Karie Barrett's Notes
August 6-7, 2002
National/International RADAR Network Conference

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INTERNATIONAL DELEGATES

Rose Chipoya Balboya- Border CAPT
Interim Project Director

Sherrilyn Wallace- Executive Director Nassau Drug Council
Bahamas

Marcia Munnings- Health Ed Office, Bahamas National Drug Council
(getting Masters in IT with University of Phoenix

Emily Glazer- SAMHSA's NCADI, Social Marketing and outreach component

Nel Nadal- Federal person in charge of NCADI

Terry Huriwai- New Zealand
Probation Officer by trade, govt. employee

Karie Barrett- USA

Richard Isralowitz
Israel, professor of social welfare,

Surnggie Cho- Director of Probation and Treatment
Korea

Arry Berrigan- Thailand
Coordinator for Health program, Meditation for Stress reduction and relaxation

Dr. Vince Bakeman- Moderator International Section
Works with International Alcohol and Drug Prevention Center, United Nations, etc.

Luisa Pollard- RADAR Network Director

Maron Pierce- background in journalism

Carlos Ponce
Venezuela, Nonprofit, Law professor

Carmen Teresa Rodriguez D'arago
Venezuela

Patricia Ghiglino
DC/Peru

Trene Kata
Greece- Therapy Center for Dependent Individuals
Achilles Roussos
Greece- Therapy Center for Dependent Individuals

Amad Jabbie
Sierra Leon, West Africa

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Dr. Bakeman- Deputy President of the International Council on Alcohol and Drugs

UNDCP- The UN's relationship to substance abuse prevention.
1961- the UN became directly involved in drug control policy.
1985- the UN decided they needed to hold a world wide conference on drug in Austria. Over 100 countries participated. A document was created that became a world standard of what was to happen within countries regarding drug control. (we'll have copies of this Wednesday) Particular activities were spelled out for each country at both the policy and program development and implementation level.

The Global Program of Action was later developed (1985) that tried to expand on the first document. Prevention was included first in the document. The Prevention section states shall give higher priority to prevention and reduction of drug abuse...on the national level. Governments are expected to allocate appropriate resources to the prevention of substance abuse.

Special attention shall be given to the social causes underlying the drug problem. Governments are expected to address these causes through legislative activity.

Information and education programs shall be used to prevent the use and increase the awareness of drugs.

States shall establish and promote national systems to collect data about the drug situation.

Mass media shall be encouraged to publish and disseminated information in support of the reduction of drug abuse.

Establishment of national committees or ad hoc structures aimed at garnering and mobilizing public support for prevention.

[Luisa encouraged participants to go home and hold a small press conference to tell the media about their participation in this conference and to talk about the fact their country had signed off on this document and thus made a commitment to prevention. She also made them aware of the fact that the UNDCP has technical assistance teams which are available to countries who need help. They do not bring financial resources, but they do bring expertise to help top officials get started.]

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Luisa Pollard- CSAP Contextual Overview

**Presentation of a 60 second PSA regarding the programs CSAP provides.

CSAP is trying to inform the public that in order for us to have a national dialog, we need to start with our youth. To have this national dialog, the youth need to be alcohol and drug free.

There are no quick fixes. We need to accomplish prevention on the community level, then state, the national, then global. We must use evidence-based strategies.

Congress doesn't have a very good understanding of what we need to do. They need to understand that prevention is why things didn't happen. Prevention is a quality of life issue.

CSAP has four divisions which are in the process of working very cohesively so they can present what is reliable. CSAP is working to get all of their programs speaking the same language.

We are going to hear more about how prevention dovetails with co-occurring disorders coming from CSAP, SAMHSA and Tommy Thompson.

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THAILAND

1999- school programming- No drug, no violence, no gambling, no obscene media

Total Treatment (Survey of 147 treatment centers) Oct. 99- Sept. 2000

Inpatient	16367	25%	Out	50888	75%

Indicating drug problems

Male 93% Female 7% Student 69.7%

Causes of addiction
curiosity 57.5%
persuaded by friend 22.5%
recreation 7.8%
release pressure 6%
work enhance 2.4%
physical illness 2.2%
other 1.7%

Age group
20-24 25.8% 25-59 24%

Their new 9 point strategy- they were developed out of the global declaration.

1. calling- wake up call to let everyone in the country that narcotics are the first priority and every need to take responsibility
2. controlling- put more effort on how to deduce the chemical mixture, so we can control ingredients, control areas producing the drugs
3. suppressing- strongly exercise the law enforcement and drastic punishment, death punishment immediate
4. healing- use the money for prevention as first priority, treatment second
5. knowing- pay more attention to how they produce and move and sell the drugs, who are the consumers/buyers, distributors
6. executing- all areas have to coordinate and cooperate
7. revising- revise old laws that does not work for prevention program, law must support the prevention programs, laws of service providers, treatment, and enforcement. Court of crime bargaining which allows for reduced sentences for information leading to producers. Witness security laws to provide safety to get people to testify and provide information. Court of information outreach, if the person who work for the prevention programs must be able to get info from other departments. court of delay to take legal action- revise law to prevent delay of legal action, prohibit bribes.
8. Cooperation- with neighbor countries. work together to prevent fighting. Talking to stop production of chemicals in one country, production of drugs in another, distribution to another and so on.
9. researching- without research support programs cannot be developed. they evaluate each area to provide information on what is working.

The countries main problems include corruption, narcotics, and cutting down trees.

The main drug of concern is amphetamines (this includes a chocolate type, pill, liquid, powder).Heroin is just moving through the country, not staying for abuse. The police are no longer involved in trafficking it.

The problem is mainly among men as the cultural norm is forcing women to not go out at night and they work too hard.

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ISRAEL

The development of the RADAR Network program in Israel in relation to middle east development.

Demographics
The population is approx. 6 million in the country, about 20% are Russian immigrants incoming since 1990, 18-20% are Arab people living as Israel citizens. It's estimated between 25-30 thousand heroin addicts in the population. Of that 30,000 approx. are 20% Russian immigrants who are also into other substances. Cocaine is not seen as a major problem in the population or middle east

80% male, 20% female addicts 60,000 alcoholics in tthe country,

roughly 20% of addicts get into treatment and it's a revolving door syndrome, 20% make it clean

Hepatitis C, HIV, and tuberculosis are spreading fast

RADAR Network
1995-6 Israel became involved in RADAR

RADAR gave them a sense of legitimization in what they were trying to do. The publications sent by Washington to them via NCADI made them a repository of knowledge. They were faced with a problem that much knowledge coming through contained too complex of English language for translation or understanding by their professionals.

Dissemination doesn't ensure information will be applied. Persuasion, motivation, networking, and follow-up are required.

In 1997 RADAR was established at their Ben Gurin University with minimal resources.

One of their goals was outreach to Palestinian colleagues that they could too become a RADAR Network center.

Materials have to be translated into Arabic and Hebrew.

Short-term and long-term strategies were instituted. Short-term activities include workshops on basic topics of interest.

Through RADAR, Palestine, Israel, and the United States have been able to come together and work on a common problem behind the scenes. As seen in the color guard in Irvine in 1999.
the international centers are using NIDA, SAMHSA and other US govt. agencies to help build their legitimization.

Egypt is coming into the fold with the hopeful receipt of another state department grant.

They have a tremendous need for materials in Arabic languages, in hard copy.

UNDCP may have a Rapid Assessment tool on their web site.

Alcohol, Opiates, and Stimulants (Ecstasy) are their main problems.

*** We need to conduct a training needs assessment with prevention professionals.***
We should get a copy of this Rapid Assessment tool, to be used with short-term programs.

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PERU

One of three main producers of coca in the world. It had been produced for over 2,000 years. It has formed part of the daily lives of the natives. IT was originally used for religious & mystic services.

It was used by the Indians to alleviate the hunger, pain and cold from their abuse of working in the gold mines in the period of 15-1700's when they were a colony of Spain.

In 2001, there were 170,000 farmers dedicated to coca production. It is produced mainly in the jungle, which is very difficult to access for eradication.

There is lack of demand for other agricultural staples as valuable as the coca leaves. In 1998 price per kilo was 40 cents and currently it is about $3.

In the early 90's part of the coca production was controlled by the guerillas.

Production fell over 50% between 95 and 99, but it has currently risen during an economic downturn.

The question is what is the commitment of the world markets to eradicate this crop and replace it with others that are economically equal.

There are no famous cartels in Peru that are controlling the production.

The actual production is done in Columbia, Peru just sells the coca leaves.

There is severe economic depression and government corruption. The youth are at the pinnacle of their need for prevention.

51% of farmers are willing to change out their crops as long as they have the economic backing and equity in the crops. This has been a complete failure in Bolivia.

Regular lower class people are the drug dealers in Peru and they are very knowledgeable about the laws, so they do not get arrested. The price has gone down to $1-6 per gram in Lima, Peru.

In Lima, 50-300 thousand drug abusers are present and the majority are crack cocaine abusers.

Survey of 1.5 million persons
Marijuana 1988= 5.3% 2001= 1.6?
Crack 2.8 to 2.4
Cocaine 1.3 to 2.3%
Tobacco Heavily marketed to youth as they loose US markets
Alcohol- no strict age laws

Their govt. has funded some treatment hospitals and research centers.

They have over 200 Therapeutic communities in Lima and only 20 are certified by the govt. Religious organizations, former users, and professionals represent the groups running these places.

It costs $1450 to put people in treatment publicly.
It cost $3200 per month for a private facility.

The question for this country is "is eradication possible" given the economics?

All private schools have a comprehensive prevention program. In public schools, they are given information, but they do not follow up with them. The public focus is on educating the public using private funding.

Their government's main concern is starvation, followed up by lack of employment and education.

The production of poppy has started in Peru as well, however it is considered a low class drug.

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GREECE

Prevention Intervention in primary Education: A Holistic Approach

KETHEA's Services network

11 counseling induction centers
5 residential therapeutic communities
5 open care TC
10 rehab
10 family programs
7 prison program
3 vocational training centers

School's Profile
poor housing, low economic level, large # immigrants, 230 pupils, 62% of students from foreign countries, incidents of hostility

Goal: to enhance children, teachers, and parents in order to make healthy choices and lifestyles.

Pupils - phase A
23 students, 11 years old, 11 sessions
Outcomes: less hostility, improved communication, less secrecy, improve cooperation, productivity

Pupils - phase b
25 pupils, 12 ears old, 11 sessions

teachers phase A- 19 teachers, 10 sessions
Promotion of health and drug prevention for children

teachers phase B- supervision session 8 teachers, educational sessions- 13 teachers

Parents phase a- 12 female parents, 10 sessions
Goal- promotion of healthy was of living and drug prevention for children

parents phase B- 64 parents, 11 open lectures
Concerning general interest issues regarding children
Educational group program concerning specific drug issues with children

Evaluation procedures-
qualitative- 5 focus groups, 2 with teachers, 3 with parents
evaluation of implementation process
surveys

The number so students smoking marijuana and inhalants is increasing, the average age is 15.

Community programming

All of their services are provided at no cost.

Pegasus Mobile Information Unit- provides prevention information

- Composed and objective information in use matters and dependence
- Sensitivity of the drug problem

- awakening and activation of the local community in order to deal with it
- registration of the forces which affect the problem, positive or negative
- registration of the supportive structures and services
- netting of the local community with the proportional services in local and national level
- supply with advisory character services in users and their families.

Methodology
- the of the team and the bus “Pegasus” in the center of the city- community
- the interference team- professional prevention staff, ex-users, members of the Therapeutic communities
- the informative meetings
- the netting
- the consultative in team and atomic level.

The Evaluation
Quantitatively- from the arithmetically elements which accumulate after each action

Qualitatively
- From the team of the Therapeutic community members
- from the staff team
- from both of these teams
- from the cooperators team
- from all of those people who took part after the end of the interference
- from oral evaluation of those people who took part in the actions
- from the comments of local media

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KOREA

Alcohol policies, clean start of prevention researchers in Korea

Presentation Lists
- Culture, patterns, costs, and prevalence
- alcohol policies in Korea
- KARF since 2000- Korean Alcohol Research Foundation
- prevention models and it's outline @ KARF
- case study: peer leader training model
- evaluation and evidence from the prevention programs

Culture, patterns,
- 42.7% of Koreans tend not to drink in one place, but continue to drink for 2nd and 3rd round
- 30.3% of drinkers drink too much over their sensible drinking level
- most of the drinkers experienced enforced drinking (social pressure)
- 38.6% of male drinkers experienced DUI last year
- Drinkers with more than 8 points from AUDIT scale are 31.2% of Koreans (19.5% are estimated to be Abuse and Alcoholics, 12 points)

costs, and prevalence 2001
- Medical 1491
- Productivity 8944
- others
- total

Lifetime prevalence Abuse and dependency
21.98% Korea
13.7% US

Casual model
accessibility, advertise, price, direct intervention, prevention, treatment

Culture
Started prevention for adolescents in 1997
established under ministry of health and welfare at April 2000
implement national survey of all Koreans

Major prevention models and it's outline
- misuser- awareness week models, dormitory model, COPE and Teen Plus for middles school, STAR for elementary, and PLT (peer leader training) against Misuse, and leadership training in middles school- to college
- Abuser- information dissemination, EAP model
- Alcoholics- CBT(behavioral), MET(motivation), Combine, 12 step, Specialist models and community models for relapse prevention

Solidarity Model with Peer leader Training Program

University, high school, and middle school students
expertise, mentorships (university), trainers, netowrk
skills, organization
teamwork, leadership, information

3 years

Mentor System provides the base

Performance from the PLT
- Decrease abuse and misuse, reduce harm
- create leadership

national evaluation 1997-2000
- 1 year prevalence increased 70.4- 80.1%
- decrease in 3 times per week drinkers, 1-2 times per week
- just one round drinkers increased from 45.3 to 57.3%

Project evaluation for adolescents
- knowledge 48.3 to 66.4%
- recognition 57 to 100%

Tobacco is another big problem with about 80% smoking. The third would be gambling. Fourth would be drug.

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VENEZUELA

Social and economic crisis
23% of the population lives on $1 per day

poverty effects 70.5% of their population

Prevention of ATOD
the average yearly worker income is $1300 per year

there is no real official ATOD data from the Venezuela government

there are 24 million people in the country

40% of 13-16 year olds drink alcohol to inebriation levels
32% of their income goes to Alcohol and 6% for tobacco

Drugs of abuse include marijuana, bazuco, cocaine by men (heroin and crack)

The only real strategy to address ATOD is law enforcement

There is no coordination between institutions, not enough resources

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NEW ZEALAND

South Pacific, 2 Islands, 4 major cities

They have a national drug policy and a national alcohol policy which are separate.

those policies are five years old and they are up for review, they are expected to merge

drugs of abuse- alcohol, tobacco, stimulants,

treatment- alcohol, marijuana, opiods,

there is a new young affluent group abusing amphetamines and methamphetamines.

Their main focus is harm minimization.

In schools, they have a zero tolerance policy which is somewhat in conflict with the overall harm minimization focus.

Marijuana decriminalization is up for vote and they expect it to pass.

Main approaches- controlling the supply, demand reduction (main focus for health promoters), treatment

Their prevention professionals have been forced to move from just ATOD to all kinds of prevention.

Training has fallen off and is in critical need.

They have national telephone surveys.

Customs and enforcement have an excellent database collection method.

Enforcement agencies are trying to work with treatment centers to find out where the drugs are being obtained from.

Lots of people are talking about collaboration, but people are concerned about sharing resources, so not much happens. However they are talking, but they are brainstorming on how to obtain additional resources.

They are seeking school-based evidenced programs as those they have been doing are increasing ATOD use.

They are working on delaying the onset as they are seeing 7-8 year olds with cannabis use problems in treatment.

They are trying to figure out what info they need to deliver when and how early they can start.

They are currently involved in a debate between which is better, addressing risk factors or protective factors. There is some resistance to the wellness model since it involves a longer time line.

They are trying to examine the protective factors within their native cultures and trying to focus on them and break the social norms on those cultural norms which contribute to ATOD use.

Women with children is a large target group for their efforts. In terms of secondary prevention, this is a critical group. They are looking at children of users especially.

They really need to build bridges between primary and secondary prevention. They need a continuum of service. Integration of services is key to addressing their problems.

They are having a tough time getting professionals to be involved in the ATOD prevention profession.

They are learning they need to tweak their delivery of the information for many groups. Many people are not able to understand the academic delivery style. They also are trying to get people oriented on group process, community readiness, community development, and how to best transfer the information.

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Sierra Leone- Wednesday (West Africa)

Rice cultivation and slave trade made strong historical connections.

4 million people, 27,000 square miles, 10th least developed country in the world according to the UN.

The country is not poor, however the people are very poor. Corruption is rampant in the government.

The conflict is exclusively for the diamonds and drug trafficking.

75% of the country is under the control of the rebels.

Drug war and prevention is not a priority due to these factors.

Cocaine, alcohol and marijuana are the main drugs. The people sell them for survival

20-30% are cocaine addicts.
85% male
15% female
95% will find themselves into problems.
2% find their way to treatment

Music and song are used to convey prevention information due to blackouts.

Their success depends on broad-based community support.

There are no government supported drug prevention programs. The private sector must provide prevention funding.

The child soldiers in the war were forced into the military and then forced to use injected cocaine, marijuana, and alcohol to give them the courage to fight.

There are three to four organizations working on drug prevention, however there is no funding.

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BAHAMAS

There are 700 islands, of which 22 are inhabited. They are based out of Nassau

New Providence has 68% of the population. (where Nassau is)

The Grand Bahamas Island has 16% of the population.

Their annual growth rate is 2%.

There was no record of illicit drug use until the 1960's.

In the 1970's there was a marked increase in marijuana use followed by Quaaludes and cocaine.
Smuggling cocaine became quite common.

In the 80's, the Bahamas became a major transit point for cocaine.

The drug of choice is alcohol, marijuana, and cocaine. This is also complicated by their immigration problems from Haiti and ?.

They have two treatment facilities, one inpatient and one outpatient.

Dr. David Allen was responsible for identifying the mode of treatment at the time and drew heavily on the national religious systems to accomplish this. The community of very religious and intolerant of the drug situation.

There was an outcry from the public and a government task force was appointed in 1984 to assess the problem.

In 1985, the Bahamas National Drug Council was established.
Mission- To provide up-to-date information and services relative to the hazards-

The Council members come together once a month to address problems, the members include youth, law enforcement, religious leaders, corporate, social welfare

They have adopted the public health model of prevention.

Prevention model
- Preprimary- healthy lifestyle- healthy person
- primary- health at risk- person tries
- secondary- institution- substance abuser
- tertiary- community- recovering addict

Summer Enrichment program- annual, one week, rotated through the communities of New Providence, ages 5-17, presents alternative activities.

SAINO- antidrug program
Mascot looks like one of the country's more popular dogs, he wears the country's colors.
used in school assembly rallies
expanded to 24 schools
part of the Coalition of a Drug Free Bahamas

MIST- Military Information Support Team, US Embassy- they help develop AV materials suited for the population

They have distributed over 100,000 pieces of materials in the last five years

They also have a resource center which collects and disseminates culturally appropriate materials to the public.

They also use a team of community outreach officers in their health care centers to provide a local link to information and treatment.

There are currently working on establishing a National antidrug 5 year plan.

Integrated Demand Reduction (IDER), Community prevention, prevention education, and treatment are the components of the program, National Projects Secretary Office established to oversee project, Funded by UNDCP grants of about .25 million

Abaco, Andros, Cat, Crooked, and Simms

CODAC(Community Developing Action Committee) it develops people by empowering them to change

Training for establishing 2 year action plans (POPIE)
Planning- talking to the community leaders to get information and learn the key factors
Organizing- bringing community together to tell them what the plan is
Prepatory- information is collected on the community and then verified
Implementation- have them develop the 2 year action plan and communicate it with the community
Evaluation- provide training to help create self-based business for support

Andros Island Project
150 persons in community
Did the training exercise
Help build new self-sustaining business to employee drug using youth
The owners sold shares to the boys, so now they are partners.
The each make about $14K per year
This has become a model community

Both their political and community environments were ready for these projects.

They are now being challenged by the marijuana usage problem with youth.

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