Introduction

The Inter-American Drug Abuse Control Commission (CICAD) through its Inter-American Observatory on Drugs (OID) has been working to build the capacity of national observatories in its member states through horizontal cooperation, technical support and training. In pursuit of the latter, the OID, in collaboration with the Caribbean Community (CARICOM) Secretariat and the Government of Guyana, convened a seminar for Observatories in the Caribbean on April 4 to 5, 2018 in Georgetown, Guyana. The event included forty-four (44) participants from fourteen (14) Caribbean member states in addition to Bermuda. The main objectives of the seminar were to:

- Present and discuss the results of household drug prevalence surveys undertaken recently in the Caribbean;
- Promote the manual, “Standardized Indicators for National Drug Information Networks in the Caribbean” and the accompanying data collection tools, and to pilot these indicators in selected countries across the region;
- Receive updates on the progress of the European Union’s Cooperation Programme between Latin America, the Caribbean and the European Union on Drugs Policies (COPOLAD) working groups on early warning systems, annual reports, and problematic drug use scales.
- Discuss the status of the 2018 Report on Drug Use in the Americas that CICAD is currently drafting;
- Discuss policy changes related to marijuana and their implications for research; and
- Prepare a research agenda for the coming two-year period.

Opening Ceremony

The opening ceremony was attended by participants, local officials, and specially invited guests who brought remarks on behalf of various organizations and the Government of Guyana. Remarks were delivered by Ms. Beverly Reynolds, Coordinator of CARICOM, Mr. Jean-Ricot Dormeus, OAS Representative to Guyana, Terry Steers-Gonzalez, Chargé d’Affaires, US Embassy in Guyana, and the Hon. Khemraj Ramjattan, Minister of Public Security in Guyana. The session was chaired by Major General Michael Atherly, Director of the National Anti-Narcotics Agency (NANA) of Guyana and Tessa Chaderton-Shaw, Project Manager of CARICOM gave the vote of thanks.
Day 1 commenced with a round of introductions by all participants follow by an explanation of the objectives of the seminar. A presentation by Pernell Clarke on the role of national observatories set the stage for the rest of the day with a clear set of information on the definition of a national drug observatory, an
explanation of its main objectives, and the role that observatories play in the larger national drug control effort. This presentation was followed by country presentations that were designed to focus on the following issues:

- The review of activities undertaken in 2016 and 2017;
- An explanation of the structure of an observatory;
- indication whether there is an active drug information network (DIN) and a brief description of it;
- a brief summary of the results of any studies carried out in 2016 and 2017, follow by an explanation of how those results have been used for policy or programs;
- indication of the presence of any new drugs in the country; and
- Explanation of the challenges being faced by the observatory.

**Presentation by Pernell Clarke**

Most countries reported that they did not do any major studies or surveys during the period under review. Only Jamaica, the Bahamas, Guyana, and Barbados undertook needs assessments, research and evaluation studies during this time period and most of the studies were done with the assistance from CICAD. The structures of observatories in the Caribbean vary widely, but most of them can be described as a department consisting of one or two persons located within the secretariat of the national anti-drug commission or its equivalent. Guyana is a rare example with about 5 full time staff working in the observatory. Several countries including Antigua and Barbuda, Bahamas, Barbados, Dominica, Grenada, Guyana, Haiti, St. Kitts & Nevis, and Trinidad and Tobago report to have active DINs. The other countries either have nothing in place or are making efforts to revive dormant DINs.
One area where information was clearly lacking was the demonstration of how research and information produced by the observatory is used for the development of drug policy and programming. Except for Jamaica, most countries did not provide clear examples of how the work of the observatory served to influence policy or practice. That doesn’t mean that the information from observatories don’t influence policy; however, it does demonstrate that countries have difficulty in tracking the process of transforming data into policy. Information on new drugs showed some surprising patterns. About 5 countries reported that they had received reports of persons using a mixture of cough syrup or over-the-counter cold medication mixed with soda. This concoction is known as ‘lean’ in many countries. Other new substances reported included synthetic marijuana (Barbados), ‘Molly’ and Ecstasy (Suriname), mushrooms that are smoked and pharmaceutical abuse (Guyana), marijuana infused pastries and white rum mixed with tree barks and roots (St. Lucia), and formaldehyde-laced marijuana cigarettes (Jamaica).

All countries reported similar challenges namely a lack of sufficient finances and human resources, delays on the part of DIN stakeholders in the submission of their data, and institutional bureaucracies. Other challenges were unique to the countries such as the fallout from a major hurricane in the case of Dominica and the lack of a national drug observatory in the case of St. Vincent and the Grenadines.

A presentation on the policy making process was made by Terrance Fountain. In his presentation, he defined policy as a set of principles and explained the five stages of the policy cycle. In addition, Mr. Fountain described the issues that influence and challenge the policy making process. He finalized his presentation with a suggestion that we (observatories), need to support the development of policies in our countries, using the data collected. Jamaica and Barbados then presented on the policy making process in their countries.

After the lunchbreak the participants were informed by Mr. Clement Henry about the COPOLAD working group on the preparation of country reports on drugs. This working group aims to provide participating countries with the support needed to draft annual national reports on the overall drugs situation and on developing communication strategies to different audiences. The countries participating in this working group are expected to be currently collecting and analyzing drug related data. The first draft of their report is due by the end of June 2018 and the final draft is due in January 2019.

The presenter representing Bermuda, Dr. Kyla Raynor, gave a wide ranging presentation on the local drug information network (BerDIN), early warning systems and the role of national observatories in the evaluation of projects and programs. Dr. Kyla Raynor demonstrated the growth of BerDIN since its launch in 2006 in terms of the number of members, number of indicators and use of technology. BerDIN has a proprietary database that allows agencies to input and access their data as well as see data from other stakeholders without manipulating it. While the cost of such a system will be prohibitive for most countries, the demonstration was instructive for other countries because they had a firsthand look at what the right software is capable of. Dr. Raynor indicated that the new drugs that are entering the market include fentanyl, molly, and a highly concentrated resin named ‘shatter’, synthetic cocaine and synthetic cathinone’s. Bermuda has an informal early warning system which utilizes the same BerDIN network. The plan for the near future is to expand the capability of the BerDIN database system so that it can also be used to disseminate early warnings. Finally, Dr.
Raynor provided examples of how the outputs of the Bermuda observatory have been used in the development of policies and programs and in the monitoring and evaluation of programs.

The last presentation of the day was from Jamaica which provided a very clear rationale for doing monitoring and evaluation (M&E), how to plan for an evaluation, the challenges, their approach to M&E, and how the results are converted into action. This presentation could serve as a useful reference for other countries.

**Presentation by Mr. Terrance Fountain**

**Presentation by Dr. Kayla Raynor**

### Day 2 Sessions

Day 2 began with a presentation from CARICOM on the research activities that are planned for 2018 under the 10th EDF Support for Demand Reduction Programme. The activities that are planned include the following:

- Conduct Assessment of Risk, Resilience Factors in at least 3 high risk schools in each of the 3 countries: The Bahamas, Barbados, Belize, Dominica, Guyana & St. Vincent & the Grenadines (Champions for Change);
- Engagement of a TA to conduct research on the economic & psychosocial costs of drug use (to include psychosis-induced, precipitated and/or exacerbated by marijuana);
- Consultant to conduct survey of drug use and programs in prisons (The Bahamas, Grenada and Barbados).

The OID then presented the standard DIN indicators that were developed for Caribbean countries and proposed a pilot for the implementation in a few countries. Several countries expressed interest such as Barbados, Jamaica, St. Vincent & the Grenadines and Guyana. Others have already started the process of incorporating the indicators into their existing set of indicators like Grenada and Trinidad & Tobago. Additionally, Grenada has already done a side by side comparison and already knows which indicators they
already have, and which they will need to incorporate in the next year. Based on these responses, there are at least two approaches that will be taken in the roll out of the pilot:

1. Allow countries like Grenada, Guyana, and Trinidad & Tobago to slowly integrate the standard indicators into their existing indicators by first doing a comparison and then filling the gaps that exist.  
2. Work with countries that are now starting from scratch or are still building their DINS and fully implement the minimum set of standard indicators.

A short proposal will be developed for this pilot and this should be rolled out in July 2018.

A short refresher presentation on drug abuse epidemiology was next on the agenda. As stated by the presenter the aim of the session was not to train participants to become epidemiologists, but to explain to some and remind others of the basic concepts, objectives and tools that are available.

The panel on marijuana regulation comprised of participants from Jamaica, Belize, Antigua and Barbuda and St. Vincent and the Grenadines. St. Vincent and the Grenadines is planning to decriminalize cannabis for medical use but not for recreational use. A bill on medical marijuana is being drafted and will be debated shortly. Patients will have the right to be treated with medical cannabis and several oversight bodies will be created.

Jamaica decriminalized cannabis in 2015 through an amendment to the Dangerous Drugs Act. Highlights of the amendment include the decriminalization of the possession of 2 oz. or less of cannabis, medical marijuana is allowed and a prescription regime is being set up. In addition, some past convictions were expunged, and home growing (up to 5 plants per household) was allowed. Training and a ticketing system are not yet in place. Antigua and Barbuda recently amended legislation that allows up to 15 grams of marijuana for personal use, growing of 5 plants at home, expunging of records, and a ticketing system. Belize has decriminalized up to 10 oz. of cannabis for personal use.

The Head of the OID Marya Hynes presented the preliminary results of the analysis of data for the forthcoming Report on drug use in the Americas. The feedback from participants on the Caribbean analyses was generally positive, but some concern was expressed for the high prevalence rates for inhalants. There is a feeling that the question about inhalants may have been misinterpreted by students. There was also confirmation of higher use of marijuana in older age groups in the Caribbean when compared to other regions.

After lunch, a check in with policy makers indicated the following opinions about their national drug observatory:

- Research is not informing programming as much as desired;
- Policy makers should be included in more observatory meetings to help bridge the gap between researchers an policy makers;
- More work on the economic cost of drugs should be done;
- The use and abuse of prescription medication should be studied more;
More qualitative studies should be done;
Training in qualitative and quantitative analytical software.

The final session included three persons who received training in the past few years from OID or CICAD programs. A former CICAD fellow who worked with the OID outlined her experiences in the program and the projects to which she contributed. Alumni’s of the summer program that used to be hosted by the Center for Addiction and Mental Health (CAMH) in Canada from Barbados and St. Kitts and Nevis provided an outline of their experiences during the three months program in Canada. All presenters provided examples of the impact that this training had and still have on their performances and in their organizations.

Conclusions

The event was able to bring together heads of observatories and other persons working in the drugs field along with a number of individuals at the policy making level. The main conclusions are:

1. Only four observatories have done population based drug studies in the past two years. This is as a result of the fact that most drug related research done in the Caribbean is largely driven from the outside. Three of the four countries that did population based drug related studies over the past two years were supported, at least in part, by CICAD. More needs to be done to secure the resources needed for the creation of evidence on drugs in this sub-region

2. The structures of observatories in the Caribbean continue to be varied, but most of them are located within the secretariat of the national anti-drug commission or its equivalent.

3. The role played by national drug observatories in the policy making process needs to be strengthened and observatory personnel could benefit from training in communications strategies and the policy making process. An opportunity for horizontal cooperation in this regard also exists where personnel in one country can learn from persons in another country.

4. Cold medication mixed with soda (known as lean), synthetic marijuana, ‘molly’ ecstasy mushrooms pharmaceuticals, marijuana infused pastries, white rum mixed with tree barks and roots, and formaldehyde-laced marijuana cigarettes are some of the new substance using behaviors reported during this meeting.

5. It appears that very few observatories are involved in the carrying out, or overseeing of evaluations of local programs or the setting up of monitoring systems. At a minimum, observatory personnel should support prevention program and other project managers in the setting up of the M&E component of their projects.

6. Bermuda continues to provide good examples to CICAD Caribbean member states on what can be achieved with their observatories and DINs. One of the ideas that emerged from the Bermuda
presentation was the use of technology to facilitate data collection, access and storage. It was also explained that a modular, flexible, and incremental approach is useful so that the technology expands as the DIN needs grow and change. The database that Bermuda is using now for data entry and access is going to be configured to be used as a vehicle for dissemination of early warning alerts. These types of systems may be prohibitively expensive for one country, but the Observatory should explore the idea of developing a database that could be shared with all countries to be used by its DINs and eventually send early warning alerts.

7. Several countries expressed interest in piloting the recently developed standard indicators for DINs. Based on these responses, there are at least two approaches that will be taken in the roll out of the pilot. First, we will either allow countries like Grenada, Guyana, and Trinidad & Tobago to slowly integrate the standard indicators into their existing indicators. Second, we will work with countries that are now starting from scratch or are still building their DINS and fully implement the minimum set of standard indicators.

8. Four countries have either changed their policies on marijuana or are in the process of doing so. Jamaica, Antigua and Barbuda, and Belize have already amended legislation so that small quantities of marijuana can be used for personal consumption without criminal penalties. Home growing is also allowed in these countries. Vincent and the Grenadines is in the process of preparing a bill that allows for medical marijuana to be consumed by patients.

9. There was a call by several countries for CICAD to work towards providing more opportunities for training for observatory personnel, similar to the CICAD Fellowship program and the CAMH training program that have been discontinued.
Appendix 1

Analysis of Evaluation Forms:

1. The seminar was logically structured in order to get a complete understanding of the issues.

   Strongly Disagree □  Disagree □  Neutral □  Agree □  Strongly Agree □

   1) Logical Structure

   ![Logical Structure Graph]

2. Were the objectives of the seminar clear?

   Yes □  No □  If your response is no, please state the reason

   100% of the participants responded ‘yes’ to this question.

3. Were the seminar objectives adequately met?

   Yes □  No □  If your response is no, please state the reason

   100% of the participants responded ‘yes’ to this question.
4. The information presented was relevant to the work of your organization.

   ![Chart showing relevance](chart.png)

   Responses were limited to very relevant, relevant, and somewhat relevant as shown below:

5. How would you rate the topics presented during the seminar? Please use the scale below with 1 being the lowest rating, and 5 being the highest.

   ![Chart showing topic ratings](chart.png)
6. Did the sessions result in new learning?

Yes ☐ No ☐ If your response is no, please state the reason.

100% of the respondents selected ‘yes’ for this question.

7. Were the materials and handouts supplied relevant to the topics covered?

Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree ☐

8. How would you rate the extent to which presenters appeared organized in their presentations and to be up-to-date in his/her subject?

5 ☐ Very Good  4 ☐ Good  3 ☐ Average  2 ☐ Poor  1 ☐ Very Poor  N/A ☐
9. How would you rate the amount of time that was allotted by this Seminar for rapport and discussion

5 □ Very Good   4 □ Good    3 □ Average    2 □ Poor    1 □ Very Poor    N/A □

10. How would you rate the logistical administration of the Seminar (travel, accommodation)

5 □ Very Good   4 □ Good    3 □ Average    2 □ Poor    1 □ Very Poor    N/A □
11. How would you rate the conference facilities

5 □ Very Good  4 □ Good  3 □ Average  2 □ Poor  1 □ Very Poor  N/A □

12. What is your overall rating of the Seminar?

5 □ Very Good  4 □ Good  3 □ Average  2 □ Poor  1 □ Very Poor  N/A □
When asked whether more seminars of this type are needed, the vast majority of respondents replied yes and they indicated that they should focus on the following topics or activities:

- Sharing of experiences and information
- Policy development
- Research methods
- More information on how to overcome challenges faced by DINs
- More in-depth training on DIN indicators and how to maintain a proper database

Participants thought that the most beneficial aspects of the meeting were:

- The sharing of experiences in the country presentations
- The learning that took place
- The standardized indicators for DINs
- Definitions for DIN and NDO
- Sessions on policy making and training opportunities

Participants were also asked about what they liked least about the weekend and what improvements are needed for future events. The results from these questions are lumped together below:

- More days are needed for workshops of this type
- Too many presentations in the allotted time
- Not enough time for discussion
- Several participants did not like the food options available and one lamented the lack of vegetarian options.
- Having to travel to receive per diem was also a complaint noted by a couple participants
- Sessions were too long
- Better preparation of presenters and management of presentation times.