

## Social, Economic and Health Issues

Chairpersons: *F Pollard, G Hutchinson*

### O – 53

#### The social and economic impact of rehabilitation and incarceration of drug users in Grenada

*S Giaquinto, C Hegamin-Younger*

*St George's University School of Medicine, Department of Public Health and Preventive Medicine, St George's, Grenada*

E-mail: [sgiaquin@sgu.edu](mailto:sgiaquin@sgu.edu)

**Objective:** To quantify the cost for rehabilitation, incarceration and loss of productivity for drug users, as well as general statistics for drug use in Grenada.

**Subjects and Methods:** Data were obtained from various sources, and used in equations to assess different variables. Data from various institutions were also looked at to examine any trends that could be seen from January 2013 to June 2013.

**Results:** The calculated cost and length of stay for each prisoner in Grenada for drug use is EC \$25 787.25. The number of substance use-induced hospital admissions and the cost per day is EC \$2 092 501.55 for the 101 patients that were admitted over a six-month period. The calculation for number of people undergoing treatment and cost associated with the treatment is EC \$617 680. Amount of wages lost due to premature death from substance use is EC \$881 083.48. The costs for arresting and maintaining drug users is EC \$2 682 120.74. The cost associated with loss of wages for being imprisoned is EC \$2 714 148.08. The statistics from the various institutions showed that 76% of the individuals are males and the major problem substance in Grenada is marijuana, accounting for approximately 45% of the reported substances, and simple possession is the majority violation.

**Conclusion:** Grenada spends a significant amount on incarcerating and rehabilitating individuals for substance use and the majority of those are for possession of marijuana. The next step is to come up with a plan to reduce the costs that accrue to the country in order to deal with illicit substance use.

### O – 54

#### Treatment outcomes of substance abusing males who completed a 90-day residential treatment programme in Barbados

*J Griffith, J Carrington, D Scantlebury, K Beckles*

*The Substance Abuse Foundation Inc. St John, Barbados*

E-mail: [Jerine@VerdunHouse.com](mailto:Jerine@VerdunHouse.com)

**Objective:** To analyse the post-treatment outcomes of male substance abusers who completed a minimum of 90 days at a residential treatment facility in Barbados.

**Subjects and Methods:** A sample of 150 male clients who completed 90 days or more of the treatment programme from 2004–2014 was used for the main study. A pilot study was conducted with fifteen subjects to assess the validity and reliability of the Substance Abuse Foundation Evaluation-1 (SAFE-1) questionnaire designed for the study. Correlation coefficients were used to measure the strength of association between variables, and a *p*-value of 0.05 was used to determine statistical significance.

**Results:** To date, data on 37 respondents were used for analysis. Positive significant relationships emerged between number of days in treatment and length of sobriety, and social support, spiritual health and length of sobriety. There was no significant relationship between drug of choice and length of sobriety, nor between trauma and relapse. Self-referred clients reported longer lengths of sobriety and clients who had more than 20 years of drug use prior to treatment were more likely to stay sober longer after treatment. Clients between three and six years post treatment were more likely to request additional support.

**Conclusions:** There are specific factors that positively impact length of sobriety after treatment. Thus, substance abuse treatment centres should seek to incorporate these factors into their programming so as to better inform their inpatient and aftercare services.

## O – 55

### **An assessment of the impact of providing care to the elderly in their homes on quality of life**

*M Ramdeen, W Adu-Krow, VDB Mahadeo  
Berbice Regional Health Authority, Region 6, Guyana  
E-mail: Melissa\_m@ymail.com*

**Objective:** To assess the impact of providing care to the elderly in their homes on their quality of life.

**Subjects and Methods:** After identifying the elderly (65 years and older) persons, a team approach (doctor, dental staff, primary healthcare nurses and community health workers, rehabilitation staff, nongovernmental organizations) was used to provide care to the elderly (including the bedridden) in their homes. A management plan for each patient/client was worked out and with the help of the caregiver (who was also given necessary advice and training), the plan was implemented.

**Results:** There were noticeable improvements in the quality of life the elderly achieved with this intervention including increased mobility, being more self-sufficient, improvement of health and correction of ‘polypharmacy’.

**Conclusion:** This programme is low-budget (in Guyana) and can be implemented in other regions of Guyana and in countries that have similar constraints.

## O – 56

### **Estimated cost analysis for demand-driven family health outreaches in Guyana in 2014**

*V Bachan, G Tatkan, W Adu-Krow  
Ministry of Public Health-CDC Co-Agreement,  
Georgetown, Guyana  
E-mail: jnbachan@yahoo.com*

**Objective:** To review the cost implications of demand-driven health outreaches made in 2014 in terms of need, saliency and benefits.

**Subjects and Methods:** In 2014, there were 85 medical outreach visits to seven of the 10 administrative regions provided by five entities including the government. The costing methodology was to randomly select two outreaches by each entity and then quantify the direct cost, *vis-à-vis* drugs and medical supplies, voluntary counselling and testing (VCT), visual inspection of cervix using acetic acid (VIA), dental, blood banking and optical services, and the cost of indirect services such as transportation, meals and stipend.

**Results:** The direct cost was GY \$101 755 075 while the indirect costs amounted to GY \$3 464 925 (US \$17 026.66) in total. Therefore, the total estimated aggregate cost for the demand-driven medical outreaches in 2014 in Guyana amounted to GY \$105 220 000 (US \$517 051.58).

**Conclusions:** The cost involved in the provision of the demand-driven medical outreach service could have provided support for nine health centres or 36 health posts for one full year. Coupled with the fact that the service is mainly along the coastal areas, where the need for such services is less, it is suggested that government either suspend these activities pending a full review or have limited outreach visits to the interior in the interim.

## O – 56 A

### **Gender-based violence and associated health outcomes against internally displaced women after the Haiti earthquake**

*LJW Sutton, DW Campbell, HN Yarandi, DR Bertrand,  
TD Liburd  
Caribbean Exploratory NIMHD Research Center of  
Excellence, School of Nursing, University of the Virgin  
Islands, Albert A Sheen Campus, St Croix, US Virgin  
Islands  
E-mail: lsutton@live.uvi.edu*

**Objectives:** Limited research following disasters suggests that internally displaced women are disproportionately vulnerable to violence and abuse. The purpose of this study was to investigate gender-based violence (GBV) and health outcomes among Haitian women living in tent cities/camps following the 2010 earthquake.

**Subjects and Methods:** Culturally sensitive and language appropriate audio-computer assisted self-interviews (ACASI) of 208 internally displaced women in Port-au-Prince, Haiti, were done. Intimate partner violence, non-partner violence, sexual abuse and emotional abuse history were collected from 2011–2013.

**Results:** Findings showed high prevalence of physical, psychological and sexual abuse, both before (71.2%) and after (75.0%) the earthquake, primarily perpetrated by boyfriends or husbands. Significantly more mental and physical health problems were reported by abused than non-abused women. The most frequent abusers were boyfriends or ex-boyfriends (38.1%) and husbands or ex-husbands (42.3%). In addition, among abused women post-earthquake, post-traumatic stress disorder and suicidal thoughts and attempts increased by 104% and 30%, respectively.

**Conclusions:** It is essential that disaster healthcare policies and practices include specific attention to intimate partner violence. Post-disaster violence is often a continuation of the same intimate partner violence women encountered before the disaster occurred. Coordinated planning and implementation of much needed culturally tailored interventions are essential to provide a balanced approach to the care of displaced women after natural disasters, with sensitivity to the abusive occurrences many of the women experience, both before and after the disaster.