

Caribbean Drug Information Network
(CARIDIN)

Report
of the
Regional
Workshop on
Capacity
Building

25-29 November, 2001
Sam Lords Castle
BARBADOS



Contents

Background information	5
Objectives and Goals of The Workshop	5
Agenda	5
Representation	5
Instructions for the current Report.....	5
Opening Ceremony	5
Abbreviations.....	6
Data collection & Networking Activities	7
Key points of the presentation by Mr. Paul Griffiths, UNDCP: Collecting Information on Drug Abuse, Lisbon Consensus	7
Collecting Information on Drug Abuse.....	7
Lisbon Consensus.....	7
Annual Report Questionnaire (ARQ).....	7
Discussion of special topics with reference to the presentation by Mr. Paul Griffiths, UNDCP	7
Mortality data	7
Available instruments to collect mortality data	8
Law enforcement data.....	8
Experiences from different CARIFORUM countries with regard to the linkage of supply reduction and demand reduction.....	8
Social costs.....	9
Key points of the presentation by Mr. Paul Griffiths, UNDCP: Role of National Coordinators.....	10
Role of National Coordinators and National Coordinating Units.....	10
Information for Action – Summary of Group Discussions	10

Who is the NCU trying to communicate with?.....	11
What messages need to be communicated?.....	11
How will the messages be communicated?.....	11
Special communication problems discussed among participants.....	11
Discussion followed by the presentation on" Role of National Coordinators and Coordinating Units"	12
Support given by CARIDIN for the implementation of network activities ..	12
Roles of CAREC/PAHO/WHO and CARIDIN.....	12
Focus Assessment Research.....	14
Key points of the presentation by Dr. Jane Fountain (UK): Introduction to Focus Assessment research and methodological background.	14
Summary of the presentation by Mr. Terrance Fountain (Bahamas): Lessons learnt from the RSA in Barbados.....	15
Planning Phase of a Rapid Assessment Study.....	15
Implementation Phase of the Rapid Assessment Study.....	15
Summary of the presentation by Mrs. Tessa Chaderton -Shaw (Barbados): How can results of the Rapid Assessment be converted into action?.....	17
Recommendations and their translation into action	17
Barriers identified by Mrs. Tessa Chaderton-Shaw	18
Summary Group Discussions	19
Group 1: Youth at risk	19
Group 2: Street children	20
Group 3: School drop-outs.....	21
Group 4: Deportees.....	22
Implementation of national school surveys	23
Introduction by Dr. Ken-Garfield Douglas, CAREC/PAHO/WHO.....	23
Key point of the presentations by Mr. Ruben Cobas, OAS/CICAD: SIDUC methodology	23

Questions and Answers arising from the Introduction to SIDUC methodology by Mr. Ruben Cobas, OAS/CICAD	25
Presentation by Mr. Leo Casimir (Dominica): Experiences from the National School Survey in Dominica	26
Preparation phase	26
Implementation phase.....	27
Presentation by Mrs. Catherine Chesnut (Cayman Islands): National School Survey, Cayman Islands	28
Questions/answers and recommendations arising from the presentations by Mrs. Catherine Chesnut, Cayman Islands and Mr. Leo Casimir, Dominica.....	30
General comments and recommendations with regard to National School Surveys.....	30
Facts about previous school surveys	32
Discussion of Financial Agreement for National coordinating units...	33
ANNEX I	34
ANNEX II.....	38

BACKGROUND INFORMATION

Objectives and Goals of The Workshop

The objectives of the Regional Workshop on Capacity Building were as follows:

- § Regional capacity building.
- § Sensitize National Coordinating Units about factors relating to networking.
- § Developing capacity to translate information into action.
- § Harmonization of network activities with the local ARQ and MEM. activities.
- § Capacity building in countries for the purpose of collecting national data on drug use.

Agenda

The Agenda of the workshop is attached as Annex I to this Report.

Representation

A list of all participants is attached as Annex II to this Report.

Instructions for the current Report

Presentations that were distributed in hardcopy during the workshop were not summarized in this report, however key points were added when deemed necessary. You are kindly directed to look at the respective hardcopies for review of their contents. All other presentations and discussions were included in the report. Any other hardcopies may be obtained by contacting UNDCP, Regional Office, Barbados.

OPENING CEREMONY

The Regional Workshop on Capacity Building was officially opened by Dr. Michael Platzer, UNDCP Representative, Barbados, Mr. Danny Gill, Chairman of the National Drug Council of Barbados and Rev. Joseph Atherley, Parliamentary Secretary, Office of the Attorney General and Ministry of Home Affairs.

ABBREVIATIONS

ARQ	Annual Report Questionnaire
CARIDIN	Caribbean Drug Information Network
CAREC/PAHO/WHO	Caribbean Epidemiology Centre
CARIFORUM	Caribbean Forum of African, Caribbean and Pacific (ACP) States
CCM	Caribbean Drug Control Coordination Mechanism
CICAD	Inter-American Drug Control Commission
CICDAT	Uniform Statistical System on Control of the Supply Area
GAP	Global Assessment Programme
MEM	Multilateral Evaluation Mechanism
NCSA	National Council on Substance Abuse
NCU	National Coordinating Unit
NGO	Non-Governmental Organization
OAS	Organization of American States
RSA	Rapid Situation Assessment (or Rapid Assessment Study: RAS)
SIDUC	Inter-American Uniform Drug Use Data System
UNDCP	United Nations International Drug Control Programme

DATA COLLECTION & NETWORKING ACTIVITIES

Key points of the presentation by Mr. Paul Griffiths, UNDCP:
Collecting Information on Drug Abuse, Lisbon Consensus

Collecting Information on Drug Abuse

- § Information is collected for policy makers to meet local needs and also for regional integration in the fight against drugs.
- § This requires structured networks with coordinating units and multi-source indicators.
- § There is a need for good information systems for evidence based responses
- § It is necessary to have a balanced approach.

Lisbon Consensus

- The Lisbon Consensus is the basis for harmonization of reporting. It is a technical consensus on the principles, structures and indicators needed for a drug information system

Annual Report Questionnaire (ARQ)

- § Through the Annual Report Questionnaire, patterns of drug use and drug trends for UN Members States are collected. The ARQ is compatible with other systems such as SIDUC.

Discussion of special topics with reference to the presentation by Mr. Paul Griffiths, UNDCP

Mortality data

The collection of mortality data is technically demanding, and extremely important. Therefore this area of data collection was included in the ARQ. The difficulty often arises because the causes of death recorded by physicians in certain drug related cases are usually linked to causes other than substance or drug abuse overdose. However, physicians must determine if a suspicious death is related to drugs.

This is therefore an area of data collection in which we will need to further develop.

Example: Aruba

These problems were experienced in the country of Aruba. In an effort to successfully acquire the necessary data, persons in the judiciary system were urged to confiscate any corpses related to suspicious deaths and subsequently conduct investigations and

determine the exact cause of death. Therefore, through this process the collection of mortality data was made much easier and it was then possible to commence use of the data supplied.

Available instruments to collect mortality data

1. SIDUC instrument: Survey of psychoactive substance consumption in Forensic Medicine (Standardized Questionnaire). The questionnaire can be obtained from OAS/CICAD.

Law enforcement data

We need to pay cognizance to the importance of drug supply data. Existing mechanisms to collect data from law enforcement institutions is the CICDAT – a sub section within the Inter American Observatory on Drugs that is concerned with the collection of supply data. Another mechanism is the Caribbean Coordinating Mechanism (CCM) that received information from countries on a regular basis.

There was a strong request to improve the interpretation of drug supply data in association with demand data.

Experiences from different CARIFORUM countries with

regard to the linkage of supply reduction and demand reduction

Barbados

The National Council on Substance Abuse (NCSA) collaborates with the “supply side” through two ways:

1. The Deputy Commissioner of Police sits on the NCSA board
2. One NCSA staff member and Programme Managers actually work with the police

In addition, the MEM (the first evaluation round) enabled the council to meet with the police and customs officials. The representative from Barbados stressed that cooperation with law enforcement agencies require substantial lobbying and that these agencies need to understand that information is not divulged to the media. Also, they have the right to withhold certain information.

Cayman Island

The National Drug Council also has representation from the supply side

Future directions

It was suggested, that CARIDIN with the help of others needs to promote legislations that would embrace both the supply and the

demand into one drug council or one coordinating unit. A similar suggestion is made by the MEM, which recommends that one institution should combine all drug activities

Social costs

Information on the economic and social costs of substance use cannot be currently collected in many countries because basic epidemiological data (i.e. prevalence) and information on health costs all required for such estimates.

Key points of the presentation by Mr. Paul Griffiths, UNDCP: Role of National Coordinators

Role of National Coordinators and National Coordinating Units

To encourage networking

- Coordinate data collection activities
- Hold national network meeting(s)
- Prepare research proposal for focused assessments
- Provide support to ARQ and MEM

Overview of allocation of resources and in-country activities

- UNDCP responsible for network capacity building and focused assessments
- CICAD responsible for school surveys
- UNDCP contractually responsible for school surveys in St Vincent and the Grenadines, Bahamas, St Lucia and Antigua and Barbuda
- CICAD contractually responsible for school surveys in Guyana and Grenada (using project funds) and Jamaica, Barbados, Trinidad & Tobago and Belize (using CICAD's funds)

Types of contracts

- Contracts for National Coordinating Unit for network activities
- Contract for the implementation of National School Survey
- Contract for the implementation of Focused Assessment Research study

Information for Action – Summary of Group Discussions

Participants split in groups in order to discuss the following questions:

1. Who is the National Coordinating Unit trying to communicate with?
2. What messages need to be communicated?
3. How are these messages communicated?
4. What are the challenges/barriers and opportunities to communication?

Who is the NCU trying to communicate with?

- § All ministries and political directorate (policy makers)
- § Religious organizations, NGOs etc.
- § Private and public sector
- § Prison systems, remand centers etc.
- § Media

What messages need to be communicated?

- § Project purpose and how it will impact on society
- § Project is a regional initiative
- § Who are the funders for the project
- § Importance of data collection for long term planning and policy implementation
- § The confidentiality of the information collected
- § Severity of the substance abuse problem

How will the messages be communicated?

- § Reports and conferences/meetings (local and international)
- § Electronic and print media
- § Existing communication (information) networks
- § Community presentation (face to face)
- § Proposals to stakeholders

Challenges/barriers and opportunities to communication

- § Politics (treaties, declarations, etc)
- § Limited human and financial resources

- § Culture of mistrust and lack of cooperation
- § Language barriers
- § Lack of technology
- § Lack of funds
- § Improved networking
- § Regional and international promotion/links

Special communication problems discussed among participants

Participants expressed concern with regard to communiqués sent via government officials, due to protocol, which is then not forwarded to the relevant bodies.

It was also articulated that at times, instead of the expert (i.e. SIDUC coordinator) that was asked to attend a meeting, another person may attend who might not be acquainted with the procedures.

The representative from OAS/CICAD responded that CICAD had tried to circumvent these problems by asking the respective government to send "the coordinator". In addition, the characteristics of the meeting are described in detail beforehand as well as the characteristics of the person that should attend.

Another solution offered, which addresses the improvement of communication referred to concurrent mail to the respective expert. For example when correspondence is sent out to a particular government, the particular council or expert that is addressed in this correspondence should be informed so that he/she could follow-up and liaise with their permanent secretaries and respective ministers to ensure that they are persons who will attend the meeting.

Discussion followed by the presentation on " Role of National Coordinators and Coordinating Units"

Support given by CARIDIN for the implementation of network activities

CICAD and the UNDCP will provide technical support to the countries involved in the data collection process. There will be intensive support around the actual data collection exercises as well as additional training and support activities.

In terms of Focal Point contracts, funds will be provided for each country in order that they can establish an effort at having a national network. The national network will be a grouping of all persons who are in some way related to the data sources that will be applicable for CARIDIN.

Each country will receive the necessary support to coordinate the respective activities for example, human, capital and technical resources. For some countries the coordination will be more difficult than others, however the project unit and the technical collaborators are available to guide the process.

Roles of CAREC/PAHO/WHO and CARIDIN

Concerns were raised that the role of CAREC/PAHO/WHO and CARIDIN should be one of a supporter and an advocate for the organizations, in order to inform countries of what our activities entail, what our goals are and the importance of providing assistance in the formation of government policy. This effort will help countries toward the achievement of reducing the demand of drugs while producing healthier countries.

Another area of importance is to ensure that governments respond to our request to have the appropriate persons attend meetings and workshops. This is sometimes a key factor as it relates to the achievement of certain goals.

Questions to be answered by the National Coordinators

- Ø How do you translate the information collected into action, specifically as it relates to the policies outlined?

Ø Are you aware of the process required in order to obtain legislation? This legislation referred to is basically to have the appropriate ministry endorse a new policy with the framework of the operations being established, for example a treatment center.

Ø Are you aware of the barriers and challenges to obtain such endorsements?

Ø What steps should you take in order to achieve this goal?

Answers and Suggestions based on past experiences

Bahamas

Ø In order to achieve the required results in a timely manner, it may be necessary to seek the assistance of persons to advocate and put pressure on the governments, for example getting the press involved in your missions.

Ø As a National Coordinating Unit you have available credible information, which can be used as a guide toward making recommendations about crucial policy decisions and translating those decisions into action.

Cayman Islands

Ø In the Cayman Islands the drug council realized the importance of studying this situation thoroughly before actually making recommendations to any other agencies regarding issues such as programming.

Ø Having access to crucial information and funneling it to the principal directorate as well as the politicians, can give the council a better advantage in being able to request specific funding for particular projects.

A printout of the following presentations were provided during the workshop:

- Contents and guidelines for compiling a national report by Mrs. Jennifer Hillebrand, UNDCP
- ARQ detailed analysis by Mr. Paul Griffiths, UNDCP
- Multilateral Evaluation Mechanism (MEM), detailed analysis, Mr. Ruben Cobas, OAS/CICAD

FOCUS ASSESSMENT RESEARCH

Key points of the presentation by Dr. Jane Fountain (UK):
Introduction to Focus Assessment research and methodological background.

§ Methodology and important things to consider

- There are different types of methods that can be used for the implementation of research studies. They range from qualitative methods (ethnography, observations) to semi-qualitative (themed interviewing and semi-structured interviews) to quantitative methods such as structured interviews and clinical tests.
- Qualitative information is used to complement quantitative, for example data from focused assessments help to explain quantitative results
- How to conduct research in hidden, hard-to-reach, marginalized groups was discussed, as these may be under-reported in traditional surveys

Considerations when planning a research project

1 The question

What do you want to study and why?

2 The sample(s)

Who? How many?

3 Research methods

4 Access

Who will conduct the research? How will they introduce it to potential respondents?

5 Ethics / health and safety

Informed consent. Anonymity. Trust. Harm to respondents. Payment?

6 The context

Summary of the presentation by Mr. Terrance Fountain (Bahamas): Lessons learnt from the RSA in Barbados

Mr. Fountain pointed out different aspects that should be considered according to the phases of a Rapid Assessment Study.

Planning Phase of a Rapid Assessment Study

- The Planning phase should be given adequate time and should be thoroughly prepared.
- Particular attention to the selection of study team.
- Clear definition of goals and objectives. In addition the study team needs to communicate the overall objectives of the study to everyone involved so that there are no misunderstandings and no false expectations created.
- Mr. Fountain advised that all stakeholders be equally involved in this process regardless of their stance to combat drug abuse. Information gathering from all sides should be a priority as this will lend to the presentation of a balanced view in the end.

It should be kept in mind that stakeholders can assist with the fine-tuning of goals and objectives as well as provide assistance with the implementation of the survey

- External consultants have the advantage of being less biased than any of the local researchers and that can be useful in the design and analysis of the study. However, an external consultant should not drive the survey on a day-to-day basis. A member of the internal team or local consultant should be responsible on a full-time basis.

Implementation Phase of the Rapid Assessment Study

- Include areas where the problem of drug use is unknown
- With regard to the identification of key informants, in the Barbados RSA study, a local consultant was responsible for going out and first and foremost identifying a key person within each of the selected communities and together identifying a number of names of other key informers within these communities. These persons were eventually interviewed.
- Training is extremely important and should include role-play and more people should be trained than is actually needed in order to be

flexible with regard to unforeseen dropouts.

- Rapid Assessment Surveys involve qualitative information as well as quantitative information but secondary information, in addition to primary should be gathered before the RSA starts. Secondary data will help to fine tune data collection instruments and questions in preparation for the interviews. In Barbados, these interviews were conducted within the communities, but in addition

interviews were also conducted at the national level with persons well informed in the field of drugs including the police, customs, prison officials, treatment and health facilities, social workers and schools.

Secondary data sources (extracted from Dr. Jane Fountain's presentation)

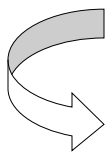
- Existing statistical data
- Policy documents
- Reports and evaluations
- Research reports

Summary of the presentation by Mrs. Tessa Chaderton -Shaw (Barbados): How can results of the Rapid Assessment be converted into action?

Mrs. Tessa Chaderton-Shaw commenced her presentation by stressing the need for translating the results of the RSA into a useful tool for the benefits of stakeholders and interests group. A key step in bridging the gap between the outcome of a RSA and follow-up action to be taken is the formulation of concrete recommendation. Mrs. Tessa-Chaderton-Shaw continued by introducing the recommendations made from both the RSA in Barbados and how these recommendations were turned into concrete and tangible benefits for Barbados.

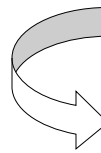
Recommendations and their translation into action

- 1) Closer collaboration and greater integration between the three sectors of law enforcement, treatment services and prevention specialists



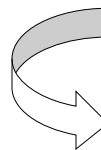
The National Drug Council on Substance Abuse (NCSA) now provides training for certain levels of police officers in the area of drug prevention activities.

- 2) Establishment of a data center on substance abuse to provide all partners with the information on substance abuse and related problems



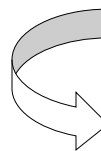
Establishment of a post of a Research Officer at the NCSA in 1999, because someone was needed who had a background in research and the necessary expertise to gather information.

- 3) Strengthening prevention education programmes, particularly those that are conducted in the schools.



Development of an inventory of drug prevention programmes that are conducted from class 1 to 5th form in the secondary schools

- 4) Creation of a network of treatment providers

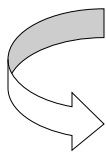


Information from important meetings and discussions in the region and internationally are reported back to

treatment providers. For example, the outcomes of the expert group meeting on demand reduction which was held in Montego Bay, Jamaica was reported back to the treatment providers in Barbados.

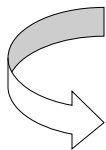
Recommendations were made to the office of the Attorney General by the NCSA. It was mentioned here that laws governing alcohol must be strengthened and enforced to stop under-aged Barbadians from purchasing alcoholic beverages.

- 5) Establishment of a facility for adolescents, particularly for females



Teen Challenge and the Substance Abuse Foundation are currently considering this. They have already started a treatment programme for women, but there nothing has been implemented for adolescent males and females.

- 6) More focus on legal drugs, particularly alcohol and tobacco



The NCSA for example had commented on the manner in which alcohol was glamorized on a particular radio programme in Barbados. As a consequence the programme was reformatted.

Barriers identified by Mrs. Tessa Chaderton-Shaw

- 1) Efforts for the benefit of all National stakeholders have to be encouraged to shift their paradigms and understand that drug consumption is a national problem. The problem has to be handled not only for the benefit of the agency but for everyone's benefit.
- 2) Negative attitudes towards research activities

National Drug Councils have to advocate and explain to the public the need for sound research based evidence and why it is important that you are not just pulling ideas and notions out of a hat.

- 3) In Barbados, the NCSA had the problem that once the recommendations were

made and the documents finalized there is lag in time because it has to be sent to cabinet. At times this process takes about six to seven months. In the case of the Rapid Assessment Study, the study was completed in 2000 in December and the findings were not released until July 2001.

- 4) Another barrier for the NCSA is that when policy makers see that the agency operated well and achieved a certain level of success, the focus was moved away from the agency. We therefore have to be mindful of how we develop a sense of complacency.

General comments/recommendations

- Evidence-based research enhances the agencies credibility
- Sharing of the findings emerging from RSA studies with the public, with stakeholders like the media, head teachers is an important task.
- Choose appropriate interviewer - Response rate for RSA surveys also depend on skills and characteristics of the interviewer
- Interviewers need guidelines on how to identify and contact problematic drug users in the field

Summary Group Discussions

The following research themes were suggested by countries for discussions

- § Inhalant use
- § Street children
- § Sexual behaviour
- § School dropouts
- § Deportees
- § Illegal immigrants
- § Violence and crime
- § Ecstasy use
- § Barrel children
- § Young women and pregnancy

Participants were asked to form groups according to four identified themes for a RSA and to discuss:

- a) Implementation
- b) Access to population
- c) Ethics and safety issues
- d) Human resource

Group 1: Youth at risk

Implementation

In the implementation stages it is necessary to look at youth who are basically unskilled, untrained, poorly educated and perhaps from dysfunctional families, as well as incarcerated youth. Having identified that particular group the age would have to be determined. This would vary from country to country, because there are some countries that believe that their youth at risk were as young as five years old then There are also others who believe that we can start from as young as adolescents.

The group recommended the use of secondary sources to identify the target population. Data from secondary sources could be retrieved from probation reports, hospitals, juvenile detention centers, community based organizations, police records and the schools disciplinary mechanism etc.

Access

The following mechanisms were identified by the group, through which youth at risk could be contacted:

- Peers
- Family members
- Heads of custodial institutions for those youths who are already incarcerated
- Former drug users and gang members
- Traditional officers such as social workers, teachers, youth workers, priests, researchers who have done investigations in risk areas such as HIV/AIDS.

Ethics and safety issues

Interviewers should be consulted and asked to identify the risk situations, which they believe they can be confronted with.

Human resource

The group concluded that there was some expertise available in some of the countries but additional training

would be required for the interviewers and all the people who are going to play a particular role in the research process.

Group 2: Street children

Implementation

The group had the following suggestions:

- Training of trainers to reach street children as a target population and to see how they felt and related to drugs.
- Face-to-face contact with the target population and also a qualitative vs. a quantitative assessment based on how they felt about drugs.

Samples

In terms of samples the group recognized that children might be in several situations–

1. Children who are on the street and may now be in programmes organized by NGOs or churches.
2. Children may be defaulters from these programmes and some have had successful stories that need to be followed up in an effort to prevent them from going back on the street.
3. Children who are into child labor programmes. This could include even child prostitution
4. Some countries have imprisoned street children because they are unable to

prove that they have a fixed place of abode.

Access

The group gave the opinion that many people execute programmes for children in their own communities and it therefore would be wise to contact these persons perhaps provide additional training to those who already have access, so that they can get the drug aspect of it covered.

Ethics/health and safety

The group expressed that they do not agree with the ethical situation of having children in prison, and not having in camera discussions before putting them into prisons.

Human Resource

This area covers training, the sampling process and also access to the target population. The human resource depends heavily on those who come into contact with children and also police officers who may have picked up children on the street and have had to take them into custody in the past for some reason.

Group 3: School drop-outs

Group 3 focused on out of school youth; drop outs between the ages 13-17. They stated that a major problem is that dealers use these children to promote and market

illegal drugs. In some countries they are also persons, who own guns in the drug trade.

Access

A major difficulty of conducting an RSA with school dropouts is locating these children. A solution would be to contact existing programmes that may be in contact or may have information how to contact these children.

The group observed that in some countries there is a great enforcement of keeping children in schools. Therefore some countries experience greater problems than others, but institutions exist within most countries where those children can be placed and accessed.

Training

The group felt that training was a key factor to developing the capacity within the agents to do RSA. Such a study would have to be conducted in collaboration with the social sciences faculty and other researchers in order to guarantee proper use of research instruments.

Care should be placed upon the selection of instruments due to the problematic issues behind school dropouts.

Safety

The safety of the researchers and the children is a high priority while conducting the research.

Group 4: Deportees

The group informed the plenum that the majority of deportees have been deported back home for drug and firearm related offenses. This tends to create gangs and as a result of that they engage the street children into their circles. A large percentage of deportees are unemployed because persons are not willing to give them employment. There is also no avenue open for employment because of the social stigma. Deportees have adopted patterns as a result of their cosmopolitan lifestyles e.g. the heroin usage. A

number of them have not relinquished their overseas contacts and they may also have no family in their respective countries. Those however, who have families may not be welcomed by those persons.

The extent of the problem right now is unknown. We do not know of any policies or laws for identifying and tracking these deportees and there is no mechanism to specifically address these social issues. There are sources that we may be able to tap in order to access this information – sources such as the country embassies, foreign affairs, immigration, and returning nationals offices.

The key informants should be the police departments, the department of youth, social services, employment agencies, and prisons.

IMPLEMENTATION OF NATIONAL SCHOOL SURVEYS

Introduction by Dr. Ken-Garfield Douglas, CAREC/PAHO/WHO

Dr. Ken Douglas pointed out in his introductory remarks that school surveys are our main data source for two reasons:

1. The methodology has been tried and tested in many islands throughout the Caribbean
2. The school population is a very captive population.

Outlook and recommendations for the year 2002/2003

At least 10 countries were identified that will be implementing school surveys early in the year 2002. The remaining countries will hopefully be doing school surveys during the later part of 2002 or early in the year 2003.

It is important to go in a very comprehensive way through the standardized instrument that will be used for the purposes of CARIDIN and to make sure that all countries are comfortable with the methodology to be implemented.

Lessons learnt from past school surveys in the region constitute a golden opportunity for us to share those lessons and improve the methodology, improve on efforts to implement within the countries and support each other in that process.

School surveys are the main data source and therefore it is necessary to look at ways to encourage these activities in the schools by i.e. making donations and assisting schools in the organization of a poster competitions.

Key point of the presentations by Mr. Ruben Cobas, OAS/CICAD: SIDUC methodology

Basic SIDUC Characteristics

SIDUC is a system developed by CICAD for collection and analysis of drug abuse statistics using uniform methodology. It has the following characteristics:

- § Integrated system of surveys
- § Can be implemented in stages
- § Comparability in space and time
- § Shared standard methodology (questionnaire, definitions, populations, output, etc).
- § Possible for instrument to include additional questions and tables
- § Periodicity of the survey to monitor trends

Organization of Student Survey

- § Targets grades 8, 10, 12
- § 2 stage sample design
- § Public, private and night schools

§ Self administered
questionnaire

Implementing the Survey

In-country activities include:

- § Cooperation of school
authorities
- § Preparation and sampling
frame
- § Data collection
- § Preparation of budget
- § Timetable of activities

§ Selection and training of
personnel

§ Printing questionnaire and
distribution of materials

§ Data collection

§ Data entry

§ Processing of data – in-
country or externally by
CICAD.

§ Countries need to define
times in term of school
activity schedule

Questions and Answers arising from the Introduction to SIDUC methodology by Mr. Ruben Cobas, OAS/CICAD

Would the following schools be included in the national school survey ?

- | | | |
|---|---|--|
| Special school for problem children (Bahamas) | ↔ | Should be included and if possible it should also be analyzed independently to see if the situation is different. |
| Community High Schools (Trinidad & Tobago) | ↔ | Yes |
| Golden Opportunity Programme (School for students who fail to get further than post primary school and also dropouts; age range between 15-25) | ↔ | The main aspect to consider is the age of the children. If these children are within the specified age group (13 to 18 years of age) they should be included. |
| School students who did not attain the required level at common entrance and remain in primary school (St Vincent) | ↔ | In countries where the 8 th grade is in primary school, these schools have to be included |
| What will be the criteria for inclusion of students in the school survey age or grade? | ↔ | Student who are attending 8 th grade (13/14 years old), 10 th grade (15/16 years old and 12 th grade (17/18 years old) or student in any other equivalent grade/form/school system having the same age. |
| In reference to countries that are planning the Global Youth Tobacco Survey and the National School Survey at the same time, would it be possible to combine the two? | ↔ | It should be done separately, however there is a need to find a solution, which is acceptable for all. |

Presentation by Mr. Leo Casimir (Dominica): Experiences from the National School Survey in Dominica

Facts about the national school survey in Dominica

Approximately 2800 students participated

86 classrooms and 6 classes from colleges

Response rate 88%

Health and the Youth Division to inform them of the survey

- Changed the grades to form on the standardized questionnaire from SIDUC and added another 12 questions which looked at risk factors

Advise

Preparation phase

- Mission by CARIDIN to meet with key stakeholders, the Ministry of Health and the National Coordinating Unit
 - Meeting with the Ministry of Education, Chief Education Officer
 - Request that the Chief Education Officer writes to all principals of secondary schools before making contact.
 - Letter from the National Drug Prevention Unit to Principals of 15 secondary schools and one college informing them of the school survey
 - Contacted Principals via telephone and visited the schools
 - Meetings with the Statistics Department, the Ministry of
- Provision of consent form, which is sent to parents. In order to avoid following-up with the parents in cases where the consent form was not returned, it was stated on the form that unless a letter was sent by the parents stating that a child is not allowed to participate in the survey, participation was granted.
 - Clear communication to the relevant persons advising on the length of time that is needed to conduct the survey in the school
 - Consider the school calendar. In Dominica, some students did not participate due to the secondary school's independence athletics meeting that took place on one of the days which was allotted for the survey.

Problems encountered

Lack of co-operation from one particular school. Mr. Casimir therefore pointed out that it is very important to communicate and make contact with the schools as early as possible in order to access the required information within an appropriate time frame.

Implementation phase

- Twenty mental health student nurses acted as facilitators, which gave them the opportunity to become familiar with the research process.
- A two-day training programme was conducted to train the nurses in the use of the questionnaire and all other areas that were necessary in order that they can effectively work within the classroom
- Training of six supervisors who were responsible for the facilitators so that in the event of any difficulties during that time the facilitators would have immediate assistance.
- Two facilitators and one supervisor were assigned to a classroom.

Advice

- Search for mean of cutting costs: For example in Dominica the Ministry of Health and Youth Division provided transportation to the schools. Seek contributions from key players during the preparatory phase of the school survey
- Review of question 45 and 49 on the standardized questionnaire because some time was used in trying to get students go through these questions.
- Reserve enough time for the formatting and proofreading of the questionnaire
- Introduction to the class is significant. Careful attention should be placed upon the introduction of the survey to the students as they might have reservations and specific fears
- No information should be revealed to the media before the survey has been completed in order to avoid I) students being prepared to answer the questions before the survey was presented and II) parents intervening and

prompting the students before the survey

prepared for these situations. The facilitators were also trained in ways to answer certain questions without revealing too much information

Problems encountered

- The unit encountered second form students who cannot read in second forms facilitators would therefore read the questionnaire aloud and the students would follow each question and mark their answer. A similar problem occurred in the fourth form.
- It is necessary to train the facilitators so that they are
- Good time management during the implementation in classrooms is essential, especially when only a certain amount of time (i.e. 40 minutes) is allocated for the administration of the questionnaire.

Presentation by Mrs. Catherine Chesnut (Cayman Islands): National School Survey, Cayman Islands

Cayman Islands conducted a school survey in 2000. Approximately 2300 students were interviewed

Implementation Phase

Preparation Phase

- Ø A research advisory team with key stakeholders (including the Chief Education Officer, psychologist, teachers, principals and a representative from the media) was created.
- Ø A public awareness campaign was started in order to gain public acceptance for the survey.
- Ø Consent forms were sent to parents including frequently asked questions about the survey

- Ø Setting: The research team knew beforehand that some students had expressed reservations. They feared that answers would be forwarded to the school. Therefore external facilitators were trained and teachers were asked not to be present at the time of the survey.
- Ø Facilitators were trained on how they should conduct themselves. They were also advised on how to dress (very casual and relaxed) and not to walk around the students looking over their shoulders.

- Ø Special settings were created for students with reading difficulties. They were identified beforehand and assembled separately. Facilitators would read the questions and students would mark their answer.

Data entry and analysis

- Ø Data entry was done off island (The Social Research Institute of the University of York, Ontario). This was publicized so that it was made sure that everyone knew that there was no danger in anyone knowing information about individual schools.

Release of results

- Ø Results were presented in private to the key stakeholders first.
- Ø Two reports were produced: One in very detail for Principals, Heads of Departments and all key stakeholders. One with highlights of the detailed report and visual aids.

Recommendations

- Ø Present digestible amounts of information
- Ø The second time a survey will be prepared you will find that you are building on the reputation of your last survey.

How was the survey translated in to action?

Findings (example):

1) 7th grade students showed a marked increase in alcohol use and inhalant use.

2) Survey drew attention to heavy drinking (five or more drinks on any one occasion) among various ages or grades.

Results were used to identify target groups for specific interventions and the development of a specific programme for inhalant abuse for example

Questions/answers and recommendations arising from the presentations by Mrs. Catherine Chesnut, Cayman Islands and Mr. Leo Casimir, Dominica

Questions

Cayman Islands

How costly was the data entry and analysis for the school survey in the Cayman Islands?

Cost were about US Dollar 2000,00 for data entry because it was 100% verification in Canada.

How do you determine what information is relevant for release to the general public?

Information on prevalence and estimation of drug use rates among the high school population was released first. You need to build public awareness, knowledge and sensitivity to certain issues.

What should be the length of time between the completion of the survey and the presentation of the report to the public?

This needs careful consideration, Firstly, it has to be ensured that the final analysis and interpretation is 100% completed and that the information was shared with stakeholders, the Ministry of Health, Ministry of

Health and the Ministry of National Security, the Ministry of Education and the Principals, the school body. This process can take several months.

General comments and recommendations with regard to National School Surveys

Attendance of students

In some countries, students may not attend to school on certain days. For example, in the Bahamas, half of the male students in the upper grades did not attend on Fridays.

Selection of Classes

Some schools might give you the number of students based on "home" rooms. A home room refers to the room the student enters in the morning. The grade and the first letter of the teacher's surname determine the home room. For example, student X, teacher Fountain, grade 12 would then enter home room 12F. Students in grade 12F would then split into classes. Therefore the research team may

have to request special settings (home rooms) for the day of the survey.

For example, in Belize the 12th graders were not located in the same class for the entire day. In order to solve the problem, a list of the students in grade 12th was obtained along with their names. The names were used in order to classify them by the first letter in their last name. Groups were then formed that would include all students with the letters with for example A- F.

Communication to the Ministry of Education

Useful information (demographics of student, observation of reading difficulties etc. should be documented as a report for the Ministry of Education in order to strengthen their collaboration.

Reporting of questions and observations during the administration of the questionnaire

In the Cayman Islands a sheet was prepared for the facilitators in order to report what questions were asked by students, problem their encountered etc. This information provided useful feedback for the improvement of the survey. It also gave a sense of what the environment or the setting was like at the time of the survey. In addition, the facilitators were asked to rate the feeling among the students at the beginning and the end of the survey. This information proved to be extremely useful for the planners.

Facts about previous school surveys

	Number of schools	Response Rate	Number of students who completed questionnaire	Size of team that implemented the survey	Time needed for planning, implementation and analysis
Dominica	14 secondary schools 1 college	88%	Approximately 2800 students participated 86 classrooms and 6 classes from colleges	20 facilitators 6 supervisors	Planning Implementations: 2 months
Jamaica	63 schools		10,000	65 facilitators and 14 supervisors	Planning: 4 months Implementations: 11 days Data entry/analysis/report: 15 months
Cayman Islands (2000)	8 schools	94%	2219 questionnaires		
Planned Survey in Suriname	62 schools	125 classes	Approximately 3500 students		

DISCUSSION OF FINANCIAL AGREEMENT FOR NATIONAL COORDINATING UNITS

The following critiques and comments were expressed by participants with regard to the financial agreements for national coordinating units

- § Participants expressed great concern with regard to point 8 of the special service agreement – unpublished information.
- § Wording of the document needs further revision. In particular with regard to point 2a and 2b in the agreement.
- § Countries saw the contract as being pushed to fulfill the requirements of the ARQ – as such reference to this should be omitted.
- § Inclusion of signatories in the financial agreement.
- § Revision of point 2e, emphasizing that the national report would include only the items listed that are available in the countries.

ANNEX I

UNDCP/CAREC Regional Workshop on Capacity Building November 26th – 29th 2001, Barbados AGENDA

Monday 26th November, 2001

- 9:00 – 9:45 Opening Ceremony
Welcome by Michael Platzer, UNDCP Representative, Barbados
Address by Danny Gill, Chairman, National Drug Council of Barbados
Address by Rev. Atherley, Parliamentary Secretary, Office of the Attorney
General and Ministry of Home Affairs
- 9:45 – 10:00 Coffee Break
- 10:00 – 10:30 National Coordinators and National Coordinating
Units (NCU) – Introductions
Objectives of the workshop – Ken-Garfield Douglas, CAREC
Welcome and housekeeping issues – Jennifer Hillebrand, UNDCP
- 10:30 – 10:45 Summary of 1st Regional Network Meeting of Drug
Epidemiological and Surveillance System Project – Terrance Fountain
- 10:45 – 11:35 Collecting Information on Drug Abuse, Lisbon Consensus
and Annual Report Questionnaire (ARQ) and Role of National
Coordinators and Coordinating Units – Paul Griffiths, UNDCP
- 11:35 – 12:00 Open Discussion
- 12:00 – 13:00 Lunch
- 13:00 – 14:00 Role of National Coordinators and Coordinating Units
(continued) Overview of NCU activities:
§ Development of a national network
§ Encourage development of capacity and networking
§ Produce national report
§ Assist coordination of other activities (e.g. school survey)
§ Identify needs
§ Technical resource for data analysis/collection
- 14:00 – 14:30 Open Discussion
- 14:30 – 14:45 Coffee Break
- 14:45 – 16:15 Information for Action
Split into groups to discuss:
i) Who are networks trying to communicate with?
ii) Mechanisms for communication
- 16:15 – 16:45 Open Discussion
18:30 Cocktail Reception

Tuesday 27th November, 2001

Network Activities

8:00 – 9:00	Contents and guidelines for compiling a national report – Jennifer Hillebrand , UNDCP
9:00 – 9:30 CAREC	Purpose of national reports within countries – Ken-Garfield Douglas,
9:30 – 9:45	Open Discussion
9:45 –10:00	Coffee Break
10:00 – 11:00	ARQ detailed analysis – Paul Griffiths, UNDCP
11:00 – 12:00	Multilateral Evaluation Mechanism (MEM) detailed analysis – Ruben Cobas, CICAD
12:00 - 13:00	Lunch
13:00 – 14:30	Focused Assessments Introduction to focused assessments, Jane Fountain, Consultant Methodological background to focused assessments, Jane Fountain, Consultant
14:30 – 14:50	Lessons learnt from the Rapid Assessment Study (RAS) in Barbados – Terrance Fountain, Bahamas
14:50 – 15:15	How can results of the RAS be converted into action – Tessa Chadderton-Shaw National Council on Substance Abuse, Barbados
15:15 – 15:30	Coffee Break
15:30 – 16:15 country	Identify vulnerable groups and appropriate research questions by Split into groups according to common themes identified and discuss practical issues Around <ul style="list-style-type: none">§ Implementation§ Samples§ Access§ Ethics/health and safety§ Human resource – i.e. expertise available, interviewers§ Training
16:15 – 17:00	Regroup for general discussion

Wednesday, 28th November, 2001

8:30 – 8:45	School Survey Implementation Introduction – Ken-Garfield Douglas, CAREC
8:45 – 9:45 CIDAC	Introduction to SIDUC methodology and school surveys – Ruben Cobas,
9:45 – 10:15	Lessons learnt from school surveys in the Caribbean – Catherine Delapenha-Chesnut, (Cayman Islands) and Leo Casimir (Dominica)
10:15 – 10:30	Open Discussion
10:30 – 10:45	Coffee Break
10:45 – 11:15 Cayman,	Key issues with implementing school surveys in the Caribbean (Jamaica, CICAD)
11:15 – 11:30	Open Discussion
11:30 – 12:30	Resource and needs identification session Discussion on implementation data analysis/data entry/reporting
12:30 – 13:30	Lunch
13:30 – 15:00 training workshops)	Administrative issues for in-country implementation (contracts and § Split into implementation groups to discuss administrative issues I CICAD funded II UNDCP funded III Self-funded
15:00 – 15:15	Coffee Break
15:15 – 16:00	Open Discussion
16:00 – 17:00	Special Session: Progress made in the implementation of the Barbados Plan of Action with regard to National Drug Bodies and Demand Reduction – Dave Alexander and Flavio Mirella, UNDCP Technical Review Session (Technical Advisory Group only)

Thursday 29th November, 2001

9:00 – 9:30	Workshop Summary Progress in liaising with National Coordinating Units/role of in-country coordination - Ken-Garfield Douglas, CAREC
9:30 – 10:00	Overview of planned activities and reflection of progress made over meeting –Ken-Garfield Douglas, CAREC
10:00 – 10:15	Coffee Break
10:15 – 11:00	Discussion of NCUs contracts and other administrative and financial matters –Jennifer Hillebrand, UNDCP
11:00 – 12:00	Evaluation and feed back session – Jennifer Hillebrand, UNDCP
12:00 – 13:00	Closing Ceremony and Lunch

ANNEX II

Caribbean Drug Information Network (CARIDIN) Capacity Building Workshop
26-29 November, 2001
Sam Lord's Castle, Barbados

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