple possession charges (61% for Cannabis and 31% for cocaine). In the YTD figures for 2008 it was 93% (54% for Cannabis and 39% for cocaine).

Incarceration for simple possession only serves to encourage more offending behaviours by:

- introduce drug law offenders to more sophisticated criminals
- limited employment opportunities by fact that offender now has a criminal record.

Recommendations

Simple possession (even multiple offenses) should be dealt in a non-custodial, therapeutic manner with no permanent police record.

Drug treatment services should be implemented for the prison in order to address the needs of the incarcerated populations with drug and alcohol addictions.

Massade Boys Training Centre

The BTC which has been in existence since the 1960's, houses two types of boys, those who are court mandated offenders and those there for care and protection between the ages of 11 and 18. Currently there are 12 juvenile boys at BTC in the care of 20 staffers, 14 of which include wardens and security personnel, who come into direct contact with the boys.

Data provided on drug offenses at the Boys Training Centre is of limited use. The one valuable item gleaned from this is the tolerant attitude toward cannabis use. Cannabis is confiscated without involving the police and allowing therapeutic interventions rather than a criminal justice one.

Year	# of Wards in Possession	Type of Drug	Action taken
2007	5	Marijuana	Confiscated
2008	8	Marijuana	Confiscated

Recommendation

There needs to be greater focus on rehabilitation at the Boys Training Centre. There should be a drug education component to ensure young cannabis smokers do not graduate to crack smoking

Illicit Drug Availability, price and purity;

There are only two illicit substances commonly available in Saint Lucia, cannabis and crack cocaine. The availability and price of crack cocaine has remained stable for the past 15 years, EC \$5.00 a "rock" This price stability has withstood countless interdiction efforts and arrests. The purity of the Cocaine is high as it has not been cut for sale but is the skim from shipments transiting the country. Therefore the crack yield of a kilo of cocaine is higher then what could be expected in the UK or US. Cannabis is both grown locally and imported from Saint Vincent. CDARI in their work on the street reports that the street price and availability of both crack cocaine and cannabis with slight variations has remained stable over the past 2 decades at \$5.00 EC.

Customs and Excises Department

Customs is responsible for the entry of goods and persons through all points of entry. Data on goods brought in are entered online directly to a central database which is just over two years old. The categories are import duties, consumption tax, environmental levies, excise duties and services charges. The data is entered into the system directly by the Brokers on behalf of the importers. Customs then rectifies the information and examines the goods to verify.

Customs have indicated a need to upgrade their servers and hardware. In addition more knowledgeable staff (as it related to customs procedures) is needed and closer links with related agencies such as the Inland Revenue Department and the Licensing Board, are needed. Customs does ensure that controlled substances have the appropriate import license issued by Central Procurement.

The data reflected by this department focuses primarily on the values and tariffs associated with goods. Measurable categories such as volumes, proof, and quantities can sometimes be difficult to ascertain.

The data to populate the following table was provided by the Customs and Excise department. In some cases this data is duplicated by the RSLPF as they share interdiction efforts and independently report seizure information.

Saint Lucia Customs Seizures By Year and Substance

Saint Lucia Customs Seizures By Year and Substance								
Year	2003		2006		2007		2008	
	Indv	Kilo USD	Indv	Kilo USD	Indv	Kilo USD	Indv	Kilo USD
Total Seizures	51		35		33		50	
Currency	0	\$0.00	0	\$0.00	2	\$15,107	6	\$255,778
Cannabis	8	261.5	1	29	4	38.5	3	32.95
Cocaine	43	446.7k	34	99.93	27	55 K	41	110.84
Total Arrested	76		36		33		47	
UK	19	25%	16	44%	12	36%	6	13%
St Lucian	11	14%	6	17%	5	15%	24	51%
Other Caribbean	4	5%	6	17%	6	18%	6	13%
Other	33	43%	8	22%	6	18%	5	11%
Unknown	9	12%	0	0%	2	6%	3	6%
African	0	0%	0	0%	2	6%	3	6%
Destination of seizures								
UK	23	45%	31	86%	23	70%	30	64%
Other	28	55%	3	8%	10	30%	20	43%
Males	26	62%	26	70%	20	61%	23	50%
Females	16	38%	11	30%	13	39%	23	50%
Total M/F	42		37		33		46	

Control of Licit Substances

Rum, Liqueur and Beer Consumption

Saint Lucia Distillery

The local rum distillery keeps records on the basis of liters of absolute alcohol (LAA). In the report received by the SAACS the Local Market for product manufactured by the company was calculated at 105, 741 persons (age 20+) though the age in which alcohol may be legally purchased in Saint Lucia is 18.

For 2008 the Distillery produced 564,583 LAA which equaled 156, 828 cases of product. 1 case contains 12 bottles (750ml).

The figure leaves out sales to tourists which could be calculated given that at least some most tourists will buy duty free. Also one must calculate the number of persons who do not drink alcohol.

Windward and Leeward Brewery

Total Production of 18,000,000 L

Export Volume is 9,200,000 L

Local Volume is 8,800,000 L

This translates into 24.8 million 12 oz bottles of beer consumed in Saint Lucia

General Comments and Recommendations

This is the first time that these two companies supplied reports to the DIN. The challenge is to have them provide data in a way that is useful and interesting.

Recommendations

A useful way the data could be presented as spatial data (mapping) of where product is delivered so that population data can be compared with consumption patterns – This will allow for targeted messages regarding prevention and moderation and mitigation of alcohol harms.

If the SAACS and by extension the nation's policy makers are to have more accurate data on alcohol consumption a greater disaggregation of data needs to be available. Alcohol import figures and export figures will allow the DIN to determine how much alcoholic beverage is available and being consumed in the nation. Also there needs to be a cost study done on the economic cost and of alcohol consumption in terms of accidents, lost work, wounding and other criminal behaviours.

There should be an study of the economic benefit of alcohol to the economy in relation to jobs, activity sponsorship, charitable donations ect.

Central Procurement

Licensing of the Import of Controlled Substances

Central Procurement is the agency responsible for purchasing and distributing pharmaceuticals on behalf of the Government of St. Lucia. Central Procurement

is also responsible for issuing permits and certificates to provide pharmacies for the import of pharmaceuticals.

Central Procurement keeps hard copy files on imports, categorized by agency and drug. Their data reflects all national hospitals, poly-clinics and health centres. However, Central Procurement cannot report on the imports by private pharmacies. Though required some private companies do not report their inputs as required nor do they seek permits or certificates. This problem stems largely from a lack of understanding by the Customs and Excise Department on the role they play in preventing unauthorized licit drugs from entering the island.

The data compiled by Central Procurement is filed away as it comes. The data remains on cards which are kept in filing cabinets. This process makes looking for data and sharing data difficult. There is need for a resource person capable of focusing time and energy to the task of entering the data to a central electronic database.

The following substances require an import certificate to be brought into Saint Lucia. As these items require import licenses, determining the number of licenses granted and the quantity imported should not require too much effort. This information should be made available to the SAACS

Codeine	Oxycodone
Pentazocine	Pethidine
Diamorphine	Alprazolam
Pentobrbital	Amfetamine
Fentanyl	Bromazepam
Phenobarbital	Buprenorphine
Methadone	Chlordiazepoxide
Ketamine	Clobazam
Morphine	Clorazepate
Hydrocodone	Clonazepam
Diazepam	Lorazepam
Flurazepam	Methylphenidate
Midazolam	Nitrazepam

Recommendation

The imported quantities of these substances should be reported by Central procurement. The number of licenses granted to private pharmacies should be reviewed and compared to import figures to ensure only licensed importers are importing controlled substances.

Saint Lucia Government Statistics Department

The Government Statistics Department provides census data every 10 years. In addition they collect data on imports of tobacco and alcohol. The data is collected via surveys, census (10 years) and through arrangements with the Customs and Excise and other agencies.

The data covers all of St. Lucia. It is stored on a computer database and analyzed using S.P.S.S. This department measures categories such as demographics, labour force, tourism, agriculture, trade, GDP and more.

There are some barriers to data collection. Primarily, this involves a resistance for the public to assist, especially with regards to the census. There is also a lot of pressure from governmental and non-governmental organizations to inject questions into the census or other surveys. This can make the survey itself bulky and time-consuming. There are also high costs to conducting these surveys. As it pertains to Customs and Excise Department in particular, the data received indicates values of goods brought in; it does not indicate e.g., in the case of alcohol, quantities, type of spirits or alcohol percentage.

The main need is for a larger budget and staff to accommodate the survey process; in addition, a greater sensitization of the public to the benefits of the census and other surveys.

Imported Tobacco and Tobacco Products

ST. LUCIA / GOVT. STATISTICS DEPT. Yearly Statistics by Commodity, Division		
Period : 2007		
Flow : Imports		
Partner(s) : Country World		
Nomenclature : HS		
Chapter : 24 TOBACCO AND MANUFACTURED TOBACCO SUBSTITUTES.		
Ranking on	CIF Value	Subtotals
Commodity	(\$EC)	
2401.... UNMANUFACTURED TOBACCO; TOBACCO REFUSE.		\$151,276
24011000 TOBACCO, NOT STEMMED/STRIPPED	\$93,405	
24012000 TOBACCO, PARTLY OR WHOLLY STEMMED/STRIPPED	\$57,871	
2402.... CIGARS, CHERROTS, CIGARILLOS AND CIGARRETS, OF TOBACCO OR OF TOBACCO SUBST		\$9,706,621
24021000 CIGARS, CHERROOTS AND CIGARILLOS CONTAINING TOBACCO	\$347,279	
24022000 CIGARETTES CONTAINING TOBACCO	\$9,356,820	
24029000 OTHER CIGARS, CHERROOTS, CIGARILLOS AND CIGARETTES OF TOBACCO OR SUBSTITUTE	\$2,522	

2403.... OTHER MANUFACTURED TOBACCO AND MANUFACTURED TOBACCO SUBSTITUTES; "HOMOGENI		\$83,620
24031000 SMOKING TOBACCO, WHETHER OR NOT CONTAINING TOBACCO SUBSTIT. IN ANY PROPORT	\$83,033	
24039990 OTHER MANUFACTURED TOBACCO AND MANUFACTURED TOBACCO SUBSTITUTES	\$587	
TOTAL		\$9,941,517

Ethnographic studies, key informant surveys, focus groups

Caribbean Drug and Alcohol Research Institute

Cocaine and the Risk of HIV infection in Saint Lucia

Citation: Day., M., Cocaine and the Risk of HIV infection in Saint Lucia., October 2007., CDARI Press

Objectives: To determine if crack cocaine user had a higher prevalence rate of HIV and other STI when compared to non-crack cocaine users from the same social and economic and geographical area.

Background: Crack cocaine abusers in the Caribbean have been identified as being at high risk for HIV infection because of associated risky sexual behaviours.

Methods: A modified targeted sampling method was used to recruit consenting street engaged poor and homeless crack cocaine abusers and non-crack cocaine users in urban Castries between April – July 2007. Participants were brought to the government sexually transmitted infection clinic where interviewers administered structured questionnaires in anonymous interviews and Government STI nurses following VTC protocols tested all participants for HIV1, HTLV1, HVB, and VDRL.

Results: The 106 crack cocaine users tested, eight (7.5%) were HIV-infected compared to none (0%) of 45 non-crack using controls recruited in a similar manner. Of the persons testing positive 6% were male and 11% were female. Drug users were marginally significantly more likely to test positive for HIV than were non-drug users (7.5% vs. 0.0%, =0.047). Though not statistically significant, drug users more likely to test positive for HTLV1 (58.5% vs. 40.0%). There were no differences in the test results for Hepatitis B and HTLV1 between drug users and non-drug users. Women who were drug users were significantly more likely to test positive for VDRL than women who were not drug users (94.4% vs. 66.7%, p=0.046); the same trend emerged among men but less strong (50.0% vs. 30.3%). There were no group differences by gender differences in the test results for HIV, Hepatitis B, and HTLV1. The results examined by group revealed

one statistically significant difference between drug users and non-drug users. Drug users were more likely to report always having unprotected sex than were non-drug users (30.8% vs. 12.0%, $p=0.045$). The results revealed two statistically significant differences when examining HIV/STI risk behaviors by gender and drug use. Female drug users compared to non-drug users were more likely to report exchanging sex for money or crack (76.5% vs. 25%, $p=0.049$). Although not statistically significant, a larger percentage of female drug users reported exchanging crack for money or sex than did female non-drug users (35.3% vs. 0.0%). Among males, drug users were more likely to report always having unprotected sex when compared to male non-drug users (31.5% vs. 5.3%, $p=0.008$). No other statistical significant differences emerged between the drug use groups by gender.

Findings: These preliminary data support a role from crack cocaine use in promoting the HIV epidemic in Saint Lucia.

Conclusions: Street substance abusers are a high risk group for acquisition of HIV, with female crack cocaine abusers being at particularly high risk. HIV education messages must be included in intervention programs targeting street substance abusers.

Conclusion and recommendations

Policy areas for future development

- Standardised Forms for use of agencies reporting data to allow for ease of data entry and comparability.

Identification of needs in order to address policy areas

- There is an over excessive desire to arrest and incarcerate for drug charges and in particular possession of cannabis. There should be a greater use of alternative sentencing and non-custodial sentencing for simple drug possession.
- A cost / economic benefit study comparing the cost of incarceration vs the cost of treatment. The court should be allowed to mandate no-cost treatment in lieu of incarceration.
- There is a need to define what a successful treatment episode is.
- In the transition from primary health centres to wellness centres efforts should be made to include programming that addresses the community need for drug and alcohol outpatient services. Use of AA and NA in these wellness centres would be appropriate.

Policy implications for drug demand reduction activities

- Substance specific drug education lessons need to be developed and implemented. Generic messages such as “Dugs Kill” need to be avoided as drugs do not all have the same gradient of harmful effects. Ascribing the same effects for all substances creates doubt in the mind of the user who knows that the effects of consequences of using cannabis are not the same as those of crack cocaine.
- A harm reduction philosophy needs to be adopted when developing interventions that target active drug users. The goal in this instance should be the reduction of the medical and social consequences of drug use and meaningful contact with services not just the cessation of drug use.

Appendix

Appendix 1 GSHS Substance Use Questions

The next 8 questions ask about cigarette and other tobacco use.

32. How old were you when you first tried a cigarette?
- A. I have never smoked cigarettes
 - B. 7 years old or younger
 - C. 8 or 9 years old
 - D. 10 or 11 years old
 - E. 12 or 13 years old
 - F. 14 or 15 years old
 - G. 16 years old or older
33. During the past 30 days, on how many days did you smoke cigarettes?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days
34. During the past 30 days, on how many days did you use any other form of tobacco, such as Black joints, pipe, chewing or cigars?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days
35. During the past 12 months, have you ever tried to stop smoking cigarettes?
- A. I have never smoked cigarettes
 - B. I did not smoke cigarettes during the past 12 months
 - C. Yes
 - D. No

The next 6 questions ask about drinking alcohol. This includes drinking wine, beer, stouts, rum, or liqueurs. Drinking alcohol does not include drinking a few sips of wine for religious purposes.

40. How old were you when you had your first drink of alcohol other than a few sips?

- A. I have never had a drink of alcohol other than a few sips
- B. 7 years old or younger
- C. 8 or 9 years old
- D. 10 or 11 years old
- E. 12 or 13 years old
- F. 14 or 15 years old
- G. 16 years old or older

41. During the past 30 days, on how many days did you have at least one drink containing alcohol?

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 19 days
- F. 20 to 29 days
- G. All 30 days

42. During the past 30 days, on the days you drank alcohol, how many drinks did you **usually** drink per day?

- A. I did not drink alcohol during the past 30 days
- B. Less than one drink
- C. 1 drink
- D. 2 drinks
- E. 3 drinks
- F. 4 drinks
- G. 5 or more drinks

43. During the past 30 days, how did you **usually** get the alcohol you drank?
SELECT ONLY ONE RESPONSE.

- A. I did not drink alcohol during the past 30 days
- B. I bought it in a store, shop, or from a street vendor
- C. I gave someone else money to buy it for me
- D. I got it from my friends
- E. I got it from home
- F. I stole it
- G. I got it some other way

44. During your life, how many times did you drink so much alcohol that you were really drunk?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 or more times

45. During your life, how many times have you ever had a hang-over, felt sick, got into trouble with your family or friends, missed school, or got into fights, as a result of drinking alcohol?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 or more times

The next question asks about how often you see alcohol advertisements on videos, magazines, or the internet or at movie theaters, sports events, or music concerts.

46. During the past 30 days, how often did you see any alcohol advertisements?

- A. Never
- B. Rarely
- C. Sometimes
- D. Almost daily
- E. Daily

The next question asks about drugs.

47. During your life, how many times have you used drugs, such as marijuana, cocaine, pot, hemp, or heroine?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 or more times

Appendix 2

Golden Hope Mental Hospital Diagnosis by Year

Number of Diagnosis by Year

From 01 January, 2007 through to 31 December, 2007

Diagnosis 2007	Number of Individual
acute and tran psychosis/mar abuse/dep	1
acute mania in known schizo	1
acute mania marijuana abuse	1
acute mania schizo affective disorder	1
acute manic episode	1
acute psychosis	2
acute psychosis 2- cannabis dependent	1
acute psychotic episode	2
Affective disorder substance abuse	2
alcohol abuse	2
alcohol dependence	4
Alcohol Halluarosin	1
Alcohol Intoxication	1
alcohol withdrawal syndrome	1
alcohol dependence	2
Alcohol dependence with psychosis	1
alcohol dependency	1
alcohol induced psychotic episode	1
anti social personality disorder	1
bipolar affective disorder	3
Bipolar Disorder	1
cannabis /In/ psy/dep	1
cannabis abuse/psychosis	1
Chronic Schiz	3
Chronic Schiz/drug abuse/dependency	1
Delusional disorder	1
Depression	2
Dissociative Disorder	1
Drug abuse with psyhosis	1
hypomania	1
mania/cannabis dependence	1

Manic/disorder	1
marijuana dep antisocial personality disor/schiz	1
marijuana abuse	4
marijuana abuse psychosis	1
marijuana dependence	2
Marijuana Dependence/schiz	1
Marijuana/schiz	1
marijuana dep	1
Marijuana induced psy disorder	1
Marijuana /dep	3
Mental Retardation	2
Mental sub normality	1
mood disorder	1
mood disorder depression	1
mood disorder/acute manic episode 1	1
negative symptoms of schiz 1	1
no obvious psychopathology 1	1
organic brain disease/epilepsy 1	1
Paranoid schiz	1
paranoid schiz	3
Paranoid Schiz/drug Abuse 1	1
personality disorder	1
poly drug abuse	1
poly drug abuse/schiz	1
poly drug dependency	2
Poly/sub./dependency	1
Psychosis	10
psychosis/acute mania	1
Psychosis/Substance Abuse 1	1
Psychotic Episode	1
Relapse Schiz	18
schiz with cannibis dependency	1
sohiz with polydrug dependence	2
schiz/acute mania	1
schiz /canabis dep. 1	1
schiz/cannibis dependence	2
schiz /drug abuse	1
schiz/drug dependence	1
schiz/marijuana abuse	2
schiz/mental retardation	1
SchizJpoly drug /dep.	1
Schiz /poly drug abuse	1
schiz/poly drug dependence	1
schizo affective/marijuana	1

dependence	
schizo/affective disorder	12
Schizophrenia	9
schizophrenia	4
Senile dementia	1
senile dementia with psychosis	1
substance abuse	1
substance induced psychosis	1
Total	156

Number of Diagnosis by Year

From 01 January ,2008 Through to 31 August, 2008

acute and transient psychosis	1
acute manic episode	1
acute manic episode/schizo affective disorder	1
acute manic episode/substance abuse	1
Acute paranoid schiz	1
Acute Psychosis	8
acute psychosis most likely induced by cannibis	1
acute psychosis/drug dependence/mental retardation	1
Acute Psychosis./Drug Use	1
acute psychosis/schizophrenia	1
acute psychosis substance abuse	2
acute psychosis substance abuse /schiz	1
acute psychosis substance induced /schiz	2
Acute/psychotic state	5
affective disorder	4
affective disorder/acute mania	1
affective disorder cannabis abuse	1
alcohol dependence/schizophrenia	1
alcohol dependence	2
alcohol dependence/mood disorder	1
alcoholism	1
alcoholism/schizo affective disorder	1
anxiety	1
bipolar affective disorder substance abuse	1
bipolar affective disorder	1
cannabis abuse/social maladjustment	1
cannabis induced psychosis	1
Chronic Sch(z	8
chronic schiz cannabis abuse	1
Chronic schiz poly substance abuse	1
chronic schiz tinea unguium hypertension	1
Chronic/schiz	1
Conduct Disorder	1
conjunctivitis/acute psychosis	1
Delirum Tremens/Alcohol Induced Psychosis	1
delusional disorder and psychotic disorder	1
dementia	1
Depression	1
depression with acute psychosis	1
depression with psychosis	1

drug abuse	1
drug abuse behaviour disorder	1
drug dependence/personality disorder	1
Drug Induced psychosis	1
drug induced psychosis	2
Drug /dependency	2
early dementia	1
Emphysema/Chronic Schiz	1
epilepsy with psychosis	1
Family Dispute	1
Hypomania	3
Hypomania/Bipolar Disorder	1
hypomania/substance abuse	1
mania	11
mania cannabis abuse	1
mania drug abuse	1
mania/epilepsy/substance	1
mental retardation/psychosis cannabis use	1
mood disorder	4
mood disorder depression	1
mood disorder/schizoid disorder	1
no acute psychosis	
no acute psychotic features	2
no psychotic features noted	1
no signs of psychosis at this time	1
no acute psychosis at this time	1
organic brain disease epilepsy	1
organic psychosis/epilepsy 1	1
organic seizure	1
Paranoid schiz-	1
paranoid schiz	3
Paranoid Schiz/Drug Abuse	1
paranoid schiz drug dependence	1
Paronid schiz	1
poly drug abuse	1
poly drug dependence	1
poly drug dependence/schizophrenia	1
poly drug use	1
poly substance abuse/psychosis	1
possible schiz 2 degrees to non compliance	1
Psy	1
Psychosis	20
psychosis 2 degrees to sub abuse	1
psychosis/alcohol abuse	1
psychosis/relapse schiz	1

psychosis/&CM2	2
Psychosis/Substance Abuse	3
psychotic episode/hyperiensfon/diab	1
relapse Schizophrenia drug dependence	1
Reschiz	1
Schiz	35
schiz 2 degrees-non compliance to meds	1
schiz effective disorder	3
Schiz Cannabis dep	1
schiz relapse/cannabis abuse	2
schiz relapse/uncontrolled type 1 Diabetes Mellitus	1
schiz with bipolar affective disorder	2
schiz/alcohol induced psychosis	1
schiz/cannabis and cocaine abuse	1
schiz / conjunctivitis	1
schiz/drug dependence	1
schiz marijuana abuse	1
schizo affective /substance abuse	2
schizo affective hypertension	1
schizo affective/substance induced psychosis	1
schizo affective disorder	15
Schizophrenia	4
schizophrenia	1
schizophrenia with marijuana dependence	1
severe extra perimedial side effects	1
stable psychiatric patient	2
substance abuse	26
substance abuse with psychosis	2
substance abuse/mania	1
substance abuse/psychosis	2
substance dep	5
substance induced psychosis	12
Suicidal attempt/psychosis with mutism	1
Substance Abuse	3
Total	285

