



Organization of
American States

Standardized Data Collection System for Drug and Alcohol Treatment Facilities.

Drug Treatment in Grenada

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(Presenting Via Zoom)



	To present an overview of the Regional Treatment Data System
	To present results from all countries for the 2016 cycle of data collection
	To present 2016 results from Grenada

Introduction to CICAD



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CICAD was created 32 years ago and currently serves the 34 member states of the OAS (Organization of American States)

CICAD's core mission is to strengthen the human and institutional capabilities and harness the collective energy of its member states to reduce the production, trafficking and use and abuse of drugs in the Americas.

CICAD is the OAS agency that:

Serves as the Western Hemisphere's policy forum on all aspects of the drug problem;

Fosters multilateral cooperation on drug issues in the Americas;

Executes action programs to strengthen the capacity of CICAD member states to prevent and treat licit and illicit drug abuse; combat production of illicit drugs, and deny the traffickers their illegal profits;

Promotes drug-related research, information exchange, specialized training, and technical assistance; and

Develops and recommends minimum standards for drug-related legislation, treatment, the measurement of both drug consumption and the cost of drugs to society, and drug-control measures, among others.

Introduction to the Inter-American Observatory on Drugs (OID)



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The 'OID' was created in 2000

It is the statistics, information and research unit of CICAD

It operates at the hemispheric level (i.e. we work to varying degrees with all countries in the hemisphere)

Its mission is to build a drug information network for the Americas

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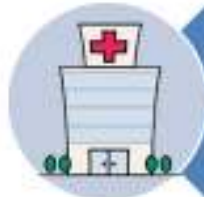


Information about the number and characteristics of drug users who seek help and the treatment they receive is valuable for several reasons:

- Planning
- Management
- Needs Assessment
- Provide Epidemiological Indicators of drug problems
- Inform and develop drug policy



Drug users are often
difficult to reach



Treatment facilities provide
an opportunity to observe
what would otherwise be a
'hidden' problem

Limitations of Treatment Data



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The quality of the data depends on how well agencies comply with data requirements. (Under-reporting is an example of a quality problem)

Bias and external influences may affect the interpretation of the data

Data depends on the services available. Services for opiate use versus cocaine or marijuana.

Different types of agencies attract different types of clients

There is still a time lag between onset of use and treatment demand

- Even where there are legal requirements, health professionals don't always comply for several reasons, many of which are legitimate (administrative burden, changes in personnel, lack of training or understanding). Sometimes however it may be a basic unwillingness to open the agency to external scrutiny and also to risk a breach of patient confidentiality

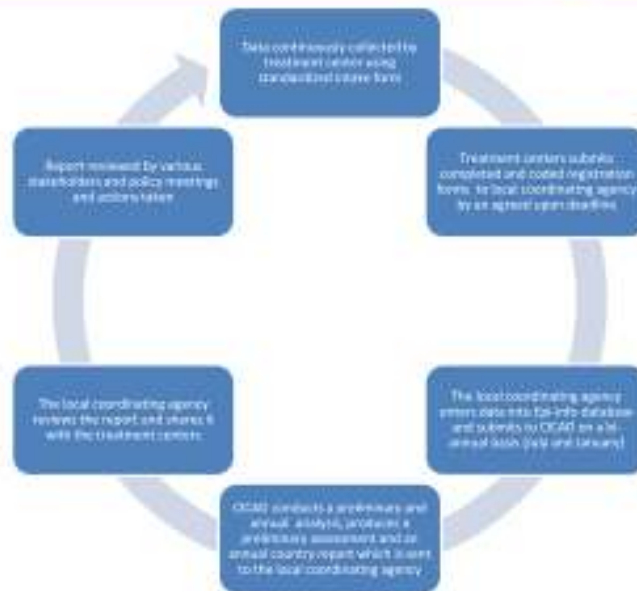
-For example, an increase in the number of persons seeking treatment may indicate increased prevalence, but it may also indicate increased capacity or throughput at the agency. It may also be the result of prevention campaigns that distribute information on drugs and available treatment options. For this reason a drug information network is important so you have many eyes looking at the data and hence a better overall interpretation.



Data Collection and Analysis Cycle



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The objective of the TDP is to collect information on persons seeking treatment in all of our member states in a standardized way. This allows us to:

- Build a profile of the demographic characteristics, drug using behaviors, and treatment history, of these persons.
- Establish trends
- Identify risk factors for problematic drug use.

What the Protocol does not try to do.....



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Patient tracking: i.e. tracking a patient as he or she advances through their treatment program.

Collect information that identifies specific individuals.

Evaluate the effectiveness and or outcomes of a treatment center.



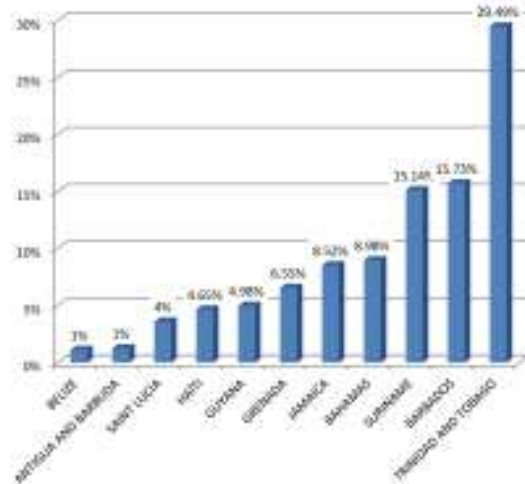
RESULTS





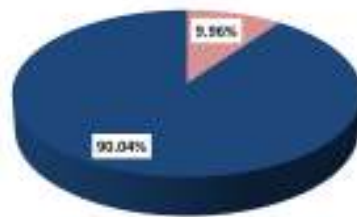
COUNTRY	Percent	Frequency
RELIZE	1%	17
ANTIGUA AND BARBUDA	1%	16
SAINT LUCIA	4%	55
HAITI	4.65%	71
GUYANA	4.88%	76
GRENADA	6.55%	100
JAMAICA	8.52%	130
BAHAMAS	8.88%	137
SURINAME	13.14%	201
BARBADOS	13.75%	240
TRINIDAD AND TOBAGO	29.49%	458
Total	100.00%	1326

2016 TREATMENT CASES BY COUNTRY



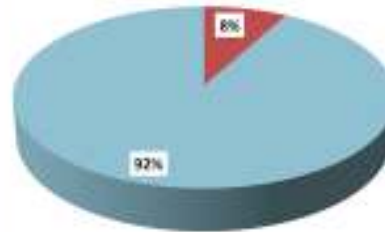


Regional Data



■ FEMALE ■ MALE

Grenada Data

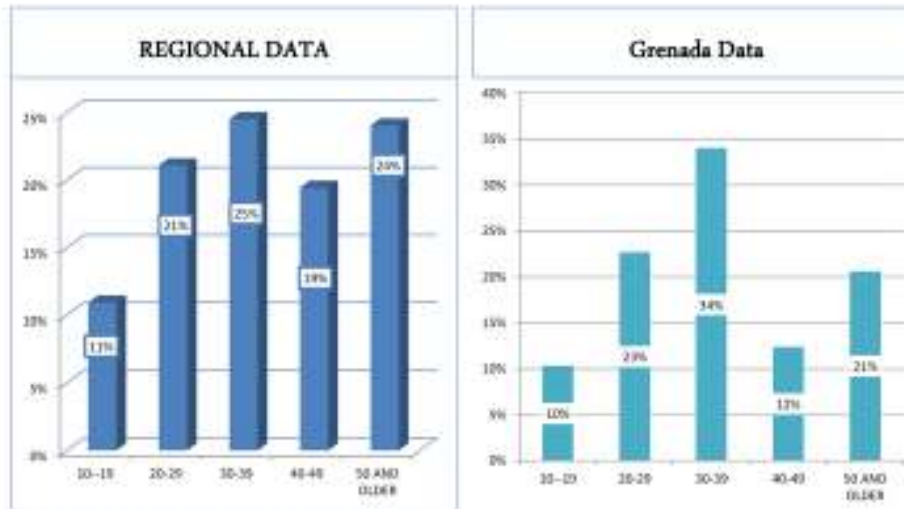


■ FEMALE ■ MALE

DEMOGRAPHICS- Age Range



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Grenada

MEAN 36.3 YEARS

MEDIAN 33 YEARS

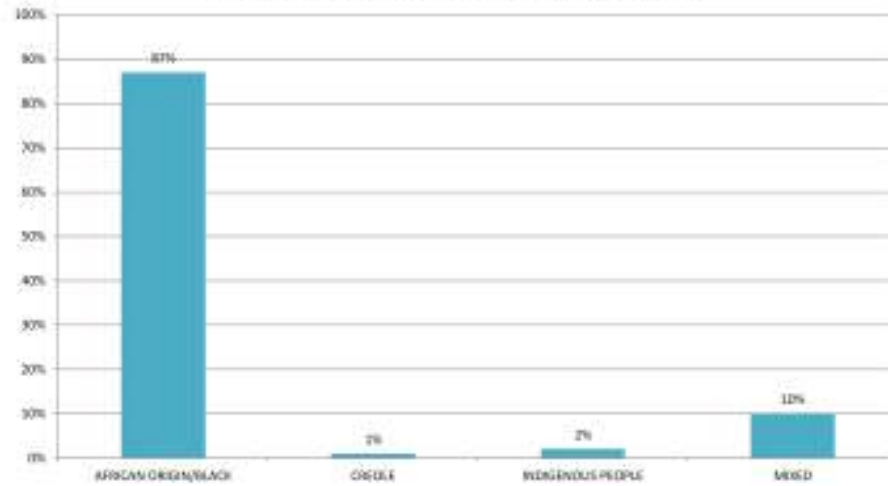
MODE 33 YEARS

MINIMUM 15 YEARS

MAXIMUM 66 YEARS

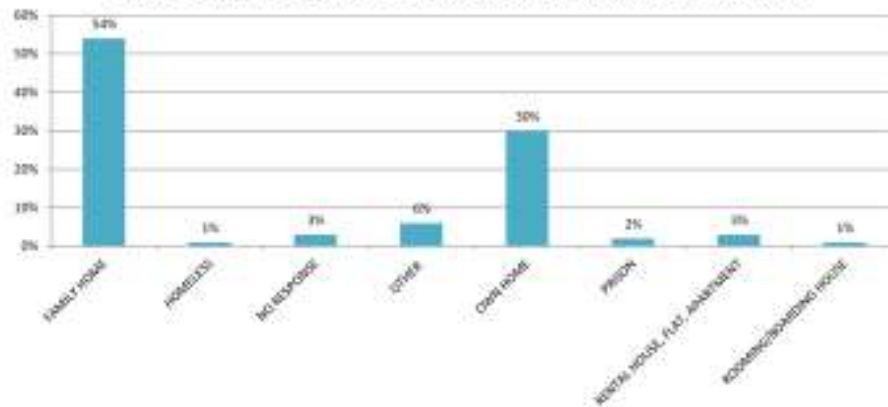


ETHNICITY OF PERSONS SEEKING TREATMENT



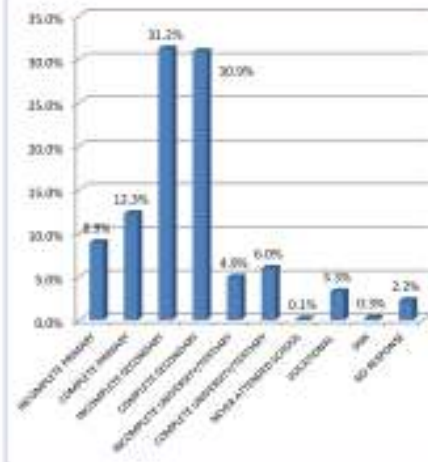


LIVING ARRANGEMENTS 30 DAYS PRIOR TO SEEKING TREATMENT

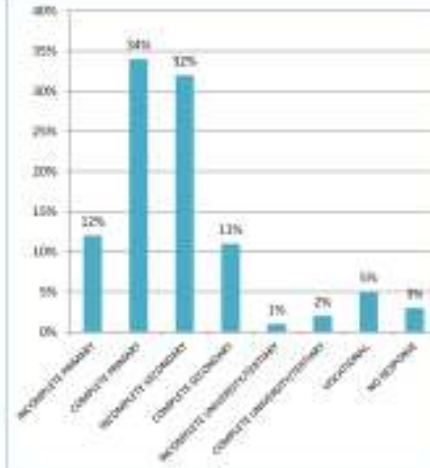




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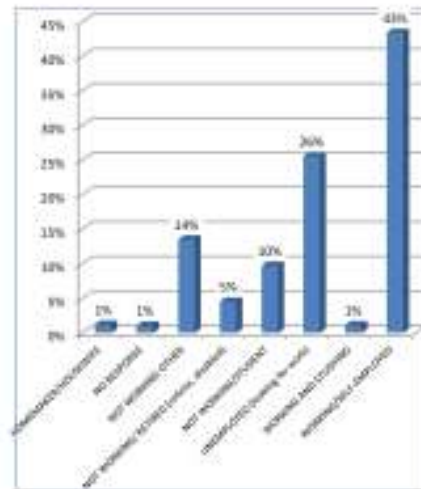


GRENADA DATA

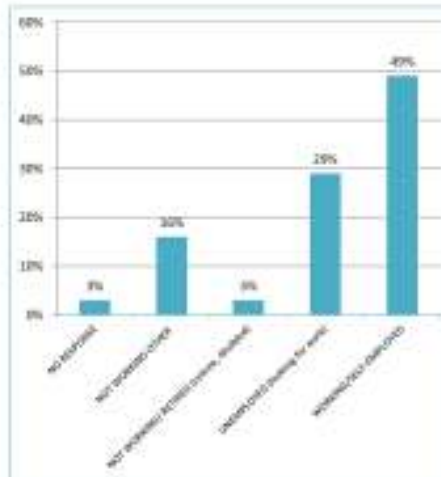




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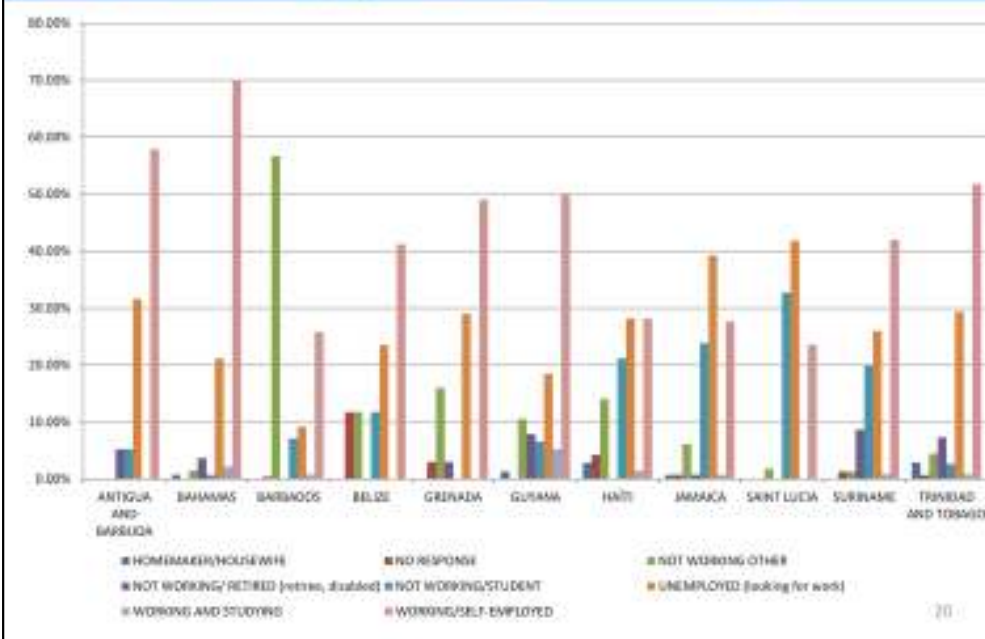
GRENADA DATA



COUNTRY BREAKDOWN DEMOGRAPHICS – Employment Status



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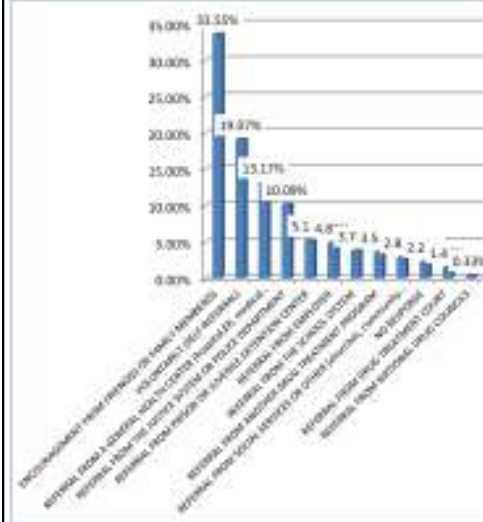


Treatment History – Source of Referral

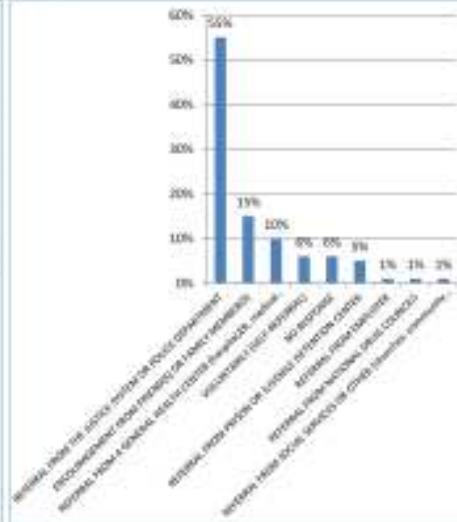


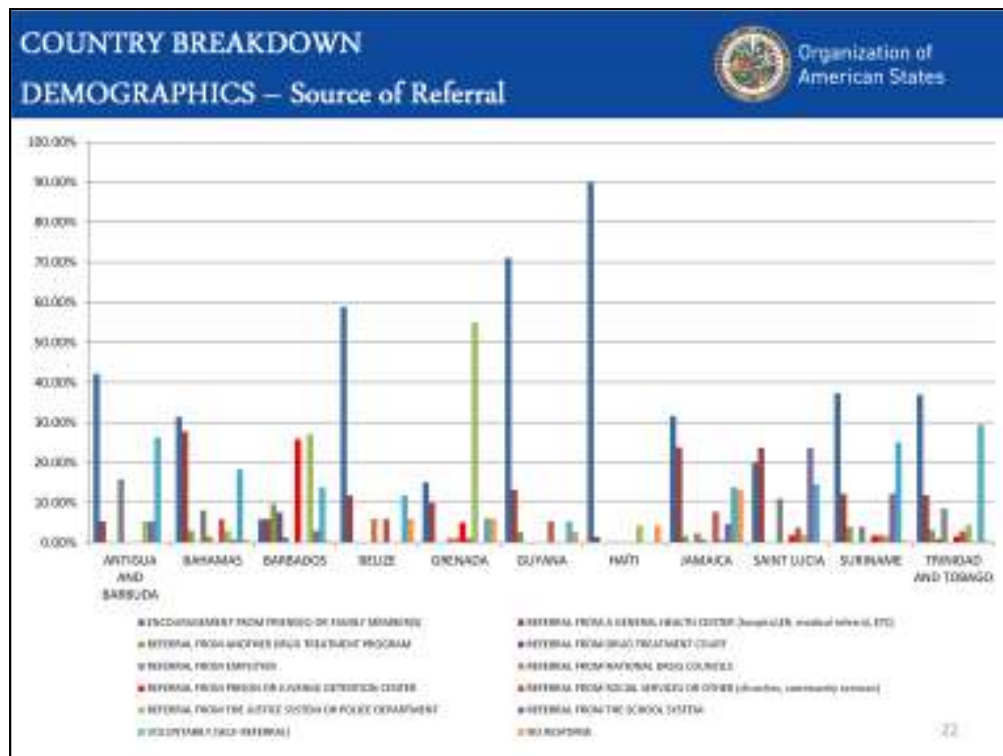
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GRENADA DATA





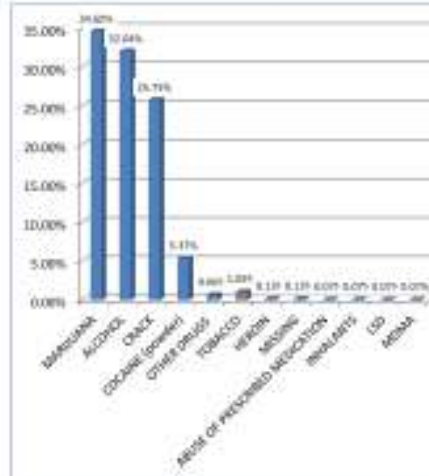
In most countries, the main source of referral to treatment is family and friends however in Grenada, the main source of referral to treatment is from the justice system. Does Grenada have a program with the justice system that allows for this option?



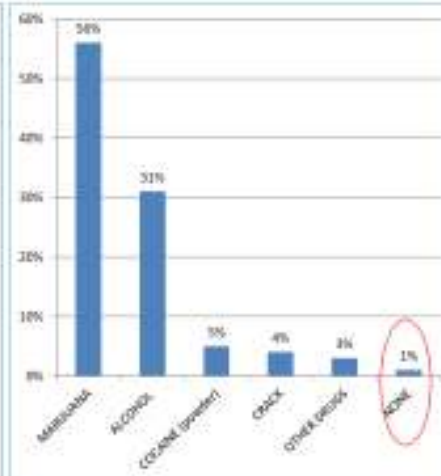
TREATMENT

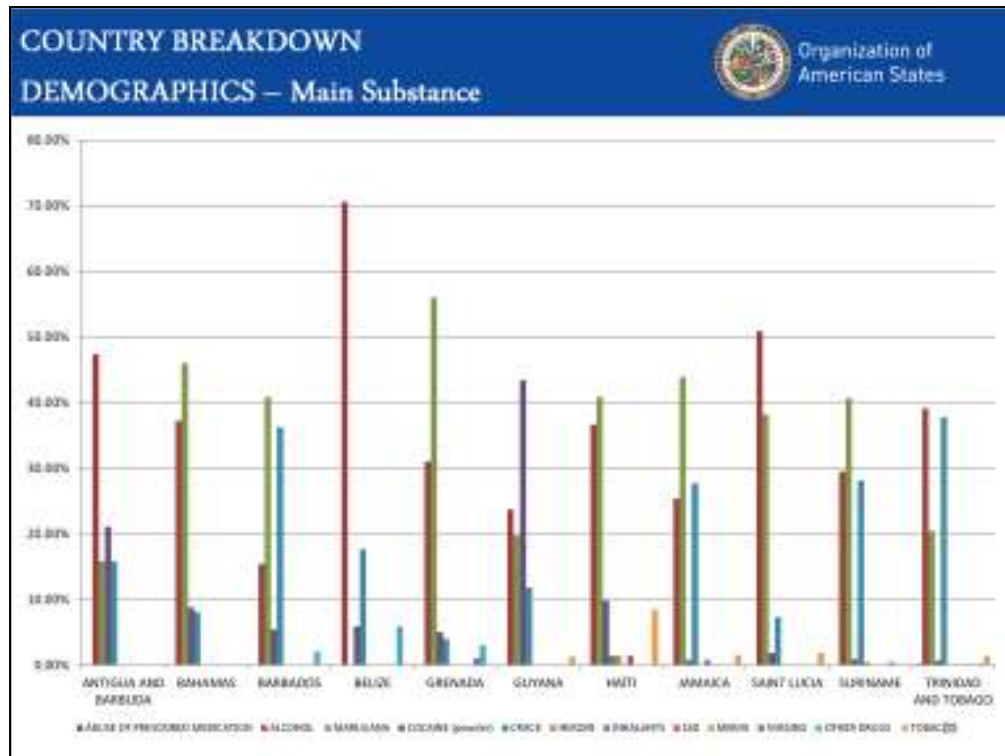


REGIONAL DATA



GRENADA DATA

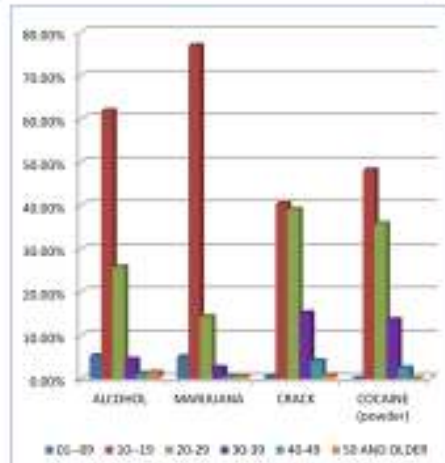




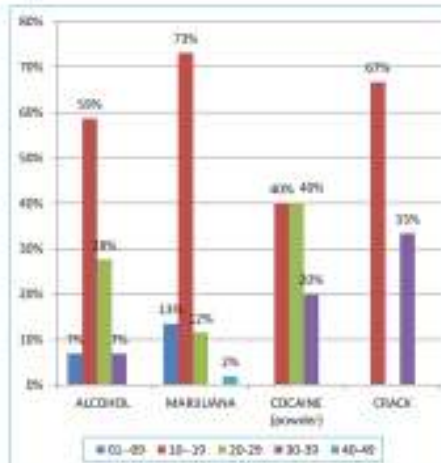
Haiti and Suriname are the only countries that reported persons seeking treatment for Heroin in 2016.



REGIONAL DATA



GRENADA DATA



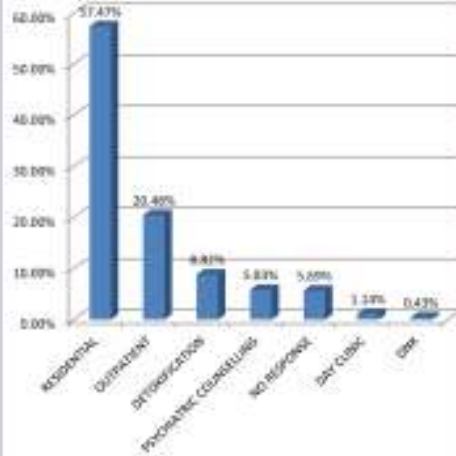
TYPE OF TREATMENT PREVIOUSLY RECEIVED



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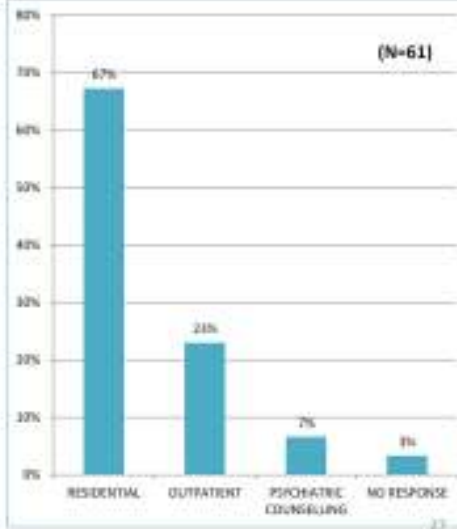
REGIONAL DATA

(N=703)



GRENADA DATA

(N=61)

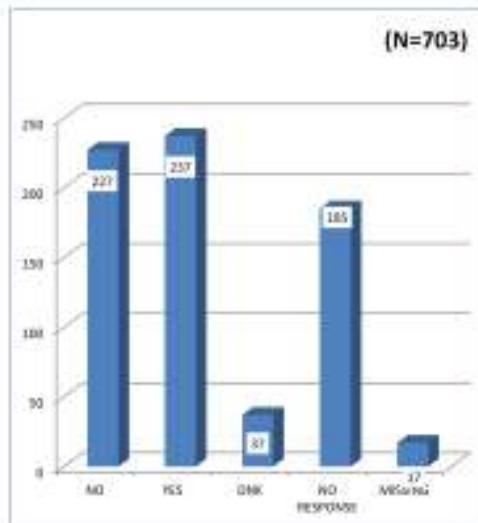


COMPLETION STATUS OF PREVIOUS TREATMENT

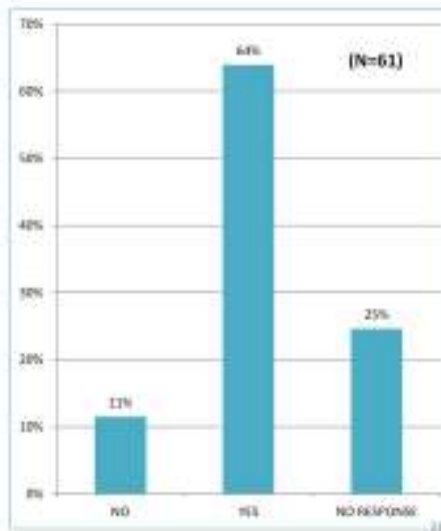


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GRENADA DATA





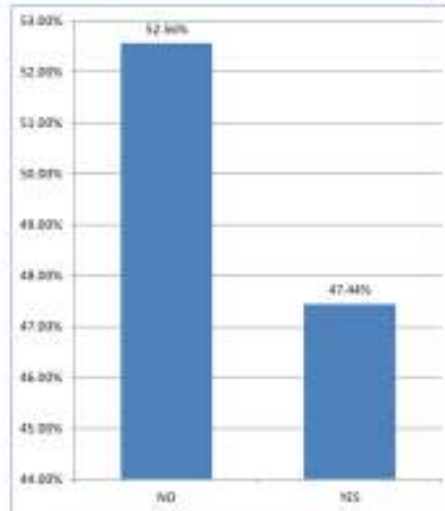
CRIMINAL JUSTICE INTERACTION AND MENTAL HEALTH

ARREST HISTORY -LIFETIME

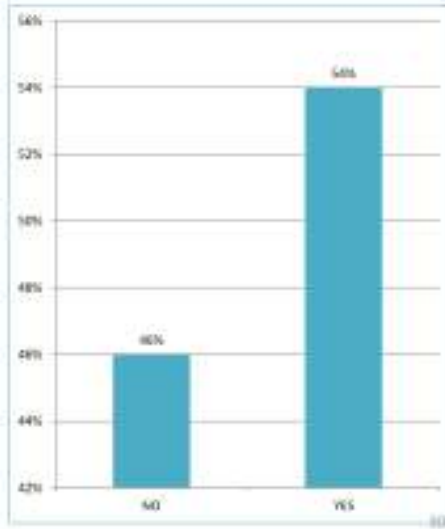


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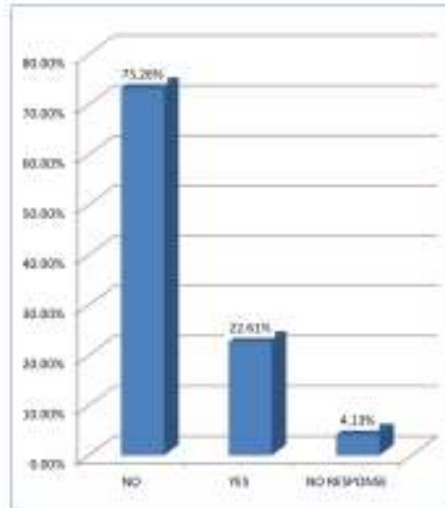
GRENADA DATA



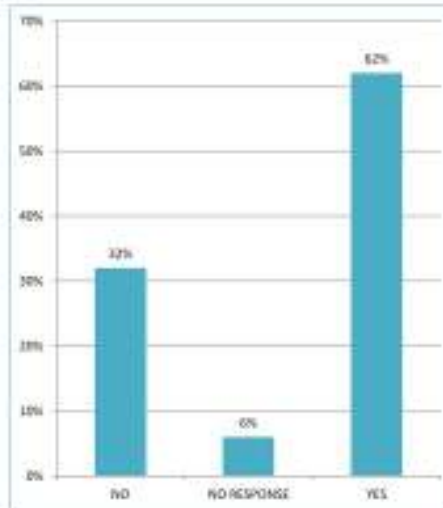
26 women



REGIONAL DATA



GRENADA DATA



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PLACEMENT AFTER ASSESSMENT



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REGIONAL DATA

PLACEMENT AFTER ASSESSMENT	#
RESIDENTIAL	781
OUT PATIENT	539
DETOX UNIT	250
SELF-HELP	149
DAY CLINIC	119
PSYCHIATRIC UNIT	23
OTHER FACILITY	26
NO RESPONSE	37

GRENADA DATA

PLACEMENT AFTER ASSESSMENT	#
RESIDENTIAL	40
DETOX UNIT	26
SELF-HELP	28
OUT PATIENT	27
DAY CLINIC	06
PSYCHIATRIC UNIT	04



- During 2016, 100 persons presented to 2 treatment facilities in Grenada for problematic substance use.
 - Of this number 8 were females (8%).
- The main substance driving the demand for treatment was marijuana (56%) followed by alcohol (31%).
- Most persons in treatment had a partial secondary education or lower (78%) while 49% were classified as employed.
- The average age of persons in treatment was 36 years old with the youngest person being 15 years of age.
- 61 persons in treatment were previously enrolled into a treatment program,
 - only 39 of them had completed that program.
 - Most persons were referred to treatment via the justice system (55%) with only 6% entering treatment voluntarily.
- In assessing the level of interaction with the justice system, it was observed that 54% of the treatment population was arrested at least once in their lifetime.
- Finally, looking at the mental health of persons in treatment, it was observed that 62% of the treatment population was diagnosed with a psychiatric disorder.



Thank you for your attention

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