

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

Jamaica's Experience



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OID/CICAD MEETING, ST. LUCIA

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Facts about Jamaica (Land of Wood & Water)

- ❑ Third largest Caribbean island & largest English-speaking Caribbean island
- ❑ Population of 2.7 million
- ❑ 21% of population live in the capital – Kingston
- ❑ Very mountainous country, with almost half of the island above 1,000 feet (305m)
- ❑ Home of Reggae music - song and album of the millennium
- ❑ Home of fastest man in the world
- ❑ Home of the only national flag in the world without red, blue or white

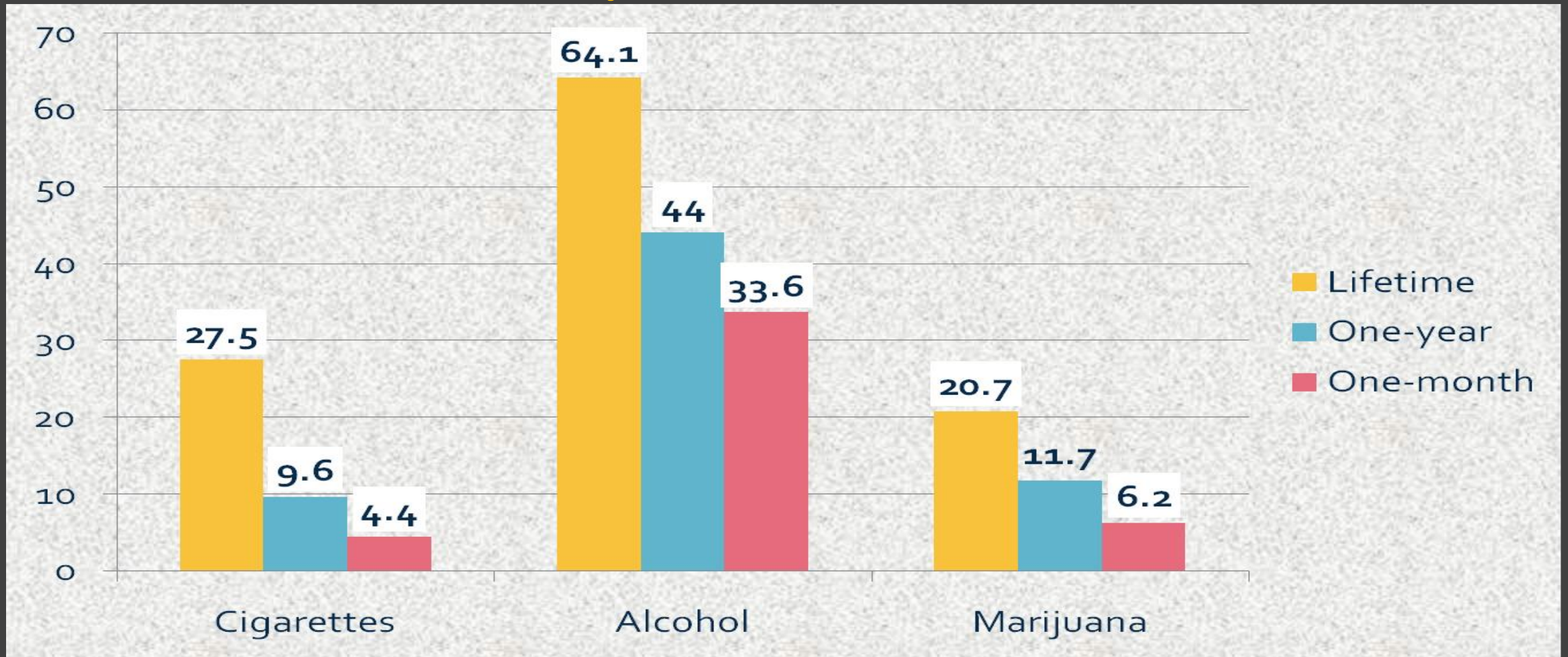
2015 International Narcotics Control Report - Jamaica

- ❑ Largest Caribbean supplier of marijuana to the United States and local Caribbean islands – identified among 22 countries as a major illicit producing and drug transit country
- ❑ Major transit point for drugs trafficked from South America to North America and other international markets - though cocaine and synthetic drugs are not produced locally
- ❑ Drug trafficking accompanied by organized crime, domestic and international gang activity and corruption
- ❑ Illicit drugs are a means of exchange for illegally trafficked firearms – high crime rate

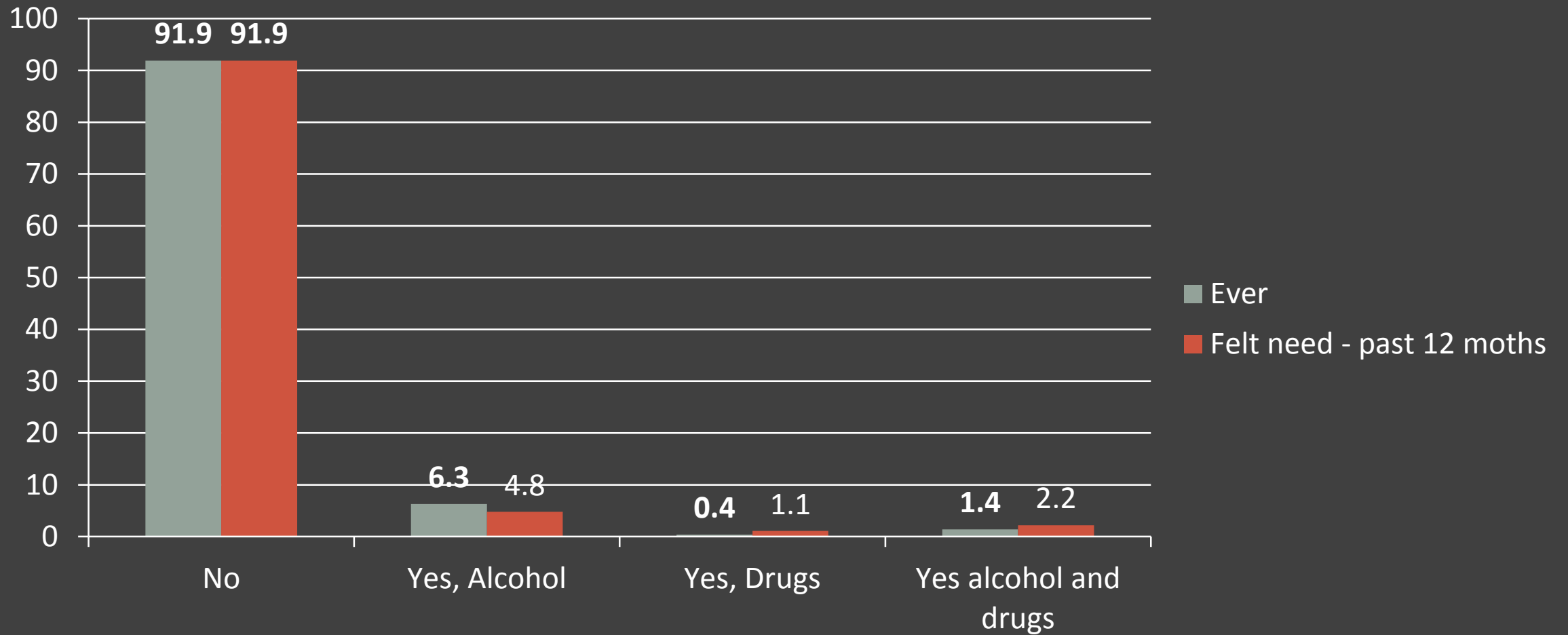
Drug Use in Jamaica (15-74 yrs)

- ❑ Marijuana – 13.5% (most widely used illicit drug)
- ❑ Cocaine – Less than 0.1% (no changes over decades)
- ❑ Alcohol – 74.5%

Prevalence by Substance (2013 NSS)



Treatment for Drug Use



Treatment Data Collection

- ❑ Jamaica - 1 of 3 countries in pilot project for drug treatment data collection (Nov 2012 – April 2013)
- ❑ Participated in training in Trinidad and Barbados – 2 treatment facility representatives
- ❑ Secured buy-in from 4 participating treatment facilities – kept it simple
- ❑ Coordinated data collection – assigned facility codes, numbered and issued forms intermittently, established tracking system for issuing and collecting forms provided on-going support through regular communication – clarify grey areas
- ❑ Data entry and cleaning – Excel
- ❑ Sent to OID for final report preparation

Initial Concerns Raised by Facilities

- ❑ Low intake patterns in Nov to Jan & high in Feb to April – results of pilot may show that agency is irrelevant
- ❑ Use of data – to whose benefit
- ❑ Need for confidentiality agreement to ensure no identifying information is disseminated
- ❑ Duplication of information gathering – more work
- ❑ Discomfort with affixing signature – created unique id for staff
- ❑ History of psychiatric illness and contagious disease history – likely to be under reported at intake given that the truth comes later in treatment process

Overview of Pilot Results

- ❑ Total of 120 forms completed (November 2012 – April 2013)
- ❑ Predominantly male clients seen (92.2%)
- ❑ 50% under 30 years and 20% under 20 years
- ❑ Majority educated at the secondary level (49%)
- ❑ Majority referred from friend's encouragement, general health centre and self referral
- ❑ 40% had never received drug treatment before, 20% had been 5 or more times
- ❑ Almost 50% in treatment for marijuana, 38% for crack/cocaine and 20% for alcohol
- ❑ 10% had been arrested in the past year while 46.6% were previously arrested at some point in their lives
- ❑ More patients in the 20-29 (27%) age grouping reported lifetime prevalence psychiatric disorder

Activities Following Pilot

- ❑ Breakdown in data collection – 2 centres closed, management issues, relocation, change in staffing in others
- ❑ Convened meeting with facility representatives to re-establish partnership for reporting treatment data – facilitated by Pernell Clarke and Tiffany Barry (March 2015)
- ❑ Officially re-started data collection in March 2015 – 4 facilities plus NCDA treatment data – referrals from schools, probation, drug court
- ❑ Almost full coverage of drug treatment facilities – 1 privately owned facility unwilling to participate
- ❑ Regular communication with facilities – back on track with monitoring, collecting and disbursing forms

Buy-in Secured

All participating facilities understand that collecting this information

- ✓ Enables dynamic analysis of treatment data – locally and regionally
- ✓ Can strengthen relationships between different pathways to treatment – recent meeting held among Treatment Facility managers to strengthen referral relationships
- ✓ Can determine treatment demand, failures and need for changes in treatment settings
- ✓ Unique opportunity to address criminal offending and high risk behaviour in treatment – programs may need to be diversified
- ✓ Keeps us abreast of the most relevant problems for drug users – epidemiologically

Thank You

