

→ *Information,
Needs and
Resources
Analysis*

Aruba

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PREFACE

In the Political Declaration adopted at the 1998 Special Session of the UN General Assembly on Drugs, Member States agreed to eliminate or significantly reduce the supply and demand for illicit drugs by the year 2008. This is the first time that the international community has agreed on such specific drug control objectives. However, reliable and systematic data to monitor and evaluate the progress towards achieving these goals are presently not available. For this reason, the UN General Assembly requested the United Nations International Drug Control Programme (UNDCP) to provide Member States with the assistance necessary to compile reliable and internationally comparable data. Furthermore, UNDCP was asked to collect, summarize and analyze these data and report to the UN Commission on Narcotic Drugs on global trends in drug production and abuse.

To respond to this request, UNDCP has developed *two global programmes*: first a *global programme to monitor the cultivation of illicit crops* and second, a *global programme to assess the magnitude and patterns of drug abuse*. Both programmes, will hence be at the core of a credible international follow-up to the Political Declaration of Member States to reduce the production and abuse of illicit drugs.

The main objective of the **Global Assessment Programme on Drug Abuse (GAP)** is to develop and establish one global and nine regional systems to collect reliable and internationally comparable drug abuse data and assess the magnitude and patterns of drug abuse at country, regional and global levels.

At the *global level*, the programme will develop a set of internationally accepted indicators on drug abuse and develop practical and cost-efficient methods of collecting and assessing data on drug abuse. The global support sub-programme will further be responsible for the synthesis of national and regional data and aggregate them globally in order to report on global trends of drug abuse to the UN Commission on Narcotic Drugs.

At the *regional level*, the programme will adapt data collection methods to the respective regional, cultural, and social environments, strengthen existing regional institutions, and promote a regional network for drug abuse analysis, thereby supporting sound policy formation.

At the *country level*, the programme will develop and establish national capacities to collect, assess and report on drug abuse data for the development of national demand reduction policies and programmes.

GAP will deliver an improved and timelier understanding of the extent and patterns of the global drug abuse problem. Information will be available from developing countries that are increasingly severely affected by illicit drug problems. Standardization of indicators and the wider adoption of sound methods for data collection will result in an enhanced analysis of trends in drug abuse in both the industrialized and developing world.

Within the Caribbean region GAP supports the Caribbean Drug Information Network (CARIDIN). CARIDIN currently includes 14 CARIFORUM countries. Aruba and Curaçao are not officially part of the network, but do have observatory status at the CARIDIN meetings. CARIDIN was launched in July, 2001 and is part of the Drug Abuse Epidemiology Surveillance and System Project implemented by the Caribbean Epidemiology Centre (CAREC) and supported by GAP/UNDCP and OAS/CICAD.

The information contained in the current report will be used to assist with the development of an integrated drug information system in Aruba.

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The following institutions participated in site visits and/or contributed information to the report.

- National Drug Council;
- Bureau of Statistics;
- Health Department and Epidemiology;
- Ministry of Health and Environment;
- Centro Dakota, Mandatory Rehabilitation Centre;
- SAMBA, Rehabilitation Centre;
- Centro Colorado, Rehabilitation Centre;
- Psychiatric Ward (General Hospital);
- Hospital (Emergency Room, Pathology Department);
- Police Force, Aruba ;
- Customs;
- Correction Institute, Aruba (KIA).

ABBREVIATIONS

ARQ	Annual Report Questionnaire
CARIDIN	Caribbean Drug Information Network
CAREC	Caribbean Epidemiology Centre
CARIFORUM	Caribbean Forum (Group of 15 independent Caribbean States)
CICAD	Inter-American Drug Control Commission
F.A.D.A	Anti Drug Foundation Aruba
GAP	Global Assessment Programme
INRA	Information Needs and Resource Analysis
KIA	Correctional Institute Aruba
NGO	Non-Governmental Organization
OAS	Organization of American States
RSA	Rapid Assessment Study
SIDUC	Inter-American Uniform Drug Use Data System
UNDCP	United Nations International Drug Control Programme

EXECUTIVE SUMMARY

The purpose of this report is to serve as a resource for discussion when developing an information system on drug abuse among the Caribbean countries. The data sources and resources reported are *not* exhaustive and are intended only to provide a starting point, directing the reader toward potential data that can be used to monitor drug abuse.

This Information, Needs and Resources Analysis (INRA) in the Caribbean was conducted by the UNDCP Global Assessment Programme on Drug Abuse (GAP) in conjunction with national counterparts to establish the country capacity for collecting information on drug abuse. The report provides an audit of existing information on drug abuse and resources available to support data collection activities. Key development “needs” to initiate a drug information system are identified, and a strategy for development of an integrated drug information system is suggested. The information contained for Aruba was obtained through communication with relevant individuals and institutions in Aruba.

INFORMATION

The most advanced data collection in relation to drugs takes place at the Customs Office and the Police Department in Aruba. Although data is collected at most of the other institutions, it is not collated and analyzed on a regular basis.

Survey data

Several quantitative research studies have been conducted in Aruba, including a survey on drug use among students (2001) and a survey comprising of several sub-studies examining the social impact of drug in Aruba (1997).

Indicator Data

The most comprehensive data sources in Aruba are the Customs office and the Police department. Both compile drug related data (seizures, arrests) on an ongoing basis into a computerized database. Data on treatment for drug abuse is collected individually by each rehabilitation center. No standardized data collection form is used, nor is the data collated and

analyzed. Other potential data sources include the prison, psychiatric ward and the emergency room (general hospital).

Qualitative Data

Personnel working with drug users provide a valuable source of information (types of drugs used, pattern of drug use and consequences of drug use).

RESOURCES/NEEDS

Aruba has a medium developed infrastructure for data collection activities. There seems to be a great diversity in respect to how data is collected. While some institutions compile their information manually, others have computers and software available that also enables them to collate their data on a regular basis.

The main resources needed in Aruba to develop data collection are a central data collection point and networking of people involved in the field. In addition, standardized data collection forms, registration systems and human resources are needed for the development of data collection. A substantial amount of data on drug use is available, however most data is not collated at the agency level nor entered into a centralized data system.

CONCLUSION

There is a potential for developing data collection in Aruba. Most institutions express support for a centralized data collection point and their willingness to contribute given their available resources. In order to improve current data collection strategies standardized data collection forms are needed in those institutions in contact with drug users. In addition, training in the use of these forms, data entry and analysis would be helpful to further ensure the easy access to data. Within a national information network, that would encompass representatives from all institutions core indicators could then be exchanged and evaluated on an ongoing basis.

The main drugs used in Aruba are cocaine, marijuana and crack. Being a trafficking point, this contributes substantially to low prices for cocaine and crack and their availability on the local market. Ecstasy use in Aruba is emerging among young people.

1. INTRODUCTION

1.1. Background

The purpose of this report is to serve as a resource for discussion when developing an information system on drug abuse. The report is intended to help establish a sound information base, as the first step in establishing ongoing drug abuse surveillance. The data sources and resources reported are not exhaustive, and are intended only to provide a starting point, directing the reader toward potential data that can be used to monitor drug abuse.

Information, needs and resources analyses (INRAs) are being conducted under the UNDCP Global Assessment Programme on Drug Abuse. The purpose of the INRA is to establish the country capacity for collecting information on drug abuse. The INRA involves auditing existing information on drug abuse, auditing infrastructure and resources available to support data collection activities, and identifying key “needs” for development of a drug information system. The INRA also suggests a strategy for developing a drug information system, including short-term, medium-term and long-term goals.

The activities of GAP, including INRAs, are coordinated with, and support, other UNDCP initiatives and local regional initiatives. In the Caribbean Region, GAP supports the Drug Abuse Epidemiology Surveillance and System Project (DAESSP) that is implemented by the Caribbean Epidemiology Centre (CAREC) through close coordination of activities and information sharing.

1.2. Country information

The Caribbean Island of Aruba is a self-governed part of the Netherlands located in the Caribbean Sea, about twenty miles off the northern coast of Venezuela. Aruba belongs to the Kingdom of the Netherlands together with the Netherlands Antilles. Aruba is approximately 19.2 miles long and 4 miles across, and has a total area of 193 sq km (122 sq mi) and 42.56 miles of coastline. Aruba has a population of 90 506 (census, 2000). Languages spoken in Aruba are Papiamentu, Dutch and some English and Spanish. Literacy rate in Aruba is approximately 97%. Life expectancy, for men is 75.16 years, for women 82.04 years. Tourism is the mainstay of the Aruban economy, although offshore banking and oil refining and storage are also important sources of revenue. Statistics show Aruba to have a GDP of approximately \$21,000 per person, which makes it a fairly wealthy nation. Inflation is estimated to be 4.2%. There is a very low unemployment rate in Aruba (1%) and many jobs go unfilled.

1.3. INRA for Aruba

The UNDCP Regional Epidemiological Adviser for the Caribbean compiled the information contained in the current report during a three-day mission to Aruba. The mission was organized through the National Drug Council, Aruba. During the visit, the UNDCP Regional Epidemiological Adviser and a representative from the National Drug Council met with personnel at key institutions (see below). The nature of drug abuse in Aruba was discussed, and information was obtained on any data collection methods utilized by the institution. Data collection forms and statistics on drug abuse were obtained where available. Selected information obtained during the meetings has been collated and presented in this report.

Following is a list of the institutions that were consulted:

- National Drug Council;
- Bureau of Statistics;
- Ministry of Health and Environment;
- Health Department and Epidemiology;
- Centro Dakota, Mandatory Rehabilitation Centre;
- SAMBA, Rehabilitation Centre;
- Centro Colorado, Rehabilitation Centre;
- Psychiatric Ward (General Hospital);
- Hospital (Emergency Room, Pathology Department);
- Police Force, Aruba ;
- Customs;
- Correction Institute, Aruba (KIA).

2. INFORMATION ON DRUG ABUSE

Aruba is a major trafficking point for the transportation of cocaine and heroin emanating from South America (Colombia and Venezuela) destined to North America and Europe. Marijuana is illegally imported from Jamaica, Colombia, the Dominican Republic and Venezuela. The main illicit drugs used in Aruba are cocaine, crack and marijuana. As in the case with other Caribbean Islands such as Curaçao, ecstasy is illegally imported to Aruba through its air traffic link (daily flights) with Europe, in particular the Netherlands.

2.1. Survey data

The only general population survey that included drug use was a Health Survey conducted in 2001 by the Health Department and Epidemiology. It included questions on alcohol use. Results are expected in June/July 2002. The survey will be repeated every five years.

Another recent survey, was a Survey on Sexual Behavior among school students. It included questions on drugs and alcohol. The data is currently being processed and results are expected very soon.

In 2001, the Anti Drug Foundation Aruba (F.A.D.A.) undertook a Drug Use Survey among 952 students between the age of 12 and 18.

Table 1 shows the approximate lifetime prevalence rates (% of respondents) for illicit drug use among the students interviewed in the survey.

Table 1: Life-time and monthly prevalence rates for illicit drugs among students age 12-18 in 2001

Type of drug	Lifetime use (% of respondents)
Marijuana	7%
Ecstasy	1%
Cocaine powder	2%
Crack	1-2%

With regard to ecstasy, the study revealed that 50% of students who have used ecstasy have done so in discos.

Another study directly related to drug use was undertaken in 1997 by the Fundacion pa Investigacion y Informacion (FUNDINI). The study included an estimation of the number of drug users in Aruba. Based on several sub-studies the authors estimated the number of marijuana users at 7000 (7,73% of the general population), cocaine users (7,18% of the general population) at 6800 (1,33% of the general population) and crack users at 1200.

The study also included qualitative information on the different types of drugs used in Aruba:

Marijuana

Marijuana has traditionally been a popular drug in Aruba, while other products such as hashish and hash oil are not often encountered. The main countries cited as suppliers of marijuana are Jamaica, Colombia, the Dominican Republic and Venezuela.

Cocaine

As in most other countries, cocaine is ingested by sniffing. Imported cocaine comes mostly from Colombia and Venezuela and is supplied in pure or near pure form.

Crack

According to the study, crack is the drug, which causes the most problems in Aruba. A sub-study among drug users found that 86% of those who took only crack cocaine were problem users compared with 60% of those using powder cocaine and 30% of those on marijuana.

2.2. Treatment data

There are three rehabilitation centers in Aruba, one mandatory rehabilitation center (Dakota) and two voluntary rehabilitation centers (SAMBA and Centre Colorado).

2.2.1. Centro Dakota – mandatory rehabilitation center

Centro Dakota rehabilitation center currently hosts 8 male clients between the ages 22 and 42 with 12 staff members working in two shifts. A psychiatrist is assigned to the center and available on call. Clients have to be sentenced for at least one year to be eligible to enter the rehabilitation program. According to staff members, the main drugs used among clients are crack-cocaine and marijuana. Most clients committed crimes (i.e. robbery, theft) in order to support their habit of drug use. Upon entry to the Center, data on clients pattern and use of drugs are recorded manually. The assessment form includes the following components: socio-demographics, drug history, psychiatric history, frequency, quantity and mode of drug use, post treatment history and medical problems. The data gathered is not collated manually or analyzed electronically, although computers are available at the center.

2.2.2. SAMBA, rehabilitation center

The rehabilitation center, SAMBA is a residential program responsible for the voluntary treatment of currently 17 males who stay for a 6 weeks program. Most clients are returning to the center on a regular basis and some stay beyond the 6 weeks program. There are 11 staff members, including a medical doctor who comes to the center on a weekly basis. Clients with concurrent mental disorders would be referred to the psychiatric ward at the general hospital, however this was reported to have never occurred. Reports from staff members suggest that most clients use cocaine powder, crack, marijuana and alcohol. Drug counselors use a client assessment form to collect information from the client, however no data is collated.

2.2.3. Centro Colorado

Centro Colorado is a residential rehabilitation center, that currently has 33 clients (including three women) and can accommodate up to 72 clients. Thirteen members of staff are working at the center, including a social worker, occupational therapists and drug counselors. Clients are mainly referred from the hospital, the psychiatric ward and the prison. Length of treatment is variable,

depending on the clients' needs. Data on pattern and use of drugs is collected through a computerized client intake form that also assists in defining the treatment goals for clients. Currently no data is collated or reported regularly. According to staff members, the most common drugs used are crack and alcohol. Apart from inpatient treatment, the center also offers after-care counseling and day-care.

2.3. Hospital data

The Dr Horacio E Oduber general hospital serves the entire country of Aruba with a capacity of 315 beds.

2.3.1. Emergency Room

In 2001, the Emergency Room at the hospital treated 34091 patients. Among those patients, 112 were treated for alcoholism/alcohol intoxication, 48 for drug abuse and 34 patients for intoxication of medications. According to a specialist nurse working at the Emergency Department, patients treated because of drug use can be categorized into three groups. One group included the "bolita swallows", patients who swallowed drugs for trafficking purposes, patients with acute medical problems due to drug use (i.e. heart problems) and prisoners who were referred due to medical problems related to drug use. The ratio related to drug users versus alcohol users was estimated to be 30:70. Data specifically on drug use is manually recorded in an unsystematic way. No software or human resources were available at present to improve data collection on drug use.

2.3.2. Pathology Department

The general hospital hosts a Pathology Department. No records are kept with regard to drug related deaths. According to verbal information from a pathologist, 5 deaths occurred over the past years, which were specifically related to drug use. Among those were one car accident, two "bolita swallows", one hanging and two overdoses.

2.4. Psychiatric hospital data

The psychiatric ward at the general hospital in Aruba serves the entire country of Aruba. The ward has a capacity of 21 beds, 7 being reserved for a re-socialization process. In addition the ward can host 15 patients on a day-care basis. A "double-trouble patient ward" with 15-20 beds is being planned for patients with concurrent mental health problems and substance abuse problems. Patients are registered at entry into the ward, however only their primary diagnosis and medical status are recorded. Information on concurrent substance abuse problems cannot be retrieved. According to a staff member, cases of drug-induced psychosis have been treated at the ward. It has also been noted that a large part of patients with concurrent drug problems come from the younger age groups.

2.5. Law enforcement data

2.5.1. Drug seizures

The Chief Investigation Department at the Customs Office in Aruba collects and collates national data on drug seizures on an ongoing basis. The Department receives data on a regular basis from the Customs Office at the airport, harbor and coast guard. Data collection is computerized, easily accessible and published on a monthly basis.

The following table shows the total amount of drugs seized among aircraft passengers in Aruba in 2001.

Table 2: Quantity of drug seized among aircraft passengers in Aruba in 2001.

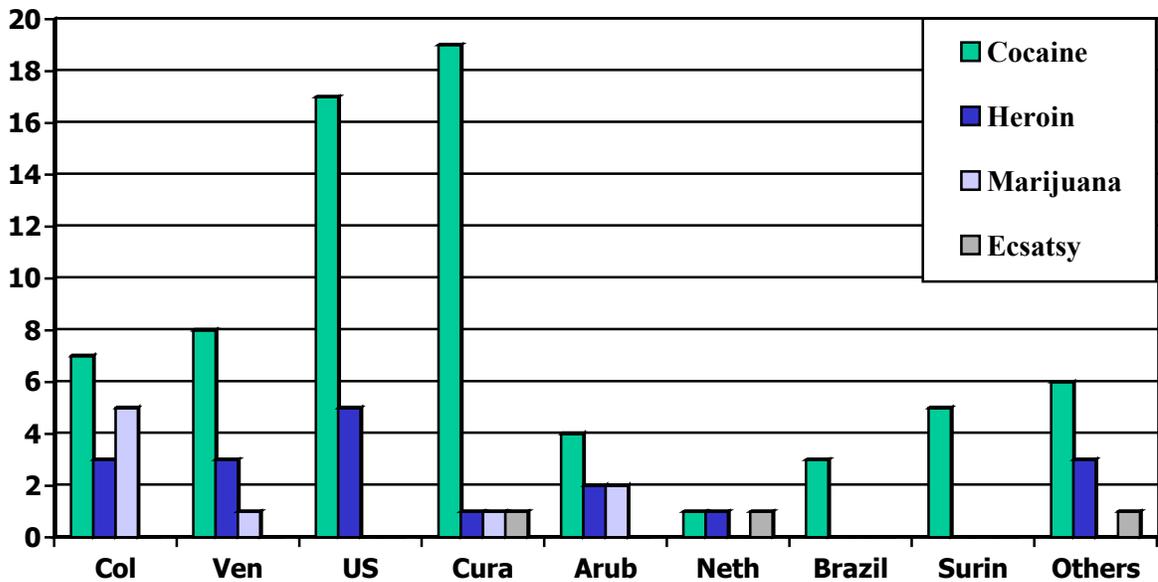
Cocaine	Heroin	Marijuana	Ecstasy tablets	Hashish
183.3769 kg	56.5549 kg	282.0067 kg	59795 tablets	28.7 gr

According to customs officials, most drugs are seized before departure of flights to the Netherlands and on flight arrivals from Venezuela and Suriname with connection to Europe. Other seizures occur due to dropping of drugs at the coastline, illegal cargo flights, smuggling by ship and cruise ships and flights to the US. The US customs office at the airport in Aruba is responsible for seizures before departures of flights to the US.

As can be seen in table 2, the most common drug seized in 2001 is marijuana, with 183.3769 kg, followed by cocaine with 183.3769 kg.

Figure 1 shows the number of people (nationality) by drug type arrested in 2001 for drug trafficking.

Figure 1: Number of persons by nationality and drug type arrested for drug trafficking in 2001.



** Col= Colombia, Ven= Venezuela, Cura = Curaçao, Arub = Aruba, Neth = Netherlands, Surin = Suriname. Others include Dominican Republic, Panama, Bonaire, Antigua and Mali.

As can be seen in figure 1, most people arrested for drug trafficking in Aruba were nationals Curaçao or the USA and were attempting to smuggle cocaine.

2.5.2. Drug related arrests

Data on drug related arrests are collected and collated at the Central Police Department in Aruba. Data is collected into a computerized database on a regular basis. According verbal information from the department, 275 people were arrested for drug related offenses in 2001. The most significant trend over the last years concerns the increase of confiscated ecstasy tablets in Aruba.

2.5.3. Purity/Price

Drug seizures are analyzed either by test kits or by the laboratory in Curaçao. Reports from the police department indicate that one kg of cocaine can be purchased for 2280 US\$¹, 1kg of marijuana for approximately 1270 US\$. An ecstasy tablet can be purchased for 25 Florine (= 14.4 USD) and sold for around 25 Dollars in the US.

2.6. **Specialized studies and other data**

No specialized studies have been conducted in Aruba.

2.7. **Prison data**

The Correctional Institute Aruba (KIA) currently hosts 228 inmates, including 25 women. Information from clients is recorded manually into logbooks during the entry interview by a social worker. No data is collated or analyzed electronically. According to a social worker, most inmates were involved in drug trafficking. Main drugs used are cocaine, crack and marijuana. Previously, the prison offered a drug rehabilitation programme, but the programme was terminated due to lack of staff members and financial resources.

¹ This price is comparable to the price per kilo of cocaine in Curaçao, which was 2779US\$ in 1999.

3. RESOURCES

Aruba has a medium developed infrastructure for data collection activities. Most institutions in direct contact with drug users have no access to computers and basic database software. However, personnel have sufficient skills to use data collection forms manually and in some cases also skills to enter data into a database. Currently there is no mechanism in place through which data is collected into a national database. Another obstacle of data collection in most centers, including the emergency room at the general hospital, is lack of human resources, in particular staff-time.

The collection of law enforcement data is more advanced as data is collected and collated into computerized databases. Both the police department and the customs office have expertise to analyze their data and produce statistical tables.

Expertise and infrastructure is available to undertake surveys at the Bureau of Statistics, the Anti Drug Foundation Aruba (F.A.D.A.), the National Drug Council and the Health Department and Epidemiology. Lacking are human resources in terms of staff-time and partly expertise in illicit drug use epidemiology.

Aruba has several institutions to support drug abuse data collection and contribute to a national drug abuse epidemiology network. Institutions that expressed support for such an effort include:

- National Drug Council

Treatment institutions

- Centro Dakota, Mandatory Rehabilitation Centre;
- SAMBA, Rehabilitation Centre;
- Hospital (Emergency Room, Pathology Department);
- Centro Colorado, Rehabilitation Centre;

Other institutions:

- Customs;
- Police Force ;
- Correction Institute, Aruba (KIA);
- Ministry of Health.

In addition, expertise in order to develop a national database and conduct further studies on drug use in Aruba is available in the following areas:

- Statistical expertise and survey research: Bureau of Statistics;
- Maintaining a national drug use database: National Drug Council;
- Epidemiology and survey research: Health Department and Epidemiology;
- Survey research: Anti Drug Foundation Aruba (F.A.D.A.).

4. NEEDS

The main resources needed in Aruba to develop data collection are a central data collection point and networking of people involved in the field. A substantial amount of data on drug use is available, however much of the data is not collated at the agency level and not entered into a centralized database.

The findings of the audit of drug epidemiology resources in Aruba suggest three priority areas:

- 1) Establishment of a coordinated network of professionals in the drug and alcohol field who meet regularly to discuss the development of the network and exchange data they have gathered. The network could agree upon a central data system that would be informed by each agency/institution on a regular basis. In addition to the network, a central data collection point, such as the National Drug Council, should be nominated in order to take responsibility for reporting all gathered data.
- 2) The promotion of a standardized form to be used in all treatment institutions, the prison and the emergency room, that are consistent with regional reporting mechanisms (i.e. SIDUC instruments).
- 3) The improvement of collation and reporting of data at the agency level through training in data analysis.

In addition to the priority needs listed above, the following four potential data sources should be developed in order to be able to contribute to a centralized data system:

➤ **Prison**

No data on drug use is currently collected at the prison in Aruba. According to the social worker, current resources would permit the collection of a core set of indicators on drug use during the entry interview. Currently, no resources are available for entry of such data. Until resources and training would be provided to the staff, data could be collated by the central data collection agency.

➤ **General Hospital/Emergency Room**

Emergency room admissions primarily related to drug use are manually recorded and can be retrieved from the files. For more detailed reporting, no resources are available in terms of staff-time and a standardized reporting mechanism. As a short-term initiative, staff could be trained in the identification and classification of drug-related admissions. A central data collection point could be informed regularly on the number of drug-related admissions.

➤ **Qualitative Data**

Qualitative reports from treatment professionals could potentially provide an inexpensive means of detecting emergency trends in illicit drug use. The purpose of a network meeting would include such an exchange of qualitative information.

➤ **SAMBA, Rehabilitation Centre**

Drug use and drug use pattern are currently manually recorded into logbooks at the SAMBA rehabilitation centre. Staff at the centre would need training in using a standardized form to collect data on drug use. In addition, help would be needed to retrieve existing data from logbooks over the last year(s). As suggested by a staff member, this task could be done by a student attached to the center on a short-term basis.

5. STRATEGIC ANALYSIS

The strategic analysis of information gained through the INRA is divided into three parts. First, available data sources on drug abuse are analyzed individually to assess their utility. Second, information from the analysis of data sources is assimilated with information on available network resources to form a framework for a drug information system. Third, strategic goals are set to develop the proposed drug information system.

5.1. Analysis of data sources

Data Source	TREATMENT
Current development	Data collection mostly manually reported and not collated at an agency level. No data is collated centrally
Coverage	Potentially 100%
ARQ Compatibility	Drug categories (type of drugs used, route of administration), socio-demographic indicators) need to be consistent with ARQ drug categories.
Development potential	Medium term
Priority	High
Sustainability	High
Training and support needs	Development of core indicators, data definitions, (in form as a standardized data collection form such as the SIDUC instrument for treatment facilities) which could be used among all treatment facilities. Support in collating data centrally, which could be done by the National Drug Council.
Infrastructure needs	Forms for data collection, hardware and software
Key institutions	SAMBA, Centre Colorado and DAKOTA rehabilitations centers and the National Drug Council.
Proposed development strategy	Short-term: Assist with the use of standardized forms for the collection of basic data from clients. Provide training to treatment facilities on completion of the form. Assist with the organization of existing information (SAMBA). Long-term: Provide hardware and software to facilitate data reporting and also training in data entry and analysis.

Data Source	POLICE ARRESTS and SEIZURES
Current development	Data on drug seizures and drug-related arrests are compiled at the central computer office of the Customs Office and the Police Department.
Coverage	Potentially 100%
ARQ Compatibility	High, According to information from the Customs Office and the Police Department, definitions for drugs are compatible with the ARQ
Development potential	Long term
Priority	Medium
Sustainability	High
Training and support needs	No short-term training needs could be identified.
Infrastructure needs	No infrastructure needs could be identified
Key institutions	Customs Office, Aruba , Police Department, Aruba
Proposed development strategy	Nominate a key person within the Customs Office and the Police Department to share data on a regular basis with the National Drug Council.

Data Source	PRISON
Current development	Data collection is done manually.
Coverage	Potentially 100%
ARQ Compatibility	Drug categories need to be made compatible with the ARQ once a data collection form is in place.
Development potential	Medium term
Priority	High
Sustainability	High
Training and support needs	Training needs to be provided to staff in order to be able to use a standardized form for data collection. Training in the use of data base software, data analysis and data reporting.
Infrastructure needs	Short-term: Standardized data collection form Long-term: Computers and database software
Key institutions	Correctional Institute Aruba (KIA)
Proposed development strategy	Nominate a key person within the prison to be responsible for using a standardized data collection form and to submit data to the National Drug Council on a regular basis (i.e.monthly).

Data Source	Psychiatric data
Current development	Data collection is not developed in the psychiatric ward.
Coverage	Potentially 100%
ARQ Compatibility	N/A
Development potential	Medium term
Priority	High
Sustainability	High
Training and support needs	Development of core indicators, data definitions, and a standard form for data collection.
Infrastructure needs	Short-term: Data collection form
Key institutions	Psychiatric Ward, Dr. E. R. Hospital
Proposed development strategy	Raise awareness for the need of data collection with regard to dual diagnosis patients. Provide training in using a standardized data collection form. Nominate key person to provide forms to the National Drug Council on a regular basis.

5.2. Epidemiological network

A preliminary epidemiological network, including treatment facilities, the police department, customs office, prison and the general hospital could be established if the National Drug Council would take a lead in collecting data collection form on a regular basis and promote the development of data collection strategies within the institutions. The small size and population of Aruba would allow for island coverage once all related institutions have their data collection put in place. A national network should be established to initiate a centralized data collection. The network should include the representatives from the following institutions:

- National Drug Council;
- Bureau of Statistics;
- Health Department and Epidemiology;
- Ministry of Health and Environment;
- Centro Dakota, Mandatory Rehabilitation Centre;
- SAMBA, Rehabilitation Centre;
- Centro Colorado, Rehabilitation Centre;
- Psychiatric Ward (General Hospital);
- Hospital (Emergency Room, Pathology Department);
- Police Force, Aruba ;
- Customs;and
- Correction Institute, Aruba (KIA).

The coordination of the network could be provided through the National Drug Council. All agencies could report their data on a regular basis to the National Drug Council.

5.3. Proposal for strategic development

The improvement of current data collection strategies and the establishment of a national network in order to discuss a centralized data collection strategy are first priorities in Aruba. Network members would need to be trained in the analysis and presentation of statistics as well as discuss the exchange of data. A steering committee could be formed to oversee the implementation of the network.

5.3.1. Short-term goals

Assist in the development of data collection among institutions (treatment centers, prison, emergency room), specifically:

- Introduction of a standardized data collection form (core set of indicators);
- Training of staff in the use of standardized form;
- Training of staff in the classification of drug-related problems;
- Development of a system to collect gathered data on a regular basis.

5.3.2 Medium-term goals

1. A medium-term goal is the establishment of a national information network to support an integrated Drug Information System. Data included in this network would be:
 - Treatment data: Number of admissions, type of drug used, age, gender, route of administration, frequency and quantity;
 - Number of admissions to the psychiatric hospital with drug related psychiatric disorders by drug type;
 - Number of drug-related admissions (by drug type) to the emergency room at the general hospital;
 - Number of police arrests and seizures related to drugs, drug prices and purity;
 - Number of inmates who used drugs before entry to the prison and number of inmates convicted due to drug-related offences (by drug type).
2. Ensure regular network meetings and the establishment of a steering committee to oversee the development of the network, and establishment of a central agency or focal point to undertake the administration of the network, coordination of data collection, data analysis and data dissemination.

5.3.3. Long-term goals

1. Development of a computerized data collection system in the various institutions (treatment centers, prison, emergency room, psychiatric ward), which shall include:
 - Training of key persons in using a computerized database;
 - Training of network staff in the analysis and presentation of data.
2. Development of an accurate recording system for drug-related deaths at the pathology department/general hospital.

6. CONCLUSION

The main illicit drugs used in Aruba are cocaine, crack-cocaine and marijuana. There are approximately 11.000 illicit drug users in Aruba according to a prevalence estimate in 1997. Reports from all institutions related to drug use convey that cocaine, marijuana and crack are widely used among the treatment population, prison population, emergency room patients as well as psychiatric patients. Cocaine is especially widely available for low prices, which contributes to its consumption and attempts to illegally import it to North America and Europe.

Law enforcement data confirms that Aruba is a major trafficking point for the transportation of cocaine emanating from South America and destined to Europe and North America. Considerable amounts of marijuana passes through Aruba. In addition, ecstasy tablets and also heroin were confiscated in Aruba over the last year. So far, hardly any cases of ecstasy or heroin use have been recorded in the various institutions in contact with drug users. With regard to heroin, there is a great concern that it will reach the local market in the near future. Ecstasy use has been reported among young people.

Aruba has a medium developed infrastructure for data collection activities. Most institutions in direct contact with drug users have no access to computers and basic database software. However, personnel have sufficient skills to use data collection forms manually and in some cases also skills to enter data into a database. Currently there is no mechanism in place through which data is collected into a national database.

The main needs in Aruba to develop data collection are standardization of current data collection, a central data collection point and networking of people involved in the field.

The standardization of data collection, improvement of collation of data at the agency level, the establishment of a network as well as appropriate training to undertake these tasks are the key development goals for Aruba.

Expertise and infrastructure is available to undertake surveys at the National Drug Council, the Bureau of Statistics, the Anti Drug Foundation Aruba (F.A.D.A.), and the Health Department and Epidemiology.

APPENDIX 1: LIST OF INSTITUTIONS

Name	Organization	Contact details
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Dumfries, D Mr	DR. E. R. HOSPITAL	Pathology Department L. G. Smith Blvd. z/n – Oranjestad, Aruba
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Nassy, Eric R, Mr National Drug Coordinator Martes, Celio, Mr Policy Advisor	National Drug Council	J.E. Yrausquinplein 2-A Oranjestad, ARUBA Tel: (297)-834-54/834101/837811 Or (297)-9-653866 (cellular) Fax: (297)-833-334 Email: natdrugcoun@setarnet.aw
Nectar, A	Police Force Aruba	Wilhelminastraat 40 Oranjestad Aruba
Sambo, Sarah Mrs Leonard	Correctional Institute Aruba (KIA)	Santo Patia z/n
Tromp-Schoop, R, Mr	Anti Drug Foundation Aruba F. A. D. A.	Fergusonstraat Oranjestad, Aruba
Wever, Candelario A.S.D., Drs Minister van Volksgezondheid en Millieu Arends, Rosa Mr	Ministry of Health and Environment	Oranjestad – Aruba Tel.: (297) 880 123 Fax: (297) 880249