

Status of Jamaica's National Drug Observatory



Uki Atkinson

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REGIONAL SEMINAR FOR NATIONAL DRUG OBSERVATORIES IN THE CARIBBEAN

Ramada Georgetown Princess Hotel

Georgetown, Guyana

Structure of the National Drug Observatory (NDO)

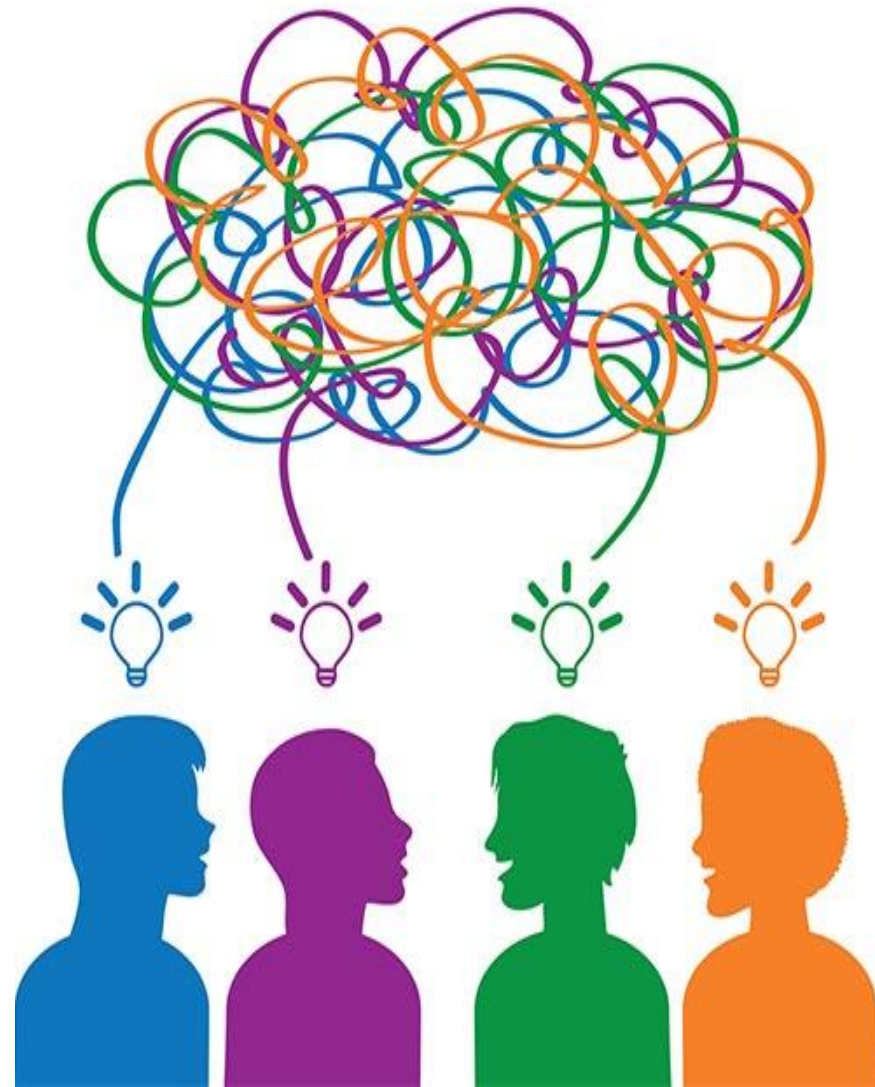
- ❖ Previously in Research & Information Department with Director & 4 support staff members
- ❖ NDO now in the Department of Client Services (since 2011/2012 NCDA restructure)
- ❖ Managed by Research Analyst & supported by data entry clerk
- ❖ Studies conducted with support from local consultants (academia)

4 Recent National Studies (2016 – 2017)

Study	Purpose	Conducted	Disseminated
National Drug Prevalence Survey (NHS) OAS/CICAD	Cross sectional survey to determine prevalence & patterns of psychoactive substance use among general population 12-65 years. Included problematic use, access/exposure, risk perception, treatment & awareness/opinions on marijuana laws.	Mar – Aug 2016	Nov 2016
Global School Health Survey (GSHS) WHO/PAHO/CDC & Global Youth Tobacco Survey (GYTS)	International gold standard survey to measure adolescent health - substance use, mental health, violence and unintended injury, sexual behavior, dietary practices, physical activity and protective factors.	Feb-Apr 2017	Nov 2017
Rapid Situation Assessment (RSA) OAS/CICAD	Mixed methods study on multi-sector perspectives on policy, research, prevention, treatment and collaboration to address the drug problem in Jamaica	June-Oct 2017	Feb 2018

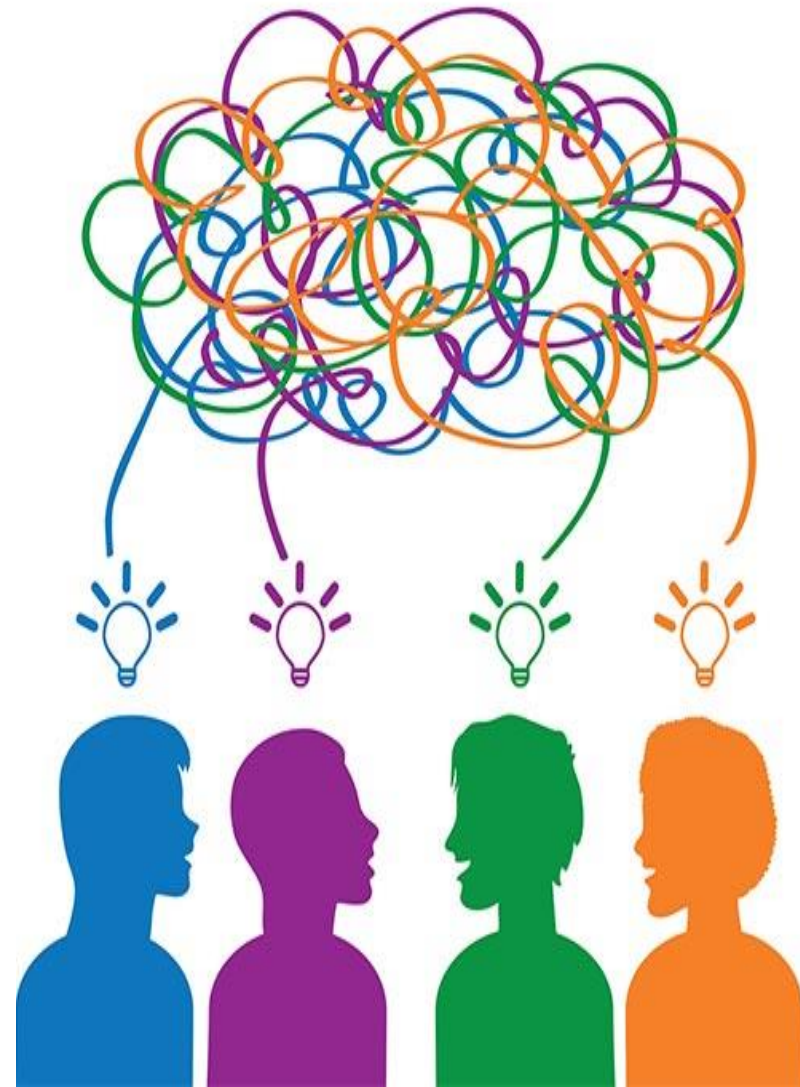
RSA- Perspectives on National Drug Research

- ❖ Wide coverage of studies among the population conducted on an ongoing basis
- ❖ Drug studies are used to inform decisions but there is room for improvement
- ❖ Move beyond prevalence and incidence level data – explore deeper issues
- ❖ Communicate research in a simplified impactful manner
- ❖ Translate the evidence into policy and service and measure the impact of these policies
- ❖ *Increase stakeholder involvement in knowledge translation process (research to action)*

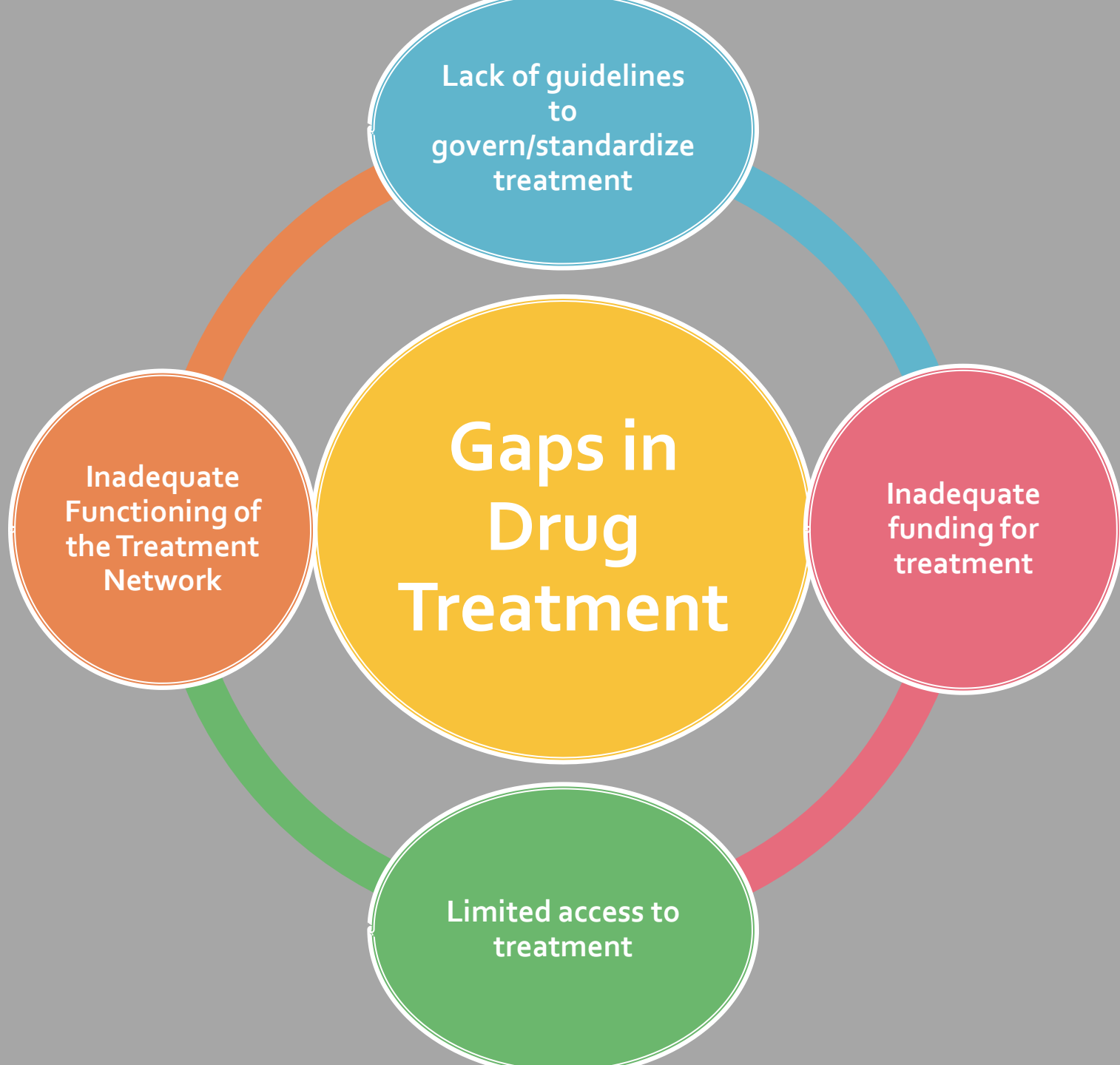


Perspectives on Drug Policies

- ❖ Low level of awareness across sectors
- ❖ Lack of enforcement – minimum impact
- ❖ Policy making process lacks rigour - evidence to inform decisions
- ❖ Lack of ongoing monitoring, evaluation and revision of policies
- ❖ Lack of multi-sector collaboration







RSA Recommendations

- Generate more evidence based policy
- Enforcement of laws
- Capacity building in primary health care
- Identify champions
- Pathways to treatment
- Targeted public education messages
- Increase multi-sector collaboration
- Increase parenting interventions

2017 GSHS Main Findings & Implications

- ❖ Alcohol remains the most widely used substance – narrative for problematic users, youth, adults
- ❖ Access and exposure to substances remain high – Enforcement of laws in and around school compounds
- ❖ Successive studies showing higher prevalence of substance use among grade 10 students – deeper understanding & targeted interventions necessary

GSHS Main Findings & Implications

- ❖ Unhealthy dietary patterns contributing to obesity – public education especially re sugary drinks and fast food
- ❖ High levels of suicidal ideation – Training of Guidance counsellors to undertake mental health screening
- ❖ Scale up of life-skills programmes – wider coverage & earlier than average age of onset
- ❖ Parenting associated with all negative outcomes – parenting programmes essential to improve child and adolescent health

New Substances & Combinations

- Lean - cough syrup and sprite is being used by adolescents – Influenced by North American Rapper Lil Wayne
- News reports of criminal elements lacing marijuana with embalming fluid - active ingredient **Formaldehyde**. **reportedly** occurring in western Jamaica. NCDA to undertake assessment of the situation – difficult to access communities due to crime/state of emergency conditions

Dissemination & Use of Studies

- ❖ National dissemination meetings for all studies – multi-sector stakeholders, media, Fact Sheets, Local/parish level meetings/academia/publications
- ❖ NHS informed 2017 parliamentary debate on public health implications of marijuana and tobacco use
- ❖ NHS assisted in determining WHO/PAHO initiatives for funding and technical assistance to Jamaica

Dissemination & Use of Studies

- ❖ NHS findings on awareness and attitudes towards marijuana legislation were used to justify the need for public education – specifically targeting youth – 12 month multi-strategy campaign “TalkdiTruth Future Come First” (Social media, traditional media, in-school peer led prevention programme and school tour)
- ❖ GSHS incorporated into MOH’s 2018 budget speech
- ❖ Evidence for various public education/prevention initiatives – NCDs, mental health, alcohol policy, advancing enforcement re smoking in public spaces

Jamaica Drug Information Network (JADIN)

- ❖ Dormant for several years – not operating as a network
- ❖ Officially re-launched in February (RSA dissemination)
- ❖ Opportune time with multiple regional initiatives:
 - ❖ Standardized indicators (CICAD)
 - ❖ Standard Annual Country Reports (COPOLAD)
 - ❖ Early Warning System Development (COPOLAD)
- ❖ Buy-in secured & follow-up progressing

Drug Observatory Challenges

- ❖ Tyranny of the urgent
- ❖ Multiple roles - Research, Surveillance (Canwatch), M&E, management of short term projects (UNODC & PEPFAR Grants) and any other tasks deemed necessary for input
- ❖ Disparity in methodologies & findings - Prevalence in NSS vs. GSHS – same population, starkly different results, implications for understanding of true picture/situation among stakeholders

Thank you