Organization of American States

Secretariat for Multidimensional Security

CICAD

Inter-American Drug Abuse Control Commission

Drug and Alcohol Treatment Statistics:

A report on the outcomes of the piloting of a Standardized Drug Treatment Registration Form in Barbados, Jamaica and Trinidad and Tobago

July 2013

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Jamaica

Trinidad and Tobago

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The Executive Secretariat of CICAD appreciates the contributions and the support of national drug commissions, treatment facilities, and other authorities in Barbados, Jamaica, and Trinidad and Tobago.

Barbados: Jonathan Yearwood, Research and Information Officer with the National Council on Substance Abuse (NCSA) served as the coordinator of the pilot in Barbados. The participating drug treatment facilities were The Psychiatric Hospital, The Centre for Addiction and Support Alternatives (CASA), and Verdun House.

Jamaica: Uki Atkinson, Research Analyst with the National Council on Drug Abuse (NCDA) served as the coordinator of the pilot in Jamaica. The participating drug treatment facilities were Richmond Fellowship Jamaica (Patricia House), William Chamberlain Drug Rehabilitation Centre, the Detoxification Unit – University Hospital of the West Indies, and Teen Challenge Jamaica.

Trinidad and Tobago: Reisha Flemming, Data Entry Operator with the National Alcohol and Drug Abuse Prevention Programme Secretariat (NADAPP) served as the coordinator of the pilot in Trinidad and Tobago. The participating drug treatment facilities were Helping Every Addict Live (HEAL), Rebirth House, Caura Substance Abuse Prevention and Treatment Centre, Serenity Place Empowerment Centre for Women, Piparo Empowerment Centre, New Life Ministries, and Trinidad and Tobago Substance Abuse Treatment Services.

There were a number of persons who provided invaluable technical and other support to this project and were part of the extended CICAD team. Dr. Ken-Garfield Douglas analyzed the data collected in the three countries during the pilot, did a review of the process, and drafted a final report.

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Organization of American States

Inter-American Drug Abuse Control Commission

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Executive Summary

Data collected in drug treatment agencies plays a prominent role in informing policy makers. Such data often represent the only information collected regularly and consistently over a certain period of time. What is even more important is the data that is collected during the intake and assessment process. The assessment process helps to identify and evaluate an individual's current situation, issues and needs as well as to determine the most appropriate and effective means of helping the individual.

A standardized form was piloted among treatment centres in the Caribbean for a period of six months starting in November 2012 thru to April 2013, to capture intake data on clients attending for treatment in three countries, namely Trinidad and Tobago, Jamaica and Barbados. The data used in this analysis represents 510 intake assessments from 14 collection sites. The data from these sources are client information that is primarily collected at intake.

The data collected allowed for analysis among the following seven broad categories of variables: socio demographic data, referral and treatment history, current substance use, criminal justice history, psychiatric treatment history, contagious disease history, and placement after assessment.

There was relatively smooth implementation in the participating countries. Some very useful information with respect to the demographics, substance use, treatment history and criminal justice history was obtained from the application of the instrument. The quality of data depended on how well agencies complied with the protocol requirements and this compliance can be improved and assured by good initial training of persons from the treatment centers and regular follow up.

The major lesson learnt from piloting this instrument was that in the field of drug use epidemiology, treatment-based indicator data remain a source of some of the most valuable information available. The collection of such data is relatively easy and cost-effective and can be combined readily with the administrative work of personnel involved in the treatment process. Accepting the methodological framework and analyzing in detail the growing body of data can give a wealth of important and useful information.

Despite the limitations noted, the standardization drug treatment registration form is a simple but powerful instrument for tracking the changing patterns of problematic drug use and, as such, is a valuable epidemiological tool. For the most part the treatment data needs to be supplemented with information from other indicators to allow for sound conclusions to be drawn.

Background and Introduction

Drug treatment is defined as an activity/activities which directly targets people who have problems with their drug use and aims to achieve defined objectives with regard to the alleviation and/or elimination of these problems, provided by experienced or accredited professionals, in the framework of recognized medical, psychological or social assistance practice.

Treatment data provide a great deal of relevant information on the actual situation and prevalent trends within the group of problematic drug users. The treatment indicator is the best-developed indicator. Under certain circumstances, it would be easy to implement, because it can fit readily into the routine administration at the beginning of a treatment episode. Systematic and on-going collection, analysis and result reporting of treatment related data within a monitoring system offer a stable and long-term means of data collection. Those elements increase validity and make trend analyses possible.

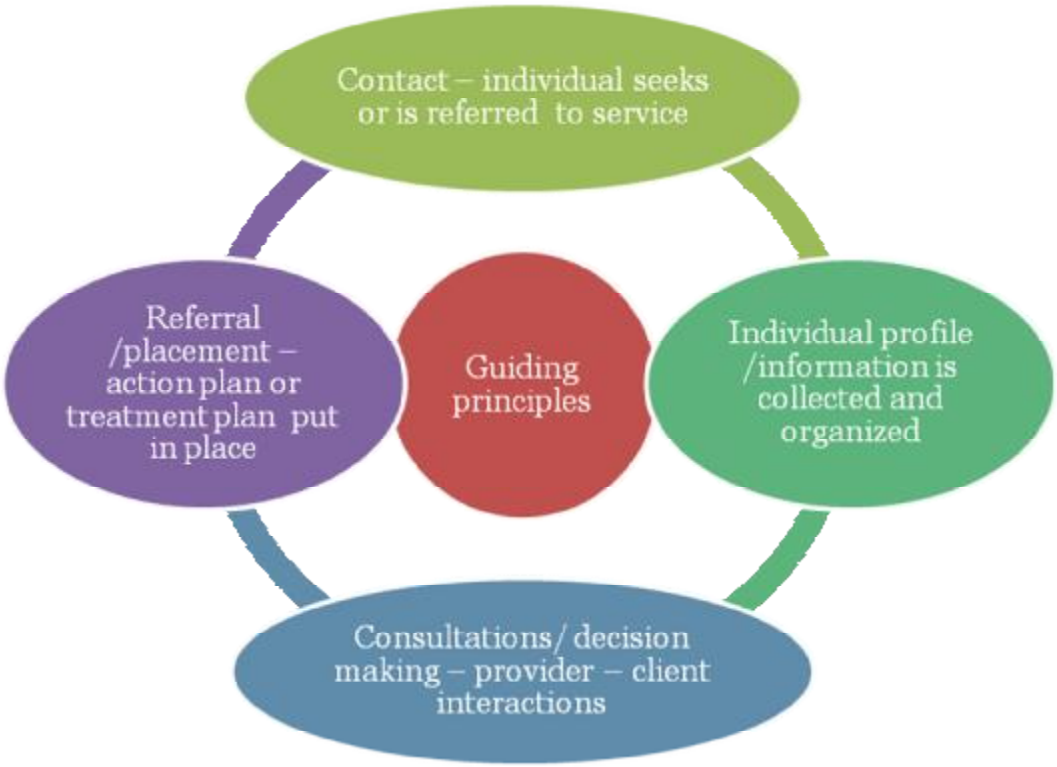
Intake and assessment is a respectful, systematic process of gathering personal information of clients in order to facilitate service providers as well as clients to make informed decisions about the needed program and/ or services. The assessment process helps to identify and evaluate an individual's current situation, issues and needs as well as to determine the most appropriate and effective means of helping the individual.

Many facilities treat the intake and assessment appointment as a standard clerical process or task, often ignoring clients' needs. For many clients, the intake and assessment appointment will be their first face-to-face interaction with the facility. This time should be viewed as an opportunity to engage and motivate the client in his or her own journey in seeking help. Too often, the assessment appointment is a purely administrative function which can turn off clients and lead to a premature exit from the service. Actually, intake and assessment appointments can be viewed as a chance to help motivate clients to engage in the service.

The process of Intake and Assessment is often done within a framework—"intake /assessment framework'—that recognizes four basic elements as listed and illustrated in the diagram below.

1. The first contact with client/ client's caregiver provides an opportunity for the agency worker to introduce the services that the agency is able to provide.
2. An individual profile is developed that provides information on the client as well as any information which may be of use to the decision making process.
3. The client/ client's caregiver needs to be actively involved throughout the entire initial intake and assessment process.
4. Initial assessment ends with a recommendation or referral to a program, service or agency.

Intake/Assessment Framework[1]



The Framework is implemented in the context of five guiding principles for intake/assessment, namely: individually-centered and flexible; respectful and confidential; based on many relevant resources; holistic in nature; and culture and religion sensitive.

[1] Adapted from: Saskatchewan Learning, Intake and Assessment Framework for Basic Education and Related Programs for Adults, Mar 2003, Learning for Life

Materials and Methods

The data used in this analysis came from three different countries and represents 510 intake assessments from 14 collection sites. The data from these sources are client information that is primarily collected at intake and supplemented during treatment as services are provided to the client. In the process of initial contact with the individuals, the provider collects or records most all the core variables of interest in this pilot.

The data elements common to records from all sources are those contained in the standardized instrument and were arranged in the following categories:

1. Socio demographic data
2. Referral and treatment history
3. Current substance use
4. Criminal justice history
5. Psychiatric treatment history
6. Contagious disease history
7. Placement after assessment

None of the client records in this analysis contains client identifiers that would allow identification of any individual whose records were used. The absence of client identifier eliminates any potential problems concerning confidentiality. At the same time however, unique identifiers can help to eliminate the counting of one individual multiple times. The data file used in the analysis consists of all treatment intake assessment reported during the period of interest—November 2012 to April 2013—that included a primary or secondary diagnosis of alcohol or other drug dependence or abuse (client being a problematic drug user).

Methodology

} One person from the national drug observatory in each country was trained along with one representative from the treatment centers on how to administer the data capture form;

- } The Observatory in turn trained/sensitized persons at the participating treatment centers;
- } A standardized form was used for a period of six months starting in November 2012 thru to April 2013, to capture intake data on clients attending for treatment;
- } The Pilot Coordinator at the National Observatory collected and entered the data from the forms in a pre-arranged data base, standardized across all countries;
- } The Pilot was launched officially on November 1st 2012 and terminated on April 30, 2013.

Centers that Participated

Trinidad

- Helping Every Addict Live (HEAL)
- Rebirth House
- Caura Substance Abuse Prevention and Treatment Centre
- Serenity Place Empowerment Centre for Women
- Piparo Empowerment Centre
- New Life Ministries
- Trinidad and Tobago Substance Abuse Treatment Services

Jamaica

- Richmond Fellowship
- William Chamberlin
- Detox Unit – University Hospital of the West Indies
- Teen Challenge

Barbados

- Psychiatric Hospital
- Centre for Addiction and Support Alternatives (CASA)
- Verdun House

Data Limitations

The following operational and process difficulties were experienced during the implementation:

Jamaica

- *Data entry went well but there was a red flag for question 14 (referral source). The data was mostly incorrectly entered for 2 reasons, a) the data entry clerk counted the number of lines (rather than actual response options) and entered the numbers. Some options cover 2 lines, so she entered incorrect numbers. She did this because b) the response options were not automatically shown beyond row 54 for this question (and some others). So that made the data entry process a bit tedious and prone to more errors as she had to go back to the form to view the options rather than seeing them automatically on the dataset.*

- *Problems with the database screen – e.g., Question 3: No option for month 12. Extends only to month 11*

- *Item 16. While the database appears to contain the response options "Yes", "No", "No response" and "DNK" for item 16, it would not allow "No response" or "DNK" to be entered. When attempting to enter either of these options, the following message/alert appeared "The value you entered is not valid. A user has restricted values that can be entered into this cell." this was also the case for item 24 (placement)*

Barbados

- *Item 17 (main substance for which seeking treatment) - The full list of response options/drugs cannot be seen. Therefore, one had to guess which value to enter.*

- *Items 17 & 18. These items do not accommodate instances of poly drug use. There were forms on which multiple drugs and routes of administration were listed. In such instances, "Other" was selected for both items.*

Socio -Demographics Data

Age and Gender

A total of 510 intake assessments were conducted and reported during the six-month pilot period. Trinidad accounted for the majority of clients (268 or 52.5%) while Jamaica accounted for 120 or 23.5% and Barbados 122 or 23.9%. The vast majority of clients were males overall (92.8%), with 7.2% females.

This was the same pattern observed among the countries with 92-96% of clients being males, table 1. Barbados reported the smallest proportion of females (4.1%) while Trinidad and Jamaica reported about the same proportions (8.2 and 8.5% respectively).

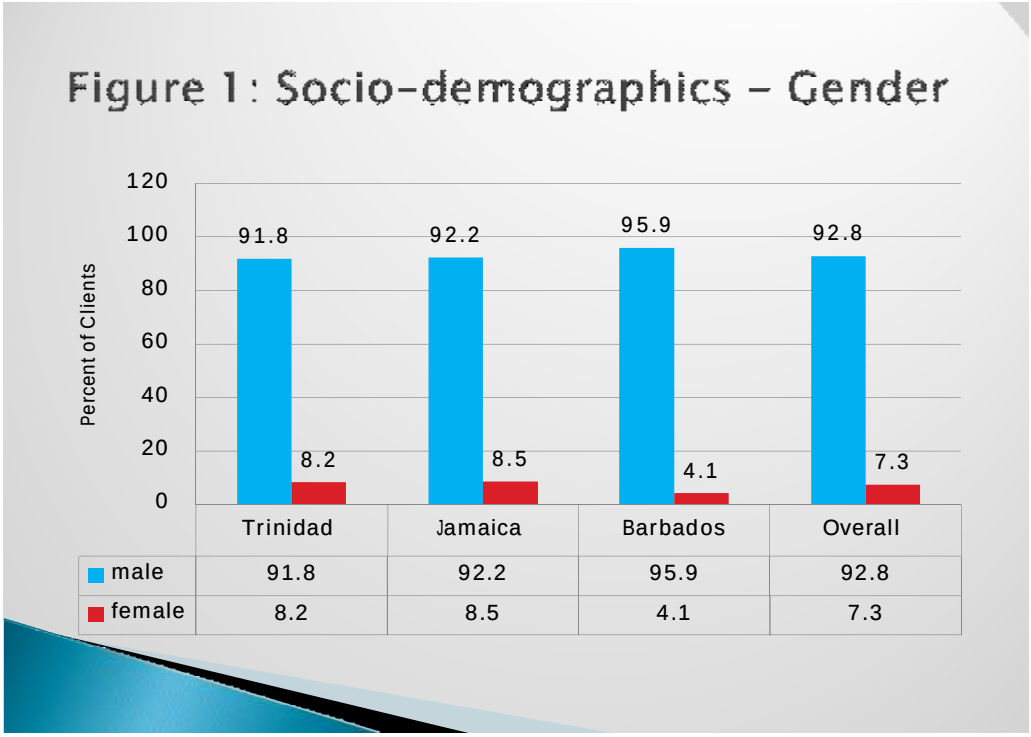


Table 1: Distribution of Age and Gender

	Trinidad	Jamaica	Barbados	Total
Gender				
Male	246 (91.8)	108 (91.5)	117 (95.9)	469 (92.8)
Female	22 (8.2)	10 (8.5)	5 (4.1)	37 (7.3)
Age				
Under 20	5 (1.9)	26 (21.7)	22 (18.0)	53 (10.4)
20-24	28 (10.4)	17 (14.2)	27 (22.1)	72 (14.1)
25-29	17 (6.3)	15 (12.5)	18 (14.8)	50 (9.8)
30-34	36 (13.4)	7 (5.8)	11 (9.0)	54 (10.6)
35-39	30 (11.2)	10 (8.3)	6 (4.9)	46 (9.0)
40-44	32 (11.9)	11 (9.2)	9 (7.4)	52 (10.2)
45-49	38 (14.2)	14 (11.7)	13 (10.7)	65 (12.7)
50 -54	38 (14.2)	12 (10.8)	7 (10.7)	58 (11.4)
55-59	29 (10.8)	4 (3.3)	4 (3.3)	37 (7.3)
60 plus	14 (5.2)	2 (1.7)	3 (2.5)	19 (3.7)

From table 2, the mean age overall was 37 years with the median age overall being also 37 years. The median age in Barbados was the lowest (29 years) followed by Jamaica (30 years) and then Trinidad having the highest at 42 years. Ages overall ranged from 12-74 years.

When aggregated by age groupings, a slightly higher proportion of clients overall were in the 20-24 years age group (14%) compared to the other age groups. However, the highest proportion in Trinidad was observed in the 45-49 and 50-54 years age grouping (about 14%). For Jamaica, the largest proportion was in the under 20 age group (21.7%) and for Barbados, the 20-24 years age group (22.1%).

Table 2: Central Tendency Distribution of Age

Country	Mean	Median	Range	Min	Max	Std. Dev.
Trinidad	41.4	42.0	58	16	74	12.5
Jamaica	33.3	30.0	58	14	72	13.6
Barbados	31.6	29.0	57	12	69	13.4
Overall	37.2	37.0	62	12	74	13.7

Nationality

Most persons accessing treatment were nationals of their own country (97% overall). However, some 7% (8 clients) of persons seeking treatment in Jamaica were non-nationals while the corresponding figures in Trinidad were 3% or (7 clients).

Table 3: Distribution of Nationality

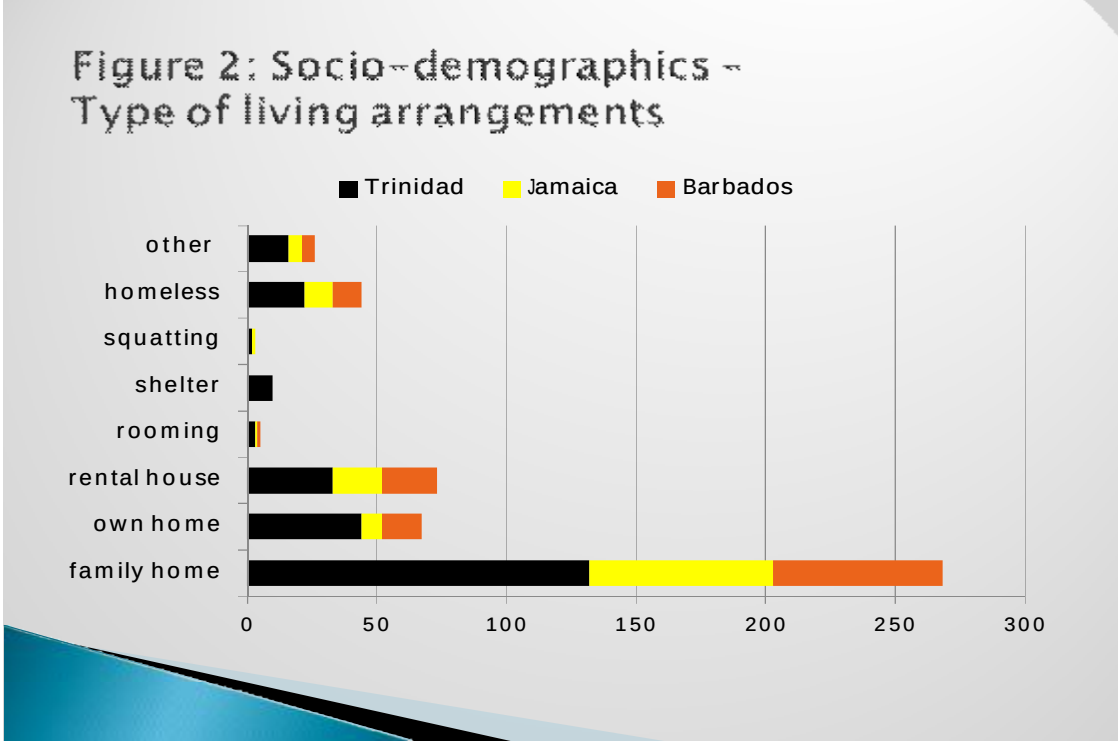
	Trinidad	Jamaica	Barbados	Total
Nationals	261 (97.4)	112 (93.3)	121 (99.2)	494 (96.9)
Non-nationals	7 (2.6)	8 (6.7)	1 (0.8)	16 (3.1)
Total	268	120	122	510

Type of Living Arrangement Last 30 Days

Clients were asked to state their type of living arrangements in the last 30 days. Most (about 53.3%) indicated that they lived in the family home while the next largest proportion overall was a rental house (14.7%) and their own home (13.3%). This was the same pattern reported in all the countries. A number of persons indicated that they were homeless—44 or 8.7% overall. The majority were reported in Trinidad (22 clients), with equal numbers reported in Jamaica and Barbados (11 clients each).

Table 4: Living Arrangements Last 30 Days

	Trinidad	Jamaica	Barbados	Overall
Family home	132 (49.4)	71 (61.2)	65 (54.2)	268 (53.3)
Own home	44 (16.5)	8 (6.9)	15 (12.5)	67 (13.3)
Rental house	33 (12.4)	19 (16.4)	21 (17.5)	73 (14.7)
Rooming/boarding	3 (1.1)	1 (0.9)	1 (0.8)	5 (1.0)
Shelter	10 (3.7)	-	-	10 (2.0)
Squatting	2 (0.7)	1 (0.9)	-	3 (0.6)
Homeless	22 (8.2)	11 (9.5)	11 (9.2)	44 (8.7)
No response	5 (1.9)	-	2 ()1.7	7 (1.4)
Other	16 (6.0)	5 (4.3)	5 (4.2)	26 (5.2)



Deportation

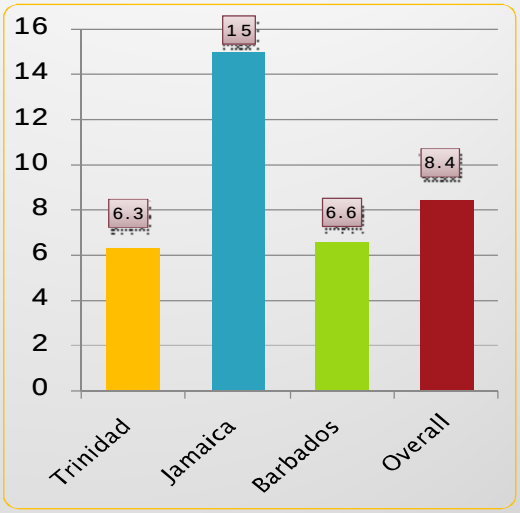
A notable proportion of clients reported that they had been deported from another country—8.4% overall. The largest proportion was reported for Jamaica (15%) while both Trinidad and Barbados reported about the same proportion, around 6%. They were mostly all males except for one female (Jamaica).

Table 5: Deportation Status of Clients

Ever Deported	Trinidad	Jamaica	Barbados	Overall
Deported (yes)	17 (6.3)	18 (15.0)	8 (6.6)	43 (8.4)
Deported (no)	244 (91.3)	101 (84.2)	91 (74.5)	436 (85.5)
Not reported	7 (2.6)	1 (0.8)	23 (18.9)	31 (6.1)

Figure 3: Socio-demographics - Deportation

- A total of 43 clients overall (8.4%) indicated deportation. The largest proportion being in Jamaica (18/120 or 15%).
  - Trinidad 17/268 (6.3%)
  - Barbados 8/122 (6.6%)
- Not-stated rate was notable high for Barbados (19%) compared to Trinidad (3%) and Jamaica less than 1%.



For Trinidad, most (14/17 or 82%) were 45 years and older. This compares to Jamaica where 6/18 or 33% each were in the 35-39 and 45-49 years age groupings. In Barbados, 4/8 or 50% were in a much younger age grouping, 20-24 years.

Table 6: Deportation Status of Clients by Age and Gender

	Trinidad	Jamaica	Barbados
Gender			
Male	17 (100.0)	17 (94.6)	8 (100.0)
Female	-	1 (5.6)	-
Age			
Under 20	-	-	-
20-24	-	-	4
25-29	-	-	-
30-34	-	1	1
35-39	2	6	-
40-44	1	3	-
45-49	7	6	2
50 and over	7	2	1

Ethnicity

A significantly high proportion of this information was not captured at the intake interview and subsequently not reported on the forms. This was more the case for Jamaica where 85% was not reported and Barbados, where 43% were not reported.

However, in Trinidad, most clients were East Indians (46%) followed by Blacks (30%) and Mixed (19%).

Table 7: Ethnicity of Clients by Country

Ethnicity	Trinidad	Jamaica	Barbados	Overall
Black	81 (30.2)	1 (0.8)	69 (56.6)	151 (29.6)
East Indian	122 (45.5)	16 (13.3)	-	138 (27.1)
White	3 (1.1)	1 (0.8)	1 (0.8)	5 (0.9)
Mixed	50 (18.7)	-	-	50 (9.8)
Not reported	12 (2.5)	102 (85.0)	52 (42.6)	166 (32.5)

Client Living Arrangements

Living arrangements were predominantly stated as living alone, with mother, brother/sister and other relatives for Barbados. With respect to Trinidad, mother, living alone, with brother/sister, father and spouse were the predominant indications, and for Jamaica, mother, other relatives, brother/sister and father.

Table 8: Living Arrangement of Clients by Country*

	Trinidad	Jamaica	Barbados
Father	40	19	1
Brother/sister	50	28	32
Stepfather	5	1	4
Girlfriend/boyfriend	10	3	4
Alone	62	15	48
Child/children	35	8	8
Mother	65	39	43
Stepmother	1	2	1
Spouse	37	5	7
Friend	9	2	4
Other relatives	22	35	28
Other	24	8	1

*** More than one answer was allowed.**

Marital Status

The majority of clients overall were single (65.5%) followed by married 14%. This was the same pattern observed for all the countries—the majority of clients being single and the next highest proportion being married.

Table 9: Marital Status of Clients by Country

Marital Status	Trinidad	Jamaica	Barbados	Overall
Single	144 (53.7)	92 (77.3)	95 (77.9)	131 (65.5)
Married	48 (17.9)	13 (10.9)	12 (9.8)	73 (14.3)
Divorced	18 (6.7)	3 (2.5)	5 (4.10)	26 (5.1)
Separated	35 (13.1)	6 (5.0)	2 (1.6)	43 (8.4)
Living together	14 (5.2)	2 (1.7)	1 (0.8)	17 (3.3)
Widow/widower	6 (2.2)	3 (2.5)	-	9 (1.8)
Not stated	3 (1.1)	1 (0.8)	7 (5.7)	11 (2.1)

Marital Status by Gender

Trinidad – most males were single (55%) and single females represented the largest marital status category (41%). About one third of females were married and the next highest proportions were divorced or living together (9% each). In contrast, the next highest proportions of males were married (17%) or separated (14%). In Jamaica, most males were single (76%) as were females (all but one). The next highest proportions of males were married (12%) or separated (5%). Barbados – all females were single as were 77% of males. About 10% of clients were married.

Table 10: Marital Status of Clients by Gender and Country

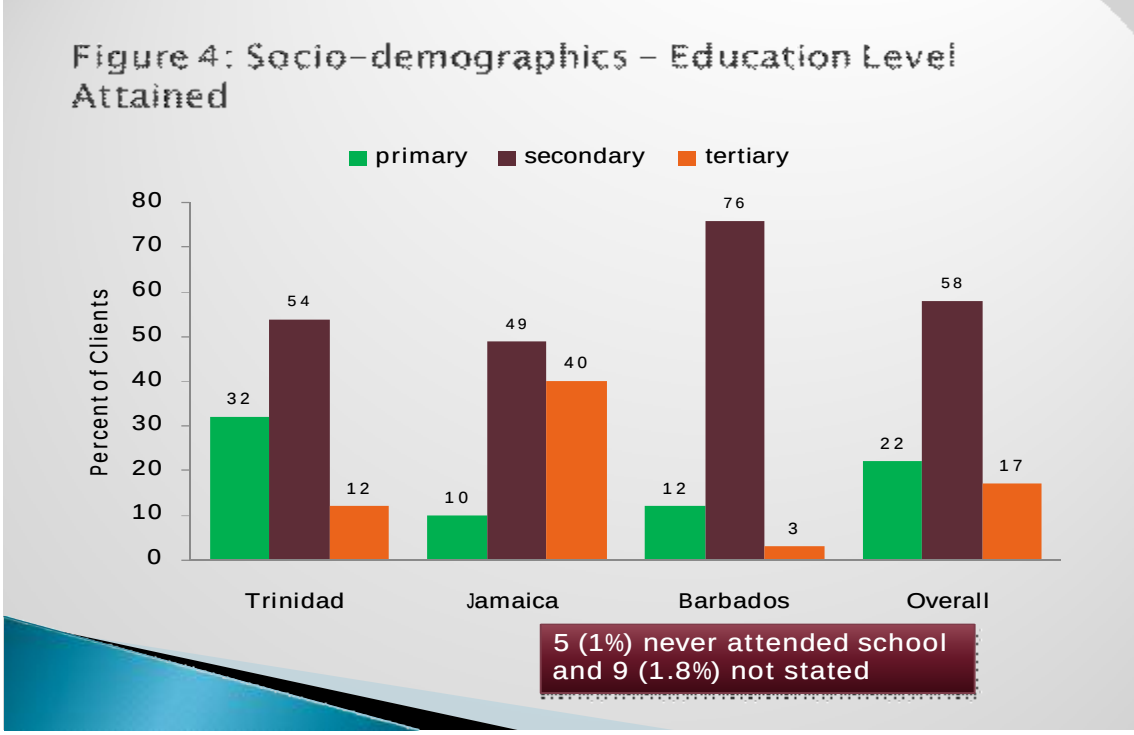
Marital Status	Trinidad		Jamaica		Barbados	
	Male	Female	Male	Female	Male	Female
Single	135 (54.9)	9 (40.9)	80 (76.2)	8 (88.9)	90 (76.9)	5 (100.0)
Married	41 (16.7)	7 (31.8)	13 (12.4)	-	12 (10.3)	-
Divorced	16 (6.5)	2 (9.1)	3 (2.9)	-	5 (4.3)	-
Separated	34 (13.8)	1 (4.5)	5 (4.8)	-	2 (1.7)	-
Living together	12 (4.9)	2 (9.1)	2 (1.9)	-	1 (0.9)	-
Widow/widower	5 (2.0)	1 (4.5)	2 (1.9)	1 (11.1)	6 (5.1)	-
NR/don't know	3 (1.2)	-			1 (0.9)	

Education

Table 11: Education Level Attained by Country

Level Attained	Trinidad	Jamaica	Barbados	Overall
Never attended school	2 (0.7)	-	3 (2.5)	5 (1.0)
Primary	86 (32.1)	12 (10.1)	14 (11.5)	112 (22.3)
Secondary	144 (53.7)	58 (48.7)	92 (75.4)	294 (58.4)
University/tertiary	32 (11.9)	47 (39.5)	4 (3.3)	83 (16.5)
Not reported	4 (1.5)	3 (5.1)	9 (7.3)	9 (2.0)

The education level attained varied by country. Some 58% of clients overall reported completing secondary school. This was followed by 22% or just over one-fifth completing primary school. About 17% had completed university/tertiary education while five clients overall had not attended school.



In all countries, secondary level education attainment represented the largest category—Trinidad (54%), Jamaica (49%) and Barbados (75%). A notably higher proportion of clients in Jamaica (40%) compared to Trinidad (12%) and Barbados (3%) reported completing university/tertiary level education.

Females in Trinidad and Barbados were more likely to report that they had completed secondary level but in Jamaica they were more likely to indicate completing

tertiary/university level. Males in all countries were more likely to indicate completing secondary school.

Table 12: Education Level Attained by Country and Gender

Level Attained	Trinidad		Jamaica		Barbados	
	Male	Female	Male	Female	Male	Female
Never attended school	1 (0.4)	1 (4.5)	-	-	3 (3.7)	-
Primary	81 (32.9)	5 (22.7)	12 (11.3)	-	12 (10.8)	2 (40.0)
Secondary	133 (54.1)	11 (50.0)	52 (49.1)	4 (44.4)	89 (80.2)	3 (60.0)
University/tertiary	27 (11.0)	5 (22.7)	40 (37.7)	5 (55.6)	4 (3.6)	-
Not reported	4 (1.6)	-	2 (2.9)	-	3 (2.7)	-

Current Employment

Most clients overall were unemployed (53.3%). A further 42.9% were in some form of employment and 3.7% had not reported their employment status. Employment status was further recoded to look only at those clients who had reported some form of employment status. In this regard, 55.5% overall were not employed while 44.6% were employed, Table 13b.

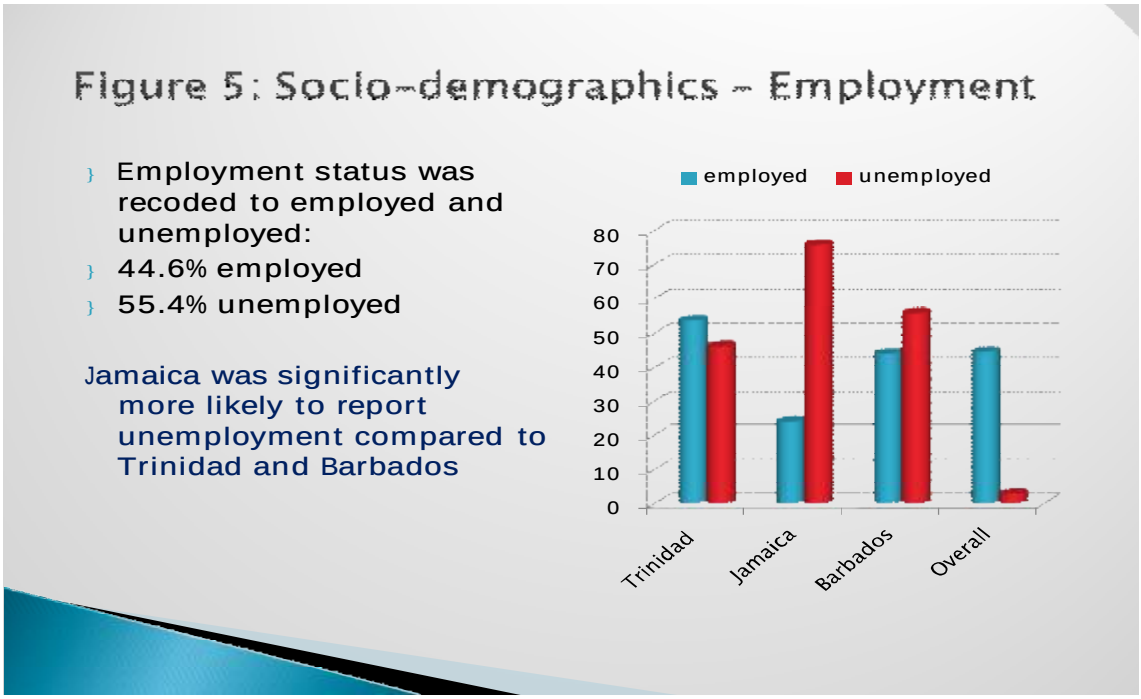
Employment status was significantly different statistically among countries. Clients in Jamaica were significantly more likely to be unemployed (75.9%) compared to Trinidad (46.2%) and Barbados (55.9%). Clients in Trinidad therefore were more likely to report that they were employed (53.8%) compared to 44.1% for Barbados and 24.1% in Jamaica.

Table 13a: Current Employment Status by Country

Overall		Trinidad	Jamaica	Barbados	Overall
219 (42.9)	Working self employed	139 (51.9)	28 (23.7)	47 (38.8)	214
	Working and studying	3 (1.1)	-	2 (1.7)	5
272 (53.3)	Unemployed	106 (39.6)	61 (51.7)	53 (43.8)	220
	Not working/student	4 (1.5)	24 (20.3)	5 (4.1)	33
	Not working/retired	9 (3.4)	2 (1.7)	2 (1.7)	13
	Not working (other)	3 (1.1)	1 (0.8)	2 (1.7)	6
19 (3.7)					
	Not reported	4 (1.5)	4(1.7)	11 (7.4)	19

Table 13b: Current Recoded Employment Status by Country

	Trinidad	Jamaica	Barbados	Total
Employed	142 (53.8)	28 (24.1)	49 (44.1)	219 (44.6)
Unemployed	122 (46.2)	88 (75.9)	64 (55.9)	272 (55.4)
Total	264	116	111	491



Employment Status by Gender and Deportation Status

A notably higher proportion of male clients in Trinidad were employed (55%) compared to clients in Jamaica (25%) and Barbados (43%). Among females, a notably higher proportion of clients in Barbados (60%) were employed compared to Trinidad (41%) and Jamaica (11%).

Males in Jamaica were more likely to be unemployed (75%) compared to Trinidad (45%) and Barbados (40%). Some 89% of females in Jamaica reported unemployment compared to 57% in Trinidad and 40% in Barbados.

A notably higher proportion of "deportee" clients in Jamaica (77.8%) and Barbados (75%) were unemployed compared to clients in Trinidad (59%). Among those who were not deported, reported unemployment was higher in Jamaica (73%) compared to Trinidad (45%) and Barbados (53%).

Table 14: Current Recoded Employment Status by Country Gender and Deportation Status

	Trinidad		Jamaica		Barbados	
	Employed	Unemployed	Employed	Unemployed	Employed	Unemployed
Male	133 (55.0)	109 (45.0)	26 (25.2)	77 (74.8)	46 (43.4)	60 (24.4)
Female	9 (40.9)	13 (56.5)	1 (11.1)	8 (88.9)	3 (60.0)	2 (40.0)
Deported	7 (41.2)	10 (58.8)	3 (16.7)	14 (77.8)	2 (25.0)	6 (75.0)
Not Deported	133 (54.5)	109 (44.7)	25 (24.8)	74 (73.3)	42 (46.4)	48 (52.7)

The following table summarises the importance of the socio demographic indicators in this section:

Socio -Demographics Data: Implications

Data	Importance of the Indicator	Treatment Program Implications
Age	Basic epidemiological information necessary for analyzing cohort-specific and historic effects in drug problems.	These enable dynamic analysis of the treatment data to be made.
Gender	Basic epidemiological information.	
Nationality and Ethnicity	Sometimes it is the nationality, sometimes the ethnic origin and sometimes the language spoken that differs from the majority.	
Types of Living Arrangements	The 'where' aspect stresses the stability of the living situation.	
Deportation Status	Provides insight into possible instability in living and cultural adaptation.	
Living Arrangements – Family Support	The primary purpose of the 'with whom' aspect is to assess the social contacts or social integration of the drug user.	
Marital Status		
Education	Education is another key socio-economic category. Employment in many settings depends heavily on educational level.	
Current Employment	Employment status provides central information about the client's economic and social integration and his or her daily life.	

Referral and Treatment History

Source of Referral to Treatment

The six leading sources of referral overall in rank order, were:

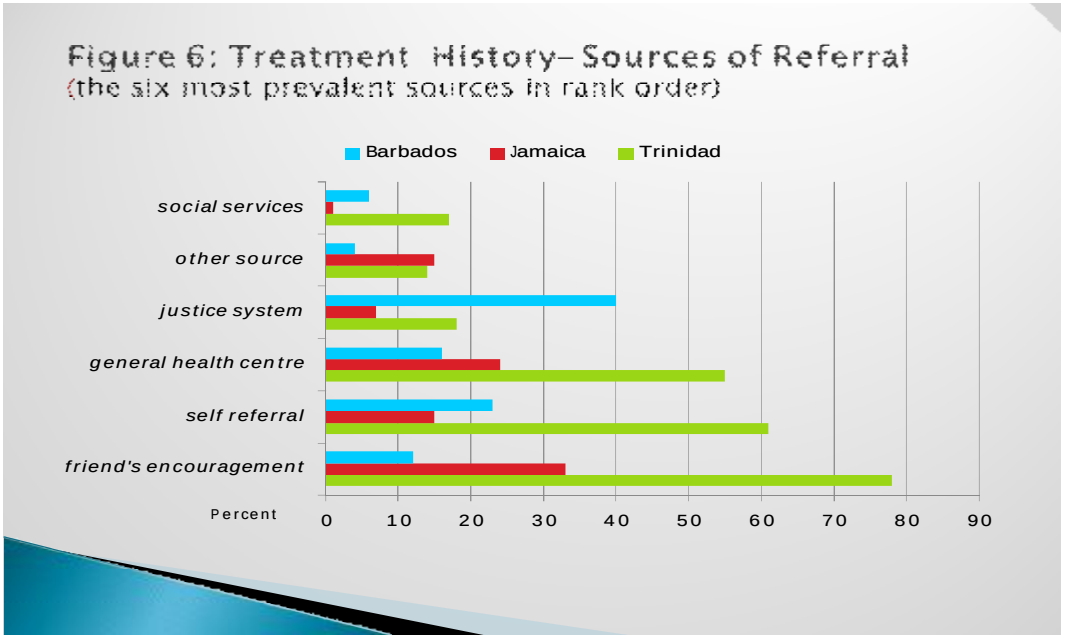
1. From friend's encouragement
2. Self referral
3. From a general health centre
4. From the justice system
5. Other sources
6. From social services

This was the same pattern observed for Trinidad. In the case of Jamaica, the main sources of referral in rank order were: from friend's encouragement, general health centre, self referral and other sources; and in the case of Barbados: the justice system, self referrals, general health centre and friend's encouragement.

Sources that are worthy of mention related to: the school system (important for Jamaica and Barbados); from employers (important for Trinidad); and from another treatment program (a small but important source overall).

Table 15: Sources of Referral for Treatment

	Trinidad	Jamaica	Barbados	Overall
From another treatment program	5 (1.9)	5 (4.3)	4 (3.3)	14 (2.8)
From a general health centre	55 (20.6)	24 (20.7)	16 (13.2)	95 (18.8)
From social services	17 (6.4)	1 (0.9)	6 (5.0)	24 (4.8)
From National Drug Council	-	5 (4.3)	-	5 (1.0)
From prison or juvenile detention	2 (0.7)	2 (1.7)	1 (0.8)	5 (1.0)
From the justice system	18 (6.7)	7 (6.0)	40 (33.1)	65 (12.9)
From employer	13 (4.9)	2 (1.7)	4 (3.3)	19 (3.8)
From friend's encouragement	78 (29.2)	33 (28.4)	12 (9.9)	123 (24.4)
Voluntarily (self referral)	61 (22.8)	15 (12.9)	23 (19.0)	99 (19.6)
From the school system	-	7 (6.0)	7 (5.8)	14 (2.8)
Other sources	14 (5.2)	15 (12.9)	4 (3.3)	33 (6.5)
No response	4 (1.7)	-	4 (3.3)	8 (1.6)



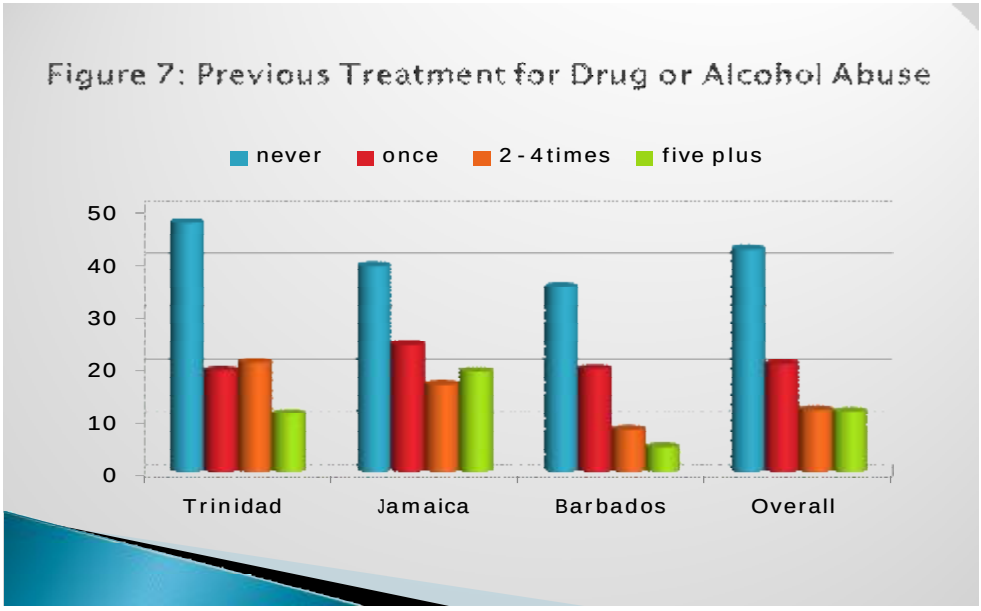
Treatment for Drug or Alcohol Use

Table 16: Previous Treatment for Drug or Alcohol Use and Admission to another Treatment Facility

	Trinidad	Jamaica	Barbados	Overall
Treated				
Never	127(47.4)	47 (39.2)	43 (35.2)	217 (42.5)
Once	52 (19.4)	29 (24.2)	24 (19.7)	105 (20.6)
2-4 times	56 (20.9)	20 (16.7)	10 (8.2)	86 (16.9)
Five or more times	30 (11.2)	23 (19.2)	6 (4.9)	59 (11.6)
Not stated	3 (1.1)	1 (0.8)	39 (32.0)	43 (8.4)
Admitted				
Never	95 (35.4)	84 (70.0)	30 (24.6)	209 (41.0)
Once	33 (12.3)	25 (20.8)	6 (4.9)	64 (12.5)
2-4 times	10 (3.7)	6 (5.0)	2 (1.6)	18 (3.5)
Five or more times	-	4 (3.3)	1 (0.8)	5 (1.0)
Not stated	130 (48.5)	1 (0.8)	83 (68.0)	214 (42.0)

Clients were asked to indicate the number of times they had been previously treated for drug or alcohol abuse. The information collected was then recoded to ordinal options—never (zero times), once (one time), 2-4 times and five or more times. Outlier responses showed that clients indicated being treated as frequent as 20 to 50 times.

From table 16, about four in every ten clients (43%) reported that they have never received treatment while about one-fifth (21%) were treated once. About 17% indicated treatment 2-4 times and 12% five or more times. In all countries, the largest response category was the one for persons who have never been treated. One fifth to a quarter had been treated once and most all others two or more times. However, if we simply compare those who have been treated before with those who have not, then the majority of persons who responded to this question were treated at least once before in their lifetime. Note though that in Barbados, a notably high proportion of data was not recorded for this indicator.



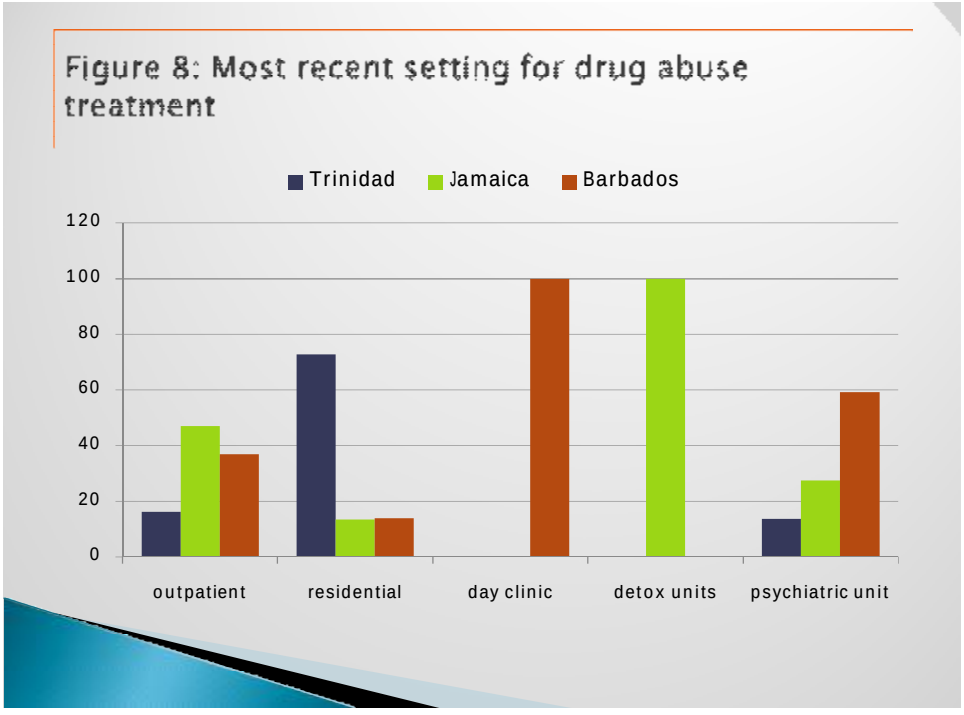
When asked to indicate how many times they had been registered with or been admitted to another treatment facility during the calendar year, a proportion (41%) indicated never which is consistent with the proportion who were seeking treatment for the first time (42%). However, about 17% overall had sought treatment at another facility during the calendar year. This question was designed as a proxy to avoid double counting of cases registered during a calendar year. Including this 17% of the clients will provide an estimate of the *number of* '*registrations*' during a calendar year. If they are excluded, the estimate will be the actual *number of* '*persons*' seeking treatment in a calendar year.

Most Recent Setting for Drug Abuse Treatment

Of the clients who recently accessed residential treatment, the majority were from Trinidad (73%). This compared to 13% in Jamaica and 14% in Barbados. For the outpatient treatment setting, - 16% of clients in Trinidad, 47% in Jamaica and 37% in Barbados. Day clinic was only accessed in Barbados and Detox treatment only in Jamaica. Some 59% of the psychiatric treatment was accessed in Barbados with 27% in Jamaica and 14% in Trinidad.

Table 17: Most Recent Setting for Drug Abuse Treatment

	Treatment Setting				
	Outpatient	**Residential**	**Day Clinic**	**Detox Unit**	**Psychiatric Unit**
Trinidad	11 (16.2)	119 (72.6)	-	-	3 (13.6)
Jamaica	32 (47.1)	22 (13.4)	-	13 (100.0)	6 (27.3)
Barbados	25 (36.8)	23 (14.0)	6 (100.0)	-	13 (59.1)
Overall	68/299 (22.7)	164/308 (53.2)	6/296 (2.0)	13/294 (4.4)	22/294 (7.5)



Referral and Treatment History: Implications

Data	Importance of the Indicator	Treatment Program Implications
Source of Referral to Treatment	The source of referral provides some insight into the pathway by which the client has reached drug treatment. The source of referral provides some insight into the client's motivation for treatment as well as the structure of, and co-operation among, different professional drug-service agencies or private initiatives Data on source of referral is also important to estimate the extent of treatment which is due to a legal obligation.	To develop ways to strengthen the relationships between the different pathways to treatment and the treatment facility as well as the client
Previous Treatment for Drug or Alcohol Use	To identify the past contact with the treatment system and profile of client at time of previous contact. This item allows the incidence of cases and client flow through treatment services to be estimated.	Helps to determine treatment failures or willingness to complete treatment or need for diversification in treatment settings
Most Recent Setting for Drug Abuse Treatment	To identify the broad range of facilities where a client is entering drug treatment, regardless of the type of interventions received.	Treatment demand

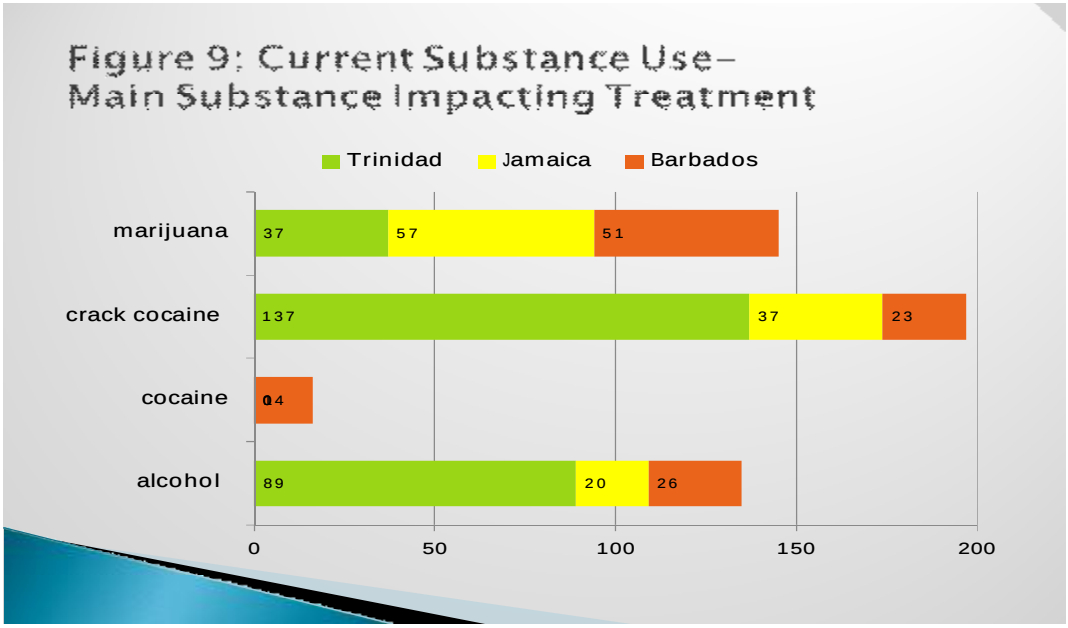
Current Substance Use

Main Substance Impacting on Treatment

Table 18: Main Substances Impacting on Treatment

	Trinidad	Jamaica	Barbados	Total
Alcohol	89 (33.2)	20 (16.7)	26 (21.3)	135 (27.1)
Cocaine	-	-	16 (13.1)	16 (3.1)
Crack cocaine	137 (51.1)	37 (38.8)	23 (18.9)	197 (38.6)
Marijuana	37 (13.8)	57 (47.5)	51 (41.8)	145 (28.4)
Other	-	-	6 (4.9)	6 (1.2)

The main substance overall impacting on treatment was crack cocaine (38.6%) followed by marijuana (28.4%) and alcohol (27.1%). A small proportion of clients (16 or 3.1% in Barbados only) indicated powdered cocaine as the main drug impacting on their treatment. Other mentions included tobacco (2), other opioids 1, LSD 1, coca paste 2.



Main Substance Impacting on Treatment by Demographic Variables (Overall)

Tables 19a through 19d show distribution of the main substances impacting treatment (alcohol, cocaine, crack cocaine, marijuana and all other drugs) by selected demographic variables—gender, deportation status, employment status and treatment history). From table 19a, females were mostly impacted by alcohol, crack and marijuana (in rank order), while males were mostly impacted by crack, marijuana and alcohol. Deportees were primarily impacted by crack cocaine as were the unemployed and those who had been previously treated for drug abuse.

Table 19a: Main Substances Impacting on Treatment by Selected Demographic Variables - Overall

	Alcohol	Cocaine	Crack	Marijuana	All Others	Total
Overall	135	16	197	145	12	508
Male	119	15	187	137	10	471
Female	16	1	10	8	2	37
Deported (yes)	3	1	32	6	1	43
Deported (no)	129	15	161	122	6	436
Employed	83	9	82	38	6	219
Un-employed	51	7	111	97	5	272
Ever treated (no)	77	5	58	71	4	217
Ever treated (yes)	56	8	134	49	2	249

In the case of Trinidad, (table 19b), females were mostly impacted by alcohol and crack cocaine (in rank order), while males were mostly impacted by crack, alcohol and marijuana. Deportees were primarily impacted by crack cocaine and alcohol as were the unemployed and those who had been previously treated for drug abuse.

Table 19b: Main Substances Impacting on Treatment by Selected Demographic Variables - Trinidad

	Alcohol	Cocaine	Crack	Marijuana	All Others	Total
Male	79	-	128	34	2	243
Female	10	-	9	3	-	22
Deported (yes)	-	-	16	1	-	17
Deported (no)	88	-	117	35	2	242
Employed	60		64	15	2	141
Un-employed	29		71	22	-	122
Ever treated (no)	58	-	41	26	1	126
Ever treated (yes)	31	-	94	11	1	137

In the case of Jamaica, table 19c, females were mostly impacted by alcohol and marijuana (in rank order), while males were mostly impacted by marijuana and crack cocaine. Deportees were primarily impacted by marijuana and crack cocaine as were the unemployed and those who had been previously treated for drug abuse.

Table 19c: Main Substances Impacting on Treatment by Selected Demographic Variables – Jamaica

	Alcohol	Cocaine	Crack	Marijuana	All Others	Total
Male	17	-	35	52	-	104
Female	3	-	1	3	-	7
Deported (yes)	3	-	13	1	-	17
Deported (no)	16	-	23	53	-	92
Employed	7	-	11	10	-	28
Un-employed	13	-	24	46	-	83
Ever treated (no)	6	-	11	26	3	46
Ever treated (yes)	14	-	26	31	1	72

In the case of Barbados, table 19d, females were impacted by alcohol while males were mostly impacted by marijuana, alcohol and crack cocaine. Deportees were primarily impacted by marijuana, alcohol and crack cocaine; the unemployed by marijuana and crack; and those who had been previously treated for drug abuse by crack and alcohol.

Table 19d: Main Substances Impacting on Treatment by Selected

	Alcohol	Cocaine	Crack	Marijuana	All Others	Total
Male	23	15	23	50	6	117
Female	3	1	-	1	-	5
Deported (yes)	-	1	3	4	-	8
Deported (no)	24	15	23	31	1	91
Employed	16	9	7	13	4	49
Un-employed	9	7	16	29	1	62
Ever treated (no)	13	5	6	19	-	43
Ever treated (yes)	11	8	14	7	-	40

Most Frequent Route of Administration

The most frequent routes of administration indicated overall were smoking (67%) followed by oral administration (28%) and then a very small proportion by inhalation (2%). This was the same pattern reported in all the countries.

Table 20: Most Frequent Route of Administration

	Trinidad	Jamaica	Barbados	Overall Total
Oral	90 (33.6)	22 (19.0)	28 (23.3)	140 (27.5)
Smoked	174 (64.9)	91 (78.4)	77 (64.2)	342 (67.1)
Inhaled	-	2 (1.7)	8 (6.7)	10 (2.0)
Injected	1 (0.4)	1 (0.9)	-	2 (0.4)
Other	-	-	7 (5.8)	7 (1.4)
Not reported	3 (1.1)	-	-	9 (1.8)

Age of First Use for Drug of Impact

Age of first use of drug that was impacting treatment varied slightly by country and by demography. The median age overall was 18 years with 19 years for Trinidad and

16 years for both Jamaica and Barbados. The median age among males (18 years) was lower (earlier) when compared to females (19.5 years). For those who were deported, the median age 19.2 years was lower (earlier) when compared to those not deported (22.8 years).

Table 21: Age of First Use for Drug of Impact

	Overall	Trinidad (n=261)	Jamaica (n=109)	Barbados (n=102)	Male (n=439)	Female (n=30)	Deported (yes) (n=261)	Deported (no) (n=261)
Mean	19.34	20.16	19.09	17.51	19.21	21.30	19.20	22.89
Median	18.0	19.0	16.0	16.0	18.0	19.5	18.0	20.0
Std. Dev.	7.32	6.66	9.20	6.36	7.33	7.19	7.13	8.15
Min -Max	5-51	9-49	5-51	6-45	5-51	10-49	7-50	11-51
Range	46	40	46	39	46	39	43	40

Age Grouping in Relation to First Use

Age of first use was regrouped and the data indicated that just over half (56.9%) had used the drug that was impacting treatment before the age of 20 years. Most all initiation had taken place by age 29 years (84%). For Trinidad, 75% of initiation had taken place by age 24 years, while in Jamaica 73% and in Barbados, 73% of initiation had taken place by 24 years of age.

Table 22: Age-grouping of First Use for Drug of Impact

	Trinidad	Jamaica	Barbados	Overall
Under 20	142 (53.0)	75 (62.5)	73 (59.8)	290 (56.9)
20-24	67 (25.0)	12 (10.0)	15 (13.1)	95 (18.6)
25-29	27 (10.0)	9 (7.5)	7 (5.7)	43 (8.4)
30-34	12 (4.5)	5 (4.2)	3 (2.5)	20 (3.9)
35-39	5 (1.9)	2 (1.7)	2 (1.6)	9 (1.8)
40-44	6 (2.2)	1 (0.8)	-	7 (1.4)
45 plus	2 (0.7)	5 (4.2)	1 (0.8)	8 (1.6)

Type of Drugs Used in the Last 30 Days

Table 23: Type of Drugs Used in the Last 30 Days

	Trinidad	Jamaica	Barbados	Overall
Alcohol	218 (81.3)	69 (57.5)	69 (56.6)	356 (69.8)
Tobacco	221 (82.5)	80 (66.7)	65 (53.3)	366 (71.8)
Opioids				
Heroin	1 (0.4)	-	-	1 (0.2)
Methadone	-	-	-	-
Other opioids	1 (0.4)	-	-	1 (0.2)
Cocaine				
Cocaine	8 (3.0)	4 (3.3)	22 (18.0)	34 (6.7)
Coca paste	-	-	1 (0.8)	1 (0.2)
Crack cocaine	124 (46.3)	35 (29.2)	28 (23.0)	187 (36.7)
Stimulants				
Amphetamines	-	1 (0.8)	-	1 (0.2)
Methamphetamines	-	-	1 (0.8	1 (0.2)
Others	-	-	-	1 (0.2)
Hypnotics and Sedatives				
Barbiturates	-	-	-	1 (0.2)
Benzodiazepines	2 (0.7)	-	1 (0.8)	3 (0.2)
Hallucinogens				
LSD	1 (0.4)	-	-	1 (0.2)
Other	-	-	-	2 (0.4)
Inhalants	-	1 (0.8)	2 (1.6)	3 (0.6)
Cannabis (ganja)	124 (46.3)	67 (55.8)	65 (53.3)	256 (50.2)
Anabolic steroids	-	-	1 (0.8)	1 (0.2)
Abuse of prescription meds.	2 (0.7)	4 (3.3)	-	6 (1.2)
Others (grabba)	-	2 (1.6)	-	2 (0.4)

The main drugs used overall in the last 30 days in rank order were tobacco, alcohol, marijuana, crack cocaine, and cocaine powder. More than 50% and up to 80% (as was the case of Trinidad) of clients in all the countries reported using alcohol and tobacco. Use of crack cocaine was most prevalent in Trinidad while cocaine powder in Barbados. Marijuana use was most prevalent in Jamaica and Barbados. Very negligible use of opioids, stimulants, hypnotics, hallucinogens, inhalants, anabolic steroids and abuse of prescription medications were indicated in the last 30 days.

Current Substance Use: Implications

Data	Importance of the Indicator	Treatment Program Implications
Main Substance Impacting on Treatment	The primary drug is defined as the drug that causes the client the most problems at the start of treatment. This is usually based on the request made by the clients and (or) on the diagnosis made by a therapist. This item is of central importance and it should be collected for every client.	This variable allows information to be kept on the most relevant problems for the drug users from an epidemiological point of view.
Most Frequent Route of Administration	Helps to identify the primary form of risk behavior for drug users. It is of particular importance with regard to infectious diseases (hepatitis, HIV), as well as other diseases and injuries	Critical to the safe management of clients in residential treatment setting where example risk of infection from tuberculosis can pose serious problems for staff and other clients
Age of First Use for Drug of Impact	The negative effects of drug use often increase over time. The duration of drug use can be calculated on the basis of age of first use and age at the start of treatment.	Tracking long-term trends may aid in the development of preventive activities. Epidemiologically, age of first use is an indicator of age when risk of drug use starting is greatest.
Type of Drugs Used in the Last 30 Days	All drugs that can cause problems for the health and social condition of the client, but are not identified as the primary drug	Information on poly-drug use problem is complementary and additional to the information on the primary drug. Existence of a poly-drug use problem should always be assessed since it can determine the extent of treatment planning and rehabilitation

Criminal Justice History and Psychiatric Treatment History

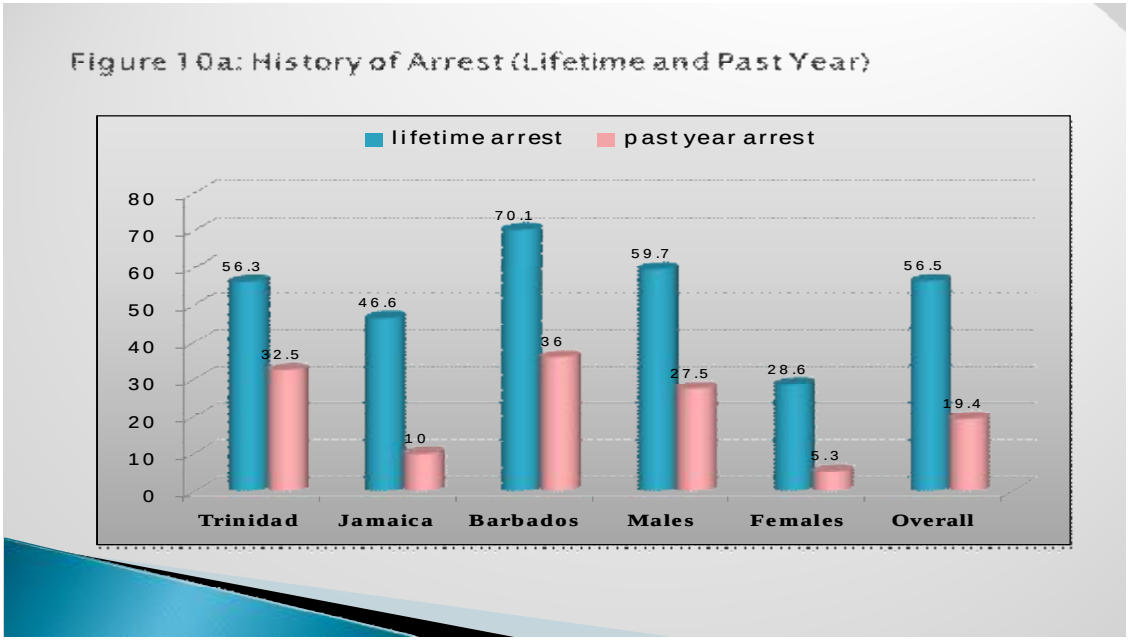
Distribution of History of Arrest

Overall, more than half of the clients (56.6%) reported that they have been previously arrested at some point in their lives—this accounted for 56% in Trinidad, 47% in Jamaica and 70% in Barbados. In addition, 60% of males and 29% of females overall had been previously arrested.

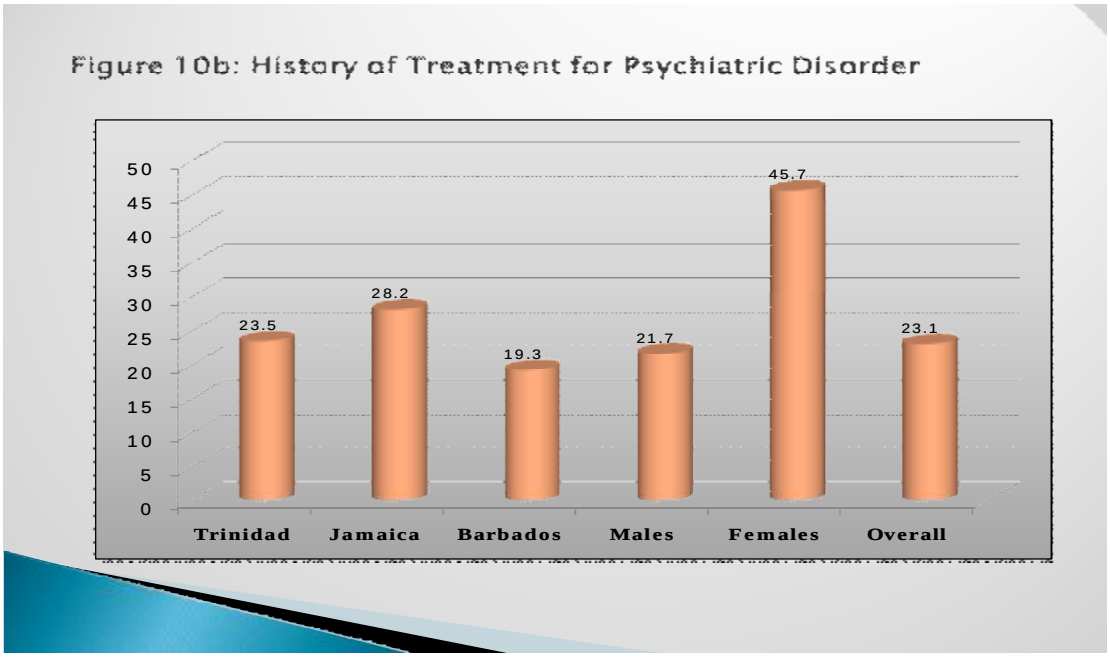
About one-fifth of clients overall (19.4%) had been arrested in the last year—32.5% in Trinidad, 10% in Jamaica, and 36% in Barbados. This also accounted for 27.5% of males and 5.3% of females.

Table 24: History of Arrest (Lifetime and Past Year)

	Overall	Trinidad	Jamaica	Barbados	Male	Female
Ever Arrested						
Lifetime	288 (56.5)	151 (56.3)	55 (46.6)	82 (70.1)	277 (59.7)	10 (28.6)
Last Year	99 (19.4)	50 (32.5)	12 (10.1)	37 (35.9)	97 (27.5)	1 (5.3)



A little less than a quarter (23.1%) reported having been previously treated for a psychiatric disorder—23.5% in Trinidad, 28.2% in Jamaica, and 19.3% in Barbados. This also accounted for 21.7% of males and a notable high proportion of females (45.7%).



Distribution of Arrest (Lifetime and Last Year) by Age Grouping and Country

Both lifetime and past year arrest in all countries tended to be spread among all age groupings. Of note, there was very little arrest among those under 20 years old in Trinidad but a notable proportion was reported in this age grouping for Jamaica and Barbados.

Table 25: Prevalence of Arrest by Age Grouping and Country

Age Group	Trinidad		Jamaica		Barbados	
	Lifetime	Last Year	Lifetime	Last Year	Lifetime	Last Year
	n=150	n=49	n=55	n=12	n=82	n=37
Under 20	3 (2.0)	1 (2.0)	9 (16.4)	4 (33.3)	10 (12.2)	4 (10.8)
20-24	17 (11.3)	10 (20.0)	4 (7.3)	1 (8.3)	21 (25.6)	13 (35.1)
25-29	11 (7.3)	6 (12.0)	2 (3.6)	-	16 (19.5)	5 (13.5)
30-34	19 (12.6)	9 (18.0)	4 (7.3)	1 (8.3)	8 (9.8)	5 (13.5)
35-39	13 (8.6)	3 (6.0)	10 (18.2)	3 (25.0)	2 (2.4)	1 (2.7)
40-44	20 (13.2)	6 (12.0)	9 (16.4)	-	7 (8.5)	2 (5.4)
45-49	24 (15.9)	8 (16.0)	10 (18.2)	1 (8.3)	11 (13.4)	6 (16.2)
50 -54	24 (15.9)	2 (4.0)	5 (9.1)	2 (15.4)	4 (4.9)	1 (2.7)
55-59	14 (9.3)	4 (8.0)	1 (1.8)	-	3 (3.7)	-
60 plus	5 (3.3)	-	1 (1.8)	-	-	-

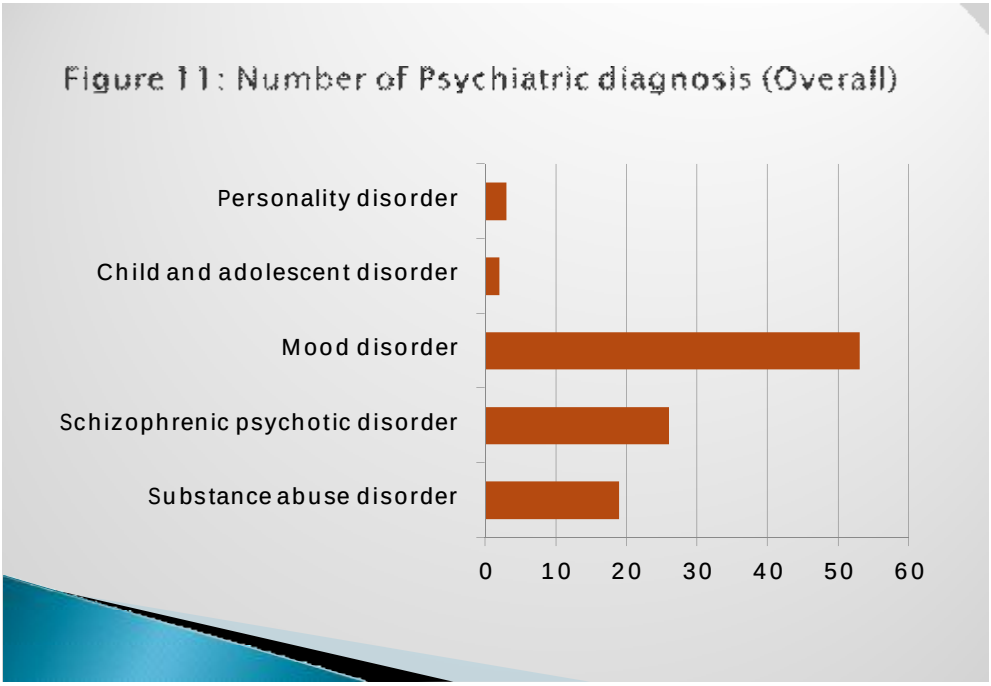
Lifetime Prevalence of Psychiatric Disorders by Age Grouping

Interestingly, for Jamaica, more clients in the 20-24 and 25-29 years age grouping reported lifetime prevalence of psychiatric disorder that in the other age groupings. Barbados tended to report a similar pattern. However, in Trinidad, the older age grouping 30-34 years and above reported higher prevalence.

Table 26: Prevalence of Psychiatric Disorders by Age Group

Age Grouping	Trinidad	Jamaica	Barbados
Under 20	-	2 (6.1)	2 (9.1)
20-24	5 (7.9)	9 (27.3)	5 (22.7)
25-29	5 (7.9)	9 (27.0)	3 (13.6)
30-34	13 (20.6)	4 (12.1)	3 (13.6)
35-39	5 (7.9)	2 (6.1)	-
40-44	9 (14.3)	2 (6.1)	2 (9.1)
45-49	8 (12.7)	2 (6.1)	3 (13.6)
50 -54	6 (9.5)	3 (9.1)	3 (13.6)
55-59	7 (11.4)	-	-
60 plus	4 (6.3)	-	1 (4.5)

Figure 11: Number of Psychiatric diagnosis (Overall)



Criminal Justice History and Psychiatric Treatment History: Implications

Data	Importance of the Indicator	Treatment Program Implications
Prevalence of Arrest	Highlights the level of anti-social behavior experienced by client	Diversification in treatment to address criminal offending
Prevalence of Treatment for Psychiatric Disorder	Indicated the possible co-occurrence of mental health and substance abuse disorder	Need to provide dual treatment simultaneously

Placement after Assessment

Placement for Treatment after Assessment

More clients overall were placed in residential treatment followed by outpatient treatment settings. This was the case for Trinidad. In Jamaica however, a notable proportion of clients was also placed in Detox (26%). For Barbados, most went to residential treatment followed by outpatient treatment and day clinic and the psychiatric unit. These results are largely due to the structure, modality and availability of treatment facilities in the respective countries.

Table 27: Placement after Assessment by Country

	Trinidad	Jamaica	Barbados	Overall
Out patient	34 (12.8)	43 (36.1)	20 (41.7)	97
Residential	222 (83.8)	38 (31.9)	42 (64.6)	302
Day Clinic	-	-	19 (30.6)	19
Self Help	11 (4.2)	-	3 (6.5)	14
Detox Unit	1 (0.4)	31 (26.1)	5 (10.2)	37
Psychiatric Unit	-	2 (1.7)	6 (13.3)	8
Other Facility	1 (0.4)	-	3 (6.7)	4

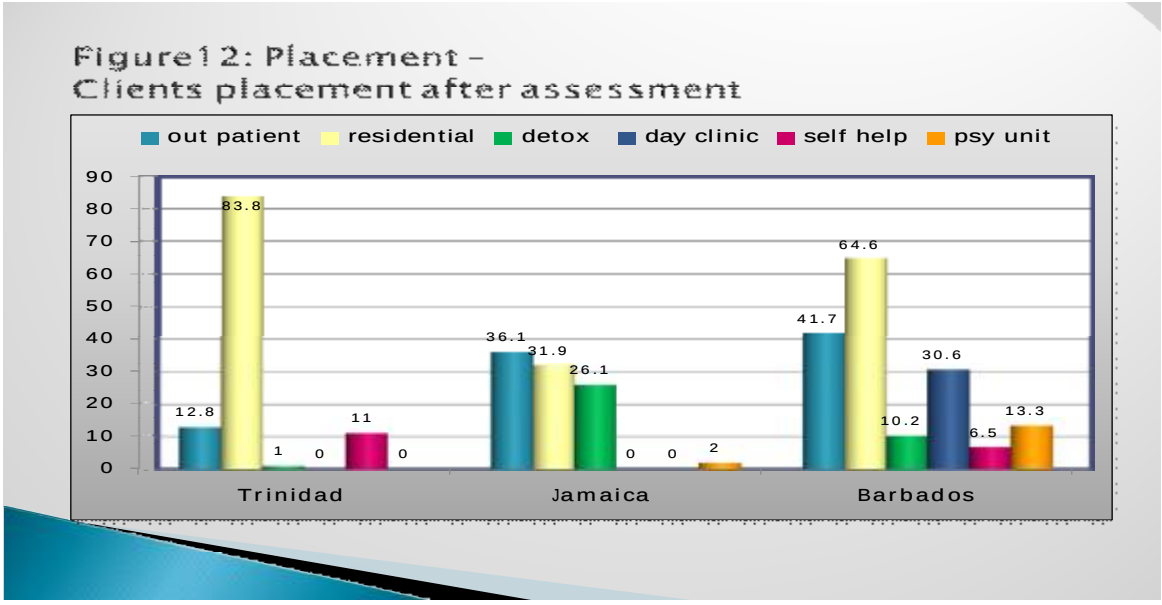


Table 28: Placement after Assessment by Country for Main

	Trinidad	Jamaica	Barbados	Overall
Marijuana				
Out patient	6	32	13	51/115 (44.3)
Residential	29	9	16	54/126 (42.9)
Day Clinic	-	-	11	11/126 (8.7)
Self Help	4	-	-	4/115 (3.5)
Detox Unit	-	13	2	15/17 (12.8)
Alcohol				
Out patient	20	6	5	31/117 (26.5)
Residential	65	7	4	76/115 (66.1)
Day Clinic	-	-	3	3/115 (2.6)
Self Help	4	-	3	7/115 (6.1)
Detox Unit	-	6	1	7/114 (6.1)
Cocaine				
Out patient	7	-	1	8/133 (6.03)
Residential	119	-	6	125/138 (90.6)
Day Clinic	-	-	4	4/137 (2.9)
Self Help	3	-	-	3/133 (2.3)
Detox Unit	1	-	-	1/133 (0.8)
Crack cocaine				
Out patient	-	3	-	3/54 (5.6)
Residential	6	21	14	41/57 (71.9)
Day Clinic	-	-	-	-
Self Help	-	-	-	-
Detox Unit	-	11	2	13/56 (23.2)

Placement after Assessment: Implications

Data	Importance of the Indicator	Treatment Program Implications
Placement for Treatment after Assessment	Provides information on service utilization/demand for treatment	Utilization of service in some settings would have to be modified/ improved to accommodate demand for treatment

Contagious Disease History

Proportion of Clients Reporting being Tested

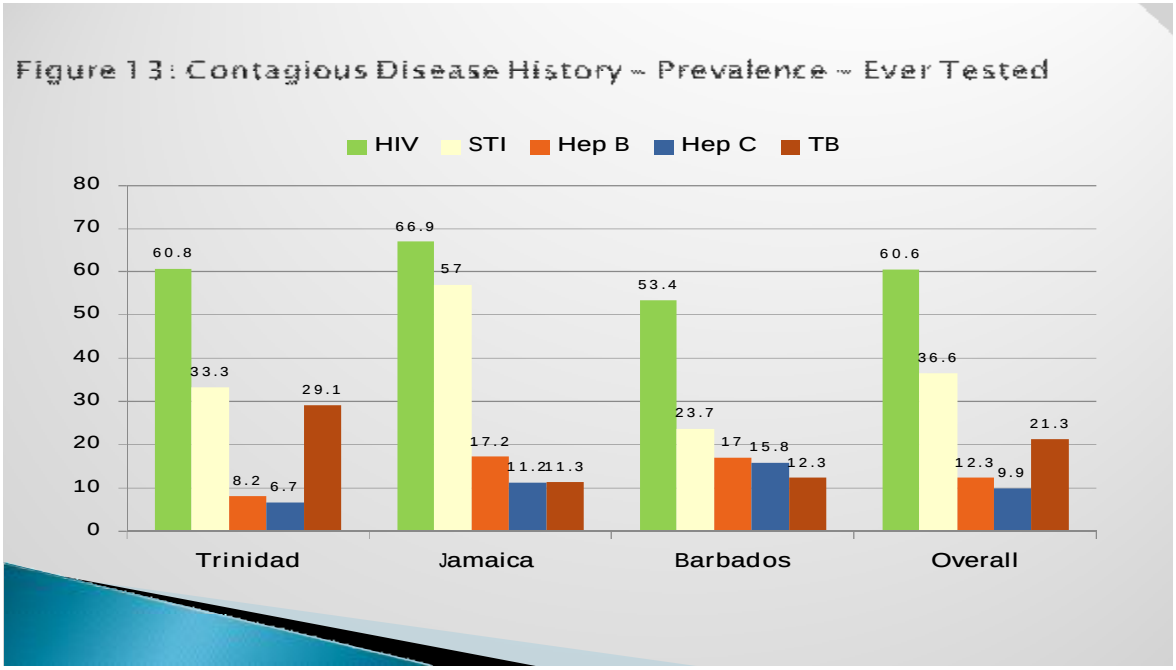
A notably high proportion of clients overall reported that they had been tested for HIV (61%)—this accounted for 61% in Trinidad, 67% in Jamaica and 53% in Barbados. Less than four in every ten client had been tested for sexually transmitted infections (36.6%). Jamaica reported the highest proportion (57%) followed by Trinidad (33%) and Barbados (24%).

Notably less persons overall had been tested for hepatitis (Hep B 12% and Hep C 10%) and tuberculosis (21%). Twice as many clients in Jamaica (17%) and Barbados (17%) had been tested for hepatitis B compared to Trinidad (8.2%). This was the same pattern observed for hepatitis C. However, significantly more clients in Trinidad (29%) had been tested for tuberculosis compared to either Jamaica (11%) or Barbados (12%).

Table 29: Ever Being Tested and Results for Disease Condition

	Trinidad	Jamaica	Barbados	Overall
Ever Tested (yes)				
HIV	60.8	66.9	53.4	60.6
Sexually Transmitted Infections	33.3	57.0	23.7	36.6
Hepatitis B	8.2	17.2	17.0	12.3
Hepatitis C	6.7	11.2	15.8	9.9
Tuberculosis	29.1	11.3	12.3	21.3
Test Results (positive)				
HIV	1.2	2.9	8.0	2.9
Sexually Transmitted Infections	6.8	1.8	12.0	5.9
Hepatitis B	9.1	-	-	3.2
Hepatitis C	-	-	5.9	2.1
Tuberculosis	14.1	-	-	10.5

Of concerns are the high tuberculosis positive prevalence (14%) and high hepatitis B prevalence (9%) in Trinidad and hepatitis C (6%) in Barbados among this population.



Contagious Disease History: Implications

Data	Importance of the Indicator	Treatment Program Implications
Disease History and test results	HIV and Hepatitis and TB testing uptake represent basic information on the access to care of drug treatment clients (mainly those injecting drugs).	The information is useful to complement data with the client's information on high risk behavior. The final aim is to have a more complete and reliable picture on the level of testing of infectious diseases among treatment clients.

Lessons Learnt

Use - In the field of drug use epidemiology, treatment-based indicator data remain a source of some of the most valuable information available. The collection of such data is relatively easy and cost-effective and can be combined readily with the administrative work of personnel involved in the treatment process. Accepting the methodological framework and analyzing in detail the growing body of data can give a wealth of important and useful information. Among the observations made, it was noted that treatment data needs to be supplemented with information from other indicators to allow for sound conclusions to be drawn.

Supplementing information - It is always necessary to cross-check results with information from other sources, such as expert opinions, surveys, police data and information from field observation. It is also necessary to gather qualitative data that can fill in the detail of the picture of current drug use. The complementary use of quantitative and qualitative methods is crucial to the development of effective responses to drug use.

Reliability of data – Consistent adherence to the protocol would go a long way in ensuring that data of the highest quality is recorded. An important prerequisite to any statistical analysis is the reliability of the data. That may require continuous training efforts. An important element here is regular feedback on the quality of data and results. Data collectors aware of the potential uses of treatment monitoring are likely to support the idea and contribute to rigorous data reporting. Reported data need careful checking, a process known as data cleaning. For example, if a data field was left blank when ideally it should contain a number, even a zero, then one runs the risk of interpreting the recorded response as missing when actually it was an oversight to have placed the zero.

A few glitches were identified in the data entry screen and these need to be sort out. However, these were considered easy fixes. The need was identified for more elaborate training/ sensitization of all staff at the treatment facilities to take place in order for a greater level of acceptance of data collection during the intake process to be achieved.

Comprehensiveness of the intake process - The less accurate the data that is available the greater the reliance upon assumptions and generalizations. This may lead to inaccurate conclusions that may only allow the problem to proliferate. To assist the outcome at step 4 (referral or placement), the intake and assessment process must provide information that does not constrain the decision-making process.

Conclusions on the Pilot

- There was relatively smooth implementation in the participating countries.
- The quality of data depended on how well agencies complied with the protocol requirements. Compliance can be improved and assured by good initial training of persons from the treatment centers and regular follow up.
- Some very useful information with respect to the demographics, substance use, treatment history and criminal justice history was obtained from the application of the instrument.
- When applied consistently, this instrument will allow for comparison across countries that use it.

Organization of American States

Inter-American Drug Abuse Control Commission

STANDARD DRUG TREATMENT REGISTRATION FORM

This information is being collected for research purposes only. Your confidentiality will be respected.

Form Number

1. Country/City			**2. Reporting Center Code**		
3. Date of Interview				**4. Patient code**	
	Day /	**Month /**	**Year**	**(for internal use only) Optional**	
5. Gender	1. Male	2. Female	**6. Age**		

7. Residence (last 30 days) and Nationality

7a. Residence

City, town or parish where you currently live	

7b. Nationality	

8. Where have you lived for the last 30 days?

Family home		Shelter/refuge	
Own home		Squatting	
Rental house,flat,apartment		Homeless	
Rooming/boarding house		No response	
Other (specify)			

8b. Have you ever been deported?

Yes	
No	

9. Ethnic group

Please customize this question to your country´s reallity. See guidelines for instructions.

10. With whom do you live? (you may tick as many options as necessary).

Father		Mother	
Brother/ sister		Stepmother	
Stepfather		Wife/Husband	
Girlfriend/Boyfriend		Friend	
Alone		Other relative	
Other		No response	

11. Marital status

Single		Living together /Common-law	
Married		Widow/widower	
Divorced		No response	
Separated			

12. Educational level (highest level achieved)

Level achieved:	Never attended school	
	Incomplete Primary	
	Complete Primary	
	Incomplete Secondary	
	Complete Secondary	
	Incomplete University/Tertiary	
	Complete University/Tertiary	
	Vocational (_____)	
	No response	
	DNK	

13. Current employment (last 30 days)

Working/self-employed	
Working and studying	
Unemployed	
Not working/student	
Homemaker	
Not working/ retired (retiree, disabled)	
Not working (other Please specify)	
No response	

14. How did you come here seeking treatment?

Referral from another drug treatment program	
Referral from a general health center (hospital, ER, medical referral, etc.)	
Referral from Social Services or others (churches, community services)	
Referral from National Drug Councils Referral from prison or juvenile detention center	
Referral from the justice system or police department	
Referral from employer	
Encouragement from friend(s) or family member(s)	
Voluntarily (self referral)	
Referral from the school system	
Other, specify:	
No response	

15. How many times have you ever been treated for drug or alcohol use? *Please indicate the number of episodes"*

I have been treated _____ times

15b. How many times have you registered with or been admitted to another treatment facility (whether in-patient or out-patient) during this calendar year?

I have been admitted _____ times

16. Most recent type of treatment received for drug abuse

Outpatient	
Residential	
Day clinic	
Detoxification	
Psychiatric Counceling	
No response	
DNK	

17a. What is the main substance for which you are seeking treatment?

17b. What is the secondary substance for which you are seeking treatment, if any?

18. What is the most frequent route of administration for this specific drug?

Oral	
Smoked	
Inhaled	
Injected (intravenous or intramuscular)	
Other, specify:	
No response	

19. Age when you first started to use this drug?	

20. TYPES OF DRUGS YOU HAVE USED IN THE LAST 30 DAYS

Have you used any of the following drugs within the last 30 days? If **YES**= Please check in the space
If **NO**= Leave it blank

1. Alcohol (rum, beer, wine, whisky, vodka, etc)	
2. Tobacco	
3. Opioids	
3.1 Heroin	
3.2 Methadone*	
3.3 Other opioids*	
4. Cocaine	
4.1 Cocaine	
4.2 Coca paste (basuco, paco)	
4.3 Crack	
5. Stimulants	
5.1 Amphetamines*	
5.2. Methamphetamines (MDMA) and other derivates	
Others **(Please specify)**:	
6. Hypnotics and Sedatives	
6.1. Barbiturates*	
6.2. Benzodiazepines*	
7. Hallucinogens	
7.1. LSD	
7.2. Others **(Please specify)**:	
7. Inhalants	
8. Cannabis/ganja	
9. Anabolic steroids*	
10. Abuse of prescribed medication	
11. Other **(Please specify)**:	

*without prescription

21. Judicial information

21.1 Have you ever been arrested? (**if the answer is NO, go to question 22**)	**YES**		**NO**	
21.2 Have you been arrested in the last year?(**if NO, then go to question 22**)	**YES**		**NO**	
21.3 How many times were you arrested in the last year?				

22. History of treatment for psychiatric conditions

22.1 Have you ever been treated for psychiatric conditions? (**if the answer is NO or No response go to question 23)**	**YES**		**NO**		**No response**	
22.2 If 'yes', please indicate the condition(s)						

23. Contagious disease history

Have you ever been tested for any of the following?

Disease	**YES**	**NO**	**DON´T KNOW**	**DOES NOT WISH TO RESPOND**	**Result**				**Are you in treatment now?**	
					Positive +	**Negative -**	**DKN**	**DKR**	**Yes**	**No**
HIV/AIDS										
SEXUALLY TRANSMITTED DISEASES										
HEPATITIS B										
HEPATITIS C										
TUBERCULOSIS										

24. Patient Placement after assessment
(Please check more than one answer, if apply)

Placement Options	
Outpatient	
Residential	
Day clinic	
Self-help group (e.g., AA, NA)	
Detox Unit	
Psychiatric Unit	
Referred to other facility *(Please specify):*	
Dropped out	
No response	

Organization of American States

Inter-American Drug Abuse Control Commission

CICAD STANDARD DRUG TREATMENT ADMISSION FORM
Instructions for Administration

This information is being collected for research purposes only. Confidentiality must be respected.

Admission Form General Description

- This is an instrument that will be used for gathering data about patient's first visit to specialized drug treatment facilities either in the public or in the private sector.

- This form is divided into the following sections:

- **identification** (Form Number, Items 1-4),
- **socio-demographic data** (Items 5-13),
- **referral and treatment history info** (Items 14 – 16),
- **current substance use** (Items 17- 20),
- **criminal justice history** (Item 21)
- **psychiatric treatment history** (item 22)
- **contagious disease history** (item 23)
- **placement** (item 24)

- This form is being used as a "drug treatment admission form" therefore special attention will be paid to "current" treatment circumstances, where "current" refers to behavior occurring during the 30 days prior to the interview with the client.

- In the matter of substance use, emphasis is placed on the so-called "main drug", as the **primary** substance that motivated the patient to seek treatment. Information is also collected on other substances that have been used during the 30 days prior to the interview with the client.

- The form should be filled in by the person who is responsible for patient admission at the treatment facility, and who has received training in the proper application of the form.

Identification Section

Form Number - Pre-determined number assigned to the form which serves as a unique identifier for the form (**not a unique identifier for the patient**).

1. Country/City - Indicate the name of the country where the treatment center is located.

2. Reporting Center Code. – Pre-determined number assigned to treatment center which serves as a unique identifier for the facility.

3. Date of Interview - Write the answer using the format: **Day / Month / Year**

4. Patient code. - Confidential number assigned to the patient by the data system. This is for internal use only and serves as a unique identifier for the patient. This reduces double counting in situations where a patient is registered more than once at the same facility or registered at multiple facilities. This code is optional.

Socio-demographic data Section

5. Gender. - Select the appropriate answer**:** Male or Female

6. Age. - Write the patient age (in years completed. No half years or months)

7a. Residence (last 30 days) and Nationality. - Ask the patient about their address; i.e. where they currently reside, and note the city, town, or parish as appropriate for the country where the facility is located.

7b. Nationality - Write the appropriate answer (name of the country) in the space provided. In case of dual nationality write the place of birth first and the acquired nationality as second.

8a. Where have you lived for the last 30 days? - This item collects info on the client's housing situation during the 30 days prior to the interview. Check the appropriate answer by placing an "x" in the box. Write out the answer if 'other' is selected. There are separate answer options for *does not know* ('DNK') and 'no response'.

8b. Have you ever been deported? -This item collects info on the client's history of deportation. The response options are *yes* or *no*.

9. Ethnic group - This question should be customized for each country. Usually the latest census report has the relevant categories of this item or you can consult with the government's national statistics department.

10. With whom do you live? - You may check as many options as necessary. Write out the answer if 'other' is selected. There are separate answer options for *does not know* ('DNK') and 'no response'.

11. Marital status. - Check the appropriate answer by placing "x" in each box.

Single: a person who has never married

Married: a person who is currently married to someone

Divorced: a person who was formerly married, now separated from former spouse by divorce.

Separated: a person who is formally separated from their spouse while remaining legally married. A legal separation is granted in the form of a court order.

Living together / Common-law: a person who has a current stable partner, living together, without a formal marriage.

Widow/widower: a person whose spouse has died.

No response

DNK (does not know)

12. Educational level (highest level achieved)

Level achieved: Check the appropriate answer by placing "x" in the box

13. Current employment status (last 30 days). - Check the appropriate answer by placing "x" in the box. There are separate answer options for *does not know* ('DNK') and 'no response'.

14. How did you come here seeking treatment? - Specify the source of the patient referral. Check the appropriate answer by placing "x" in the box. Write out the answer if 'other' is selected. There are separate answer options for *does not know* ('DNK') and 'no response'.

15a. How many times have you ever been treated for drug or alcohol use? - Please indicate the number of separate treatment episodes in the space provided. A "treatment episode" refers to each occasion in what the patient formally started a modality of care for substance abuse. <u>If the client has never been treated before, then skip to question 17</u>.

15b. How many times have you registered with or been admitted to another treatment facility (whether in-patient or outpatient) during this calendar year? - Please indicate the number of separate treatment admissions during the year in the space provided. A treatment admission refers to the process of a person being formally enrolled or entered into a program at a drug treatment center or treatment program.

16. Most recent type of treatment for drug abuse
Indicate the type of care received during the last treatment episode at a specialized drug treatment center or program.

Outpatient: External consultation modality, no matter how frequent the treatment sessions are provided

Residential: In-patient (residential) treatment modality, in therapeutic communities or hospital facilities.

Day clinic: Intermediate treatment modality or partial residential. i.e. the patient remains at the facility during regular day-time or evening hours but does not sleep overnight in an assigned bed.

Detoxification – An in-patient Facility that assists individuals safely through the process of detoxification from alcohol or other drugs in a non-medical setting.

Psychiatric Unit – A facility that specializes in treating mental disorders but also provides treatment services for substance abuse.

No response

DNK (does not know)

Section on Current Substance Use (Last 30 days)

17a. What is the main substance for which you are seeking treatment? - Write out the name of the drug or substance that causes the most problems for the client and is the **main reason** why the client is seeking treatment. The decision on the choice of the main substance should be a combination of a diagnosis from the interviewer **as well as** the information provided by the client.

17b. What is the secondary substance for which you are seeking treatment, if any? Write out the name of the drug or substance that, in addition to the main substance indicated above, causes problems for the client and is **part of the reason** why the client is seeking treatment.

18. What is the most frequent route of administration for this specific drug during last 30 days?-

Oral
Smoked
Inhaled
Injected (intravenous or intramuscular)
Other, specify:
No response
DNK (does not know)

19. Age when you first started to use this drug? -- Write the answer according to the client's response (age of first use in years e.g. **12** means age of first use was at 12 years old.

20. TYPES OF DRUGS YOU HAVE USED IN THE LAST 30 DAYS. - Check the appropriate answer by placing "Yes" or "No" in the box

Have you used any of the following drugs within the last 30 days? If **YES**, please check in the appropriate space:

1. Alcohol (rum, beer, wine, whisky, vodka)

2. Tobacco

3. Opioids
3.1 Heroin
3.2 Methadone*
3.3 Other opioids*

4. Cocaine
4.1 Cocaine
4.2 Coca paste (basuco, paco)
4.3 Crack

5. Stimulants
5.1 Amphetamines*
5.2. Methamphetamines (MDMA) and other derivates
5.3 MDMA (3, 4-metilendioximetamphetamine)
Others:

6. Hypnotics and Sedatives
6.1. Barbiturates*
6.2. Benzodiazepines*

7. Hallucinogens
7.1. LSD
7.2. Others:.

8. Inhalants

9. Cannabis /ganja

10. Anabolic steroids*

11. Abuse of prescribed medication

12. Other psychoactive substances (please list):

* Without prescription

21. Judicial information

21.1 Have you ever been arrested? (If the answer is NO, go to question 22). Refers to the number of arrests by a law enforcement agency for any cause.

21.2 Have you been arrested in the last year? (If the answer is NO, go to question 22)

21.3 How many times were you arrested in the last year?

22. History of treatment for psychiatric conditions

22.1 Have you ever been treated for psychiatric conditions? (if the answer is NO or No response go to question 23)

22.2 If yes, please indicate the condition(s)

23. History of Contagious Diseases

Have you ever been tested for any of the following?

Disease

HIV/AIDS
SEXUALLY TRANSMITTED DISEASES
HEPATITIS B
HEPATITIS C
TUBERCULOSIS
Check Yes, or No, or Don't Know, or Does Not Wish to Respond. Depending on the selected response, ask the question about the test results and treatment. Otherwise skip to the next disease (or to the next question if the response to tuberculosis is NO, DON'T KNOW, OR DOES NOT WISH TO RESPOND)

Result (Put an x in the appropriate box)

Positive +
Negative –
DNK
DNR

Are you in treatment now? (Put an x in the appropriate box)

Yes, or No.

24. Patient placement after assessment (Check the appropriate answer, placing "x" in the box of the treatment modality assigned to the patient after evaluation) (Please check more than one answer, if it applies)

Type of Treatment

Outpatient
Residential
Day Clinic
Self-Help Group (e.g. AA, NA)
Detoxification Unit
Psychiatric Unit
Referred to other facility (Please specify the facility)
Dropped out
No Response

Inter-American Drug Abuse Control Commission

Secretariat for Multidimensional Security

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