



Group 2. Improving drug treatment services.
www.eulacdrugs.org (see collaborative actions)

Montego Bay, Jamaica
 March 4-7, 2009



Local diagnostic studies and information systems in drug treatment.

The Montego Bay Forum.

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Introduction

This Forum was addressed to Local, regional, and national representatives responsible of the administration of public policies related to drug treatment services, including: representatives with specific responsibilities over the execution of treatment strategies (National Drug Council, Ministry of Health); representatives with specific responsibilities over the production and analysis of information related to drugs and their treatment (drug observatories, epidemiologists), and designated persons from the city/country in charge of over viewing the execution of any possible agreements to come in the following years (2009-2010).

This activity was organized by the Demand Reduction Unit and the Inter-American Observatory on Drugs (OID) of the Inter-American Drug Abuse Control Commission (CICAD), Secretariat for Multidimensional Security of the Organization of the American States (OAS), in conjunction with CARICOM, the cities of Kingston and Montego Bay, and the National Council on Drug Abuse (NCDA) of Jamaica. This activity was funded by the European Commission and executed by the EU-LAC Drug Treatment City Partnerships

Objectives

The main objective of this meeting is to help member states create and/or utilize their drug information and research systems in the creation of appropriate policies and practices at the local level, as well as to facilitate the organization of local diagnostic studies in the area of drug treatment at the municipal level.

Results

During this technical forum, the results of Montevideo were reviewed. Representatives from the Caribbean and the European cities attending Montego Bay collaborated with CICAD's experts and delegates from CARICOM in adapting these documents (two forms) to the reality of the Caribbean. As a result, more than 30 cities shared these tools at the Göteborg city forum in May of 2009.

- Basic document for local need assessment (in Spanish)
- Treatment entry profiles (in Spanish)

Besides, 2 EU-LAC bilateral agreements were negotiated



Results: Drug Treatment Registration Form

DRUG TREATMENT REGISTRATION FORM

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

Form Number

1. Country/City <input style="width: 150px;" type="text"/>	2. Reporting Center Code <input style="width: 150px;" type="text"/>																										
3. Date of Interview <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> <div style="text-align: center; font-size: small;">Day / Month / Year</div>	4. Patient code <input style="width: 150px;" type="text"/> <small>(for internal use only) Optional</small>																										
5. Gender <input style="width: 60px;" type="text"/> 1. Male <input style="width: 60px;" type="text"/> 2. Female	6. Age <input style="width: 40px;" type="text"/>																										
7. Residence (last 30 days) and Nationality 7a. Residence City, town or parish where you currently live <input style="width: 120px;" type="text"/> 7b. Nationality <input style="width: 120px;" type="text"/>	8. Where have you lived for the last 30 days? <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Family home</td> <td style="border: none;"><input style="width: 20px;" type="checkbox"/></td> <td style="border: none;">Shelter/refuge</td> <td style="border: none;"><input style="width: 20px;" type="checkbox"/></td> </tr> <tr> <td style="border: none;">Own home</td> <td style="border: none;"><input style="width: 20px;" type="checkbox"/></td> <td style="border: none;">Squatting</td> <td style="border: none;"><input style="width: 20px;" type="checkbox"/></td> </tr> <tr> <td style="border: none;">Rental house, flat, apartment</td> <td style="border: none;"><input style="width: 20px;" type="checkbox"/></td> <td style="border: none;">Homeless</td> <td style="border: none;"><input style="width: 20px;" type="checkbox"/></td> </tr> <tr> <td style="border: none;">Rooming/boarding house</td> <td style="border: none;"><input style="width: 20px;" type="checkbox"/></td> <td style="border: none;">No response</td> <td style="border: none;"><input style="width: 20px;" type="checkbox"/></td> </tr> <tr> <td style="border: none;">Other (specify)</td> <td colspan="3" style="border: none;"><input style="width: 150px;" type="text"/></td> </tr> </table>	Family home	<input style="width: 20px;" type="checkbox"/>	Shelter/refuge	<input style="width: 20px;" type="checkbox"/>	Own home	<input style="width: 20px;" type="checkbox"/>	Squatting	<input style="width: 20px;" type="checkbox"/>	Rental house, flat, apartment	<input style="width: 20px;" type="checkbox"/>	Homeless	<input style="width: 20px;" type="checkbox"/>	Rooming/boarding house	<input style="width: 20px;" type="checkbox"/>	No response	<input style="width: 20px;" type="checkbox"/>	Other (specify)	<input style="width: 150px;" type="text"/>								
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9. Ethnic group (optional) <input style="width: 120px;" type="text"/> <small>Please customize this question to your country's reality. See guidelines for instructions.</small>	10. With whom do you live? (you may tick as many options as necessary). <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Father</td> <td style="border: none;"><input style="width: 20px;" type="checkbox"/></td> <td style="border: none;">Mother</td> <td style="border: none;"><input style="width: 20px;" type="checkbox"/></td> </tr> <tr> <td style="border: none;">Brother/ sister</td> <td style="border: none;"><input style="width: 20px;" type="checkbox"/></td> <td style="border: none;">Stepmother</td> <td style="border: none;"><input style="width: 20px;" type="checkbox"/></td> </tr> <tr> <td style="border: none;">Stepfather</td> <td style="border: none;"><input style="width: 20px;" type="checkbox"/></td> <td style="border: none;">Wife/Husband</td> <td style="border: none;"><input style="width: 20px;" type="checkbox"/></td> </tr> <tr> <td style="border: none;">Girlfriend/Boyfriend</td> <td style="border: none;"><input style="width: 20px;" type="checkbox"/></td> <td style="border: none;">Friend</td> <td style="border: none;"><input style="width: 20px;" type="checkbox"/></td> </tr> <tr> <td style="border: none;">Alone</td> <td style="border: none;"><input style="width: 20px;" type="checkbox"/></td> <td style="border: none;">Other relative</td> <td style="border: none;"><input style="width: 20px;" type="checkbox"/></td> </tr> <tr> <td style="border: none;">Other</td> <td style="border: none;"><input style="width: 100px;" type="text"/></td> <td style="border: none;">No response</td> <td style="border: none;"><input style="width: 20px;" type="checkbox"/></td> </tr> </table>	Father	<input style="width: 20px;" type="checkbox"/>	Mother	<input style="width: 20px;" type="checkbox"/>	Brother/ sister	<input style="width: 20px;" type="checkbox"/>	Stepmother	<input style="width: 20px;" type="checkbox"/>	Stepfather	<input style="width: 20px;" type="checkbox"/>	Wife/Husband	<input style="width: 20px;" type="checkbox"/>	Girlfriend/Boyfriend	<input style="width: 20px;" type="checkbox"/>	Friend	<input style="width: 20px;" type="checkbox"/>	Alone	<input style="width: 20px;" type="checkbox"/>	Other relative	<input style="width: 20px;" type="checkbox"/>	Other	<input style="width: 100px;" type="text"/>	No response	<input style="width: 20px;" type="checkbox"/>		
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<p>13. Current employment (last 30 days)</p> <p>Working/self-employed <input type="checkbox"/></p> <p>Working and studying <input type="checkbox"/></p> <p>Unemployed <input type="checkbox"/></p> <p>Not working/student <input type="checkbox"/></p> <p>Homemaker <input type="checkbox"/></p> <p>Not working/ retired (retiree, disabled) <input type="checkbox"/></p> <p>Not working (other Please specify) <input type="text"/></p> <p>No response <input type="checkbox"/></p>	<p>14. How did you come here seeking treatment?</p> <p>Referral from another drug treatment program <input type="checkbox"/></p> <p>Referral from a general health center (hospital, ER, medical referral, etc.) <input type="checkbox"/></p> <p>Referral from Social Services or others (churches, community services) <input type="checkbox"/></p> <p>Referral from National Drug Councils <input type="checkbox"/></p> <p>Referral from prison or juvenile detention center <input type="checkbox"/></p> <p>Referral from the justice system or police department <input type="checkbox"/></p> <p>Referral from employer <input type="checkbox"/></p> <p>Encouragement from friend(s) or family member(s) <input type="checkbox"/></p> <p>Voluntarily (self referral) <input type="checkbox"/></p> <p>Referral from the school system <input type="checkbox"/></p> <p>Other, specify: <input type="text"/></p> <p>No response <input type="checkbox"/></p>
<p>15. How many times have you ever been treated for drug or alcohol use? Please indicate the number of episodes"</p> <p>I have been treated _____ times</p>	<p>16. Most recent type of treatment for drug abuse <i>(Please tick all that applies)</i></p> <p>Outpatient <input type="checkbox"/></p> <p>Residential <input type="checkbox"/></p> <p>Day clinic <input type="checkbox"/></p> <p>Self-help group (e.g., AA, NA) <input type="checkbox"/></p> <p>Detox Unit <input type="checkbox"/></p> <p>Psychiatric Unit <input type="checkbox"/></p> <p>No response <input type="checkbox"/></p>
<p>17. What is the main substance for which you are seeking treatment?</p> <p><input style="width: 100%;" type="text"/></p>	<p>18. What is the most frequent route of administration for this specific drug during last 30 days?</p> <p>Oral <input type="checkbox"/></p> <p>Smoked <input type="checkbox"/></p> <p>Day clinic <input type="checkbox"/></p> <p>Inhaled <input type="checkbox"/></p> <p>Injected (intravenous or intramuscular) <input type="checkbox"/></p> <p>Other, specify: <input type="text"/></p> <p>No response <input type="checkbox"/></p>
<p>19. Age when you first started to use this drug? <input style="width: 50px;" type="text"/></p>	

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:

1. Alcohol (beer, wine, whisky, vodka)	
2. Opioids	
2.1 Heroin	
2.2 Methadone*	
2.3 Other opioids*	
3. Cocaine	
3.1 Cocaine	
3.2 Coca paste (basuco, paco)	
3.3 Crack	
4. Stimulants	
4.1 Amphetamines*	
4.2. Methamphetamines (MDMA) and other derivatives	
4.3 MDMA (3,4-metilendioximetanfetamina)	
Other stimulants like...	
5. Hypnotics and Sedatives	
5.1. Barbiturates*	
5.2. Benzodiazepines*	
6. Hallucinogens	
6.1. LSD	
6.2. Others like.....	
7. Inhalants	
8. Cannabis/ganja	
9. Anabolic steroids*	
10. Abuse of prescribed medication	
11. Other psychoactive substance (list below):	

* Without prescriptions

21. Judicial information

21.1 Have you ever been arrested? (if the answer is NO, go to question 21)

YES		NO	
-----	--	----	--

21.2 Have you been arrested in the last year?

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?

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 -	Pending	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)

Type of treatment

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

Interviewer signature: _____ ()
Sign *Code*



DRUG TREATMENT ADMISSION FORM – Instructions for Administration

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

Admission Form General Description

- Instrument for gathering data about patient's first visit to specialized drug treatment facilities, belonging to public and private treatment service networks.
- This form is divided into the following sections: identification (Page Code, Items 1-4), social-demographic data (Items 5-11), care-related issues (Items 12, 13.1 y 13.2), current substance use (Items 14-15), relevant case histories (Items 16-18)
- As a "drug treatment admission form", special relevance is given to "current" treatment circumstances, considering "current" to be what happened in the 30 days preceding the interview, from which reported data is taken.
- In the matter of substance use, emphasis is placed on the so-called "main drug", as the one that motivated the patient to ask for treatment and those substances used during the 30 days preceding the interview from which the reported data was taken.
- The form should be filled in by the interviewer responsible for the patient's care, who has received proper training in the admission form use.

Form Number Control Number (predetermined)

1. Country/City - Indicate the official name of the city or municipality where the treatment center is located.

2. Reporting Center Code. - Number assigned to treatment center by regulatory agency

3. Date of Interview. - Write the corresponding answer **Day / Month / Year**

4. Patient code. - Confidential number assigned to the patient by the data system
(For internal use only) Optional

Section on Socio-Demographic Data

5. Gender. - Check the appropriate answer: Male or Female

6. Age. - Write the patient age (in years)

7. Residence (last 30 days) and Nationality. - Ask where the patient comes from (current place of residence, country of origin and nationality status).

7a. Residence. - City, town or parish where the patient currently lives (last 30 days)

7b. Nationality - Write the appropriate answer (place of birth). In case of double nationality, write the place of birth first and the acquired nationality as second.

8. Where have you lived for the last 30 days? Living condition during last 30 days prior to this visit, focusing on place of residence. Check the appropriate answer by placing "x" in the box.

9. Ethnic group (optional). - This question may be customized for each country (you may specify the relevant options of your country or city).

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



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

- Single:** never married and currently no stable partner
- Married:** currently linked to someone and living together
- Divorced:** formerly married, now divorced, currently no stable partner
- Separated:** currently lives alone, but was married or living together in the past
- Living together:** current stable partner, living together, without a formal marriage
- Widow/widower:** no current partner, after becoming a widow / widower
- No response**

12. Educational level (highest level achieved)

- 12a. Number of complete years of education:** ___ __ years
- 12b. Level achieved:** Check the appropriate answer by placing “x” in the box

13. Current employment (last 30 days). - Check the appropriate answer by placing “x” in the box

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.**

- Referral from another drug treatment program
- Referral from a general health center (hospital, ER, medical referral, etc.)
- Referral from Social Services or other (churches, community services)
- Referral from national drug council
- 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**

State if, prior this interview, the patient has been in touch with any drug treatment program (specialized treatment center, self-help groups) and entered formal treatment (formal clinical registration was made). In the case of a self-help group, specify if the patient attended regularly (at last four sessions in two consecutive weeks)
 “Treatment episode” refers to each occasion in what the patient formally started a modality of care (treatment or self-care)

16. Most recent type of treatment for drug abuse

(Please check off all that apply)
 Type of care received during last treatment episode at a specialized drug treatment center or self-help group

- Outpatient:** External consultation modality, no matter how frequent the treatment sessions are provided
- Residential:** In-patient treatment modality, in therapeutic communities or hospital facilities
- Day clinic:** Intermediate permanence treatment modality or partial residential.
- Self-help group (e.g., AA, NA):**-Treatment modality based on non-professional care and community support groups (i.e. AA. NA)
- Detox Unit**
- Psychiatric Unit**
- No response**

Section on Current Substance Use (Last 30 days)

17. What is the main substance for which you are 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**



19. Age when you first started to use this drug? -- Write age in years.

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:

- | | |
|---|---|
| <ul style="list-style-type: none"> 1. Alcohol (beer, wine, whisky, vodka) 2. Opioids 2.1 Heroin 2.2 Methadone* 2.3 Other opioids* 3. Cocaine 3.1 Cocaine 3.2 Coca paste (basuco, paco) 3.3 Crack 4. Stimulants 4.1 Amphetamines* 4.2. Methamphetamines (MDMA) and other derivatives | <ul style="list-style-type: none"> 4.3 MDMA (3, 4-metilendioximetamphetamine) Other stimulants like... 5. Hypnotics and Sedatives 5.1. Barbiturates* 5.2. Benzodiazepines* 6. Hallucinogens 6.1. LSD 6.2. Others like..... 7. Inhalants 8. Cannabis /ganja 9. Anabolic steroids* 10. Abuse of prescribed medication |
|---|---|

11. Other psychoactive substance (list below):

* Without prescription

Section on Relevant Case Histories

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?

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?

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

Are you in treatment now?

Result (Check most recent date of examination - dd/mm/yyyy)

Positive +

Negative –

Pending

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)



EU-LAC DRUG TREATMENT CITY PARTNERSHIPS



Results: City Profile Form

1. City		2. Country	
3. Official responsible for providing this information (mandatory)			
3a. Name			
3b. Position	<i>Official title</i>		
3c. Institution	<i>Name of the institution where you work</i>		
3d. Address	<i>Complete postal address</i>		
3e. Tel/Fax	<i>Contact numbers (include country and area code) Tel:</i>		<i>Fax:</i>
3f. e-mail	<i>e-mail address</i>		

4. How does your city fit into the political-administrative structure of your country?			
	Total	Partial	None
4a. Political autonomy ¹			
4b. Political dependence on a central authority			
4c. Financial autonomy ²			
4d. Financial dependence on a central authority			

5. Demographics			
	CITY	COUNTRY	
5a. Population			<i>Number of inhabitants in the participating city or country.</i>
5b. Geographic Area (Km ²)			<i>Total area of the territory occupied by the city or country (km²)</i>
5c. Are there clearly differentiated ethnic or cultural groups in your city whose presence affects the way in which drug treatment activities are carried out (for example: indigenous peoples, migrants, Asian, Afro-American communities?)	No		
	Yes		
5d. If the response to 5c. is 'yes', name the main ethnic or cultural groups and indicate what percentage they are of the total population.			% of overall population
Ethnic /cultural group			

¹ Political Autonomy. - The city has its own elected authorities who have the power to establish rules and regulations that apply to the city.

² Financial Autonomy. - The city has its own resources and the power to levy local taxes and raise funds from other sources and administer them for the benefit of the city.

6. Economic Aspects <i>Please use national data if you do not have local information available</i>		
6a. Average wage	In the country:	In the city (if different from 6.a.)
Amount in local currency		
Equivalent in US \$		
6b. Unemployment Rate (%)		
6c. Percentage of population below poverty level (%) <i>Please use UNDP definition of poverty level if available</i>		

7. Socio-cultural aspects				
7a. In the past five years, have any studies been conducted in your city or country on societal values, attitudes, knowledge of risk factors, and prevailing behavioral norms regarding drug use (licit or illicit)?		No		
		Yes		
7b. If your answer to 7a. is "yes", please provide the following details: <i>Please indicate the title of the study, authors and dates</i>				
	Title	Source	Author	Date published or accessed
1				
2				
3				
4				
5				
7c. Comments:				

Health-Related Issues

8. In the public health sector, what responsibility or authority does your city have for the following: (mark all that apply)	Total	Partial
8a. Policy-making		
8b. Budgeting		
8c. Planning		
8d. Carrying out actions and executing budgets defined by a central authority		

9. Health Services	11a. Number of health facilities currently operating				11b. Number of consultations per year <i>(most recent data available)</i>				11c. Capacity <u>Inpatient:</u> <i>Number of beds available</i>				
	City		Country		City		Country		City		Country		
	Pub	Prv	Pub	Prv	Pub	Prv	Pub	Prv	Pub	Prv	Pub	Prv	
Hospital													
Outpatient clinics													
Psychiatric Hospital													
Mental Health Clinics Outpatient													

(*) Public.- All facilities financed by government sources

10. General Health Indicators	In the country:		In the city: <i>(If different)</i>	
	Male	Female	Male	Female
<i>This information, as far as possible, should be city-based. If city data are not available, please use country data in the appropriate column.</i>				
10a. Life expectancy at birth (years)				
10b. Infant mortality (per 1,000 live births)				
10c. Number of hospital beds per 100,000 inhabitants				
10d. Number of doctors per 100,000 inhabitants				

11. Identify your city's main strengths and weaknesses in providing health services - on a scale of 1-10 1 = very weak 10 = very strong											
		1	2	3	4	5	6	7	8	9	10
1	Information systems										
2	Infrastructure										
3	Access to care										
4	Utilization										
5	Policy development										
6	Human resources										
7	List other:										

12. What are the top five public health problems that affect the population in your city or country (by age groups)?
 If your country uses different age groups, please indicate the age group you are using
Describe briefly (50 characters maximum per line.) the 5 main health issues in your cit. Please indicate the source of your information

Age group: 0-9 years

	In the city	In the country:
1		
2		
3		
4		
5		

Age group: 10-14 years

	In the city	In the country:
1		
2		
3		
4		
5		

Age group: 15-19 years

	In the city	In the country:
1		
2		
3		
4		
5		

Age group: 20-24 years

	In the city	In the country:
1		
2		
3		
4		
5		

Age group: 25-34 years

	In the city	In the country:
1		
2		
3		
4		
5		

Age group: 35 years or more

	In the city	In the country:
1		
2		
3		
4		
5		

Drug-Related Problems

13. What jurisdiction or authority does your city have with respect to drugs (licit or illicit) (mark all that apply)

	Total	Partial	N/A
13a. Define policies			
13b. Define budgets			
13c. Create plans			
13d. Execute actions and budgets defined by a central authority			
13e. Monitoring and evaluation			

14. What are the main problems caused by illicit or licit drug use in your city?
Describe briefly (50 characters maximum per line) the main problems caused by drug use.

1	
2	
3	
4	
5	

15. Does your city or country have recent data (last five years) on the incidence and prevalence of illicit or licit drug use in the population?

	No	Yes
City		
Country		

If the answer to 15 is "yes", please complete questions 15a. and 15b. below

15a. If your answer to 15 is "yes", please provide the following details:
Please indicate the title of the study, authors and dates

	Title	Source	Author	Date published or accessed
1				
2				
3				
4				



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5								
15b. Please indicate past year prevalence of the following substances. If your country uses different age groups, please indicate the age group you are using: <i>Indicate source and date</i>								
Type of substance	Secondary-school students		General Population					
	Male	Female	15-34 yrs		35-64 yrs		Total	
			Male	Female	Male	Female	Male	Female
1. Alcohol								
2. Opioids								
2.1 Heroin								
2.2 Methadone								
2.3 Other opioids								
3. Cocaine								
3.1 Cocaine								
3.2 Coca paste								
3.3 Crack								
4. Stimulants								
4.1 Amphetamines								
4.2 Methamphetamines (MDMA and other derivatives)								
4.3 Other stimulants like...								
5. Hypnotics and sedatives								
5.1 Barbiturates								
5.2 Benzodiazepines								
6. Hallucinogens								
6.1 LSD								
6.2 Others like...								
7. Inhalants								
8. Marihuana (cannabis)								
9. Anabolic steroids								
10. Psychotropic medication without medical prescription								
11. Other not specified								

16. Indicators related to illicit or licit drug use. <i>If data are available, please indicate the number for the most recent year for which data are available, and source of the data</i>	Number	Source of the information
16a. Number of deaths from liver cirrhosis	_____ deaths in year _____	
16b. Number of traffic accidents related to alcohol or other drugs	_____ accidents in year _____	
16c. Number of suicides or attempted suicides while under the influence of alcohol or other drugs.	_____ deaths in year _____ _____ attempts in year _____	
16d. Number of crimes committed while under the influence of alcohol or other drugs	_____ crimes in year _____	
16e. Number of deaths from drug overdoses	_____ deaths in year _____	

17. Identify your city's main strengths and weaknesses in providing treatment for abuse/dependence on licit or illicit drugs, on a scale of 1-10
 1 = very weak
 10 = very strong

	1	2	3	4	5	6	7	8	9	10
1 Information systems										
2 Infrastructure										
3 Access to treatment										
4 Utilization										
5 Policy development										
6 Human resources										
7 Integration with health care system										
8 Other:										

18. Specialized services for treatment of drug dependence ³ (licit and illicit drugs)	18a. Services <i>Indicate the number of treatment services currently operating.</i>				18b. Year <i>(most recent data available)</i>				18c. Capacity <u>Inpatient</u> : Number of beds available			
	City		Country		City		Country		City		Country	
	Pub	Prv	Pub	Prv	Pub	Prv	Pub	Prv	Pub	Prv	Pub	Prv
Outpatient Treatment												
Intensive outpatient (Day Clinic)												
Residential Treatment <small>(Therapeutic community or non-hospital residential)</small>												
Hospital <small>(Residential in a hospital)</small>												
Self-help organizations												
Community services												

19. Comments:

³ See attached document "Description of Licit and Illicit Drug Treatment Specialized Services"

Attachment: "Description of Licit and Illicit Drug Treatment Specialized Services"⁴

Outpatient Treatment	Treatment in a nonresidential setting Limited stay (hours) Frequency: (weekly or every other day). Example: Outpatient consultation	Patients diagnosed with degrees of severity that can be managed with available resources or who have been receiving treatment at a more intensive level and have improved to the extent where they can benefit from this level of care; or patients who could require more intensive care but are not prepared to commit fully to treatment. Patients with "dual diagnoses", or mild (or more severe but stable) mental disorders
Intensive Outpatient Treatment / Partial Hospitalization	Treatment in a nonresidential setting Stay of several hours, morning, afternoon, or both. Frequency: daily. Example: Day Hospital	Patients diagnosed with degrees of severity that can be managed in an outpatient program, which, however, requires reinforcement in terms of intensity of care, which can be provided on a daily basis during visits of several hours. This level may involve components normally found in residential, more structured programs
Residential Treatment	Inpatient treatment Stay of 24 hours Residential, structured emphasis. Includes care typically provided in residential settings, professional medical, psychiatric, psychosocial care, control of medications, evaluation, treatment, rehabilitation, family-based approaches, etc.. Example: Medium-term treatment community	Time and structure are required to integrate recovery with the development of coping skills in the case of patients in denial about their drug problem. The effects of substance use disorders are evident and very significant, with a very high level of damage, making motivation and relapse prevention strategies impossible or ineffective in an outpatient setting. Cognitive disorders, temporary or permanent interfere with interpersonal relations or the patient's emotional coping skills. Certain serious medical, psychological, and social problems may be present requiring comprehensive, multidimensional, and long-term treatment. Living space is unprotective or toxic, inter-personal relations chaotic or even abusive, offering little support. Long histories of treatment. Law enforcement problems, poor job or school performance, an antisocial system of values.
Residential Treatment in a hospital framework	Inpatient treatment. Stay of 24 hours Emphasis on a general and specialized medical care Includes care typically provided in residential settings, professional medical, psychiatric, psychosocial care, control of medications, evaluation, treatment, rehabilitation, family-based approaches, etc., under the supervision of an accredited team of healthcare professionals. Example: Short- or medium-term medically-managed residential setting.	Needs deriving from drug use disorders with moderate and severe mental health and medical complications. Subacute medical and mental disorders requiring all of the resources available in a general or specialized hospital.
<u>Community Care Services / Self Help Groups</u>	The Community Care Services are psychosocial support structures that reinforce the interventions at the various phases of the treatment, both in the induction, the approach to the dependency and its complications, as well as in the process of social reintegration. They can be considered treatment programs in the strict sense, but play an important role in the recovery of people with addictive disorders. The classic example of this type are groups of mutual aid and self-help, like AA and NA, but also include other organizations that provide academic and occupational advisory services, transportation support, childcare, among others	

⁴ Source: *Guía Práctica para la Organización de un Sistema Integral de Tratamiento de la Dependencia de Drogas* (Practical Guide for the Organization of a Comprehensive Drug treatment System). Modified (CICAD-OAS, 2004)

Instrument for rapid assessment of treatment facilities for addressing local (urban) drug use problems

General Description of the Instrument

The purpose of this instrument is to provide a tool for local authorities responsible for organizing treatment services for their populations of problematic drug users that will help them gather and systematize the information needed for a rapid assessment of the current status of treatment in their sphere of action (municipality or city).

The inherent complexity of studying drug-use-related problems and their treatment means that the information gathered by means of this instrument has to be elicited from the competent sources for each area addressed.

The person responsible for obtaining the information should coordinate with the various sources, in such a way as to ensure that he or she has sufficient, reliable, and timely data on the current status of treatment in the city that can serve as a basis for actions aimed at solving the population's problems.

Given the nature of the issues addressed in this assessment, key sources include those in charge of general health care programs, particularly mental health care, and of social welfare programs, whose job it is to deal with any of the problems related to the harmful use of and dependency on legal or illegal drugs.

Sections.- The instrument comprises four sections:

- The first deals with general data on the city concerned and on the person responsible for eliciting the information from the various different sources.
- The second describes the context in which the problems arise and solutions are tested. Data are collected to describe the variables corresponding to structural, social, and cultural factors affecting drug use and abuse and actions undertaken to mitigate their impact on the population. "Structural context" refers to those factors that characterize the city and its surroundings, namely: geographical location, demographic profile of the population, social and cultural diversity, employment and living conditions, the positioning of local institutions and their relations with central government, and the degree of political and financial autonomy of the city or municipality concerned.
- The third section describes the health sector, at the local and national level, by defining local government's health care functions and analyzing health indicators.
- The fourth gathers specific information on drug use, its repercussions, and the local resources available to attend to the affected population.

I- Identification

1. City/- Indicate in the box the official name of the city or municipality in which the assessment is being carried out.

2. Country.- Indicate the name of the country

3. Identification of the person responsible for the information contained in the instrument

3a. Name: Give the full name

3b. Position: Official name of the post held by the person responsible for supplying the information given in the answers to the questionnaire

3c. Institution: Institution or agency he or she works for and which underwrites her or his performance

3d. Address: Complete mailing address of the agency responsible for conducting the assessment

3e. Telephone/fax: Fill in the numbers, including international and area access codes.

3f. E-mail: Fill in the e-mail address

II – Context variables:

4. Institutional aspects. This section list all aspects of the institutional framework in which treatment activities are programmed and executed. The idea is to gauge the degree of autonomy (political and financial decision-making capacity of the local level vis-à-vis the central level), expressed qualitatively as "total," "partial," or "nonexistent" in the "autonomy" under "autonomy/dependency."

Example: If the local level is politically or financially completely dependent on central government (with regard to the appointment of authorities or budget allocation), the "total" box should be checked, or vice-versa.

- 4a.** Political autonomy.- Check the appropriate answer (Total, Partial, or None) by placing an “x” in the box
4b. Political dependency on the central level (central authority).- *Check the appropriate answer (Total, Partial, or None) by placing an “x” in the box*
4c. Financial autonomy.- *Check the appropriate answer (Total, Partial, or None) by placing an “x” in the box*
4d. Financial dependency on the central level (central authority).- *Check the appropriate answer (Total, Partial, or None) by placing an “x” in the box*

5. Demographic aspects.- This section covers the general characteristics of the population of the city and, for comparative purposes, that of the country, with respect to population density (population / geographic area) and the presence of population groups with clearly differentiated ethnic or cultural (racial, linguistic, religious) characteristics that need to be taken into consideration when it comes to establishing the nature of the treatment to be provided.

- 5a.** Total Population:- Indicate in the box provided the estimated number of inhabitants (of the city and of the country) in the year in which the assessment is conducted.
5b. Geographical area.- Indicate in square kilometers the geographical size of the city/municipality and of the country.
Note: The ratio of 5a to 5b is population density (# of inhabitants per km²)
5c. Existence of clearly differentiated ethnic or cultural groups.- *Check the corresponding box. (If the answer is “No,” proceed to item 6)*
5d. Name and percentage distribution of ethnic or cultural groups.- *Indicate the name of the group and its percentage share of the total population of the city (population pertaining to ethnic group (x, y, z) / total population of the city X 100)*

6. Economic factors.- This section describes the economic context to be taken into consideration with respect to supply and demand for treatment. For that countrywide data are collected and also – if they differ significantly – local data. The variables to be recorded are “average wage,” the “unemployment rate,” and the “poverty.”

- 6a.** Minimum wage.- *Based on reports by national and international economic authorities, with amounts in local currency and, for comparative purposes, in United States dollars (expressed as percentages) [CHECK] Insert figure in the box provided*
6b. Unemployment rate.- *Expressed as a percentage. Insert figure in the box provided*
6c. Percentage of the population living below the poverty line (in poverty).- *As defined by international organizations (UNDP). Expressed as a percentage. Insert figure in the box provided.*

7. Socio-cultural factors (values, attitudes, risks, perception of harm) related to the drugs issue.- This section describes what is known about the presence and influence of social and cultural factors on the licit and illicit drug use of the population, societal attitudes to consumption and risky behavior, the existence of behavioral norms regarding use and treatment, attitudes and related values. *The section explores the existence and availability of recent studies on such factors in the city or country.*

- 7a.** Recent studies on socio-cultural factors related to drug use.- *Indicate whether there have been any known studies on this subject in the past five years, in the city or in the country. (If the answer is “No,” proceed to item 8)*
7b. List of studies on socio-cultural factors related to drug use.- *This is a list of the principal studies available on the subject referred to in 7a (if there are more than 5 studies worth mentioning, the selection can be expanded. The information provided is the title of the study, source, author, and date of publication.*
7c. Comments.- *This refers to conclusions that might be drawn from the studies mentioned, with respect to the influence of the factors studied with respect to drug use problems and the provision of treatment..*

III.- Health variables Note: This section should be filled in by the local health authority.

It describes the public health sector in the city, the local government’s spheres of competence, principal health care issues (in the city and in the country), health indicators, and the availability of health care resources.

8. Specific jurisdiction (responsibility) of the city with respect to public health.- Here it is a matter of identifying the qualitative degree of autonomy or decision-making capacity of the local level vis-à-vis the central authorities, with regard to health care policy-making, by checking “total” or “partial” for “Policy-making,” “Budgeting,” “Planning,” and “Carrying out actions.”

- 8a. Policy-making.- Check the appropriate answer (Total or Partial) by placing an “x” in the box
- 8b. Budgeting: Check the appropriate answer (Total or Partial) by placing an “x” in the box
- 8c. Planning: Check the appropriate answer (Total or Partial) by placing an “x” in the box
- 8d. Carrying out actions: Check the appropriate answer (Total or Partial) by placing an “x” in the box

9. Health Services (Outpatient clinics and Hospitals).- *This section describes the public and private, hospital and outpatient clinic, health facilities available to attend to the population.*

Public Services.- *Those financed with government funds*

9a. Number of health facilities currently operating.- State how many health service providers are fully operational and open to the general public. *Distinguish between public and private sector entities.*

9b. Number of consultations per year.- *Indicate how many consultations there were in the calendar year prior to the evaluation. If that statistic is not available, use the most recent annual figure of the past 5 years. If no information is available or is more than 5 years old, put “N/A” (information not available)*

9c. Capacity.- *This refers to the number of beds available (“hospital beds” in the case of hospitals or other forms of resident health care). Use the figure for the calendar year prior to the evaluation. If that statistic is not available, use the most recent annual figure of the past 5 years. If no information is available or is more than 5 years old, put “N/A” (information not available)*

10. General Health Indicators.- Some of these indicators are hard to come by at the local level. If they are not available, national indicators may be used instead. **10a. Life expectancy at birth (years).** *Fill in the boxes provided, for men and women, in the country and in the city.*

10b. Infant mortality. *Fill in the boxes provided, for men and women, in the country and in the city.*

10c. Number of hospital beds per 100,000 inhabitants.- *Fill in the boxes provided, in the country and in the city.*

10d. Number of doctors per 100,000 inhabitants.- *Fill in the boxes provided, in the country and in the city.*

11. Your city’s main strengths and weaknesses in providing public health care services.- Weighting of qualitative indicators of the city’s capacity for resolving public health care and drug use-related problems. *It is suggested that this analysis be based on consultations with key players (focal groups, key informants)*

On a scale of 0 (very weak) to 10 (very strong), check the box provided for each of the proposed indicators.

If necessary, empty boxes may be used for other indicators of interest for the city. The proposed indicators are:

1. Information systems
2. **Infrastructure**
3. Access to care
4. Utilization
5. Policy development
6. Human resources
7. List other

12. Principal health issues by age group.- *Identify the five top health issues in your city and country, for each of the age groups indicated. The public health statistics reported by the competent health authority (annual health statistics) may be used as a reference.*

The proposed age groups () are:*

- 0-9 years
- 10 – 14 years
- 15 – 19 years
- 20 – 24 years



25 – 34 years
35 years or older

(*) If your city/country uses different age groups, please indicate which age group you refer to.

IV- Drug-Related Problems.-

In order to strike a balance between supply and demand for treatment, it is necessary to identify the resources available for care, such as – both public and private -- specialized treatment agencies. What is needed is information on the number of treatment and rehabilitation centers operating in the area, the programs available and their accessibility, and the characteristics and modus operandi of the different centers.

13. Specific jurisdiction of the city with respect to drugs.- Here it is a matter of identifying the qualitative degree of autonomy or decision-making capacity of the local level vis-à-vis the central authorities, with regard to health care policy-making, by checking “total” or “partial” for “Policy-making,” “Budgeting,” “Planning,” and “Execution of actions.”

13a. Policy-making.- Check the appropriate answer (Total or Partial) by placing an “x” in the box.

13b. Budgeting: Check the appropriate answer (Total or Partial) by placing an “x” in the box

13c. Planning: Check the appropriate answer (Total or Partial) by placing an “x” in the box

13d. Execution of actions and budgets defined by a central authority. Check the appropriate answer (Total or Partial) by placing an “x” in the box

13e. Monitoring and evaluation.- Check the appropriate answer (Total or Partial) by placing an “x” in the box.

14. Main problems caused by illicit or licit drug use in the city.- Name the five principal problems associated with licit and illicit drug use, in the city and in the country. It is suggested that this analysis be based on consultations with key players (focal groups, key informants) List the problems in descending order of importance.

15. Does your city have recent data on the incidence and prevalence of illicit or licit drug use in the population? Indicate in the box provided whether the city and the country possess recent data (last five years) on the incidence and prevalence of illicit or licit drug use in the population. (If the answer is “No,” proceed to item 16)

15a. Studies of incidence or prevalence.- This section lists the main studies available on incidence or prevalence (should there be more than five studies worth mentioning, this section may be expanded). The information provided is the title of the study, source, author, and date of publication.

15b. “Prevalence of use in the past year” by type of drug and gender, for secondary school students and the population as a whole.- Based on available reports, indicate “prevalence of use in the past year,” by type of substance, among secondary school students and the population as a whole (in age groups 15-34 years and 35-64 years), and by sex, for the most recent year. If those statistics are not available, use the numbers for the most recent year for which figures are available of the past 5 years. If no information is available or is more than 5 years old, put “N/A” (information not available)

16. Indicators related to illicit or licit drug use.- As some of these indicators are difficult to come by at the local level, national indicators may be used instead (please indicate if local data are used). The public health statistics reported by the competent health authority (annual health statistics) may be used as a reference.

16a. Number of deaths from liver cirrhosis.- Indicate the number and year in the box provided.

16b. Number of traffic accidents related to alcohol or other drugs.- Indicate the number and year in the box provided.

16c. Number of suicides or attempted suicides while under the influence of alcohol or other drugs.- Indicate the number and year in the box provided.

16d. Number of crimes committed while under the influence of alcohol or other drugs.- Indicate the number and year in the box provided.

16e. Number of deaths from drug overdoses.- *Indicate the number and year in the box provided.*

17. Identification (analysis) of the city’s strengths and weaknesses in providing treatment for dependence on licit or illicit drugs. – *List of qualitative indicators of the city’s capacity for resolving problems related to the use of licit and illicit drugs. It is suggested that this analysis be based on consultations with key players (focal groups, key informants) On a scale of 0 (very weak) to 10 (very strong), check the box provided for each of the proposed indicators. If necessary, empty boxes may be used for other indicators of interest for the city. The proposed indicators are:*

1. Information systems
2. Infrastructure
3. Access to care
4. Utilization
5. Policy development
6. Human resources
7. Integration with the health care system
8. Specify other

18. (Structure of) Specialized services for treatment of dependence on licit and illicit drugs.- *Describe the services available for the public, provided by the network specializing in treatment of problems related to the use of licit and illicit drugs. The information is taken from data on the public and private supply of services in the city and in the country. Note: Given their ubiquity and importance as supporting organizations, self-help organizations are included in this inventory even though they are not regarded as treatment services in the strict sense.*

18a. Services.- *Indicate the number of establishments in the network specializing in treatment of problems related to the use of licit and illicit drugs that are currently fully operational and accessible for the population. Distinguish between public and private sector entities.*

18b. Number of consultations per year.- *Indicate the number of consultations in services of the network specializing in treatment of problems related to the use of licit and illicit drugs during the calendar year prior to the evaluation. If those statistics are not available, use the most recent annual figures of the past 5 years. If no information is available or is more than 5 years old, put “N/A” (information not available)*

18c. Capacity (of service).- *This refers to the number of beds available (“hospital beds” in the case of hospitals or other forms of resident health care). Use the figure for the calendar year prior to the evaluation. If those statistics are not available, use the most recent annual figures of the past 5 years. If no information is available or is more than 5 years old, put “N/A” (information not available)*

19. Comments: This space is left for a critical summary by the evaluating team of their assessment of the situation. If necessary, up to two (2) more pages may be added for comments. Font/format: Arial 12 points, double spaced.

Attachment: “Description of Specialized Services for Treatment of Drug Dependence (Licit and Illicit)”-

These are included, by way of reference, based on care levels proposed in the document entitled “*Guía Práctica para la Organización de un Sistema Integral de Tratamiento de la Dependencia de Drogas*” [Practical Guide for the Organization of a Comprehensive Drug Treatment System], published by CICAD-OAS in 2004. The Attachment describes the various model establishments for specialized treatment of drug dependence, by levels of complexity:

- Outpatient treatment
- Intensive outpatient treatment (Day Hospital)
- Residential treatment (in a non-hospital and hospital environment)
- Community care services and self-help groups



List of Participants. To see the cities representing each country please refer to the EU-LAC participating city list at www.eulacdrugs.org

Country	Name	Position
Guyana	Marcia Bassier-Paltoo	Director, Adolescent Health
Guyana	Bendita Lachmansingh	Epidemiologist, Ministry of Health
Guyana	Clarence Young	Project Coordinator Phonix Recovery
Jamaica	Michael Tucker	Executive Director NCDA
Jamaica	Myo Oo	Consultant Psychiatrist
Jamaica	Winston de la Haye	Consultant Psychiatrist
Jamaica	Earl Wright	Chairman National Council on Drug Abuse
Jamaica	Kevin Goulbourne	Consultant Psychiatrist
Jamaica	Gwendolyn Akinlotusu	Drug Abuse Treatment Specialist
Jamaica	Howard Gough	Manager Richmond Fellowship – Patrica House
Jamaica	Sislyn Malcolm	Director of information and Research
Jamaica	Winsome Henry	Magistrate Montego Bay
Jamaica	Elaine Gordon	Ministry of Health
Barbados	Ermine Belle	Senior Consultant. Psychiatrist MOH
Barbados	Tessa Chardeton-Shaw	Manager NCSA
Barbados	Stephen Gilkes	Teen Challenge Executive Director
Barbados	Stewart Marshall	Director UWIDEC
Barbados	Jonathan Yearwood	Research & Information Officer
Trinidad & Tobago	Steve Richards	Program Director – Rebirth House
Trinidad & Tobago	Paul Holder	Coordinator –National Alcohol and Drug Abuse Prevention Program
Trinidad & Tobago	David Williams	Health Department – City of Port of Spain
Trinidad & Tobago	Murchison Brown	Mayor of Port of Spain
Bahamas	Terrance Fountain	National Anti-Drug Secretariat
Bahamas	Terry Miller	
Bahamas	Nelson Clarke	Drug Treatment Officer
Suriname	Glenn Uiterloo	Member of the National Anti- Drug Council (NAR)
Suriname	Chriss Ramballi	Policy Advisor
Haiti	Jean Alain Bernadel	Assistant Responsable de l’Observatoire Haitien des Drogues (OHD)
Haiti	Emmica Jourdain Excéus	Responsable Réduction de la Demande CONALD
Haiti	Clac Erick Louis	Maire Adjoint de Petion Ville
Antigua & Barbuda	Beulah-Mae Charles	Ministry of Housing & Social Transformation. Permanent Secretary
Rumania	Claudia Bratan	Director for Coordinating and Monitoring the Disfavored Categories
Rumania	Cristian Iftene	Child Difficulty Protection Department. Bucharest
Rumania	Udroiu Sorin	National Anti-Drug Agency
Sweden	Carina Liljesand	City Executive Board, Deputy Mayor
Sweden	Karin Johnsson	City of Göteborg, Director of Unit
Sweden	Michael Ivarson	City of Göteborg, Head of Operations



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Sweden	Eva Edin	Sahlgrenska University Hospital. Deputy Head of the Department Drug Dependence
Sweden	Elisabeth Söderberg	City of Göteborg, Head of Operations
Sweden	Kristina Körnung	City Executive Board, City Secretary
Sweden	Lars Lundell	Section for Drug Dependence, Sahlgrenska University Hospital. Head of Department
Sweden	Marco Fredin	City Hall, Officer of Planning
Sweden	Malin Östling	Regional Correctional Treatment Authority, Head of Regional Correctional Treatment Authority
Sweden	Ove Lundgren	City of Göteborg, Project Leader
Saint Lucia	Marcus Day	Director. Caribbean Drug & Alcohol Research Institute
Slovenia	Andrej Kastelic	National Center for Drug Addiction, Ljubljana, Slovenia
Latvia	Sigita Rozentale	Riga Addiction prevention centre, deputy director
Portugal	Carlos Ramalheira	IDT Regional Delegate in Coimbra
Bulgaria	Hristo Bozov	Deputy Mayor and Responsible for Health
USA	Wallace Mandell	
CARICOM	Arnulfo Kantun	CARICOM
	Debra Low-Thorne	CARICOM
	Beverly Reynolds	CARICOM
	Janice Tyndall	CARICOM
CARICOM-TAB	Dr Ken Garfield-Douglas	TAB Chair
CARICOM-TAB	Esther Best	TAB Vice-Chair
OAS	Antonio Lomba	EU-LAC Project Manager
	Maria Juliana Luján	EU-LAC Project Assistant
	Luis Alfonzo	Demand Reduction Specialist
	Anna Chisman	Head of Demand Reduction
	Pernell Clark	OID Specialist



Agenda

MONTEGO BAY, JAMAICA, MARCH 5-6, 2009 *Local diagnostic studies and information systems in drug treatment*

Location: Iberostar, Rose Hall Beach Hotel

Wednesday 4th March

6:00 – 7:00 pm Arrival & Early Registration
7:00 – 9:00 pm. Reception. Iberostar, Rose Hall Beach Hotel

Thursday 5th March

7:30 am – 9:00 am Registration
9:00 am Opening Ceremony

- Senator, His Worship, The Mayor, Desmond McKenzie, Mayor of Kingston and St. Andrew
- His Worship, The Mayor, Councilor Charles Sinclair Jr. Mayor of Montego Bay
- Dr. Earl Wright, Chairman of the NCDA
- Ms. Beverly Reynolds, CARICOM Secretariat
- Dr. Anna Chisman, Head of Demand Reduction CICAD/OAS

10:00 am Coffee Break

10:30 am Background of project and objectives of the next 2 days. Introduction of participants.

- Dr. Anna Chisman, Head of Demand Reduction CICAD/OAS
- Mr. Antonio Lomba. EU-LAC Project Manager CICAD/OAS

11:30 am Best practices and experiences in Europe and the Caribbean (Local need assessments).
CICAD, UE cities and Caribbean cities

- Mr. Michael Ivarson, Head of Operations. City of Göteborg, Sweden
- Mr. Ove Lundgren Project leader, City of Göteborg, Sweden
- Mr. Paul Holder. Coordinator –National Alcohol and Drug Abuse Prevention Program, Trinidad and Tobago
- Mr. Steve Richards. Program Director – Rebirth House, Trinidad and Tobago

1:00 pm Lunch. Main buffet at the Little River Restaurant

2:30 pm Treatment services in participating cities (information from the **Descriptive Form of Cities**).
Moderating:



- Dr. Luis Alfonzo. Demand Reduction Specialist. CICAD/OAS
- Mr. Pernell Clarke. Inter-American Observatory on Drugs (OID) Specialist CICAD/OAS

4:00 pm Coffee Break

- 4:30 pm Treatment services in participating cities (information from the **Descriptive Form of Cities**) Discussion
- 5:30 pm Online Platform and deadlines (calendar of activities). From Montego Bay to Goteborg
- Mr. Antonio Lomba and Ms. Maria Juliana Luján. EU-LAC. CICAD/OAS
- 6:00 pm End of the day

Friday 6th March

- 8:00 am **Treatment Information Systems (TIS)** Examples and best practices from participating cities. CICAD Treatment center Intake Form. Introduction to TIS; indicators, designs, uses. Moderating:
- Dr. Luis Alfonzo. Demand Reduction Specialist. CICAD/OAS
 - Mr. Pernell Clarke. Inter-American Observatory on Drugs (OID) Specialist CICAD/OAS

9:30 am Coffee Break

- 10:00 am **Treatment Information Systems (TIS)**
Group Presentation: City Presentations of Workplans (5 mins. each)
- Dr. Winston De La Haye. "Patient data Collection &/or Health Information Systems". Kingston, Jamaica
 - Mr. Clarence Young. Project Coordinator Phonix Recovery. Guyana

1:00 pm Lunch. Main buffet at the Little River Restaurant

- 2:30 pm **Treatment Information Systems (TIS)** Outstanding items
- 3:00 pm Final Discussion. Towards local strategies

4:00 pm Coffee Break

- 4:30 pm Review, summary, conclusions. Deadlines and calendar
- 5:30 pm Closing remarks
- Mr. Michael Tucker. Executive Director NADCP, Jamaica
 - Dr. Anna Chisman, Head of Demand Reduction CICAD/OAS
 - Ms. Beverly Reynolds, CARICOM Secretariat

Saturday 7th March Departures



Official Invitation

MONTEGO BAY, JAMAICA, MARCH 5-6, 2009

We have the pleasure to announce the next event for those cities participating in group 2 “Improving drug treatment services in EU and LAC cities” of CICAD’s EU-LAC.

CICAD is organizing the next EU-LAC meeting in Montego Bay, Jamaica on March 5 and 6, 2009 (expected arrival March 4 - Departure March 7). This event is part of the EU-LAC Drug Treatment City Partnerships initiative, a project coordinated and executed by the Organization of American States through the Inter-American Drug Abuse Control Commission (CICAD) and sponsored by the **European Commission**.

In this occasion, this event is being organized by the Demand Reduction Unit and the Inter-American Observatory on Drugs (OID) of the Inter-American Drug Abuse Control Commission (**CICAD**), of the Organization of the American States (**OAS**), in conjunction with **CARICOM**, the cities of **Kingston** and **Montego Bay**, and the National Council on Drug Abuse (**NCDA**) of Jamaica.

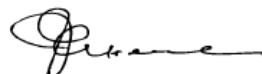
The main objective of this meeting is to help member states to create and or utilize their drug information and research systems in the creation of appropriate policies and practices at the local level, as well as to facilitate the organization of local diagnostic studies in the area of drug treatment at the municipal level.

Content to be discussed during this activity: **Local diagnostic studies and information systems in drug treatment.** group 2 of the EU-LAC initiative ([Activities 1.1. and 3.2 of Group 2](#)). Go to <http://www.eulacdrugs.org/eulac/AC2homepage> to see the content of this group).

Please confirm your attendance by completing the attached form and send it by email to Antonio Lomba, Project Manager at alomba@oas.org **by no later than next Friday January 30, 2009**. After that date, the list of participants will be closed.

If you have any questions, please do not hesitate to contact Dr. Anna Chisman, Head of Demand Reduction in CICAD at achisman@oas.org, Mr. Pernell Clarke at pclarke@oas.org, ph: (202) 458-3426 or Mr. Lomba at alomba@oas.org .

James F. Mack
Executive Secretary
CICAD/OAS


Edward Greene
Asst. Secretary-General
CARICOM


Michael Tucker
Executive Director
NCDA