CHARACTERISTICS OF PERSONS SEEKING DRUG TREATMENT IN THE CARIBBEAN

Organization of American States (OAS)
Inter-American Drug Abuse Control Commission (CICAD)

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The characteristics of persons seeking drug treatment in the Caribbean was prepared by the Inter-American Observatory on Drugs (known by its Spanish language acronym, OID) of the Inter-American Drug Abuse Control Commission (known by its Spanish language acronym, CICAD), which is located within the Secretariat on Multidimensional Security (SMS) of the Organization of American States (OAS).

The CICAD Executive Secretariat (CICAD/ES) recognizes that this report would not have been possible without the commitment of Antigua and Barbuda, The Bahamas, Barbados, Belize, Grenada, Guyana, Haiti, Jamaica, St. Lucia, Trinidad and Tobago, and Suriname. The national drug authorities in each of the participating countries facilitated access to the treatment centers, which served as the main sources of data for this analysis.

CICAD/ES wishes to thank representatives from national drug observatories (or their equivalent) who arranged the sensitization of the relevant stakeholders, coordination of data collection, cleaning, entry, and whose overall management was invaluable to this exercise.

Additionally, CICAD/ES recognizes the work of consultant Dr. Ken-Garfield Douglas, who took the raw data, processed it and carried out a clear analysis which will be useful not only to participating member states, but to the Caribbean region as a whole.

For the first time, OAS member states have an overall perspective of people seeking treatment for problematic drug use in eleven Caribbean countries. It is hoped that this information will help these and other member states to better understand the characteristics of persons experiencing problematic drug use and lead to more effective treatment policies and services.

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EXECUTIVE SUMMARY

The countries that participated in this data collection exercise reported on a number of characteristics of persons who were referred to be assessed for treatment over the three-year period from 2015 to 2017. On average, 1,500 registrations occurred per year, with Trinidad and Tobago, Suriname, Barbados, Jamaica, and The Bahamas reporting the highest proportion of persons assessed.

Most clients overall were male (4,075 or 90%), with 449 or 10% being female. This was the same pattern observed in all countries, with a range of 82-96% of clients being male. Age profiles showed that the highest proportions of clients overall were in the 21-20 (24%) and 31-40 years age group (23%) compared to the other age groups. Four assessed clients were ten years old and about 13% were in the age bracket 11-20 years.

Overall, 94.71% (4,284/4,524) of interviewed persons were nationals of their own countries. Four percent (187/4,524) were non-nationals. The highest proportion of non-nationals seeking treatment were in Antigua and Barbuda (15.5%), followed by St Lucia (10%), and Barbados (9%).

Living arrangements were pretty stable with most clients (53%), indicating that they lived in the family home, while the next largest proportion overall was their own house (14%), and then rental home (11%). Some 12% (541/4,524) indicated that they did not have a fixed place of abode. However, only a small proportion of homelessness was reported (7.4% overall). Males were more likely to indicate no fixed place of abode (87% or 473/541) compared to females (12.6% or 68/541).

A notable proportion of clients reported that they had been deported from another country: 6% (262/4,524) overall. Of those deported (n=262), 83% were males, and 12% were females. The proportion of deported clients was mostly stable year on year—6% in 2015, 6% in 2016, and 6.4% in 2017.

Living arrangements (with respect to with whom you live) were predominantly stated as living with mother, living alone, with father, and with a sibling. About 9% lived with their spouse (husband or wife), while 8% lived with their child/children. This was the same pattern observed year on year during the period 2015-2017.

Most clients overall were single (72%), followed by married (10%), and common-law/living together (7%). Most males as well as females were single (73% and 66% respectively).

About one in eight clients (12.8%) had completed primary education, 30% had completed secondary education, while 6.5% of clients had completed university or tertiary-level education. A small proportion of clients had participated in vocational education, while only 17 clients (0.4%) overall had never attended school.

Some 43.8% of clients overall were working/self-employed or working and studying. A further 29% were unemployed but looking for work, and a quarter (25%) were not working. Of the deported clients (n=262), 43% were unemployed but looking for work. More than three in ten (32%) were working while almost a quarter (24%) were not working.

The four most prevalent sources of referral overall (10% or more clients) in rank order, were: encouragement from friend(s) or family (34%), voluntary/self-referrals (18%), referral from a health center/hospital/etc. (12%), and referral from the justice system (11%).

Half of all clients (51%) reported that they have never received treatment, while about 36% were treated one to four times in their lives. About 4% indicated treatment four to nine times, and 3% indicated ten or more times. In all countries except The Bahamas, Barbados, and Haiti, the largest response category was for clients who have never been treated (26-78%). St Lucia (78%), Suriname (75%), Antigua and Barbuda (66%), and Jamaica (59%) reported the highest proportion of first-time clients.

More than one-fifth (22%) of all clients indicated previous registration or treatment at another treatment facility during the calendar year. The proportions in 2015 and 2016 were similar (24%); however, this proportion decreased by ten percentage points in 2017.

Most clients indicated that the type of treatment in which they were placed during their most recent treatment episode was residential (1,137), followed by outpatient (572), detoxification (139), psychiatric counselling (103), and day-clinic (25). The clients in seven out of eleven countries were able to access residential, psychiatric counselling, outpatient, and, to a lesser extent, day clinic during their most recent treatment episode.

The highest proportions of females that indicated most recent access to treatment was 20% in the form of day clinic and 13% for outpatient treatment. Females overall were more likely to report having had psychiatric counselling, outpatient treatment, and treatment at the day clinic. Males were more likely to report residential treatment and detoxification.

The main substance overall impacting treatment was marijuana (38.8%), followed by alcohol (27.3%), crack cocaine (26.6%), and cocaine powder (4.5%). Females were mostly impacted by alcohol, marijuana, and crack cocaine (in rank order), while males were mostly impacted by marijuana, crack, and alcohol. Comparison by year of assessment showed that year on year, marijuana was the main substance impacting on treatment, and this was followed by crack cocaine in 2015 and 2017.

The secondary substances impacting treatment were alcohol (38%), marijuana (25%), tobacco (22%), crack cocaine (4%), and cocaine powder (3%). Age of first use of the substance that impacted demand for treatment fell within the age bracket of 11-20 years (65.5%). This was the same pattern for males (68.5%) as well as females (66.1%). The main drugs used overall in the last 30 days in rank order were alcohol (62%), marijuana (55%), tobacco (43%), crack cocaine (31%), and cocaine powder (8%).

Overall, 48.5% of clients had been arrested (2,196/4,524). This figure was 50% (2,036/4,075) for males and 35.6% (160/449) for females. Overall, 48-50% of clients had been arrested over the period reported. A similar pattern was observed for males (49-52%). Some 17% of clients were arrested one or more times. The mean and median number of times arrested was one with standard deviation of 1.95 times. The number of times arrested ranged from 1 to 30.

Of note, 42% of clients over the three-year period had been tested for HIV/AIDS, 2.4% indicated they had a positive result. Of those who were positive (n=108), 71% indicated they were presently on treatment. About 29% of clients over the three-year period had been tested for sexually transmitted diseases, with 2.1% indicating they had a positive result.

Countries were more likely to recommend outpatient and residential treatment than detoxification, psychiatric counselling, or day-clinics. The Bahamas, however, was able to recommend a relatively high proportion of clients for detox (87%) and psychiatric treatment (38%). These results are largely due to the structure, modality, and availability of treatment facilities in the respective countries.

BACKGROUND AND INTRODUCTION

Drug treatment is defined as "the process that begins when psychoactive substance users come into contact with a health provider or other community service, and may continue through a succession of specific interventions until the highest attainable level of health and well-being is reached. Treatment and rehabilitation are defined as a comprehensive approach to identification, assistance, health care, and social integration with regard to persons presenting problems caused by the use of any psychoactive substance. These definitions include the notion that substance users are entitled to be treated with humanity and respect."[1] Treatment services are ideally 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 trends within the group of problematic drug users. The treatment indicator is one of the best-developed indicators. It is easy to implement because it can fit readily into the routine administration at the beginning of a treatment episode. Systematic and ongoing collection, analysis, and reporting of treatment related data ultimately make trend analyses possible.

Intake and assessment are respectful and systematic processes of gathering personal information from clients in order to help service providers as well as the clients themselves to make informed decisions about program

1 WHO Expert Committee on Drug Dependence, & World Health Organization. (1998). *WHO Expert Committee on Drug Dependence: thirtieth report*. World Health Organization. https://apps.who.int/iris/bitstream/handle/10665/42059/WHO_TRS_873.pdf;jsessionid=5874C97584EC94EF084708D58854C386?sequence=1

needs and related services. The assessment process helps to identify and evaluate an individual's current situation and needs as well as to determine the most appropriate and effective means of helping the individual.

A basic assessment covers the key information required for treatment matching and treatment planning. Specifically, the basic assessment offers a structure with which to obtain:

- Basic demographic and historical information, and identification of established or probable diagnoses and associated impairments

A comprehensive assessment leads to improved treatment planning.

Information gathered in this way is needed to ensure the client is placed in the most appropriate drug treatment setting and to assist in providing mental disorder care that addresses each disorder.

Assessment is a process for defining the nature of a case involving problematic drug use and developing specific treatment recommendations for addressing it. Intake information consists of:

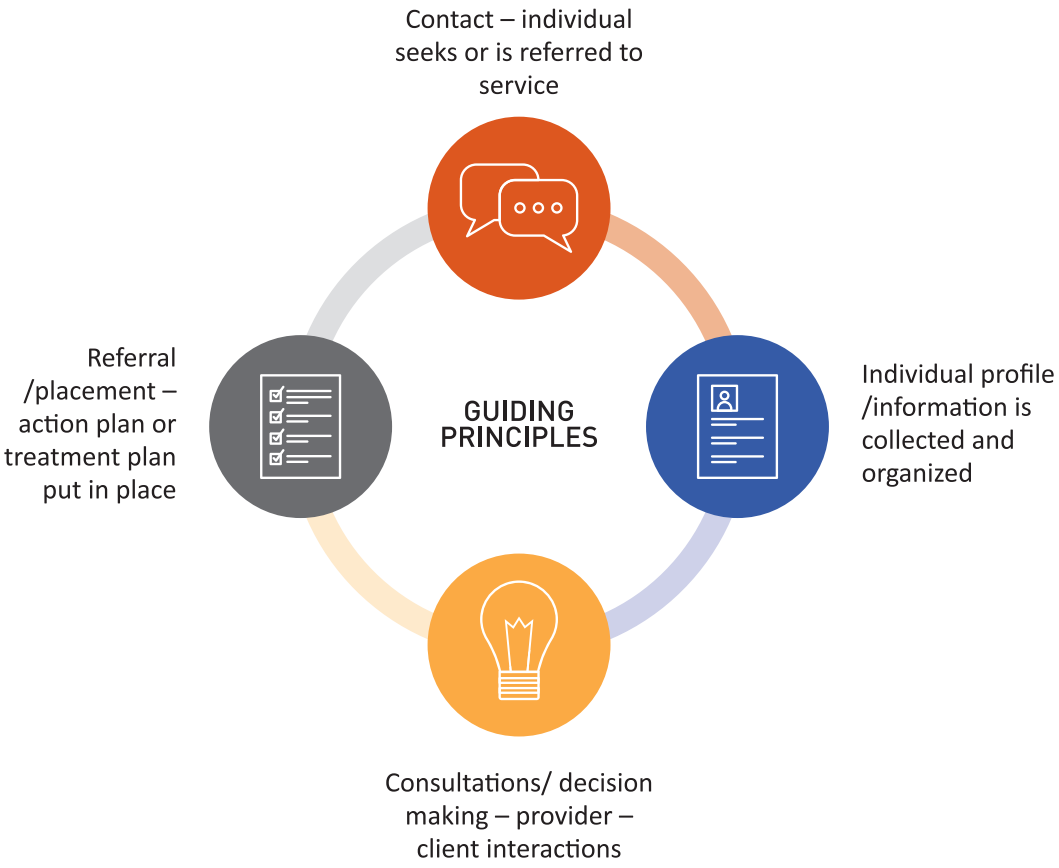
1. Background—family, living arrangements, history of previous attempts at treatment, marital status, legal involvement, health, education, housing status, employment, etc.

2. Substance use—age of first use, primary drugs used (including alcohol, patterns of drug use, and treatment episodes)

3. Mental health problems—family history of mental health problems, client history of mental health problems including diagnosis and other treatment, current symptoms, and mental status

The process of intake and assessment is often done within a framework that recognizes four basic elements as listed and illustrated in the next diagram.

INTAKE/ASSESSMENT FRAMEWORK[2]



1. The first contact with client/client's caregiver provides an opportunity for the agency worker to introduce the services that the agency can 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 and the caregiver need 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.

2 Adapted from: Saskatchewan Learning, Intake and Assessment Framework for Basic Education and Related Programs for Adults, Mar 2003, Learning for Life.

It is logical to implement a basic surveillance system, using the intake and assessment process as a platform, to keep track of the characteristics of persons with problematic substance abuse. After having designed and piloted a standardized instrument for collecting data from treatment providers, OAS/CICAD has worked with 11 countries in the Caribbean to encourage the use of the instrument in all drug treatment facilities.

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

MATERIALS AND METHODS

The data used in this analysis came from 11 different countries and represents 4,524 intake assessments from 42 collection sites. The data from these sources are clients' information that is primarily collected at intake or soon after the intake process. In the process of initial contact with the individuals, the provider collects and records the core variables of interest.

The objectives of this surveillance system are to monitor the demand for treatment by persons seeking help for problematic drug use and to build a profile of these individuals, so that policy makers have a better understanding of the characteristics of persons who need these services.

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 contained in this analysis contain client identifiers that would allow identification of any individual whose records were used. The absence of a client identifier eliminates any potential problems concerning confidentiality. The data file used in the analysis consists of all treatment intake assessment reported during the period of interest—January 2015 through December 2017—that included a primary or secondary use of alcohol or another drug.

METHODOLOGY

Personnel from the national drug observatory (NDO) in each country were trained along with representatives from the treatment centers on how to administer the data capture form;

The NDO in turn trained/sensitized persons at the participating treatment centers;

Following the piloting of the data capture form, a revised assessment form was fully implemented and used to capture intake data on clients attending treatment during the period of 2015 through 2017;

The NDO collected and entered the data from the forms into a database, standardized across all countries. The decision to use Epi Info to facilitate data capture was primarily because it is freely available, and it can be used to design a user-friendly data entry interface allowing for better data management. In a few cases, the treatment center transcribed the data into Epi Info and then sent the data files to the national observatory.

DATA LIMITATIONS

Until 2017, the question with respect to what psychiatric condition clients were treated for was open-ended. This allowed for many responses that did not correspond to psychiatric conditions, and therefore invalidated the analysis in the previous question– "Have you been treated for a psychiatric condition (yes/no)". In 2017, this question was standardized and introduced the following options: depression, bipolar, schizophrenia, dementia, and developmental disorder. Most of these options were not present in the 2015 and 2016 sets of data.

Another important point to note is the issue of missing data. For some countries, particularly Barbados, Haiti, and St. Lucia, there was a high proportion of missing data for some variables. Finally, the issue of coverage has a very important effect on the completeness and representativeness of the data that has been collected. Coverage here refers to the proportion of the population seeking treatment for problematic drug use that is actually captured by the data system. In some countries while most of the treatment facilities participate in the data system, some do not. Additionally, not all persons who seek help for problematic drug use go to treatment facilities. Some may go to a private doctor, or another individual or facility for help.

FINDINGS: SOCIO -DEMOGRAPHIC DATA

NUMBER OF CLIENTS ASSESSED

A total of 4,524 intake assessments were analyzed for the three-year period of 2015-2017. Trinidad and Tobago accounted for the majority of the clients (1,008 or 22%), followed by Suriname (756 or 17%), Barbados (717 or 16%), and Jamaica (470 or 10%). The remaining countries accounted for varying proportions (2-9%), (Table 1).

The largest proportion of clients (39%) was assessed in 2015, followed by 35% in 2016, and 26% in 2017. There was not a definitive trend of increasing or decreasing proportions over the period when each country's intake assessments were analyzed. For example, of all the clients assessed in Antigua and Barbuda, 49% were seen in 2015. This dropped to 19% in 2016 and went up to 32% in 2017. In another example, of all the clients assessed in Trinidad and Tobago, 43% were seen in 2015, 45% in 2016, and this percentage dropped to 12% in 2017 (Figure 1).

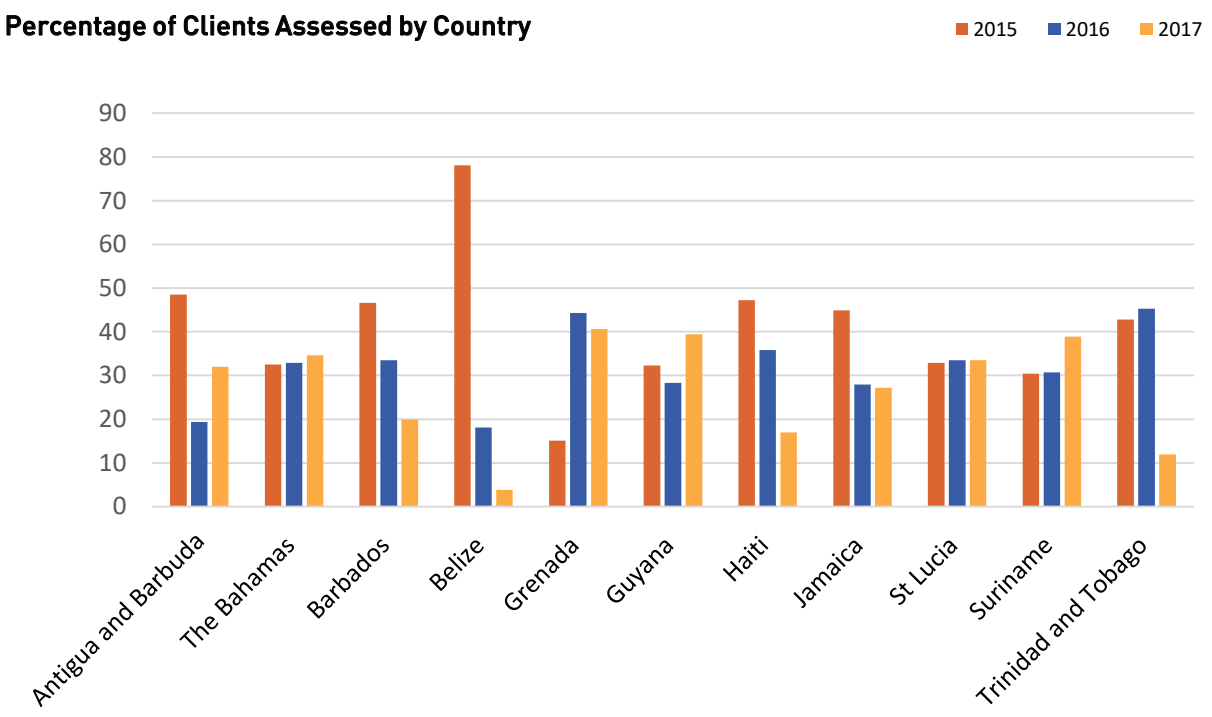
A total of 4,524 intake assessments were analyzed for the three-year period of 2015-2017.

Table 1: Number of Clients Assessed During the Period 2015-2017

Country	Clients Assessed			
	Total 2015 to 2016 (% across countries)	2015 (frequency (% across years))	2016 (frequency (% across years))	2017 (frequency (% across years))
Antigua and Barbuda	103 (2.3)	50 (48.5)	20 (19.4)	33 (32.0)
The Bahamas	416 (9.2)	135 (32.5)	137(32.9)	144 (34.6)
Barbados	717 (15.8)	334 (46.6)	240 (33.5)	143 (19.9)
Belize	105 (2.3)	82 (78.1)	19 (18.1)	4 (3.8)

Country	Clients Assessed			
	Total 2015 to 2016 (% across countries)	2015 (frequency (% across years))	2016 (frequency (% across years))	2017 (frequency (% across years))
Grenada	298 (6.6)	45 (15.1)	132 (44.3)	121 (40.6)
Guyana	269 (5.9)	87 (32.3)	76 (28.3)	106 (39.4)
Haiti	218 (4.8)	103 (47.2)	78 (35.8)	37 (17.0)
Jamaica	470 (10.4)	211 (44.9)	131 (27.9)	128 (27.2)
St Lucia	164 (3.6)	54 (32.9)	55 (33.5)	55 (33.5)
Suriname	756(16.7)	230 (30.4)	232 (30.7)	294 (38.9)
Trinidad and Tobago	1,008 (22.3)	431 (42.8)	457 (45.3)	120 (11.9)
All Countries	4,524	1,726 (38.9)	1,577 (34.9)	1,185 (26.2)

Figure 1: Percentage of Clients Assessed by Country



GENDER AND AGE (OVERALL/2015-2017)

Most clients overall were males (4,075 or 90%), with 449 or 10% being females (Table 2). This was the same pattern observed among the countries, with 82-96% of clients being males (Table 3). Antigua and Barbuda reported the largest proportion of females (18%), while Suriname reported the largest proportion for males (96%).

The proportion of males tended to increase year on year over the period of 2015-2017 while that of females tended to decline. As seen in Table 2, the proportion of males increased from 88% in 2015 to 93% in 2017, while that of females declined from 12% to 8%.

The mean age overall was 37 years, the median age 36 years, the standard deviation was 13.8 years, and the ages ranged from 10-81 years. When disaggregated by age groupings, the highest proportions of clients overall were in the 21-30 (24%) and 31-40 (23%) years age group compared to the other age groups (Table 2). Four assessed clients were ten years old and about 13% were in the age bracket of 11-20 years old.

Table 2: Gender and Age-Grouping Overall

	Overall	2015	2016	2017
Age grouping	(frequency (%))	(frequency (%))	(frequency (%))	(frequency (%))
10 yrs. or less	4 (0.1)	0 (0)	0 (0)	4 (0.3)
11-20	606 (13.4)	247 (15.34)	186 (12.3)	150 (13.0)
21-30	1,070 (23.7)	412 (25.5)	332 (22.0)	256 (22.1)
31-40	1,036 (22.9)	338 (20.9)	369 (24.5)	277 (23.9)
41-50	872 (19.3)	328 (20.3)	282 (18.7)	223 (19.3)
51-60	745 (16.5)	251 (15.5)	263 (17.4)	207 (17.9)
61 and over	164 (3.6)	40 (2.5)	76 (5.0)	40 (3.5)
Missing	27 (0.6)	0(0)	0(0)	0(0)
Gender				
Male	4,075 (90.1)	1,427 (87.8)	1,364 (90.1)	1,075 (92.9)
Female	449 (9.9)	199 (12.2)	150 (9.9)	86 (7.5)

AGE AND GENDER – COUNTRY COMPARISON

In all but one country (Jamaica), 60% or more of the clients were in the age range of 21-50 years old. For Jamaica, this figure was 49%, with a notably high proportion (35.1%) in the 11-20 year age bracket.

Table 3: Age and Sex (by Country) 2015-2017

Country	Age grouping (frequency (%))							Gender (frequency (%)	
	<=10	11-20	21-30	31-40	41-50	51-60	61+	Male	Female
Antigua and Barbuda	-	5 (4.9)	25 (24.3)	28 (27.2)	17 (16.5)	19 (18.4)	7 (6.8)	84 (81.6)	19 (18.4)
The Bahamas	-	20 (4.8)	109 (26.2)	98 (23.6)	85 (20.4)	87 (20.9)	17 (4.1)	384 (92.3)	32 (7.7)
Barbados	1 (0.1)	89 (12.4)	233 (32.5)	172 (24.0)	126 (17.6)	73 (10.2)	7 (1.0)	610 (85.1)	107 (14.9)
Belize	-	3 (2.9)	28 (26.7)	38 (36.2)	13 (12.4)	22 (21.0)	1 (1.0)	96 (91.4)	9 (8.6)
Grenada	-	24 (8.1)	92 (30.9)	88 (29.5)	37 (12.4)	41 (13.8)	11 (3.7)	273 (91.6)	25 (8.4)
Guyana	-	40 (14.9)	60 (22.3)	79 (29.4)	60 (22.3)	25 (9.3)	5 (1.9)	247 (91.8)	22 (8.2)
Haiti	-	43 (19.7)	108 (49.5)	37 (17.0)	21 (9.6)	5 (2.3)	2 (0.9)	185 (84.9)	33 (15.1)
Jamaica	-	165 (35.1)	94 (20.0)	72 (15.3)	64 (13.6)	62 (13.2)	13 (2.8)	418 (88.9)	52 (11.1)
St Lucia	-	47 (28.7)	27 (16.5)	43 (26.2)	28 (17.1)	14 (8.5)	5 (3.0)	140 (85.4)	24 (14.6)
Suriname	-	111 (14.7)	130 (17.2)	132 (17.5)	197 (26.1)	164 (21.7)	22 (2.9)	725 (95.9)	31 (4.1)
Trinidad and Tobago	3 (0.3)	59 (5.9)	164 (16.3)	249 (24.7)	224 (22.2)	233 (23.1)	74 (7.3)	913 (90.6)	95 (9.4)

NATIONALITY AND RESIDENCE IN THE LAST 30 DAYS

Overall, 94.71% (4,284/4,524) of interviewed persons were nationals of their own countries; four percent (187/4,524) were non-nationals. The highest proportion of non-nationals seeking treatment were in Antigua and Barbuda (15.5%), followed by St. Lucia (10%), and Barbados (9%).

Clients were assessed as to whether they had a fixed place of abode based on their indicated place of residence. Some 12% (541/4,524) indicated that they did not have a fixed place of abode, while 3.4% did not respond. As shown in Table 4, of the 541 persons with no fixed place of abode (87% or 473/541) were males in comparison to females (12.6% or 68/541).

The proportion of clients indicating no fixed place of abode tended to decrease year on year—from 62% in 2015, to 26% in 2016, and 12% in 2017. Trinidad and Tobago by far reported the highest proportion of clients with no fixed place of abode (40% overall). This statistic, however, decreased notably from 135 clients in 2015 to only six clients in 2017. Suriname (19%), The Bahamas (15%), and Barbados (10%) were the only other countries indicating notable proportions of clients with no fixed place of abode.

Table 4: Place of Abode and Nationality

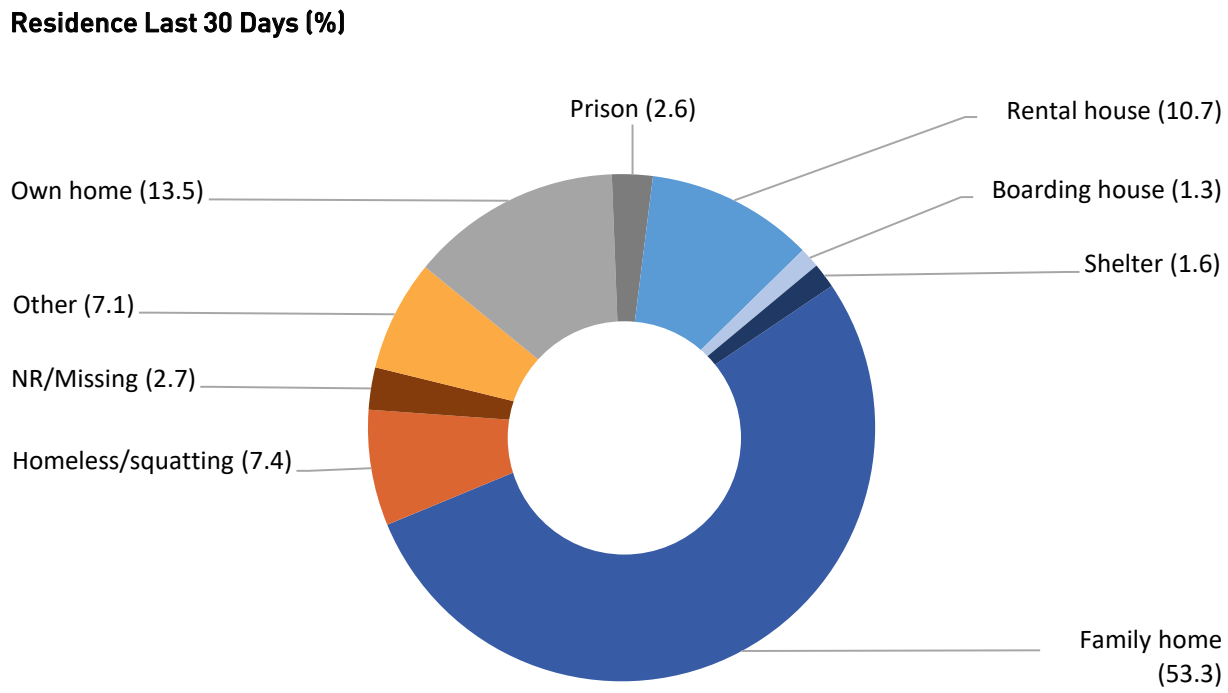
Country	No Fixed Place of Abode (%)						Non-national (%)
	Overall n (%)	2015	2016	2017	Male	Female	
Antigua and Barbuda	2 (0.4)	0	2	0	2	0	15.5
The Bahamas	80 (14.8)	79	1	0	71	9	0.7
Barbados	54 (10.0)	37	14	3	46	8	8.9
Belize	20 (3.7)	15	4	1	17	3	4.8
Grenada	7 (1.3)	7	0	0	3	4	2.3
Guyana	26 (4.8)	5	6	15	25	1	0.4
Haiti	27 (5.0)	19	3	5	20	7	5.0
Jamaica	7 (1.3)	3	2	2	7	0	3.0
St Lucia	0	0	0	0	0	0	9.8
Suriname	104 (19.2)	35	34	35	99	5	2.8
Trinidad and Tobago	214 (39.6)	135	76	6	183	31	3.0

RESIDENCE IN THE LAST 30 DAYS

Clients were asked to state their type of living arrangements in the last 30 days. If all clients over the three years assessed are taken into account, most (53%) indicated that they lived in the family home, while the next largest proportion overall was their own house (14%), and then rental home (11%) (Figure 2). Several clients indicated that they were homeless or squatting (440 or 7.4 % overall). Comparison by year of assessment showed that from 2015 through 2017, the main living arrangements were indeed family home, own home, and then rental home in rank order (Table 5). The proportion of clients indicating that they were in prison during the last 30 days was 3% in 2015, less than 1% in 2016, but then increased to 5% by 2017.

Clients were asked to state their type of living arrangements in the last 30 days. Most (53%) indicated that they lived in the family home, while the next largest proportion overall was their own house (14%) and then rental home (11%).

Figure 2: Residence in the Last 30 Days[3]



3 Unless otherwise indicated, all graphs and charts show figures that are based on data from all clients from all three years.

Table 5: Residence Last 30 days by Year of Assessment

Living Arrangements Last 30 days	Percentage of Clients by Year of Assessment		
	2015	2016	2017
Family home	51.8	52.6	56.5
Homeless/squatting	7.5	7.0	6.5
NR/Missing	4.2	1.9	1.4
Other	8.1	9.8	2.3
Own home	11.6	15.2	14.1
Prison	3.1	0.3	5.0
Rental house	11.2	9.9	11.2
Boarding house	1.0	1.5	1.5
Shelter	1.5	1.8	1.5

DEPORTATION STATUS OF CLIENTS

A notable proportion of clients reported that they had been deported from another country: 5.8% (262/4,524) overall. Of those deported (n=262), 83% were males and 12% were females. The proportion of deported clients was mostly stable year on year—5.6% in 2015, 5.5% in 2016, and 6.4% in 2017 (Table 6). In relation to deported clients by country, the greater proportions were reported by Guyana (12.6%), Jamaica (11.7%), Haiti (10.6%), and Belize (10.5%). Except for Grenada (7%) and Trinidad and Tobago (6.2%), all other countries reported 4% or less deported clients (Table 6).

Table 6: Deported Clients

Country	(2015 to 2017) (frequency (% of total clients))	Year of Assessment – (frequency (% of total clients))			Gender (frequency)	
		2015	2016	2017	Male	Female
Antigua and Barbuda	4 (3.9)	3 (6.0)	0 (-)	1 (3.0)	3	1
The Bahamas	7 (1.7)	2 (1.5)	4 (2.9)	1 (0.7)	7	0
Barbados	30 (4.2)	11 (3.3)	14 (5.8)	5 (3.5)	27	3
Belize	11 (10.5)	8 (9.8)	3 (15.8)	0 (-)	9	2
Grenada	21 (7.0)	1 (2.2)	14 (10.6)	6 (5.0)	16	5
Guyana	34 (12.6)	8 (9.2)	9 (11.8)	17 (16.0)	34	0
Haiti	23 (10.6)	12 (11.7)	3 (3.8)	8 (21.6)	19	4
Jamaica	55 (11.7)	15 (7.1)	18 (13.7)	22 (17.2)	53	2
St Lucia	5 (3.0)	4 (7.4)	0 (-)	1 (1.8)	4	1
Suriname	9 (1.2)	4 (1.7)	0 (-)	5 (1.7)	8	1
Trinidad and Tobago	63 (6.2)	31 (7.2)	22 (4.8)	10 (8.3)	52	11
All Countries (frequency (% of total clients))	262 (5.8)	99 (5.6)	87 (5.5)	76 (6.4)	232 (5.1)	30 (0.7)

CLIENT LIVING ARRANGEMENTS (WITH WHOM DO YOU LIVE)

Living arrangements in order of prevalence were: living with mother, living alone, living with father, and living with sibling. About 9% lived with their spouse (husband or wife), while 8% lived with their child/children (Figure 3). This was the same pattern observed year on year during the period of 2015-2017 (Table 7).

Figure 3: Living Arrangements Overall

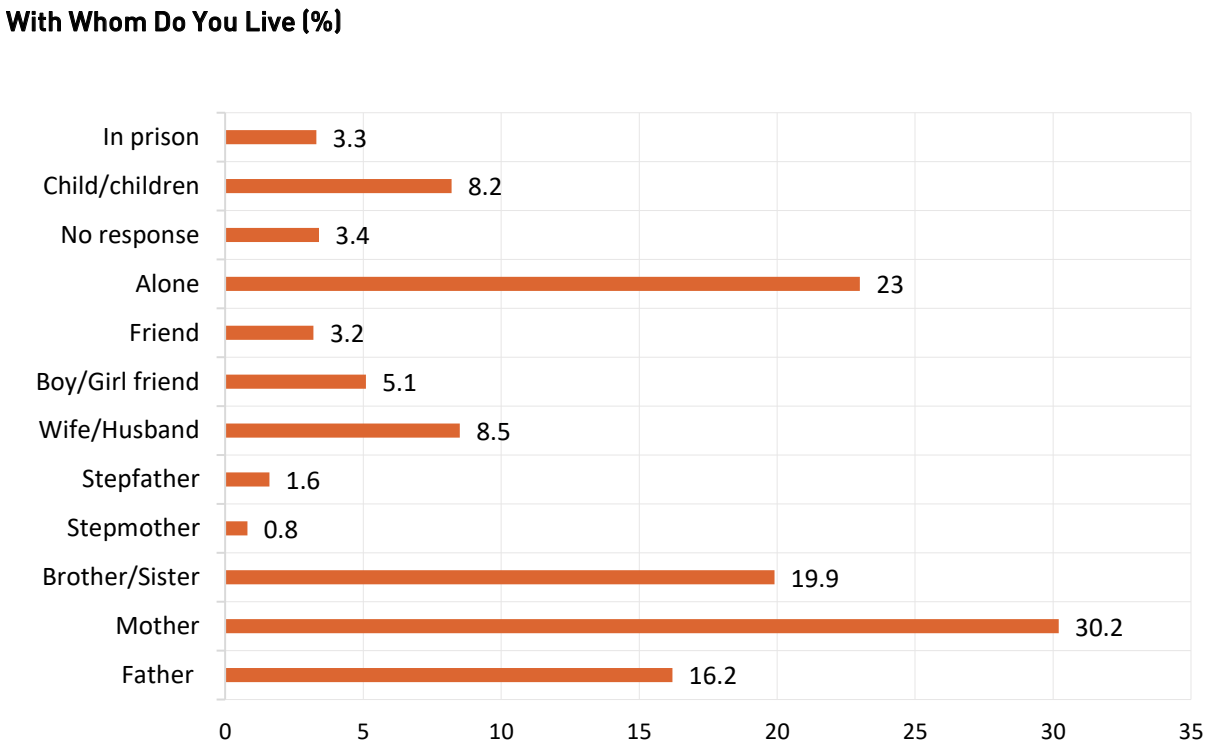


Table 7: Client Living Arrangements

	Percentage (%) of Clients by Year of Assessment		
	2015	2016	2017
Father	16.9	16.0	15.3
Mother	29.5	29.9	31.9
Brother/Sister	21.2	19.2	19.1
Stepmother	1.1	0.8	0.4
Stepfather	1.5	1.4	1.9
Wife/Husband	8.0	9.3	8.1
Boy/Girl friend	4.8	6.0	4.6
Friend	3.8	1.6	4.4
Alone	20.4	24.2	25.4
No response	4.7	1.5	4.0
Child/children	7.8	8.0	9.1
In prison	3.5	2.8	3.9

MARITAL STATUS

Most clients were single (72%), followed by married (10%), and common-law/living together (7%) (Figure 4). This was the same pattern observed for six countries—most clients being single, and the next highest proportion being married. In the remaining five countries, most clients were single followed by divorced/separated (Table 8). Divorced or separated clients accounted for 10% of clients overall, and from 4-18% of clients among the countries.

Figure 4: Marital Status Overall

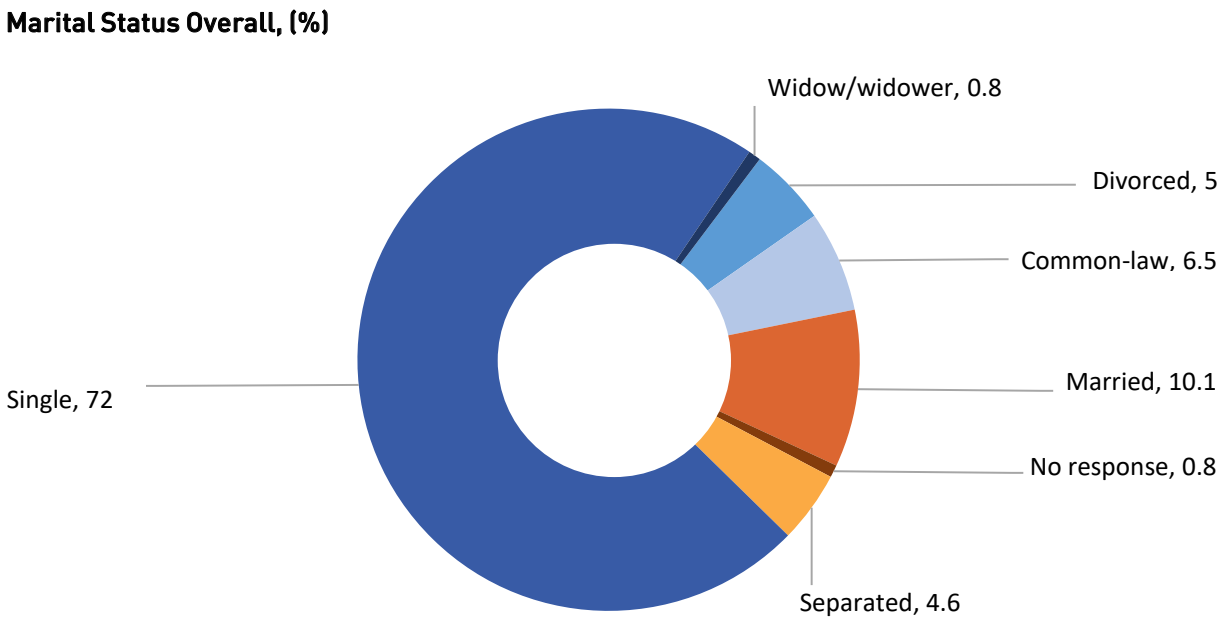


Table 8: Marital Status by Country

Country	Marital Status by Country (%)			
	Single	Married	Common-law	Divorced/ Separated
Antigua and Barbuda	79.6	12.6	1.0	6.0
The Bahamas	68.5	14.9	1.0	14.2
Barbados	86.3	5.9	2.8	4.2
Belize	36.2	13.3	33.3	12.4
Grenada	87.6	2.0	5.0	3.7
Guyana	74.3	11.2	3.3	8.1
Haiti	68.3	6.4	18.3	5.0
Jamaica	81.7	5.5	4.7	7.7
St Lucia	84.1	6.7	4.3	3.6
Suriname	71.3	12.6	6.7	7.3
Trinidad and Tobago	56.7	14.4	8.8	18.3

MARITAL STATUS BY GENDER

Most males as well as females were single (73% and 66% respectively). About 10% of males and 9% of females were married, and the next highest proportion was common-law or living together at 11% for females and 6% for males (Table 9).

Table 9: Marital Status by Gender

Marital Status	Year of Assessment – Frequency (%)			Gender (%)	
	2015	2016	2017	Males	Females
Divorced	81 (4.6)	81 (5.1)	66 (5.6)	4.9	6.0
Common-law	132 (7.5)	98 (6.2)	63 (5.3)	6.0	10.5
Married	191 (10.8)	169 (10.7)	98 (8.3)	10.3	8.9
No response	18 (1.0)	12 (0.8)	5 (0.4)	0.8	0.2
Separated	92 (5.2)	76 (4.8)	38 (3.2)	4.4	5.8
Single	1,233 (70.0)	1,130 (71.7)	904 (76.3)	72.9	66.4
Widow/widower	15 (0.9)	11 (0.7)	11 (0.9)	0.7	2.2

EDUCATIONAL LEVEL – OVERALL, YEAR OF ASSESSMENT

About one in eight clients (12.8%) had completed primary-level education overall. Additionally, 30% had completed secondary education, and a slightly higher proportion of clients (6.5%) had completed university or tertiary-level education. A small proportion of clients had participated in vocational education (3.5%), while only 17 clients (0.4%) overall had never attended school (Table 10).

Table 10: Educational Level – Overall, Year of Assessment

	Overall	Year of Assessment – Frequency (%)		
		2015	2016	2017
Incomplete primary	459 (10.1)	152 (8.6)	148 (9.4)	159 (13.4)
Complete primary	578 (12.8)	209 (11.9)	197 (12.5)	172 (14.5)
Incomplete secondary	1,351 (29.9)	558 (31.7)	490 (31.1)	303 (25.6)
Complete secondary	1,357 (30.0)	578 (32.8)	474 (30.1)	305 (25.7)
Incomplete university tertiary	211 (4.7)	802 (4.7)	77 (4.9)	52 (4.4)
Complete tertiary/ university	292 (6.5)	82 (4.7)	95 (6.0)	115 (9.7)
Vocational	160 (3.5)	40 (2.3)	54 (3.4)	66 (5.6)
Never attended school	17 (0.4)	9 (0.5)	2 (0.1)	6 (0.5)
No response/don't know	99 (2.2)	52 (3.0)	40 (2.5)	7 (0.6)

EDUCATIONAL LEVEL – COUNTRY COMPARISONS

Table 11 shows the proportion of clients who have attained different educational levels. The table shows that there were wide variations among countries with respect to the completion of the different educational levels. For example, while 29% of clients in Antigua and Barbuda completed primary-level education, only 8% reported completing this level in Haiti. Likewise, while 66% completed secondary education in Bahamas, only 16% did so in Grenada. This assessment highlights the differences in level of education among clients from country to country.

Table 11: Educational Level – Country Comparisons

	Overall Educational Level Attained (%)							
	Complete Primary	Complete secondary	Complete University/ tertiary	Incomplete primary	Incomplete secondary	Incomplete University/ tertiary	Never attended	Vocational
Antigua and Barbuda	29.1	20.3	12.6	15.5	10.7	9.7	-	1.9
The Bahamas	0.5	65.6	19.7	0.2	9.4	3.4	0.2	0.4
Barbados	54.4	32.8	4.6	1.4	4.5	3.8	-	4.0
Belize	28.6	18.1	1.9	15.2	29.5	0.9	0.9	-
Grenada	33.2	16.1	1.0	13.8	27.9	1.3	-	4.0
Guyana	7.1	33.1	5.2	5.2	15.0	3.3	-	-
Haiti	7.8	16.5	3.7	4.6	45.4	14.7	0.5	1.4
Jamaica	42.6	30.6	7.4	1.7	73.4	8.5	-	3.6
St Lucia	18.9	28.0	6.7	8.5	3.5	2.4	-	-
Suriname	20.1	11.1	0.4	34.9	28.4	1.3	1.2	0.8
Trinidad and Tobago	13.9	35.9	8.7	6.4	16.6	6.0	0.3	9.1

CURRENT EMPLOYMENT (LAST 30 DAYS)

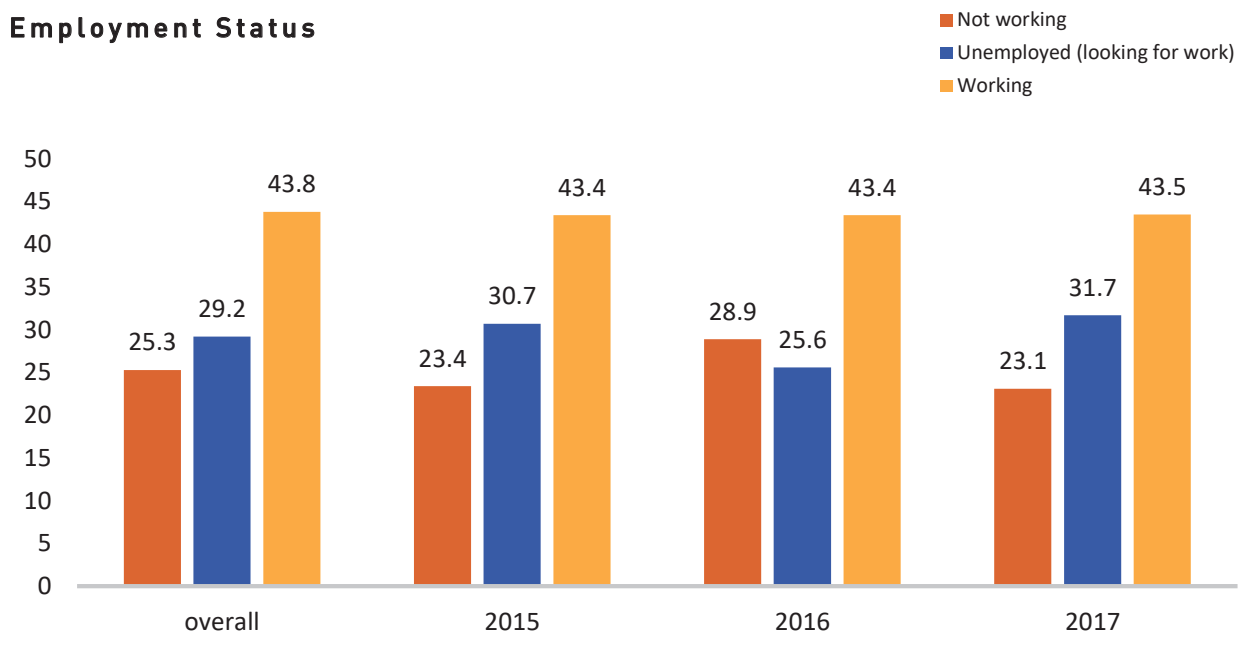
Some 43.8% of clients overall were working/self-employed or working and studying. A further 29% were unemployed but looking for work, and a quarter (25%) were not working, (Table 12).

Comparison by year of assessment showed that for all three years, most clients were in some form of employment and the proportions were very similar (about 43% overall). Those who were unemployed but looking for work, however, showed some variation: 30% in 2015, 26% in 2016, and 32% in 2017 (Figure 5).

Table 12: Current Employment (Last 30 days) - Overall and Year of Assessment

Employment Status	Overall	Year of Assessment (frequency and (%))		
		2015	2016	2017
Homemaker/housewife	31 (0.7)	8 (0.5)	18 (1.1)	5 (0.4)
No response	80 (1.8)	44 (2.5)	18 (1.1)	18 (1.5)
Not working other	416 (9.2)	127 (7.2)	218 (13.8)	71 (6.0)
Not working (retired/disabled)	199 (4.4)	68 (3.9)	71 (4.5)	60 (5.1)
Not working/student	497 (11.0)	208 (11.8)	150 (9.5)	139 (11.7)
Unemployed (looking for work)	1,320 (29.2)	541 (30.7)	403 (25.6)	376 (31.7)
Working and studying	69 (1.5)	34 (1.9)	17 (1.1)	18 (1.5)
Working/self-employed	1,912 (42.3)	732 (41.5)	682 (42.3)	498 (42.0)

Figure 5: Employment Status



EMPLOYMENT STATUS AND DEPORTATION STATUS

Of the deported clients (n=262), 43% were unemployed but looking for work. More than three in ten (32%) were working, while almost a quarter (24%) were not working. A notably higher proportion of deported clients in The Bahamas, Belize, and, to a lesser extent, St. Lucia were employed (88%, 73%, and 40%, respectively) when compared to the other countries. For clients that were unemployed but looking for work, the highest proportions were reported for Antigua and Barbuda, St. Lucia, Grenada, and Trinidad and Tobago. Barbados reported a high proportion of deported clients that were not working (70%), as shown in Table 13.

Table 13: Employment Status among Deportees

Country (No of deportees)	Employment status among Deportees		
	Employed (%)	Unemployed but looking (%)	Not working (%)
Antigua and Barbuda (n=4)	25.0	75.0	-
The Bahamas (n=7)	87.5	14.3	-
Barbados (n=30)	26.6	3.3	69.9
Belize (n=11)	72.7	27.3	-
Grenada (n=21	19.0	66.7	14.3
Guyana (n=34)	29.4	38.2	32.3
Haiti (n=23)	13.0	39.1	7.7
Jamaica (n=55)	32.7	545	12.7
St Lucia (n=5)	40.0	60.0	-
Suriname (n=9)	33.3	33.3	33.3
Trinidad and Tobago (n=63)	31.7	50.8	17.5

SOURCE OF REFERRAL TO TREATMENT

The four most prevalent sources of referral overall in rank order, were: encouragement from friend(s) or family (34%), voluntary/self-referrals (18%), referral from a health center/hospital (12%), and referral from the justice system (11%) (Table 14).

The four most prevalent sources of referral were encouragement from friends or family (34%), voluntary/self-referral (18%), referral from a health center or hospital, (12%), and referral from the justice system (11%).

From 2015 to 2017, the main sources of referral mirrored that of the overall most prevalent sources. Of note, from 2016 to 2017, the proportion of voluntary referrals decreased by three percentage points, while the proportion of clients who were encouraged by friends or family increased by three percentage points.

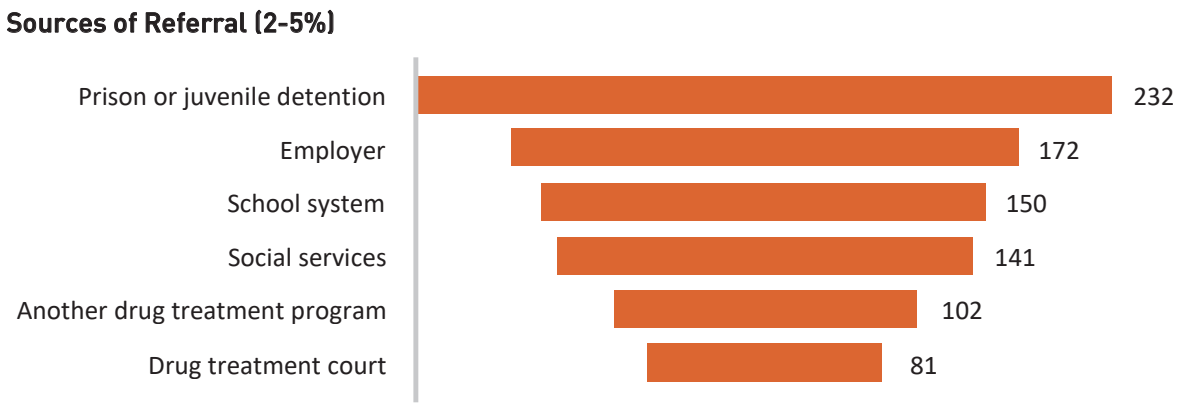
Table 14: Source of Referral to Treatment - Overall and Year of Assessment

Sources of Referrals	Overall Frequency (%)	Frequency and % by Year of Assessment		
		2015	2016	2017
Encouragement from friend(s) or family	1,548 (34.2)	597 (33.9)	523 (33.2)	428 (36.1)
No response	142 (3.1)	75 (4.3)	39 (2.3)	28 (0.4)
Other	38 (0.8)	4 (0.2)	-	34 (0.9)
From a health center/hospital	552 (12.2)	191 (10.8)	208 (13.2)	153 (12.9)
From another drug treatment program	102 (2.3)	29 (1.6)	54 (3.4)	19 (1.6)
From drug treatment court	81 (1.8)	37 (2.1)	22 (1.4)	22 (1.9)
From employer	172 (3.8)	55 (3.1)	76 (4.8)	41 (3.5)
From national drug councils	28 (0.6)	13 (0.7)	5 (0.3)	10 (0.8)
From prison or juvenile detention	232 (5.1)	99 (5.6)	83 (5.3)	50 (4.2)
From the school system	150 (3.3)	59 (3.3)	58 (3.7)	33 (2.8)
From social services	141 (3.1)	58 (3.3)	42 (2.7)	41 (3.5)
From the justice system or police	504 (11.1)	199 (11.3)	169 (10.7)	136 (11.5)
Voluntarily (self-referral)	834 (18.4)	346 (19.6)	298 (18.9)	190 (16.0)

Two to five percent of clients were referred from the following sources (Figure 6):

- Referral from prison or juvenile detention center
- Referral from employer
- Referral from the school system
- Referral from social services
- Referral from another drug treatment program
- Referral from drug treatment court

Figure 6: Minor Sources of Referral



TREATMENT HISTORY

TREATMENT HISTORY

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 nominal options—never (0 times), 2-4 times and 5-9 times, 10-14 times, and 15 or more times. Outlier responses (about 78 clients or 1.2%) showed that these clients indicated being treated as frequently as up to 50 times.

As shown in Table 15, half of all clients (51%) reported that they have never received treatment, while about 36% were treated one to four times. About 4% indicated treatment 5-9 times, and 3% reported 10 or more times. Five percent of the clients' information was missing with respect to the number of times treated.

Table 15: Number of Times Treated By Year

Number of times treated	Overall (frequency (%))	Year of Assessment		
		2015 (frequency (%))	2016 (frequency (%))	2017 (frequency (%))
None (seeking for first time)	2,288 (50.6)	817 (46.4)	770 (48.8)	701 (59.2)
1-4 times	1,633 (36.1)	675 (38.3)	584 (37.0)	374 (31.6)
5-9 times	189 (4.2)	67 (3.8)	64 (4.1)	58 (4.9)
10-14 times	71 (.6)	19 (1.1)	25 (1.6)	27 (2.3)
15 or more times	109 (2.4)	39 (2.2)	53 (3.4)	17 (1.4)
Missing	234 (5.2)	145 (8.2)	81 (5.1)	8 (0.7)

NUMBER OF TIMES TREATED BY COUNTRY

In all countries except The Bahamas, Barbados, and Haiti, the largest response category was for clients who have never been treated (26-78%). St Lucia (78%), Suriname (75%), Antigua and Barbuda (66%), and Jamaica (59%) reported the highest proportion of first-time clients. Seven of ten clients in Haiti (73%) had been treated one to four times, as was 58% in The Bahamas, and 49% in Barbados (Table 16). Grenada reported the highest proportion of clients who had been treated five or more times (40%).

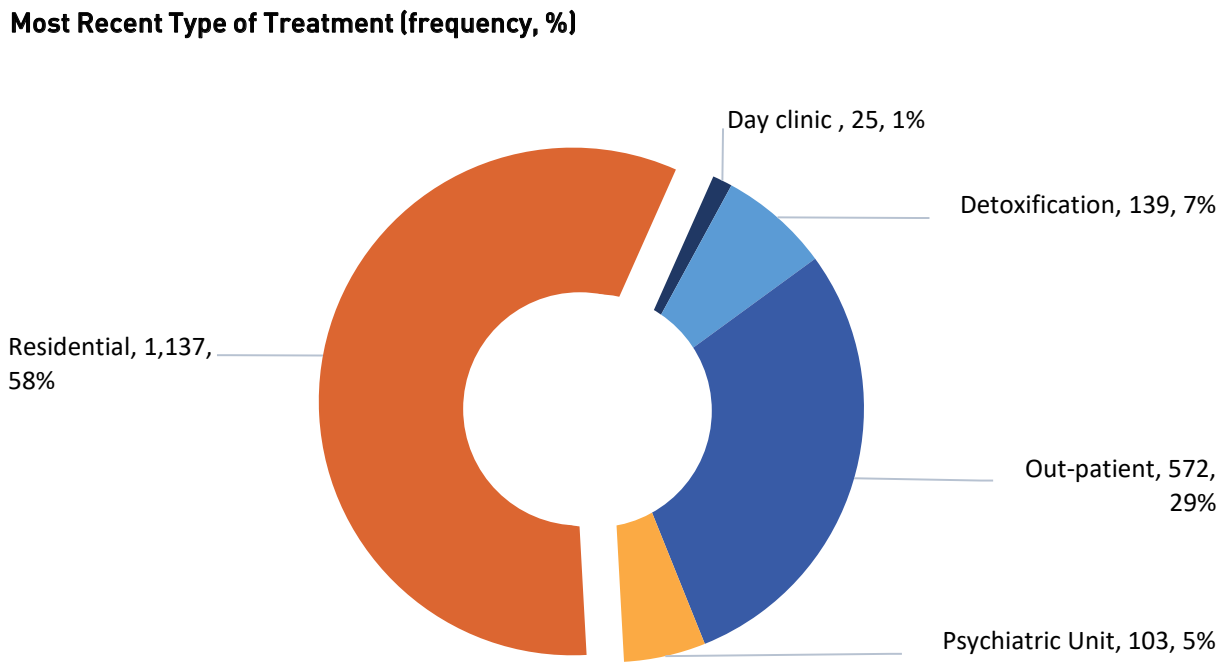
Table 16: Number of Times Treated By Country

	Number of Times Treated (%)					
	None - first time	1-4 times	5-9 times	10-14 times	15 or more	Missing
Antigua and Barbuda	66.0	34.0	-	-	-	5.8
The Bahamas	37.0	57.9	2.9	1.5	0.7	1.2
Barbados	48.4	49.4	1.9	0.3	-	19.5
Belize	52.9	39.4	4.8	1.9	1.0	1.0
Grenada	32.6	27.5	18.5	9.8	11.6	7.4
Guyana	53.2	44.6	1.5	-	0.7	0.7
Haiti	26.4	73.1	0.5	-	-	16.5
Jamaica	58.7	32.6	3.4	1.9	3.4	3.4
St Lucia	77.6	22.4	-	-	-	10.4
Suriname	75.1	22.8	1.9	0.1	0.1	0.1
Trinidad and Tobago	49.9	34.8	7.5	2.4	5.4	0.6

MOST RECENT TYPE OF TREATMENT

A total of 1,976 responses were received with respect to the question: What was the most recent type of treatment received? Most clients indicated residential treatment (1,137) followed by outpatient (572), detoxification (139), psychiatric counselling (103), and day-clinic (25) (Figure 7).

Figure 7: Most Recent Type of Treatment



MOST RECENT TYPE OF TREATMENT BY COUNTRY

Most countries (7 of 11) were able to offer residential, psychiatric counselling, outpatient, and to a lesser extent, day-clinic treatments. St. Lucia and Antigua and Barbuda stand out as the countries offering the smallest range of services; in the case of Antigua and Barbuda, three of five services (residential, detox, and outpatient); and for St. Lucia, two of five services (outpatient and detox) (Table 17).

Table 17: Most Recent Type of Treatment by Country

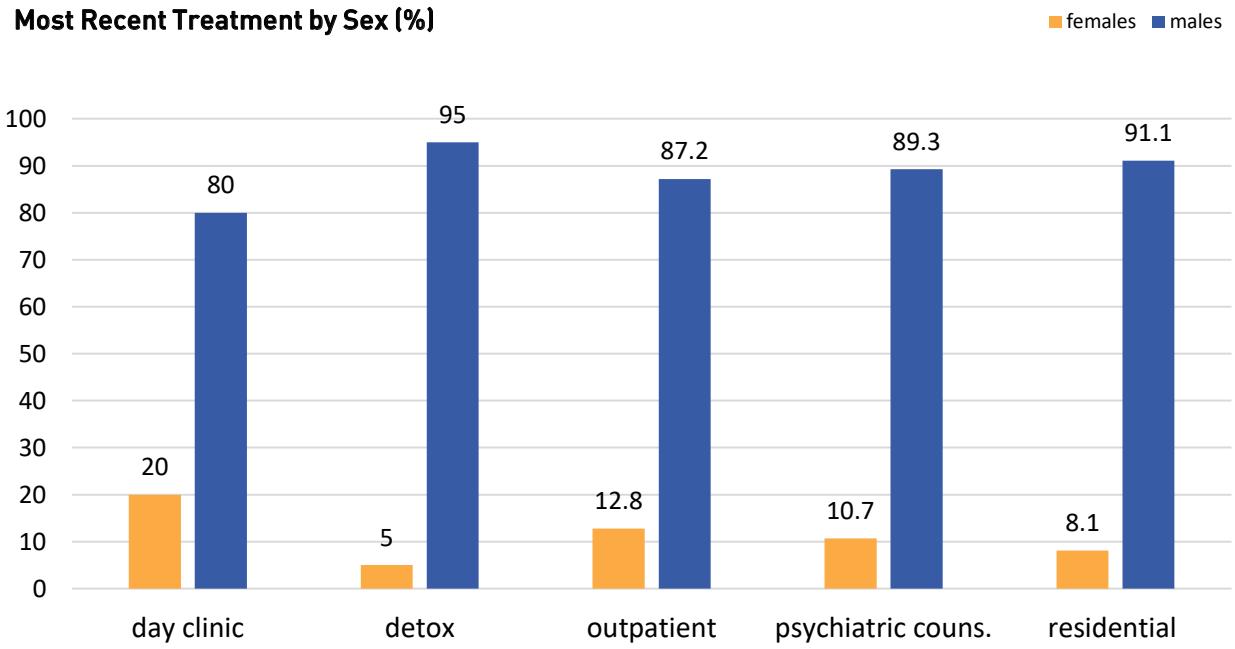
Country	Most Recent Type of Treatment (frequency)				
	Day clinic	Detox	Outpatient	Psychiatric Counselling	Residential
Antigua and Barbuda	-	1	2	-	23
The Bahamas	4	47	211	16	57
Barbados	6	37	32	49	153
Belize	1	12	2	3	27
Grenada	3	-	74	11	101
Guyana	-	6	13	1	104
Haiti	4	9	84	2	8
Jamaica	1	15	79	6	83
St Lucia	-	1	27	-	-
Suriname	-	8	20	4	152
Trinidad and Tobago	6	4	55	11	402

Females overall were more likely to report having had psychiatric counselling, outpatient treatment, or treatment at a day clinic. A smaller percentage reported that they were treated in a residential facility.

MOST RECENT TYPE OF TREATMENT BY SEX

For clients who reported on their most recent treatment episode (n=1,976), 10% (197) were females and 90% (1,779) were males. Figure 8 shows that persons accessing any type of treatment were predominantly male (80-95%). The highest proportions of females by type of treatment were 20% in the form of day clinic and 13% for outpatient treatment. Females overall were more likely to report having had psychiatric counselling, outpatient treatment, and treatment at the day clinic. Males were more likely to report residential treatment, detoxification, and psychiatric counselling, while being less likely to report accessing day clinic and outpatient services.

Figure 8: Most Recent Treatment by Sex



COMPLETION OF TREATMENT BY SEX

Those clients that indicated recent treatment were asked if they had completed this treatment. Of these (n=1,976), just about a third (643 or 32.5%) said yes, while 709 (35.8%) said no. Some 26.4% of females (52/197) had completed treatment compared to 38% (75/197) that had not. With respect to males, 33% (591/1,779) had completed their treatment, compared to 36% (643/1,779) who had not completed their treatment. A high proportion of "no response" or "do not know" responses were observed for this question (31%).

MAIN SUBSTANCES IMPACTING TREATMENT

MAIN SUBSTANCE IMPACTING NEED FOR TREATMENT BY SEX

The main substance impacting treatment was marijuana (38.8%), followed by alcohol (27.3%), crack cocaine (26.6%), and cocaine powder (4.5%) (Table 18). A small proportion of clients (1.2% or 54 clients) indicated tobacco as the main drug impacting on their treatment. Less than one percent of clients mentioned other drugs, including heroin (7 clients), methamphetamines (7 clients), and other drugs (26 clients). Main substances impacting treatment also included: opioids (4 clients), prescription medication (2 clients), benzodiazepines, inhalants and barbiturates, coca paste, LSD, and methadone (1 client each).

When the data from all countries are consolidated, the main substances that caused clients to seek treatment were marijuana (38.8%), followed by alcohol (27.3%), crack cocaine (26.6%), and cocaine powder (4.5%).

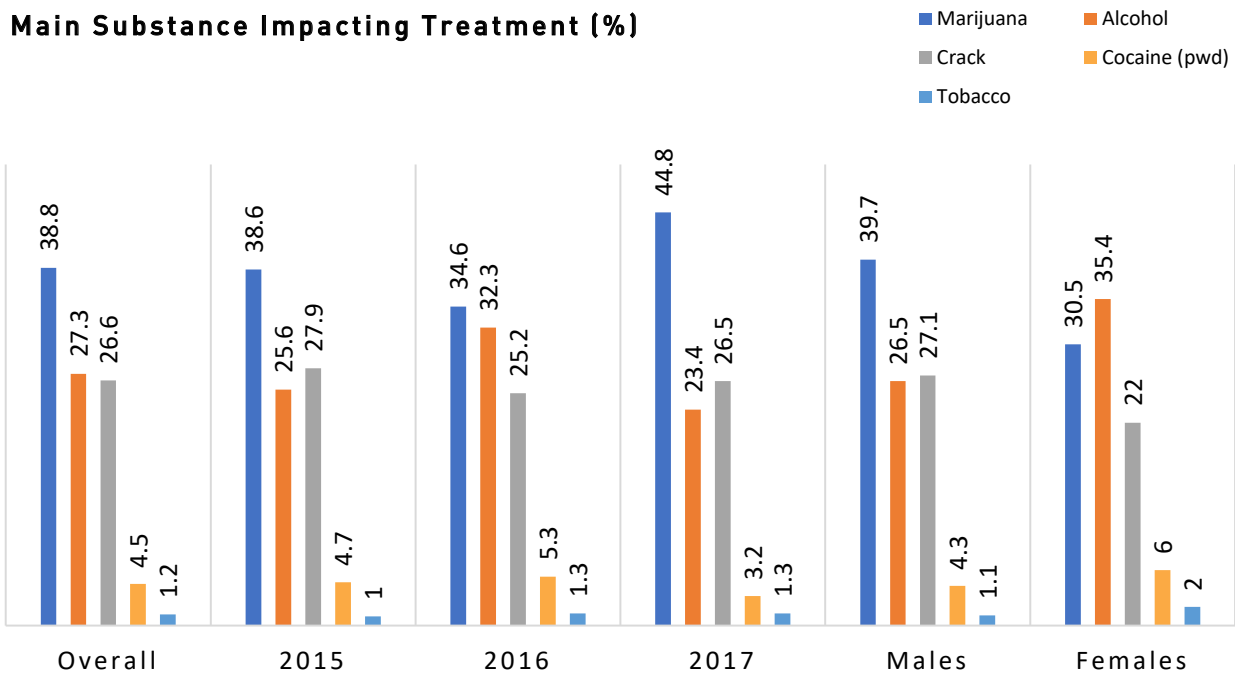
Table 18: Main Substance Impacting Need for Treatment

Main Substances	Frequency (%)					
	Overall	Year of Assessment			Sex	
		2015	2016	2017	Male	Females
Marijuana	1,756 (38.8)	680 (38.6)	545 (34.6)	531 (44.8)	1,619 (39.7)	137 (30.5)
Alcohol	1,237 (27.3)	451 (25.6)	509 (32.3)	277 (23.4)	1,078 (26.5)	159 (35.4)
Crack	1,202 (26.6)	491 (27.9)	397 (25.2)	314 (26.5)	1,103 (27.1)	99 (22.0)
Cocaine (powder)	204 (4.5)	83 (4.7)	83 (5.3)	38 (3.2)	177 (4.3)	27 (6.0)
Tobacco	54 (1.2)	18 (1.0)	21 (1.3)	15 (1.3)	45 (1.1)	9 (2.0)

Main Substances	Frequency (%)					
	Overall	Year of Assessment			Sex	
		2015	2016	2017	Male	Females
Other drugs	26 (0.6)	10 (0.6)	13 (0.8)	3 (0.3)	20 (0.5)	6 (1.3)
Heroin	9 (0.2)	7 (0.4)	2 (0.2)	-	8 (0.2)	1 (0.2)
Methampheta-mine	7 (0.2)	6 (0.3)	1 (0.1)	-	3 (0.1)	4 (0.9)

From Table 18 and Figure 9, females were mostly impacted by alcohol, marijuana, and crack cocaine (in rank order), while males were mostly impacted by marijuana, crack, and alcohol. Comparison by year of assessment showed that year on year, marijuana was the main substance impacting treatment, and this was followed by crack cocaine in 2015 and 2017. Alcohol was the second-most impacting substance for treatment in 2016.

Figure 9: Main Substance Impacting Treatment



Other substances mentioned were other opioids, prescription medication, benzodiazepines, inhalants, barbiturates, LSD, and methadone. For each of these substances, five or fewer persons across the 11 participating countries reported that this was the main substance impacting their need for treatment.

FIVE MAJOR SUBSTANCES IMPACTING NEED FOR TREATMENT IN COUNTRIES

Alcohol was the main substance impacting treatment demand in Antigua and Barbuda, Belize, and St. Lucia. Marijuana impacted treatment in The Bahamas, Barbados, Grenada, Guyana, Haiti, and Jamaica (Table 19). With respect to crack cocaine, it was the main substance impacting treatment demand in Suriname and Trinidad and Tobago, and the second highest proportion for treatment demand in Antigua and Barbuda, Barbados, and Guyana.

Overall, the three main substances were marijuana, alcohol, and crack cocaine. Not many clients were demanding treatment for tobacco (54 clients overall) or cocaine powder (204 clients overall).

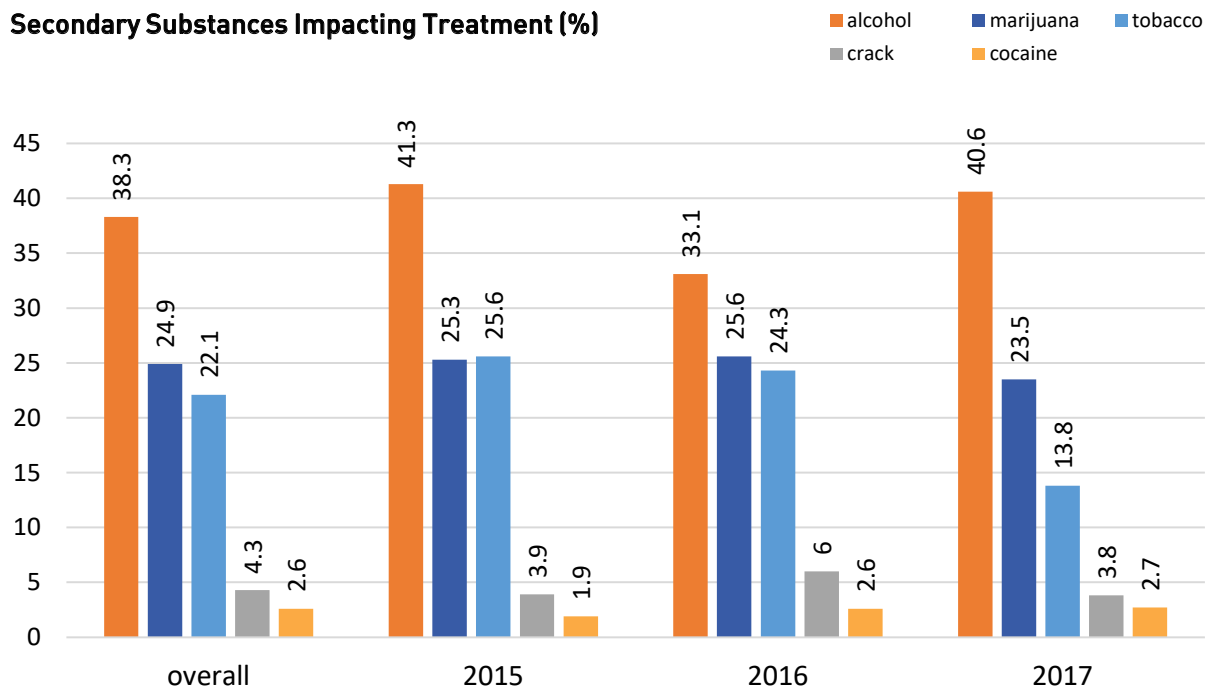
Table 19: Five Major Substances Impacting Need For Treatment in Countries

Countries	Main Substances (frequency and %)				
	Alcohol	Marijuana	Cocaine	Crack	Tobacco
Antigua and Barbuda	54 (52.4)	16 (15.5)	13 (12.6)	18 (17.5)	-
The Bahamas	71 (17.1)	292 (70.2)	27 (6.5)	26 (6.3)	-
Barbados	113 (15.8)	301 (42.0)	56 (7.8)	215 (30.0)	8 (1.1)
Belize	44 (41.9)	26 (24.6)	10 (9.5)	23 (21.9)	-
Grenada	95 (31.9)	172 (57.7)	17 (5.7)	7 (2.3)	-
Guyana	64 (23.8)	76 (28.3)	46 (17.1)	76 (28.3)	1 (0.4
Haiti	66 (30.3)	105 (48.2)	11 (5.0)	3 (1.4)	28 (12.8)
Jamaica	108 (23.0)	259 (55.1)	2 (0.4)	90 (19.1)	7 (1.5)
St Lucia	76 (46.3)	69 (42.1)	3 (1.8)	15 (9.1)	1 (0.6)
Suriname	204 (27.0)	239 (31.6)	7 (0.9)	294 (38.9)	-
Trinidad and Tobago	342 (33.9)	201 (19.9)	12 (1.2)	435 (43.2)	9 (0.9)
All Countries	1,237 (27.8)	1,756 (39.4)	204 (4.6)	1,202 (27.0)	54 (1.2)

SECONDARY SUBSTANCES IMPACTING TREATMENT DEMAND

The secondary substances impacting treatment were alcohol (38%), marijuana (25%), tobacco (22%), crack cocaine (4%), and cocaine powder (3%). These were the same substances identified as impacting treatment demand year on year and in the same ranked order (Figure 10).

Figure 10: Secondary Substances Impacting Treatment



MAIN SUBSTANCES IMPACTING TREATMENT—SELECTED DEMOGRAPHIC VARIABLES

Deportees were primarily impacted by crack cocaine (47%), alcohol (21%), marijuana (20%), and cocaine powder (7%), while arrested clients were primarily impacted by marijuana (38%), crack cocaine (34%), alcohol (20%), and cocaine powder (6%).

AGE OF FIRST USE OF MAIN SUBSTANCE

Age of first use of the main substance that impacted demand for treatment was most prevalent in the age bracket of 11-20 years old (65.5%). This was the same pattern for males (68.5%) as well as females (66.1%). During the period 2015 to 2017, there was a slight increase in the proportion of clients who first used the substance in the age bracket of 11-20 years old (5.6 percentage points over the period) (Table 20).

About 90% of clients had first used the indicated substance by the age of 30 years old. This was also the pattern reported by both males (92%) and females (91%). Less than 2% of clients had an age of first use that was over 40 years.

Table 20: Age of First Use of Main Substance

Age Bracket	Overall (frequency (%))	Year of Assessment (frequency (%))			Gender (frequency (%))	
		2015	2016	2017	Male	Females
<= 10	201 (4.4)	80 (4.5)	82 (5.2)	39 (3.3)	178 (4.6)	23 (5.1)
11 - 20	2,966 (65.5)	1,128 (64.0)	1,024 (64.9)	814 (69.6)	2,669 (68.5)	297 (66.1)
21 - 30	864 (19.1)	316 (17.9)	316 (20.0)	232 (19.6)	774 (19.0)	90 (20.0)
31 - 40	214 (4.7)	68 (3.9)	80 (5.1)	66 (5.6)	195 (4.8)	19 (4.2)
41 - 50	63 (1.4)	28 (2.6)	19 (1.2)	16 (1.4)	61 (1.5)	2 (0.4)
51+	18 (0.4)	6 (0.3)	10 (0.6)	2 (0.2)	18 (0.4)	-
Missing	198 (4.4)	136 (7.7)	46 (2.9)	16 (1.4)	180 (4.4)	18 (4.0)

CURRENT SUBSTANCE USE

TYPE OF DRUGS USED IN THE LAST 30 DAYS

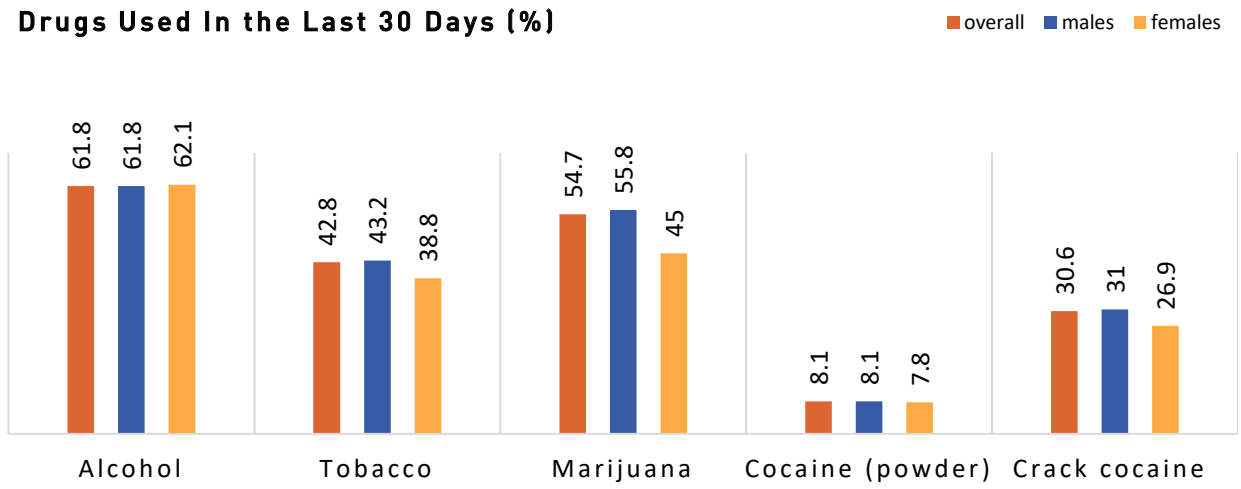
The main drugs used overall in the last 30 days in rank order were: alcohol (62%), marijuana (55%), tobacco (43%), crack cocaine (31%), and cocaine powder (8%) (Table 21). Very negligible use of opioids, stimulants, hypnotics, hallucinogens, inhalants, anabolic steroids, and abuse of prescription medications were also indicated in the last 30 days. Both males and females reported the same rank order pattern of use (Figure 11).

Table 21: Type of Drugs Used In the Last 30 Days

Substances	Overall (frequency (%)	Gender	
		Male (frequency (%))	Females (frequency (%))
Alcohol	2,797 (61.8)	2,512 (61.8)	279 (62.1)
Tobacco	1,936 (42.8)	1,762 (43.2)	174 (38.8)
Marijuana	2,474 (54.7)	2,272 (55.8)	202 (45.0)
Cocaine			
Cocaine (powder)	365 (8.1)	330 (8.1)	35 (7.8)
Coca paste	16 (0.4)	14 (0.3)	2 (0.4)
Crack cocaine	1,383 (30.6)	1,262 (31.0)	121 (26.9)
Prescription Medication	24 (0.5)	20 (0.5)	4 (0.9)
Opioids			
Heroin	12 (0.3)	11 (0.3)	1 (0.2)
Methadone	6 (0.1)	5 (0.1)	1 (0.2)
Other opioids	8 (0.2)	8 (0.2)	-
Stimulants			
Amphetamines	2 (0)	2 (0)	-

Substances	Overall (frequency (%)	Gender	
		Male (frequency (%))	Females (frequency (%))
Methamphetamines / other derivatives	18 (0.4)	17 (0.4)	1 (0.2)
Others	51 (1.1)	40 (1.0)	11 (2.4)
Hypnotics and Sedatives			
Barbiturates	7 (0.2)	6 (0.1)	1 (0.2)
Benzodiazepines	8 (0.2)	7 (0.2)	1 (0.2)
Inhalants	5 (0.1)	3 (0.1)	2 (0.4)
Anabolic Steroids	3 (0.1)	3 (0.2)	-
LSD	5 (0.1)	4 (0.1)	1 (0.2)

Figure 11: Drugs Used in the Last 30 Days



TYPE OF DRUGS USED IN THE LAST 30 DAYS – BY COUNTRY

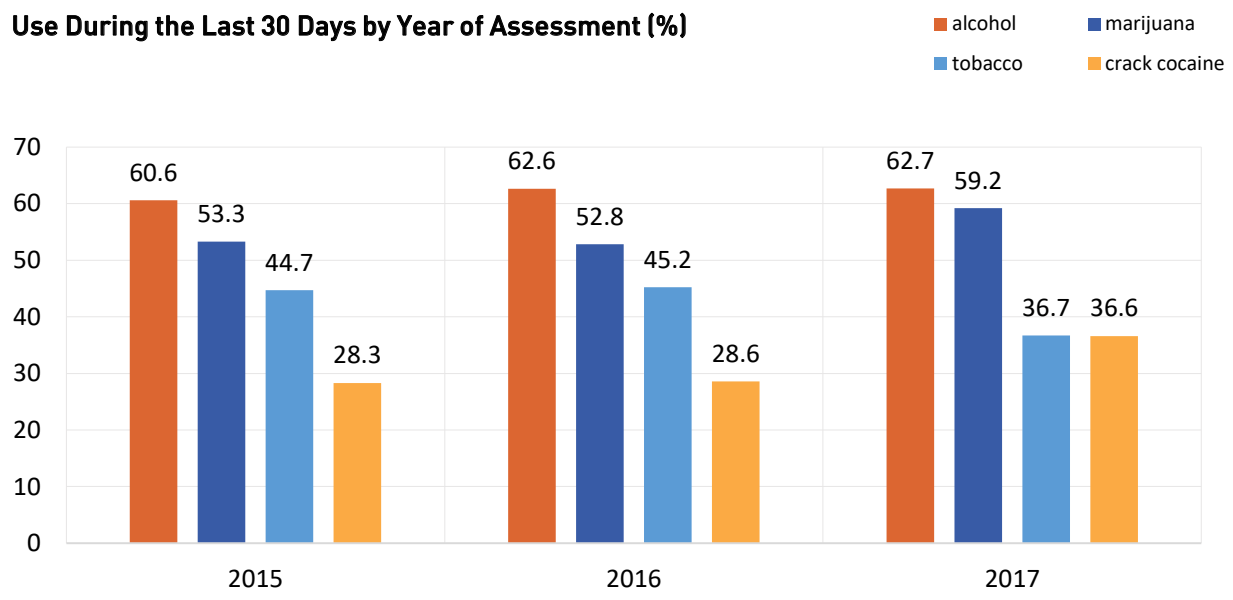
In all countries except for Barbados, more than 50% and up to 94% (as was the case of The Bahamas) of clients reported using alcohol. In the case of tobacco, four countries—Trinidad and Tobago (80%), Jamaica (64%), Guyana (53%), and Grenada (51%)—reported 30-day use by more than 50% of clients. Use of crack cocaine was notably prevalent (33-88% in all countries except for Belize at 21%). Use of marijuana was most prevalent in Trinidad and Tobago (48%), Suriname (48%), and The Bahamas (44%) (Table 22).

Table 22: Type of Drugs Used In the Last 30 Days – by Country

	Drugs Used in the Last 30 Days by Country (%)			
Countries	**Alcohol**	**Tobacco**	**Crack Cocaine**	**Marijuana**
Antigua and Barbuda	77.7	31.1	47.6	26.2
The Bahamas	94.0	14.4	88.0	44.0
Barbados	25.8	9.9	33.2	13.5
Belize	50.5	38.1	21.0	23.8
Grenada	66.1	50.7	62.4	8.4
Guyana	64.7	53.2	50.9	11.9
Haiti	85.8	33.9	63.3	19.3
Jamaica	58.7	64.0	69.6	18.3
St Lucia	67.1	19.5	66.5	12.8
Suriname	50.1	29.4	49.3	47.6
Trinidad and Tobago	75.9	80.4	52.5	48.1

Alcohol and marijuana, followed by tobacco and crack cocaine, were the most prevalent substances use year on year (Figure 12). Year on year, six of ten clients had used alcohol, more than half had used marijuana, about four in ten had used tobacco, and about three in ten had used crack cocaine.

Figure 12: Use During the Last 30 Days by Year of Assessment

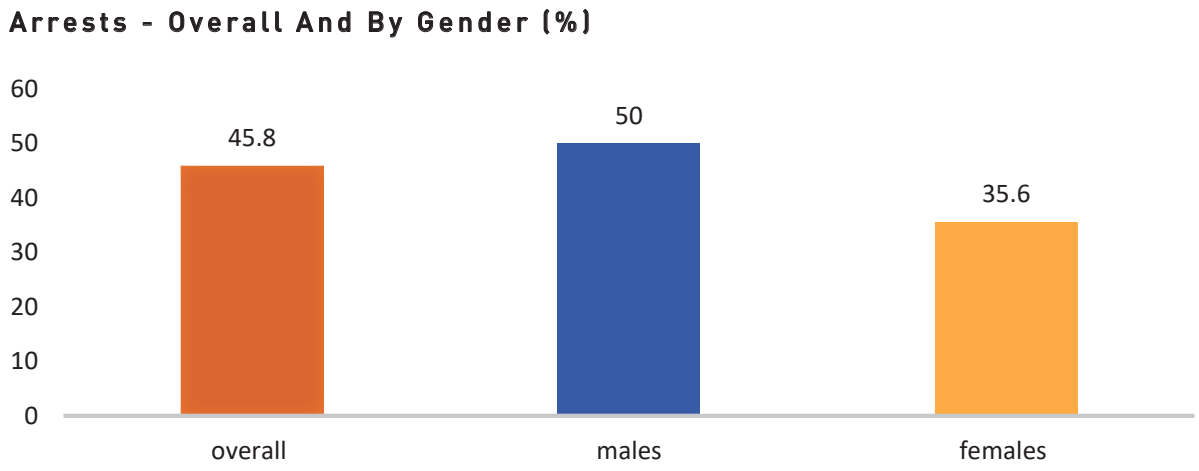


JUDICIAL INFORMATION - ARRESTS

JUDICIAL INFORMATION –PREVIOUS ARRESTS

Clients were asked to indicate whether they have ever been arrested, arrested in the last year, and how many times in the last year they had been arrested. Overall, some 48.5% of clients had been arrested (2,196/4,524). This accounted for 50% (2,036/4,075) of males and 35.6% (160/449) of females overall (Figure 13).

Figure 13: Arrests - Overall and by Gender



EVER ARRESTED BY YEAR OF ASSESSMENT AND GENDER

The proportion of clients who reported being arrested year on year between 2015 and 2017 did not change significantly; 48-50% of clients had been arrested over this period. A similar pattern was observed for males specifically (49-52% over the period). A notably smaller proportion of females reported being arrested in 2017 compared to the previous two years, with a 5-7 percentage points decrease (Table 23).

Table 23: Ever Arrested by Year of Assessment and Gender

Year of Assessment	Overall (frequency (%))	Gender	
		Male (frequency (%))	Females (frequency (%))
2015	879 (49.9)	805 (51.8)	74 (35.7)
2016	749 (47.5)	690 (48.5)	59 (38.3)
2017	568 (47.9)	541 (49.3)	27 (30.7)

EVER ARRESTED - COMPARISON BY COUNTRY

Countries with greater than 50% of clients that reported having been arrested were The Bahamas, Barbados, Belize, and Trinidad and Tobago. Barbados and Belize reported the highest proportion at 77% (Table 24). When compared by year, a high proportion of clients from The Bahamas, Barbados, Belize, and Trinidad and Tobago continue to report having been arrested. However, in 2017, Jamaica and Guyana showed notable increases. Interestingly, St. Lucia showed a notable decrease of 29 percentage points in 2016 since 2015, as did Antigua and Barbuda with 32 percentage points in 2016 since 2015.

Overall, 2,196 out of 4,524 or almost half (48.5%) of all clients had been arrested at some point in their lives. Among males, the percentage was 50%, and among females, the percentage was 35.6%.

Table 24: Ever Arrested - Comparison by Country

Country	Overall (%)	Arrest by Year of Assessment		
		2015 (%)	2016 (%)	2017 (%)
Antigua and Barbuda	26.2	42.0	10.0	12.6
The Bahamas	56.7	71.9	37.2	61.1
Barbados	77.3	77.8	80.0	71.3
Belize	77.1	76.8	79.9	75.0
Grenada	48.7	44.8	51.5	47.1
Guyana	43.5	31.0	39.5	56.6
Haiti	33.9	38.0	24.4	40.5

Country	Overall (%)	Arrest by Year of Assessment		
		2015 (%)	2016 (%)	2017 (%)
Jamaica	40.9	32.2	38.9	57.0
St Lucia	26.8	46.3	10.9	23.6
Suriname	25.6	20.4	31.0	26.2
Trinidad and Tobago	52.6	49.0	53.2	63.3

ARRESTED IN THE LAST YEAR – OVERALL AND BY SEX

Over the period of 2015-2017, 19.3% (872/4,524) of clients indicated that they had been arrested in the last year. This statistic accounted for 15.4% of females and 19.7% of males overall. The proportion of males arrested year on year was very similar: 20% in 2015, 19.9% in 2016, and 19.1% in 2017. The proportion of females arrested year on year, however, showed slight variations: 15% in 2015, 16.9% in 2016, and 13.6% in 2017.

NUMBER OF TIMES ARRESTED IN THE PAST YEAR

Clients who were arrested at some point in their lives were asked to indicate how many times in the past year they had been arrested. Responses were recoded to four nominal options (none, once, twice, and three or more times. As shown in Table 25, 23.9% of this group of clients reported that they were arrested once in the past year, while 6.3% indicated that they were arrested twice, and 4.5% were arrested three or more times. The number of arrests ranged from 1 to 30.

The percentages of persons arrested in the past year were very similar year on year, and no marked difference was observed over the period under review.

Table 25: Number of Times Arrested in the Past Year

Number of Times Arrested	Overall n (%)
None	20 (0.9)
Once	526 (23.9)
Twice	138 (6.3)
Three or more times	98 (4.5)

COMMUNICABLE DISEASES HISTORY

COMMUNICABLE DISEASE HISTORY

Clients were asked about their communicable disease history, specifically about HIV/AIDS, sexually transmitted diseases, hepatitis B, hepatitis C, and tuberculosis. Overall, 42% of clients over the three-year period had been tested for HIV/AIDS, 2.4% indicated they had a positive result. Of those who were positive (n=108), 71% indicated they were presently on treatment (Table 26).

About 29% of clients over the three-year period had been tested for sexually transmitted diseases, with 2.1% indicating they had a positive result. Of those who were positive (n=93), 31% indicated they were presently on treatment. Overall, 11% of clients over the three-year period had been tested for hepatitis B, with 0.4% (17 clients), indicating they had a positive result. Of those who were positive (n=17), 41% indicated they were presently on treatment. Additionally, 9.5% of clients had been tested for hepatitis C, with 0.1% (5 clients), indicating they had a positive result. Of those who were positive (n=5), there was no report indicating that they were presently on treatment.

Overall, 13% of clients over the three-year period had been tested for tuberculosis, 0.7% (32 clients) indicated they had a positive result. Of those who were positive (n=32), 53% indicated they were presently on treatment.

Table 26: Communicable Disease History

DNK= do not know **DNWR=** do not wish to respond

Diseases	**Disease History**						
	Ever tested (frequency (%))			**Results** (frequency (%))			**Treatment** (frequency/total positive (%))
	Yes	**DNK**	**DNWR**	**Positive**	**DNK**	**DNWR**	**Yes**
HIV/AIDS	1900 (42.0)	333 (7.4)	270 (6.0)	108 (2.4)	88 (1.9)	45 (1.0)	77/108 (71.3)
Sexually Transmitted Diseases (STD)	1322 (29.2)	371 (8.2)	312 (6.9)	93 (2.1)	76 (1.6)	29 (0.6)	29/93 (31.2)
Hepatitis B	486 (10.7)	514 (11.4)	334 (7.4)	17 (0.4)	35 (0.8)	11 (0.2)	7/17 (41.2)
Hepatitis C	431 (9.5)	532 (11.8)	339 (7.5)	5 (0.1)	30 (0.7)	12 (0.5)	-
Tuberculosis	607 (13.4)	480 (10.6)	321 (7.1)	32 (0.7)	32 (0.7)	16 (0.4)	17/32 (53.1)

PLACEMENT AFTER ASSESSMENT

DISPOSITION – RECOMMENDED PLACEMENT FOR TREATMENT AFTER ASSESSMENT

More clients overall were placed in residential treatment (52%), followed by outpatient (32%) treatment settings. About one-fifth (19.3%) of the clients were sent for detoxification, while 9% were recommended for day clinic, 11% for self-help, and 6% for psychiatric treatment (Table 27).

Year on year, the pattern was the same with slight variations in the proportions of clients recommended for the different treatment options. For example, in 2017, the proportion of clients recommended for detoxification showed a 9-percentage point increase over 2016, and that for psychiatric treatment showed a 12 percentage point increase over 2016 (Table 27).

Table 27: Recommended Placement for Treatment after Assessment

Treatment Options	Overall (frequency (%))	Year of Assessment (frequency (%))		
		2015	2016	2017
Outpatient	1,430 (31.6)	487 (27.6)	560 (35.5)	383 (32.6)
Residential	2,344 (51.8)	889 (50.3)	793 (50.3)	665 (56.1)
Day Clinic	407 (9.0)	135 (7.7)	122 (7.7)	150 (12.7)
Self-help	495 (10.9)	211 (12.0)	153 (9.7)	131 (11.1)
Detoxification	874 (19.3)	309 (17.5)	252 (16.0)	331 (24.6)
Psychiatric Unit	288 (6.4)	92 (5.2)	25 (1.6)	171 (14.4)
Referred - other facility	104 (2.3)	61 (3.5)	30 (1.9)	13 (1.1)

PLACEMENT RECOMMENDATIONS BY COUNTRY

Countries were more likely to recommend outpatient and residential treatment than other treatment options. The Bahamas, however, was able to recommend a notably high proportion of clients for detoxification (87%) and psychiatric treatment (38%). In Jamaica, Suriname, and Grenada, a notable proportion of clients were also recommended for detoxification (30%, 25%, and 24% respectively). For Barbados, most went to either residential or outpatient treatment (Table 28). These results suggest that this pattern is largely due to the structure, modality, and availability of treatment facilities in the respective countries.

Table 28: Placement Recommendations by Country

Countries	Treatment Options (frequency (%))						
	Out-patient	Residential	Day Clinic	Self-help	Detox	Psychiatric Unit	Other
Antigua and Barbuda	9 (8.7)	86 (83.5)	-	6 (5.8)	3 (2.9)	2 (1.9)	2 (1.9)
The Bahamas	344 (82.7)	27 (7.0)	6 (1.4)	38 (9.1)	363 (87.3)	159 (38.2)	2 (0.5)
Barbados	219 (30.5)	275 (38.4)	38 (5.3)	55 (7.7)	30 (4.2)	24 (3.3)	39 (5.4)
Belize	-	73 (69.5)	1 (1.0)	14 (13.3)	-	1 (1.0)	-
Grenada	129 (43.3)	132 (41.3)	46 (5.4)	91 (30.5)	70 (23.5)	16 (5.4)	15 (5.0)
Guyana	-	207 (77.0)	-	30 (11.2)	49 (18.2)	-	-
Haiti	137 (62.3)	13 (6.0)	1 (0.5)	36 (16.5)	7 (3.2)	11 (5.0)	19 (8.7)
Jamaica	180 (38.3)	203 (43.3)	35 (7.4)	4 (0.9)	140 (29.8)	17 (3.6)	20 (4.3)
St Lucia	3 (1.8)	144 (87.8)	19 (9.8)	-	-	-	-
Suriname	157 (20.8)	434 (57.4)	257 (34.0)	179 (23.7)	192 (25.0)	34 (4.9)	2 (0.3)
Trinidad and Tobago	252 (25.0)	784 (74.2)	7 (0.7)	42 (4.2)	20 (2.0)	24 (2.4)	5 (0.5)

Belize, Guyana, and St. Lucia appeared to provide the smallest range of treatment services to clients. St. Lucia and Guyana provide three of the seven options in the list in Table 31, while Belize provides four out of seven (but only one person each was referred to day clinic and psychiatric units over the three-year period that was analyzed). Clients in The Bahamas, Barbados, Grenada, Haiti, Jamaica, Suriname, and Trinidad and Tobago were able to access all of the services options. Only one person in Haiti was placed in a day clinic during the three-year period.

DISCUSSION

DISCUSSION

The intake process for addiction rehabilitation programs is designed to make this first step in recovery as smooth as possible. In order to chart the correct course to recovery from drug and alcohol addiction, it is important to clearly assess the client's situation. It also helps the treatment provider to determine what kind of multidisciplinary team needs to assemble to properly manage the diverse challenges that the clients will face.

The treatment indicators help to answer questions such as:

- Which drugs the client is currently taking (and how long he/she has been taking them)
- Whether the client is taking (or supposed to be taking) any prescription medication
- Whether the client has been diagnosed with mental health conditions
- Whether the client has family or other forms of social support
- What is the client's family status (whether he/she is married, or as any children, etc.)
- What effect substance abuse has had on family, social, academic, or professional life
- What is the family history (in terms of medical history, other cases of substance abuse, or whether there were abuse and neglect within the family)
- What is the previous treatment history, if applicable
- Whether there is a history of criminality
- What prompted the client to take the step of seeking help (an intervention, job loss, ultimatum by a spouse, court order, etc.)

This information is collected so that the treatment provider can arrange an effective and personalized treatment plan for the client. For example, knowing about the presence (or requirement) of prescription medication in the addict's system will greatly influence the choice of medication that is administered during detoxification. Asking about (and looking for any symptoms of) mental health conditions will similarly affect the direction of treatment, especially when detoxification is completed, and psychotherapy begins.

So much emphasis has been put on actual treatment – and understandably so – that many people may be surprised and confused by the thoroughness and meticulousness of the intake process. The client might ask; "Why are there so many questions? Why can't we just start treatment? Why do you need to know all these things?"

The answer is that the more information treatment providers have about a patient, the better they can help them. Examining various aspects of the client clarifies the nature of their addiction or their mental health condition. The CICAD treatment data system takes advantage of this intake process to facilitate the collection of basic data on the characteristics of persons seeking help for problematic drug use.

To have over 1,500 clients per year in the 11 participating countries demanding substance abuse treatment over the analyzed period is both remarkable and speaks to a wider problem of access and availability of drugs across the region. Though we are mindful that the substances causing the primary demand are marijuana, alcohol and crack cocaine, it reminds us of the health and social implications that countries are faced with when these substances are abused. The primary and secondary substances impacting demand for treatment were consistently marijuana/alcohol, marijuana/crack cocaine, and crack cocaine/marijuana. Priority in prevention efforts should therefore be given to reducing the supply and demand of illicit substances (marijuana and crack cocaine), as well as to curbing the misuse of alcohol.

Substantial evidence also indicates that the conditions needed for successful treatment are present among clients. Living arrangements were mostly stable (reasonably low proportion of homelessness or squatting); the majority of clients were living with someone that could provide social support during treatment; most clients had attended school and about half of all clients had completed primary, secondary, or tertiary education; there were reasonably structured pathways to treatment (self-referral, employee referral, justice system/drug court referrals, etc.); about half of the clients were new to treatment.

On the other hand, the limitation to successfully completing treatment might be due to the following: low levels of employment; having been in treatment multiple times before; low level of completion of previous treatment episodes; deportation status and employment (68% of deportees unemployed); notably high prevalence of current substance use (50-60% for marijuana, alcohol, and 30% for crack cocaine). It is important to note that deportees are usually subject to ongoing marginalization, usually have access to limited resources, lack social support mechanisms, may be forced to settle in crime-ridden neighborhoods, and may resort to criminality to survive.

Many countries participating in the treatment surveillance system were able to offer a range of referral services to effect treatment for the clients. At least five main types of modalities were available to clients: outpatient, residential, day clinic, detoxification, and psychiatric care. Based on the client profiles and the placement recommendations, these options seem to satisfy the demand for treatment within the countries analyzed.

Understanding the characteristics of persons in treatment in the Caribbean is necessary if public health and other authorities want to provide adequate treatment services to these persons. There are, however, certain structural characteristics of treatment service providers and the public health system that need to be in place if treatment is to be successful.

The United States Surgeon General's 2016 Report on Alcohol, Drugs, and Health[4] calls for a public health-based approach to addressing substance use disorders, and discusses the importance of building awareness of substance misuse as a public health problem. Public health approaches recognize the multi-faceted nature of substance misuse and focus on addressing the myriad of individual, environmental, and social factors that contribute to substance use disorders.

According to the UNODC/WHO "International Standards for the Treatment of Drug Use Disorders," there is a range of pharmacological and psychosocial interventions that can be used to effectively treat drug use disorders. The report also states that "the goals of treatment are to: 1) reduce the intensity of drug use desire and drug use, 2) improve functioning and wellbeing of the affected individual, and 3) prevent future harms by decreasing the risk of complications and reoccurrence."

The Caribbean Community (CARICOM) Secretariat's Universal Standards of Care Handbook for the Treatment and Rehabilitation of Drug Dependence[5] - Guidelines and criteria for the assessment of standards of care in the treatment of drug dependence – provides further guidance for the Caribbean countries as they streamline their efforts at providing treatment and rehabilitation services for drug-dependent clients. The guidelines highlight three aspects to note in determining access to treatment:

1. **ACCESSIBILITY** – determining the quantitative and qualitative adequacy of the service offered in terms of geographic location and cost to the clients;
2. **AVAILABILITY** – assessing the relationship between the demand for drug dependence treatment and the supply of treatment programs; and
3. **REFERRAL SOURCES** – referral sources influence the nature of the treatment. It is important to know the institutional sources of demand for treatment, whether it is mental health system, judicial system, social services, or employee care services.

In addition, the guideline provides useful methodological information pertaining to the intake and assessment process (Service User Profile), motivation for seeking treatment, and evaluation of the patient.

In conclusion, the CICAD treatment data system provides a mechanism through which countries can perform the surveillance that is needed to track the population that is most severely impacted by drug use, as well as attain some insight into the characteristics of these individuals. From a regional perspective, the system allows CICAD and its member states to collect data in a standardized and comparable way that will allow trends to be monitored while showing similarities and differences among and between countries. It would be advisable for countries participating in this system to continuously collect this useful data and make it a routine part of their national drug information networks. Over time, this treatment data system will provide an opportunity to conduct more focused studies on highlighted issues that require deeper and more rigorous analysis.

4 https://addiction.surgeongeneral.gov/ - Uploaded on November 20, 2018.

5 2011 Caribbean Community Secretariat

APPENDIX 1
Participating Countries and Facilities

ANTIGUA AND BARBUDA

- Crossroads

THE BAHAMAS

- BASH
- Great Commission
- Sandilands
- The Haven Treatment Centre

BARBADOS

- Her Majesty Prison
- Psychiatric Hospital
- Substance Abuse Foundation

BELIZE

- Jacob's Farm
- Kolbe Foundation
- Remar Treatment Facility

GRENADA

- Carlton House
- Rathdune Psychiatric Unit

GUYANA

- Phoenix Recovery Centre
- Salvation Army

HAITI

- APAAC
- Beudet
- Centre Phych Mars and Kline
- Clinique Medicale Psych
- Foundation Jb Myrtil
- Lathe

JAMAICA

- Addiction Treatment Services Unit
- National Council Drug Abuse
- Richmond Fellowship
- RISE
- Teen Challenge Jamaica

ST LUCIA

- Turning Point Treatment Facility

SURINAME

- Psychiatric Hospital Substance Abuse Clinic
- Stg De Stem
- Stg Geloof En Nieuw
- Stg Liefdevolle Handen
- Stg Victory Outreach

TRINIDAD AND TOBAGO

- Helping Every Addict (Heal)
- New Life Ministries Palo Seco
- New Life Ministries Rehab Cent
- Piarco Empowerment Centre
- Rebirth House
- Saptc Caura Hospital
- Serenity Place
- Trinidad and Tobago Substance Abuse Treatment Services
- Teen Challenge
- Tobago Rehab and Empowerment Centre

APPENDIX 2
Likely Profile of an Assessed Client

LIKELY PROFILE OF AN ASSESSED CLIENT

- Single male between the age of 21 and 30 years
- National of own country
- With fixed place of abode
- Living in family home or own house
- Unlikely to have been deported
- Living with a family member
- Equally likely or unlikely to have completed primary, secondary, or tertiary education
- Likely working or un-employed but looking for work
- Most likely referred to treatment by a family member, a friend or self-referred
- Likely seeking treatment for the first time
- Never registered for treatment at another treatment facility
- Impacted primarily by marijuana and secondarily by alcohol
- Initiated substance use around age 15 years
- Most likely used alcohol or marijuana in the last 30 days
- Likely have been arrested at least once in the last year
- Recommended for residential treatment

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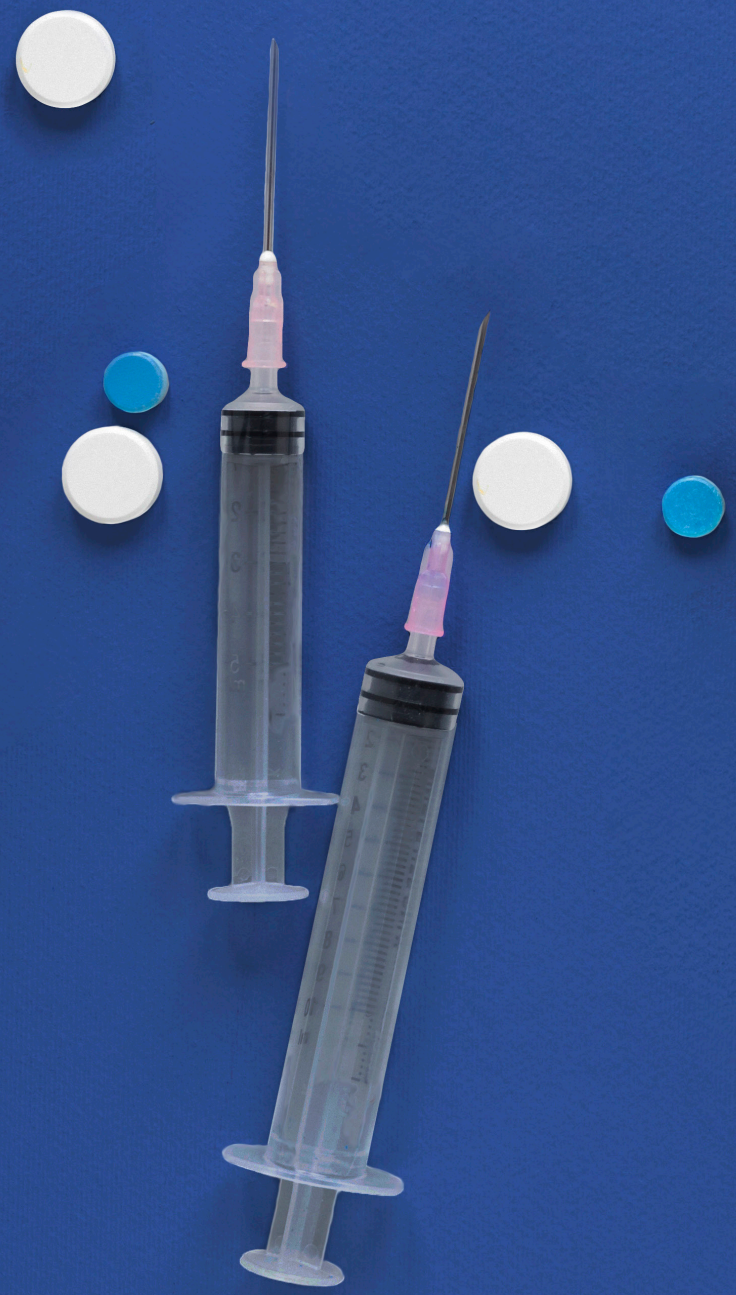

Designed by OASG/DCMM Center