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SUB-REGIONAL WORKSHOP: IMPLEMENTING A STANDARDIZED DATA COLLECTION SYSTEM FOR DRUG AND ALCOHOL TREATMENT AGENCIES IN THE CARIBBEAN

May 19 and 20, 2015

Conference Room, Bay Gardens Hotel

Castries, St. Lucia

Meeting Report

INTRODUCTION

The Inter-American Drug Abuse Control Commission (CICAD) through its Inter-American Observatory on Drugs (OID) has been working to build the capacity of its member states to collect and analyze data from its drug and alcohol treatment facilities and to use this information to guide their policies and inform their standards of care as it relates to treatment for dependent drug use. To achieve this goal, the OID has embarked on a project beginning in 2012 to standardize how treatment data is collected around the region. In doing so, a better understanding about the dynamics of this population will be achieved and treatment providers will be more equipped to address the needs of their clients. In partnership with the Government of St. Lucia through the Substance Abuse Advisory Council Secretariat (SAACS) this workshop was convened to bring together personnel from participating countries to share their experience in collecting the data, to explore the meaning and validity of the data collected thus far and to conduct a refresher training on how to implement the tool.

OBJECTIVES

The main objectives of the workshop were:

1. To discuss drug and alcohol treatment in participating countries
2. To present data on 2014 drug treatment in the Caribbean
3. To undertake a detailed review of the standardized instrument
4. To present the experiences of countries involved in data collection
5. To introduce a new data entry template and new software to participants (Epi info and excel)
6. To discuss and agree on a way forward



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Summary of Meeting Activities

➤ Opening Ceremony



On the first day of the event, the Director of the Substance Abuse Advisor Council Secretariat, Mr. Cyprian Yarde delivered the opening remarks. In his statements, he highlighted that as a culture and people we are dealing with changes and people are asking for more information and explanations for issues. He further reiterated the need for drug treatment agencies to be able to

develop the requisite skills to collect vital information about the work they are doing and to be able to ask the right questions to get the answers they are seeking. He pointed out that while there are numerous treatment agencies across the region that we are still struggling to understand how substance abuse affects us; who are most likely to become dependent on drugs; what are their interactions with the justice system; are there any issues with co-morbidity; and how to effectively treat those affected. Mr. Yarde wrapped up his speech by acknowledging the work of CICAD-OID in striving to improve the capacity of regional experts to gather and analyze drug treatment data and to use this information to develop regional standards of care for drug and alcohol treatment facilities.

He implored participants to fully utilize the 2 days to share experiences and to learn from each other and to tackle the tough questions about the utility of the instrument and the validity of the information they are collecting.

- Participating Countries: Antigua and Barbuda, the Bahamas, Barbados, Belize, Guyana, Haiti, Jamaica, Suriname, St. Lucia and Trinidad and Tobago

Day 1 Sessions

The day's session continued with presentations from the CICAD-OID team. The first was a presentation by Pernell Clarke about Drug Treatment Data Collection in the Caribbean. During his presentation, he spoke about:



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- ✚ The Importance of collecting data on drug treatment as it provides information about the characteristics of drug users who seek help for their dependency. The information is also useful for planning and management purposes for treatment facilities and for conducting needs assessments. Identify patterns of drug use and trends in problem drug use. It also provides epidemiological indicators for drug problems and can be used to inform the development of drug policy.
- ✚ The objective of the standardized treatment data protocol: to collect information on persons seeking treatment in all member states in a standardized way as this allows us to build a profile of the demographic characteristics, drug using behaviors, treatment history and to identify risk factors for problematic drug use.
- ✚ The utility of the standardized instrument and the core indicators: the client, the drug use and the treatment period and modality.
- ✚ His presentation also went over some basic definitions and concepts such as: the unit of measurement, client registration, the client, what is drug treatment and a treatment episode. These definitions were very important as most participants have different understanding of the concepts and it helped to bring cohesion to the discussions.

This presentation was followed by Tiffany Barry and a Presentation of Drug Treatment Data, 2014. In her presentation it was revealed that from the nine (9) participating countries:

- ✚ A total of 413 clients were registered for 2014, 384 males, 26 females and 3 forms with missing genders. Of this number, 276 clients had been treated previously within the calendar year 2014.
- ✚ 28% of the clients were registered in Trinidad, 20% in Suriname, 15% in Barbados, registration in the other countries- St. Lucia, Guyana, Haiti, Grenada, Belize and Antigua accounted for the remaining 37% of clients.
- ✚ The majority of persons seeking treatment were between the ages of 30-39 (25.8%); followed by those 50 and older (23.6%) and those 20-29 (23.1%)
- ✚ About 30% of those seeking treatment did not complete secondary school and the majority were self-employed (44.12%), followed by those who were un-employed (23%)
- ✚ The main substance impacting treatment regionally is Alcohol (32%), followed by crack (25%) and marijuana (24%)
- ✚ The average age of first use of the substance impacting treatment ranged from 15 years in Belize to about 23 year in Suriname. Countries such as Haiti and Trinidad had



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reported ages of first use of the substance impacting treatment as young as 5 and 8 years old respectively.

- ✚ The results also revealed that in Trinidad 20% of their clients seeking treatment for drug use were also diagnosed with a psychiatric disorder, 18% in Haiti, 26% in St. Lucia and 72% in Grenada. 76% of clients in Grenada were arrested in 2014, 50% in Belize, 47% in Guyana and 40% in Antigua.
- ✚ The majority of clients across the region were placed into residential treatment facilities as that was the service available. However, in Suriname where there exist a range of treatment options clients were received outpatient services, enrolled into day clinics, detox units to name a few.

During her presentation, Ms. Barry also discussed the ambiguities in some of the data as it relates to errors in data collection and reiterated the need for more thorough interviewing and care in entering the data to avoid missing data. Another issue discussed was that the data received was limited as some countries only received information from 1 or 2 treatment centers and there may exist several more treatment centers in that country. The need to attain full coverage within counties was discussed. Also discussed was the need to more efficient coordination between the drug council and the participating treatment centers to ensure timely transfer of information, feedback on any challenges the centers may be encountering as it relates to utilizing the form and to ensure that the centers also have forms available for the intake process as it was noted that in most countries there were large gaps in dates of enrollment and it was discovered that once the centers ran out of intake forms, they were not reaching out to the drug council for them to be replenished and once replenished, the information from the precious months was not added to the new forms. During the discussion it was agreed that more analysis was needed in the data to properly understand the picture the data is painting.

The day continued with presentations by the country representatives about their experiences collecting data utilizing the standardized instrument. The drug council representatives spoke about their challenges and successes sensitizing the various treatment centers in their countries about the project and inviting them share their data. They also spoke about maintaining communication with the centers participating in the project and collecting the data in a timely manner while utilizing the epi-info computer program to input the data and transmitting it to CICAD.



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Some of the challenges encountered were:

- ✚ A change in government meant that the project was temporarily halted as the new ministers had to be engaged about the project and new approval had to be given to proceed
- ✚ Some treatment centers refused to participate in the program as they are hesitant about sharing sensitive information about clients, others see it as an administrative burden and “more paper work” to fill out especially when they are understaffed and over-worked
- ✚ Some countries have difficulties securing buy-in from government funded treatment agencies
- ✚ Some countries were able to secure buy-in from most treatment facilities however they were unable to translate the forms into their native language which created a barrier to utilization
- ✚ Due to the added work some of the centers were going to incur by participating in the project, some wanted to be compensated for their participation a suggested compensation was the provision of drug testing kits
- ✚ Difficulty using the epi-info program (technical glitches)

Some successes were:

- ✚ Government is requesting a presentation of the results from one country on treatment profile to be used in parliamentary exploration of creating government treatment facility to address the needs of the dependent substance users for treatment in the country
- ✚ Translating the form internally and distributing to the treatment center to ensure data is collected

The treatment facility representative also presented on their experiences using the standardized intake form at their facility. Some of the comments were:

- ✚ For some centers, the form was an additional document for their personnel to fill out and as such they would be happy receiving some form of compensation for participating in the project.



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- ✚ Some centers were not Clear at what stage they were to implement the form- initial assessment of a patient or at the registration stage
- ✚ Others had issue with over-counting especially if they refer the client to other centers- does the form follow the client
- ✚ Problem questions:
 - Q4- concern about not being able to apply a patient code. Unfortunately we still have not found a unique way to generate a code. This question will remain unanswered, but it is not essential.
 - Q7a- The responses for 'No Fixed Place of Abode' should just be 'Yes' indicating that the client does not have a fixed place to reside. This change will be made
 - Q9- some participants wanted the list of ethnicities to be reduced. It will not be amended as the list of ethnicities is a comprehensive list of ethnicities represented in the region
 - Q13- request for the response 'not working/student' to be separated. This change will be made
 - Q15b- participants wanted the question to be stated more clearly. This will be done
 - Q17a and Q17b- these questions posed the most debate as participants insisted that it does not cater for persons who are diagnosed as being depended on 2 or more substances simultaneously. The solution was that this is a subjective question and based solely on the patient's response to what substance they believe is the main substance they are dependent on and thus seeking treatment
- ✚ Other topics that were discussed that were of concern to the participants were
 - Many centers provide treatment to juveniles and they also wanted to provide this information to be included in the analysis as they believe that the information will aide in painting a more comprehensive picture of problem drug use in the regions.
 - These requests lead to a discussion of ethical guidelines for treating and collecting information from minors. It was decided that the centers will have to receive document informed consent from their clients to share their information with a third party for research purposes, they will also have to ensure that the clients' confidently is respected to the highest degree.



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The day continued with a review of the updated CICAD Standardized Instrument and problem questions were flagged for alterations. This was followed by a data entry demonstration utilizing epi- info. During this demonstration, one participant played the role of a client and was interviewed. This was done so that participants could have a better understanding of how to use Epi-Info and to see the improvements that were made to the program.

After the data was entered, they also saw how a quick analysis can be done utilizing the same Epi-Info program. After this demonstration, the participants were more open to continue using epi-info because it is convenient enough to be used for both data entry and analysis.

Day 2 Sessions

The day began with a recap of the previous day's discussions. This was followed by presentations and discussions of national drug and alcohol policies in participating counties by the drug council representatives and an overview of the types of treatment being provided by various facilities represented.



During these presentations, it was noted that the only country with a standard of care policy is Suriname. Other countries such as Haiti and Trinidad and Tobago have drafted and presented standard of care documents to their governments but it has not yet been approved or is still being debated.

In Barbados the government is currently debating an amendment to the Health Services Bill which will place treatment facilities under the ambit of the Examination Unit of the Ministry of Health to oversee the inspection of the facilities and this may lead to the development of a standard of care document to govern the process.

In other countries with private treatment facilities administrated by foreign nationals, those facilities follow international standards of care so there is no uniformity in treatment between government and private treatment facilities.



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The day continued with a presentation by Pernell Clarke on Drug Information Networks and the connection with treatment data. During this presentation, he elaborated on the importance of countries establishing National Drug Observatories and creating the Drug Information Networks to gather data from the various agencies working in drug demand reduction and supply reduction. It was pointed out that treatment centers should be part of the DIN as they provide information about problem drug users and trends in problem drug use.

Following this presentation, there was a discussion about the way forward with the project to set timelines for project deliverables and to ascertain the needs of countries to ensure coverage and implementation of the standardized intake form by all drug treatment facilities in each country. From the discussions, the following needs were identified and agreements made:

Needs Assessment

• **Country Needs**

- **All countries-** needs technical support to implement minimum standard of care
- **Haiti-** 1) assistance with data analysis, 2) assessment instrument for inclusion and exclusion of treatment centers, 3) CICAD support for sensitizing in informing policy makers such as Ministry of Health to approve Standard of Care document for drug treatment
- **Guyana-** 1) CICAD, CARICOM and other agencies to engage the new government on drug policies
- **Bahamas-** needs technical support to implement minimum standard of care
- **Suriname-** in need of a researcher at the executive office of the national drug council.

• **FULL COVERAGE of the CICAD standardized Intake form**

- **List of all existing treatment centers in countries-** All countries will send CICAD a list of center and their contact wherever possible
- **Bahamas-** 1) need to enable the National Anti-Drug Secretariat to be implementing agencies 2) meet with stakeholders to sensitize them about the form 3) Get buy in from all treatment centers (pathway for all countries to follow)
- **Haiti-** 1) report the data from the previous round of data collection locally
- Strengthen national coordination effort

• **What are the key success factors for this project (things that drive the success)**



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- A comparative analytical report for 2015
- Accurate data collection
- Good communication and inter-agency coordination
- Full participation by all treatment centers
- Active/ passionate leadership, persistence and perseverance by national coordinator
- All participating countries have to ensure that data is submitted to CICAD 2 times a year

- **Targets**

- Countries submit data to CICAD July 31, 2015: data from Jan 1 to June 31, 2015
- Countries submit data to CICAD Jan 31, 2016: data from July 1 to December 31, 2015
- CICAD will publish 2015 report by March 31, 2016





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Conclusions

- ✚ The workshop was effective at propelling a dialogue with regional treatment providers about the necessity for a regional standard of care policy
- ✚ A greater understanding of how agencies are delivering treatment for drug and alcohol abuse was achieved with many participants recognizing areas in which they need to improve
- ✚ Participants received a refresher training on how to use the Epi info software and had an opportunity to address all issues they were previously experiencing with the application
- ✚ A regional network of treatment providers is being fostered at these meetings as participants interact and share their experiences and inquire about best practices from each other
- ✚ The recommendations put forward by the participants about how to improve the questions being asked in the standardized intake form based on their experiences utilizing it in 2014 enables CICAD to further strengthen the data gathering capacity of the form and its utility



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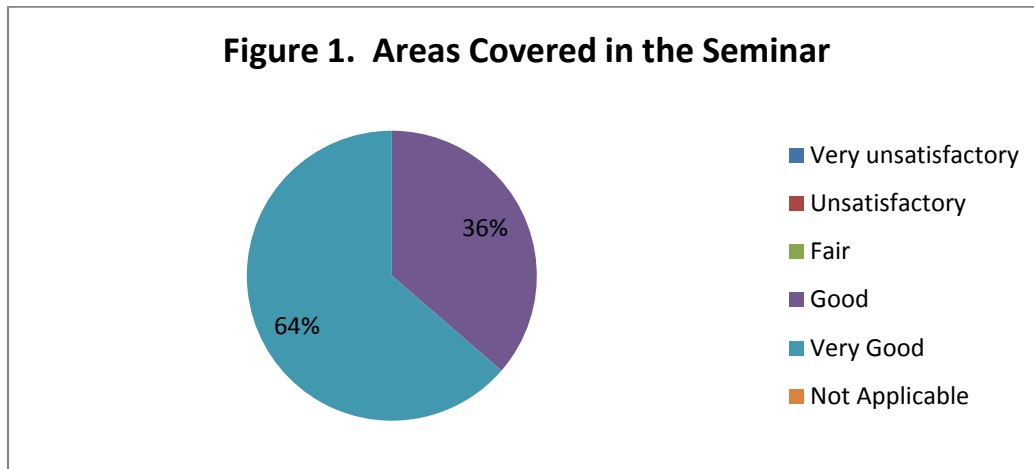


APPENDIX 1- Evaluation of Workshop

Evaluation of the workshop

To ensure that workshops, studies and technical meetings are efficient and valuable CICAD regularly distributes evaluations tailored to each event.

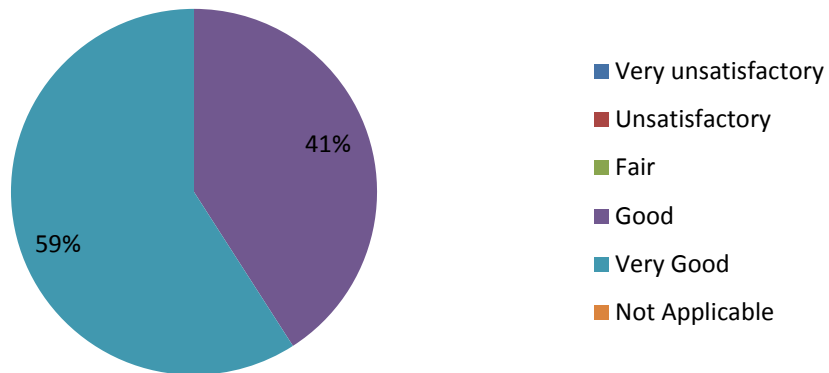
Reflected in figure1, participants were generally satisfied with the areas covered in the seminar as 64% believed that it was Very Good and 36% believed that it was good (figure1).



Likewise, participants were satisfied with the general content of the seminar with 59% commenting that it was very good and 41% commenting that it was good (figure 2).

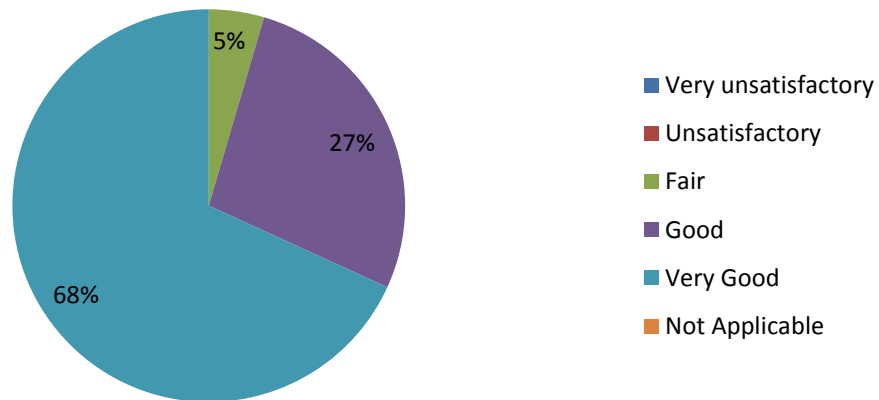


Figure 2. General Content of the Seminar



In assessing the overall relevance of topics covered in the seminar, the consensus was that they were generally good by 95% of the participants and 5% considering it to be fair (figure 3).

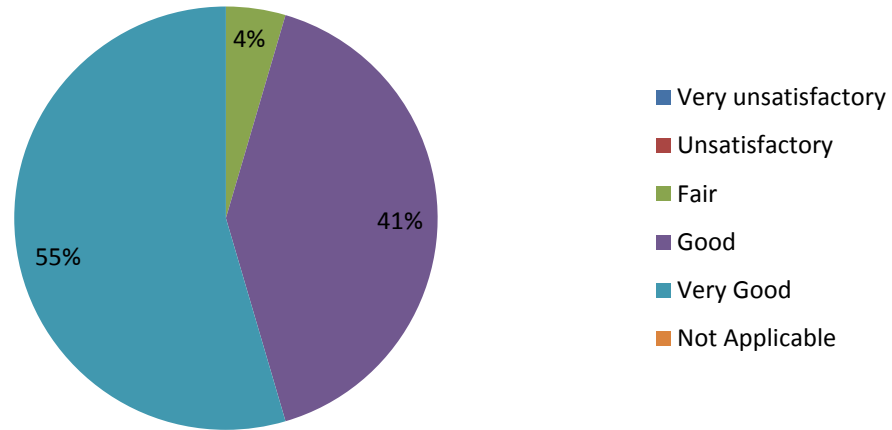
Figure 3. Relevance of topics covered in respect to the seminar as a whole



Likewise, 96% of participants indicated that they left the seminar more knowledgeable about the topics covered, while 4% regarded the learning experience as fair (figure 4).

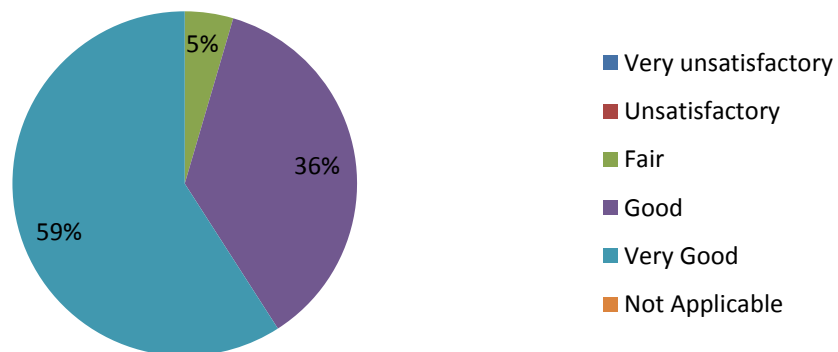


Figure 4. New learning that took place as a result of attending the seminar



Looking at the participants' satisfaction with the organization and thoroughness of the presenters as they delivered the material, 95% of participants believed that it was well organized, while 5% felt that it was adequately done (figure 5)

Figure 5. Organization and thoroughness of the presentation of the material by the resource person





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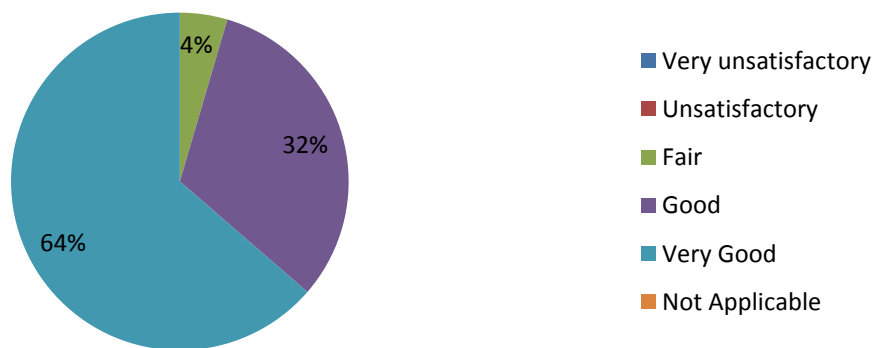


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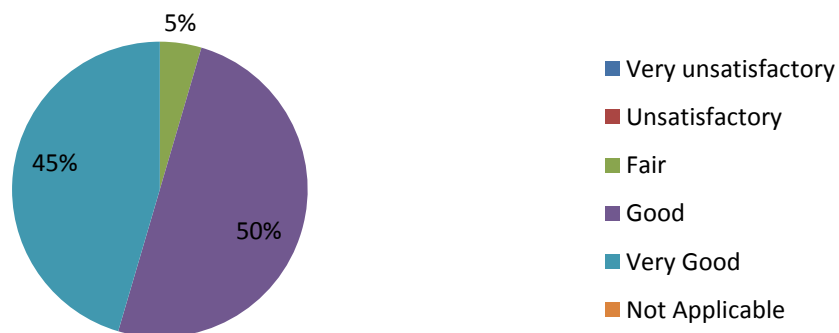
96% of participants believed that the presenters were well informed about the topics that they presented on, while 4% were of the opinion that they were fairly knowledgeable about their subject areas (figure 6).

Figure 6. The extent to which the Persenter appeared to be up-to-date in his/her subject



45% of participants believed that there was sufficient time allocated for the seminar to allow for discussions and all presentations, while 50% believed that the time allowed was adequate and 5% that it was fairly allotted. Due to the nature of the discussions, sessions generally tend to go over time even though the presenters strive to allot sufficient time for presentations and discussions (figure 7).

Figure 7. The amount of time that was allotted by this seminar for rapport and discussion





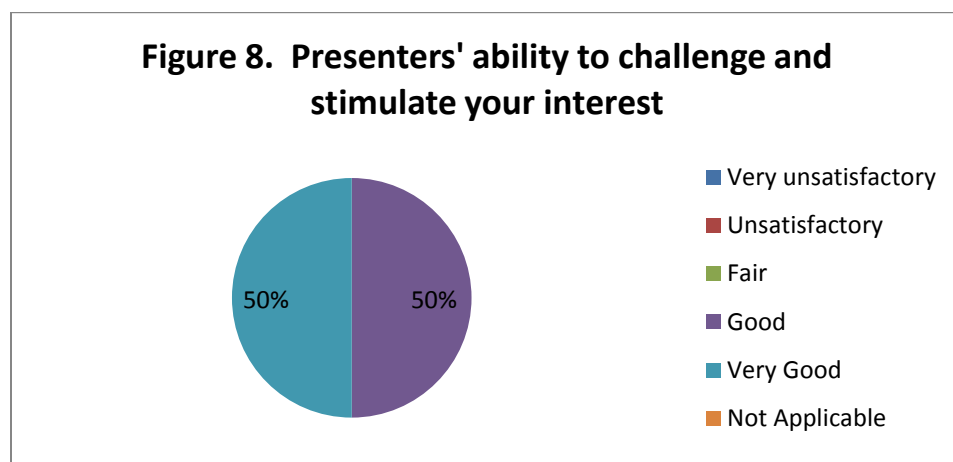
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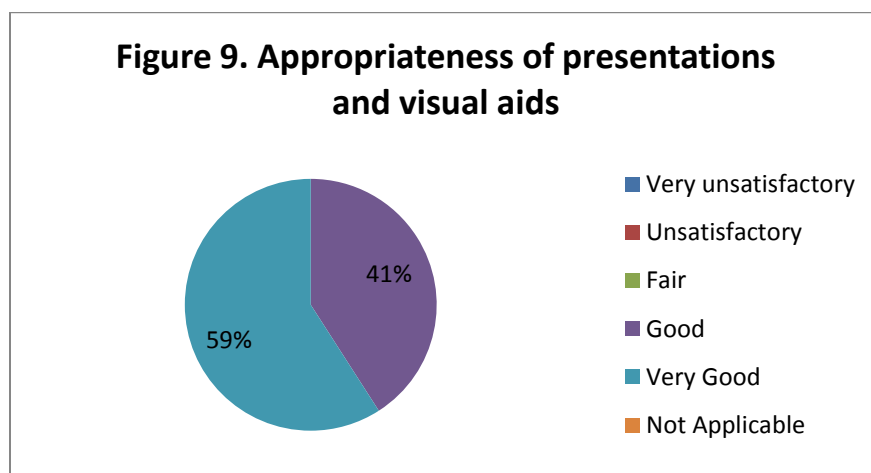
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Overall participants were pleased with the presenter's ability to challenge and stimulate interest in the topics with 50% indicating that their abilities were very good and 50% stating it was good (figure 8)



The participants were satisfied with the appropriateness of the presentations and visual aids with 59% stating it was very good, 41% stating that it was good (figure 9).



Participants who traveled from other countries to be a part of the seminar were of the opinion that the logistics for the seminar was well organized with 50% saying that it was very good and 27% stating it was good. For 23% of participants it was not applicable (figure 10).



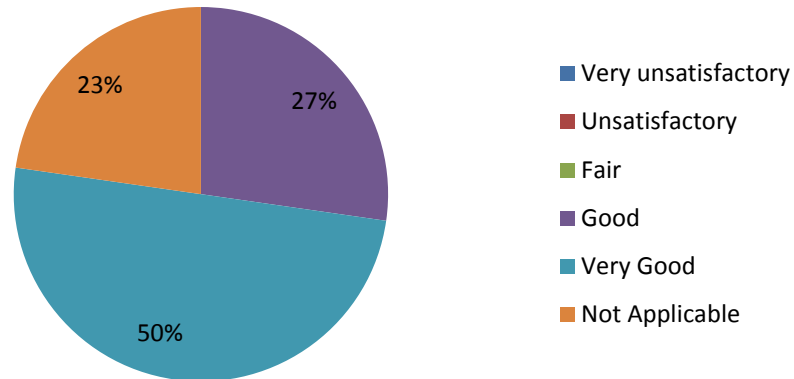
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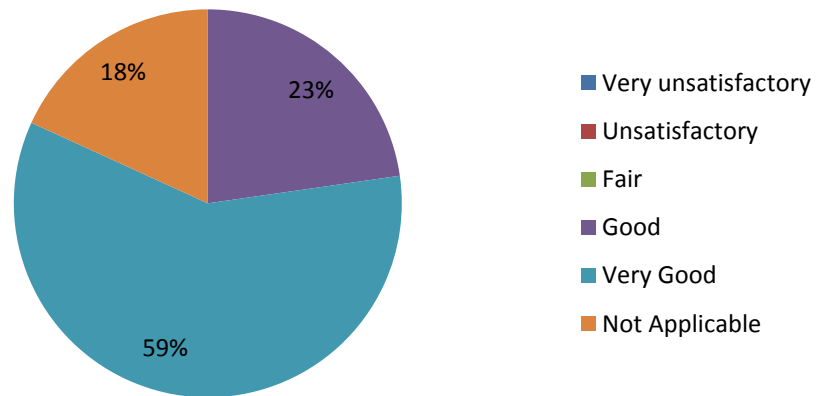


Figure 10. Logistical administration of the seminar (travel, transportation)



59% participants were very satisfied with the accommodation at Bay Gardens Hotel with 23% stating with was adequate and for 18% it was not applicable (figure 11).

Figure 11. Accommodation



Ninety-five per cent (95%) of participants were generally satisfied with the conference facilities (figure 12).



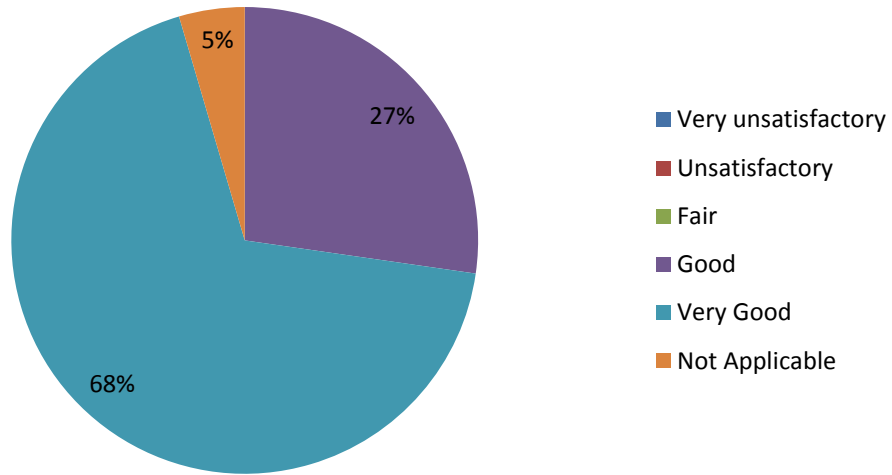
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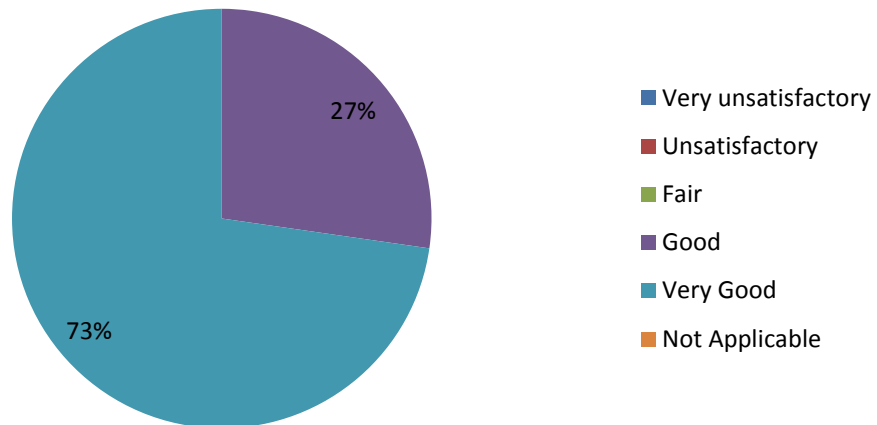


Figure 12. Conference Facilities



The workshop was rated highly by all participants with 73% stating that it was very good and 27% stating that it was good (figure 13).

Figure 13. Overall rating of the seminar





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Commentary

When asked to comment on the best things about the seminar, participants mentioned among other things that it provided them with an opportunity to network with other treatment providers across the region and were able to exchange ideas and learn from them on best practices to improve the quality of their work; they appreciated the new learning that took place and the wealth of information shared by the presenters and data that was presented from the previous year. They also appreciated that the presenters were well verse in their topic areas and answered questions adequately and also provided examples to problem questions.

Comments on the worst things about the seminar was that there was insufficient time to cover the material, many presentations went over their allotted time and many would like better time management and possibly the facilitation of a 3 day workshop so that they can have more time for discussions.

Some suggestions to improve the seminar were:

- Allocating more time for the seminar
- More detailed presentation on data analysis

Overall participants were happy with the content of the workshop and were pleased with the planning and execution. They would like more time allocated for these workshops and a more detailed demonstration and exercise on how to conduct the data analysis so that they can more effectively use the information they are gathering to further understand and improve their work.



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APPENDIX 2- Meeting Agenda

Implementing a Standardized Data Collection System for Drug and Alcohol Treatment Agencies in the Caribbean

May 19-20, 2015

Castries, St. Lucia

Day 1

- | | | | |
|---------------|---|--|------------------|
| 8:30 – 9:00 | - | Registration | |
| 9:00 – 9:20 | - | Opening Remarks: | |
| | - | Director, Substance Abuse Advisory Council Secretariat – | |
| | | Cyprian Yarde | |
| 9:20 – 9:40 | - | Seminar Objectives and introductions | - Pernell Clarke |
| 9:40 – 10:00 | - | An introduction to Drug Treatment Data Collection in the Caribbean | - Pernell Clarke |
| 10:00 – 10:45 | - | Presentation of Drug Treatment Data, 2014 | - Tiffany Barry |
| 10:45 – 11:00 | - | COFFEE BREAK | |
| 11:00 - 12:00 | - | Country Reports: Experiences with collecting treatment data ¹ | |

Antigua & Barbuda, Barbados, Belize, Guyana, Haiti,

¹ The drug council representative will present on their experience implementing the CICAD standardized intake form, from sensitizing the treatment facilities about the project, data collection, data entry and transmitting the information to CICAD and how information on drug treatment is gathered and utilized in the country such as the results from any evaluations carried out. The treatment facility representative will present on their experience utilizing the CICAD intake form at the treatment facility.



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12:00 – 12:30 - Discussion

12:30 – 01:30 - **LUNCH**

1:30 – 2:30 - Country Reports: Experiences with collecting treatment data

Jamaica, St. Lucia, Suriname, Trinidad & Tobago

2:30 – 3:00 - Discussion

2:30 – 3:00 - Quick Review of Updated CICAD Standardized Instrument -
P. Clarke

3:00 – 3:30 - Data entry demonstration

3:30 – 4:00 - Discussion: EPI INFO vs Excel

End of day 1

Day 2

9:00 – 9:15 - Welcome and recap

9:15 – 10:30 - Overview of drug and Alcohol treatment in participating countries²

Antigua & Barbuda, Bahamas, Barbados, Belize, Guyana,

10:30 – 10:45 - **COFFEE BREAK**

10:45 – 12:00 - Overview of drug and Alcohol treatment in participating countries

Haiti, Jamaica, St. Lucia, Suriname, Trinidad & Tobago

² The drug council representative will present on their national drug and alcohol treatment policies and standards. Provide a brief overall description of the types of treatment being offered in their country (residential, detox, outpatient, private, government etc.) The treatment facility representative will provide a brief background about their facility, the staff profile, and the types of treatment/programs they offer.



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12:00 – 12:30 - **Discussion**

12:30 – 01:30 - **LUNCH**

- 1:30 – 2:00 - Drug Information Networks (DINs): Is there a
Connection between DINs and treatment data? – **P. Clarke**
- 2:00 – 2:45 - Standard DIN Indicators
- 2:45 – 3:45 - Discussion on way forward and work plan:
- Identification of Needs
 - How do we attain **full coverage**?
 - Key Success Factors (What are the 5 (or less) keys to success?)
 - Targets

CLOSE



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APPENDIX 3: Participants

#	Name	Country	Organization
1	Marcia Edwards	Antigua and Barbuda	National Drug and Money Laundering Control
2	Laura Lee Seale	Barbados	National Council on Substance Abuse
3	AvaJean Budna Sanchez	Belize	National Drug Abuse Control Council
4	Courtney Samuels	Guyana	Ministry Of Home Affairs
5	Jean Alain Bernadel	Haiti	Coordination de la Commission Nationale de Lutte Contre la Drogue (CONALD)
6	Uki Atkinson	Jamaica	National Council on Drug Abuse
7	Marie Bunwaree	Suriname	National Anti- drug Council
8	Reisha Flemming	Trinidad and Tobago	National ADAPP
9	Caleb Paul	St. Lucia	Substance Abuse Advisory Council Secretariat
10	Cyprian Yarde	St. Lucia	Substance Abuse Advisory Council Secretariat
11	Dr. Ronald Chase	Barbados	Psychiatric Hospital
12	Clarence Younge	Guyana	Phoenix Recovery
13	Nerona Ducally	Jamaica	Addiction Treatment Services Unit
14	Sabrina Rootharam	Suriname	Psychiatric center Detox Clinic
15	Wendy Alexandra	Trinidad and Tobago	National Drug Council
16	Sarah Seerattan	Trinidad and Tobago	National Drug Council
17	Jimmy Peters	Trinidad and Tobago	Rebirth House
18	Joanna Joseph	St. Lucia	Turning Point
19	Taddeus Joseph	St. Lucia	Turning Point
20	Sacha JnPierre	St. Lucia	Turning Point
21	Subrina Dupal	St. Lucia	Substance Abuse Advisory Council Secretariat
22	Shervin Lloyd	Bahamas	National Anti-Drug Secretariat
23	Indirah Belle	Bahamas	National Anti-Drug Secretariat
24	Phil Leon	St. Lucia	Ministry of Health Epidemiology Department
25	Robert Huggins	St. Lucia	Substance Abuse Advisory Council Secretariat
26	Tiffany Barry	USA	CICAD
27	Pernell Clarke	USA	CICAD