REGIONAL STRATEGY FOR DRUG DEMAND REDUCTION

Situational Analysis on Drug Demand Reduction Issues in the Region

The need for information

Ideally, drug demand reduction policy should be based on the results of scientific research. In reality, however, this is rarely the case. In the European Union, for example, drug demand reduction policy has become more rational and more evidence-based during the last few years, at least partly due to the establishment of the European Monitoring Centre for Drug and Drug Addiction (EMCDDA). Nowadays, debates on drug policy are less emotional and result in less spur-of-the-moment decisions, which in the long-term will have a positive impact on the effectiveness of interventions.

In the Caribbean, there is great concern about drug use. However, it is difficult to determine to what extent this concern is justified, since it is, in general, not based on factual information. Concerns about drug use might even be a consequence of this lack of knowledge. Drugs are an ideal tool to "explain" many societal problems, such as crime, poverty and insecurity. In many cases, however, it is questionable whether these presumed causal relations are correct. In order to prevent the "misuse" of the drug problem and an unjustifiable "moral panic" it is of utmost importance to have a sound assessment of the drug problem. Not only because knowledge can improve the effectiveness of interventions, but also because policy- relevant knowledge can put things in perspective and can increase the awareness of policymakers of the actual drug problem.

What is available?

Some countries have conducted prevalence surveys, mostly among school children. Although the relevance of these surveys is beyond question, the importance for policy making is rather limited. If these surveys show for example, that 15% of the school children between 12 and 18 years old have used marijuana at least once in their life (lifetime prevalence), what does this say about the actual drug problem? If a survey shows that 5% of the schoolchildren have used marijuana in the last month (last month prevalence), what does this tell you about the frequency, the nature, the harm and the risks? What kind of implications should these figures have for policy making? Furthermore, these kinds of surveys cannot be used to measure the use of cocaine (and other difficult-to-measure drugs) accurately. Since cocaine use is relatively rare (last month prevalence probably between 0 and 2%), the survey sample is too small to measure the prevalence accurately.

The Drug Abuse Epidemiological & Surveillance Systems Project (DAESSP) aims to conduct school surveys, to increase the drug research capacity in each country and to

conduct focus assessments. If the project manages to use the same survey methodology in all countries, this would produce valuable information. We would be able to answer the question as to whether the prevalence of drug use is equally or unequally spread among Caribbean countries. The value of a survey increases if it is repeated every couple of years in order to track developments in substance use. “One survey is no survey”.

Hopefully, in the course of its activities, the Caribbean Drug Information Network (CARIDIN) will be able to collect, analyze and disseminate all data and studies on drug use in the Caribbean in order to get some idea of the state of the drug problem in this region. One of the region’s weaknesses is that there seems to be no institution that performs this task at the moment. It can be argued that this should be the responsibility of the Caribbean Coordinating Mechanism (CCM), but this mechanism hardly provides data on drug use and completely lacks in-depth analysis.

In recent years, Rapid Situation Assessments (RSAs) have been conducted by or in collaboration with the United Nations Drug Control Programme (UNDCP) in a number of countries. These RSAs consist of an eclectic combination of qualitative and quantitative data collection techniques and draw on a variety of data sources. Depending on the selection of techniques a RSA can be a valuable tool. The RSAs conducted in the Caribbean are definitely useful, but lack a more in-depth approach that is needed in this region. In general, RSAs focus on all legal and illegal drugs and do not target specific risk groups. Some RSAs have collected data only from indirect sources, such as community leaders, policemen and physicians, but not from drug users. This makes RSAs less valuable for designing interventions aimed at secondary and tertiary prevention in general and at problematic drug users and drug scenes in particular.

Although ganja is the most prevalent illegal substance, crack cocaine is clearly the most problematic drug in the Caribbean in terms of health risks, drug related property crime, organized crime and community problems. Unfortunately, there is little information and knowledge on the demand for crack cocaine. In some countries, it is not even clear whether cocaine hydrochloride or crack is the drug of choice. We should make an exception for Jamaica, where a couple of fine studies were conducted. The European Commission (EC)-funded study on illicit drugs and the poor in-transit countries provides a good insight into the drug dealing and drug using scenes of Jamaica and gives valuable suggestions for further research and policy making.

What is needed?

To improve the quality and effectiveness of demand reduction proposals and projects, a combination of quantitative and qualitative research is needed on the nature and extent of the drug problem in the Caribbean. If we take the most compelling problem as an example - crack cocaine – research should shed some light on the following questions:

- What are the characteristics of (problematic) cocaine use? (e.g. prevalence, estimates, frequency of use, consumption patterns, ways of administration, poly drug use, social context, negative and positive experiences)
- Which communities face serious drug problems and what kind of problems are we talking about?
- What are the characteristics of problematic cocaine users? (e.g. age, sex, family situation, drug career, education, work experience, health status, means of income, criminal involvement, arrests and convictions)
- Can we draw a typology of cocaine users?
- Can we give a description of the drug economy in drug-inflicted neighborhoods?
- What are the needs (secondary and tertiary prevention, social) of problematic cocaine users?
- What dynamics are at play in relation to drug user – drug dealers – drug control?

Primary prevention

In the Caribbean, primary prevention is almost a synonym for demand reduction. Until recently, hardly any other demand reduction projects were funded outside of primary prevention projects. Probably the most important reason for this is that since the knowledge of the drug problem is rather limited, the only obvious action that is possible is trying to prevent non-users (in most cases, the youth) from starting to use drugs altogether. This is a worthwhile and respectable objective, but it should be acknowledged that primary prevention is probably one of the most complicated disciplines in the drug field.

Taking into account evaluations on the effectiveness of primary prevention programmes, one does not become optimistic. These evaluations, mostly conducted in the United States, show that most primary drug prevention projects have no effect on drug consumption. A relatively low percentage of projects showed a slight decrease in drug use, albeit a similar percentage of projects tended to increase drug use. Of course, this does not mean that primary prevention is a superfluous activity. It does mean, however, that the main objective of most projects in the Caribbean – to decrease drug use - cannot be achieved.

Primary prevention projects can and should be improved. Hardly any attempts have been taken to improve the quality and the effectiveness of prevention projects in the Caribbean. Whereas supply reduction projects have predominantly focused on training

and the establishment of infrastructures (e.g. PMO, Forensic labs, money laundering), demand reduction projects focused on concrete activities "from scratch" as if human and technical expertise were abundant. The result is that many projects are not in keeping with the minimum standards of "good practices" in primary prevention.[i] There is the impression that this goes for the UNDCP Integrated Demand Reduction (IDER) Projects as well, although IDER projects do use the most promising interventions; an integrated approach of several activities, like school projects, community-based projects, peer projects and social skills-building programmes.

It is difficult to understand why training in prevention, treatment and rehabilitation is virtually absent. In the last few years, the EC Phare-project has funded many training projects in demand reduction in Central and Eastern Europe implemented by the European Addiction Training Institute. A Caribbean equivalent would have been an important instrument to increase the quality of drug prevention. The only project that dealt with training in demand reduction was the Caribbean Regional Addiction Certificate Programme. The evaluation of this academic course in eight countries was positive overall; more students received a certificate than expected and the quality of the course was high. For several reasons however, it is questionable whether this programme has resolved the training needs sufficiently. Firstly, only students from eight countries participated. Secondly, the course dealt with almost all aspects of the broad field of demand reduction and did not focus on specific aspects. As a result, the training did not have an in-depth approach. Thirdly, the course was on an academic level and might not have equipped the students with sufficient practical tools. It seems more appropriate to have more specialized, separate, practical training courses on primary prevention, tertiary prevention, treatment and rehabilitation.

Many projects rely heavily on the mass media when it comes to primary prevention. The production and broadcasting of Public Service Announcements for television and radio is a heavy burden on the budget of the projects. To put the emphasis on the mass media is attractive for many reasons, but in terms of effectiveness and efficacy, highly questionable. Mass media campaigns alone are not effective in changing behaviour and are not suitable to deliver tailor-made messages for specific target groups. Since, in the Caribbean we are working with small countries, there are other less expensive and probably more effective alternatives to reach the target group.

Tertiary prevention

Tertiary prevention is the least developed discipline of demand reduction in the Caribbean. The most important reason for the lack of harm reduction interventions is however, the limited knowledge of problematic drug use. Since there is little information on, for example, the lifestyles, health status and backgrounds of drug abusers (information exists mostly on crack cocaine users), the sole typical Caribbean response is repression towards problematic addicts. To put it bluntly: health officers deal with non-users and the police with problematic users.

What is available?

The EC funded Regional Treatment and Rehabilitation Programme, implemented by DOHi, puts a lot of emphasis on street-based intervention (read: harm reduction) as well as networking and training. One of its aims is to support “grassroots” level NGOs that try to reach the addicts living on the streets by providing low threshold, basic facilities, like food, shelter, health care and counselling. These interventions are limited to a few countries (Trinidad, Barbados, St. Lucia, Dominican Republic, Jamaica, Haiti, Bahamas) and a few neighborhoods only. They will be, as a consequence, just a drop in the ocean, however, they might serve as examples of good practice for a “new” direction in coping with the drug problem.

In Europe, innovations in drug policy generally start on a “grassroots" level, and after considerable debate, the experimental phase might become mainstream policy. Innovations in this area are not invented on the premises of the ministries or other governmental agencies. The networking and training component of the Treatment and Rehabilitation Project seems to be extremely important in this bottom-up approach. European and US harm reduction interventions cannot simply be applied in the Caribbean. Via networking and training, the participants try to develop interventions that are applicable to the Caribbean situation. It could be described as a kind of “on the job training”. This approach contributes to the sustainability of the interventions and the Caribbean ownership.

What should be done?

Tertiary prevention/harm reduction interventions are closely related to other interventions that try to alleviate the problems of marginalized people, like HIV/AIDS projects and poverty alleviation projects. However, the drug problem tends to be dealt with in an isolated manner and socially- oriented projects rarely focus on drugs. For example, a project on HIV/AIDS prevention among risk groups should be combined with interventions that target homeless people, prostitutes, drug users, alcoholics, etc. More emphasis should be put on the identification of (possible) drug components in other projects. This would enhance the change of making harm reduction interventions more accepted in this region.

Treatment and rehabilitation

Existing treatment facilities in the Caribbean are, in most cases, abstinence-oriented and based on the traditional 12-steps method. It is not known how effective the application of this method is in this region. However, this goes for most treatment methods and evaluation of the effectiveness is not very common in this field.

In the EC-funded report *Drug Treatment and Rehabilitation Needs* (May 1997), a number of weaknesses were identified, e.g. a lack of after-care, social reintegration, halfway houses and no provisions for drug dependent women. The Treatment and

Rehabilitation and the Prison Reform Projects do focus on some of these weaknesses, but in general, the situation has not changed much since 1997.

Alcoholics, marijuana users and crack users are treated in exactly the same way and there seems to be no tailor-made interventions for people with a multiple addiction problem and/or psychiatric disorders. Ideally, there should be more diversification within treatment institutions and links should be made with harm reduction interventions (pre-treatment phase) and after-care projects; the so-called “chain-model”.

The justice system

Generally, Caribbean countries have a zero-tolerance approach when it comes to drug use. Possession of small amounts of drugs for personal use is dealt with severely. Heavy fines and custodial sentences are the rule for cocaine and cannabis. In his report, Klein suggested that the “pressure” of the international community towards Caribbean countries to put the drug problem on the top of the agenda have had some adverse effects. According to the Drug Scope report, the small Caribbean countries were unable to focus their anti-drug efforts on large scale drug trafficking. Instead, the most visible element and therefore easiest to arrest, drug users and peddlers, became the subject of police attention. Given the harsh sentencing policy in the Caribbean, this approach has for example, – according to Klein et al – contributed to the overcrowding of prisons. It is difficult to say whether this hypothesis is correct, since data on sentencing practices in the region is lacking. We know that the number of arrests is quite high in most countries, but it is not known how many of those arrested can be considered drug user or peddler. Furthermore, there is no information available on how many of these users/peddlers end up in prison. A study on drug sentencing practices in the Caribbean could shed some light on Klein’s hypothesis and on the actual functioning and the results of drug control.

In Europe, a more health-oriented approach has replaced the repressive, legal way of dealing with drug users. Especially with respect to cannabis users, most member states do not impose custodial sentences. The rationale behind this is that a prison sentence does not deter people from substance abuse and that prison is more harmful to youngsters than the pharmacological and toxicological risks of the substance for which they were arrested. With the exception of Jamaica, the Caribbean approach towards cannabis users is still overly repressive. However, heated debates on the legal status of cannabis are being held in most countries. In Jamaica, a governmental commission on cannabis was just concluded. Hopefully, the ganja studies can contribute to the work of the Jamaican commission. In any case, it could be a fruitful approach to stimulate the debate on cannabis in the Caribbean.

Current Patterns and Trends in Drug Use
(Mainly based on reports presented at a CARIDIN meeting)

General Population

Not many national household surveys have been done in the region. Alcohol and tobacco continue to be the drugs of choice for the adult population. This has been the pattern reported generally throughout the region. For countries where studies have been done levels ranged between 64–95% of alcohol and 36-74% of tobacco (cigarette) use. Marijuana use ranks next with levels of 43-57% lifetime use reported in the general population in Jamaica. Crack cocaine use has increased significantly over the last three to four years in the region. This is evident in the increased diagnosis of cocaine-induced psychosis among patients admitted to medical and psychiatric wards throughout the region.

Youth Population

In terms of surveys to determine consumption patterns in the youth population, these have been consistently done among the in-school youths between the ages of 12-19 years and sometimes up to 21 years old. National school surveys among this population have been done recently (within the last two years) only in two countries, Haiti and the Dominican Republic. An extensive national school survey in Jamaica, (1997), reported lifetime use of 27%, 71%, 27% and 2% for cigarettes, alcohol, marijuana and crack cocaine use respectively. The current or 30-day prevalence reported was 5%, 29%, 8% and 0.7% for cigarettes, alcohol, marijuana and crack cocaine use respectively.

Intravenous drug use

For many years it was reported that the Caribbean was not affected by intravenous drug use. With the reality of our present HIV/AIDS situation, it is now recognized that an important part of that transmission has been by IV drug use. The information has only now been collected at some treatment centres, for example Jamaica, with less than 1% of IV drug use reported, but perusal of the medical records of HIV/AIDS patients in Trinidad and Tobago have revealed about 3% of IV drug use. Suriname has started reporting increasing problems with heroin IV drug use among its general population.

Problematic Drug Use

Although not reported as such, chronic alcohol abuse continues to be the main problem in the region (estimated at 10% of males in the region). Crack cocaine is clearly the most problematic drug in the Caribbean in terms of health risks, drug related property crime, organized crime and community problems. Some amount of chronic heroin use has been reported among users in Suriname. This area has not been sufficiently studied and reported on in this region.

Treatment Admission

The inherent problem lies in the fact that only the larger islands (7 of 24) have any structured approach to treatment at dedicated centres. For the most part, treatment is initiated at the hospital wards for acute episodes and the patient is then sent home. Some amount of detoxification is done and some patients that can afford to pay for the service are sent to treatment and rehabilitation centres. In Jamaica during 1993 and 1996, 9% of admissions to treatment centres were less than 20 years of age.

The record keeping, data gathering and compilation among these institutions have been problematic since most operate without any statutory control. The other problem is the issue of psychiatric co-morbidity. Most of our drug abusers in treatment have underlying psychiatric conditions and are evaluated and recorded for the psychiatric condition and not the drug abuse problem. There has been a notable absence of females among treatment centres in the region. This is mainly due to the fact that there are no dedicated centres for females and there is a certain amount of stigmatization attached to female drug abusers in our societies.

Drug Related Deaths

Except for the acute cases related to drug trafficking there is no data available of drug related deaths for the region. Even with road traffic accidents being the leading cause of deaths in Belize we are unable to quantify how many are directly related to drug use.

Emerging Trends

Countries have expressed concerns about the emergence of ecstasy in the region (at least four countries share this concern). Inhalant use among in-school youths has been causing great concerns (Jamaica reported 16% lifetime and 10% current use in their 1997 survey). Some countries are also concerned about the increased use of amphetamines and tranquilizers among the general and school population.

The Caribbean Epidemiology Network – geared towards drug demand reduction

Strengths

- Some activities geared towards the implementation of the Barbados Plan of Action – new recommendation for demand reduction coming out of the December 2001 High Level Meeting on Drugs and Crime
- National drug commissions and non-governmental organizations have done fair amount of activities in the areas of primary prevention through education and a limited amount of treatment and rehabilitation
- Good supply reduction activities that can complement the efforts at demand reduction
- Great willingness expressed by all governments national drug councils/drug commissions in implementing CARIDIN activities

- Adequate core funds to lay the groundwork for the regional network activities in the 15 CARIFORUM beneficiary countries

Weaknesses

- Member states have made insufficient progress to improve demand reduction efforts in the region
- Not much focus on data collection – gathering evidence for policy decisions
- Virtual non-existence of treatment and rehabilitative services in the smaller islands
- No minimum standard of care for treatment and rehabilitation
- Countries priorities that are not always in favour of drug abuse epidemiological efforts
- Most visible efforts in the region to combat drug use went into the enhancement of law enforcement capabilities
- Limited resources (financial and human) of national drug councils

Opportunities

- There is great willingness from the British and Dutch Overseas Territories (OCTs) to buy-in to the regional activities
- Willingness of governments to support drug demand activities outside of the usual government focus, under the umbrella of CARIDIN
- The political will to address demand reduction is still evident – a large part of the December High Level meeting was devoted to addressing demand reduction issues
- CARICOM recently commissioned a study on the demand reduction needs of the Caribbean – recommendations can be prioritized for future action
- Ground breaking opportunity for supply and reduction efforts to work hand-in-hand

Threats

- The geographic characteristics of the region – huge unprotected coastlines, borders and uninhabited islands
- Low priority and limited resources for demand reduction activities
- Lack of cooperation with the non-governmental sector
- Limited training facilities in the region coupled with lack of expertise in drug epidemiology in the region
- Lack of appreciation of the usefulness of epidemiological data i
- Over concentration of attendance at meetings where little or no skills are transferred

Demand reduction recommendations for the region from recent study, reports or expert forum

1. Demand reduction needs assessment – Drug Scope and CARICOM findings

- Policy makers are realising that drug control cannot be met by law enforcement measures alone, since each country in the region now has a substantial population of problem users.
- It is recognised that the efforts in the field of demand reduction are insufficient, under funded and not sustainable.
- Trends in drug use indicate that recreational drug use is becoming entrenched among sectors of the population.
- There is evidence that crack cocaine is readily available in several countries, and associated with a range of social problems.
- Governments in all CARICOM member states have demonstrated their commitment to tackling drug problems by forming and funding Drug Councils and drawing up Master Plans.
- The Master Plans indicate some priority setting, but implementation problems arise from the scores of recommendations from past reports (Multilateral Evaluation Mechanism-MEM reports, for example, typically make about 15 recommendations per country). In some instances these have not yet been implemented and perhaps have not been evaluated and accepted or rejected by the various national authorities.
- It is becoming evident that current sentencing policies for some categories of drug offenders are inappropriate. The introduction of drug courts in several jurisdictions is part of a wider move towards reform.
- The experience of community-based interventions suggests a causal link between drug problems, unemployment and the erosion of welfare and social services.

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RECOMMENDATIONS

- The effectiveness of the National Drug Councils would benefit from changes to their role and powers. This may include raising the National Drug Councils to the level of statutory bodies.
- Drug Councils should be encouraged to generate the information, research and evaluations needed to ensure evidenced based policy-making and be able to support useful innovations and effective responses that may develop in the field.
- Governments, guided by their Drug Councils, should establish clear priorities in terms of attention to particular drugs across both supply reduction and demand

reduction. This would avoid diffusing the response to the problem and allow for the concentration of the limited resources on the key problem.

- There is need for a network to drive demand reduction issues across the policy agenda.
- Governments should step up their search for alternatives to custodial sentencing for some categories of drug offenders. These schemes promise multiple benefits throughout the Criminal Justice System.
- Governments should consider guidelines for encouraging "best practices" among NGOs. Funding could be used as a tool for accomplishing this and ensuring greater coherence in the responses to the demand aspects of the drug problem.

2. CARICOM DEMAND REDUCTION FORUM

Pursuant to our efforts at reducing the demand for drugs in our societies it is imperative that we face the challenges of:

- Institutional strengthening
- Human capital development
- Research development
- Public education
- Inter-sectoral integration (youth, sport and health)
- Regional networking
- Partnership with the media, and non-governmental organizations
- Workplace programmes
- Advocacy

Our demand reduction efforts should be focused in the areas of:

- Drug control policies development
- Prevention education
- Treatment and rehabilitation
- Epidemiological research, development and evaluation
- Management and co-ordination

Policy Development

[BPA Section D, Articles 45(a), (b) and (c); CICAD Group of Experts in Demand Reduction, 2001]

- The development of a regional coordinating demand reduction body
- The development of a regional integrated framework that targets
  - reducing the demand for tobacco and alcohol especially among adolescents and young people
  - more focused health and family life education programmes incorporating drug abuse prevention
  - comprehensive school drug education programmes – awareness as well as prevention
- Comprehensive policies that address drug abuse treatment and rehabilitation
- Special policies and strategies that recognize women as an especially vulnerable and needy group
- Policies that recognize, regulate and incorporate the NGO sector into all aspects of the drug abuse control efforts – a framework must be developed to direct funding for partnership with the NGO sector based on formal assessment and evaluation
- A regional network to promote and advocate demand reduction at the national and regional level; to influence political, societal, and international support for the appropriate technical and budgetary resources; to facilitate effective and efficient implementation of national demand reduction plans
- Member states that have not already done so should seek to create legal framework for the functioning of national drug control bodies – adequate human and financial resources and clear mandates for recommending/setting policies in relation to drug abuse control

Prevention Education

[BPA Section D, Articles 50 and 53]

Initiatives in relation to prevention education for the region must be cognizant of the following recommendations:

- Promotion of life-skills development - teaching life-skills and strategies to enable young people to resist pressures and influences including substance use
- Harmonization of drug abuse prevention education initiatives with other behaviour risk factors - prevention education programmes must be related in a synergistic way to the other behaviour risk factors such as HIV/AIDS and other STIs, crime and violence, personal injury and motor vehicular accidents
- Programmes need to be sustained through adequate funding from the responsible national government institutions
- The NGO sector must be strengthened to participate in the prevention education efforts in a sustained and meaningful way
- Research evidence should be used to focus prevention education programmes. For example, evidence exists that suggests that the age of first use of most drugs among our children continues to fall and the education system must be sensitive to this and refocus programmes at the younger age group in our school
- Institutionalization of training and capacity building efforts within the numerous academic institutions in the region

- There is a need for more focused parenting programmes in the region

Treatment and Rehabilitation

[BPA Section D, Articles 54 and 55]
In order to promote the rights of patients to receive the best and most cost effective treatment for drug abuse it is recommended that:

- Establishment of quality standards of care - treatment models that speak to a continuum of care incorporating aspects of detoxification, community base, residential/non-residential therapy, a maintenance phase, a relapse prevention phase and integration with community mental health programmes)
- An audit of all treatment facilities should be undertaken with a view to assessing their capacity to carry out treatment and rehabilitation services – this should be geared towards accreditation of the facilities
- Set minimum standards for the accreditation of treatment and rehabilitation facilities
- Partnership with the NGO sector must be encouraged – their capacity must be accessed and strengthened for sustainable involvement
- Increase awareness among policy makers and service providers of the need to expand education and prevention services specifically targeting women
- Regional institutions providing training for professional and para-professional staff must be encouraged to provide training in substance abuse and other risk behaviours as part of the curriculum of these staff members
- National standards must be set for the certification of drug treatment professionals and drug counselors
- Increase awareness among policy makers and providers of treatment services that programmes for drug-related offenders should be more educational and less punitive.
- Explore on a regional basis ways to develop in-prison treatment and rehabilitation programmes
- Emphasize community mobilization and empowerment as a means of gaining public and political support for strengthening the development of treatment and rehabilitation programmes, especially out-patient programmes, including social re-integration into the communities
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Research and Development/Evaluation

[BPA Section D, Articles 45 (e and f) and 46 through 49]
For research and development activities at the national and regional levels to be truly beneficial for programme initiatives the following recommendations are purported:

- Every effort must be made to have programme evaluation, policy implications and recommendations for follow-up action and intervention as a component of all research activities
- The Caribbean Drug Information Network (CARIDIN) must be recognized as the regional drug abuse surveillance network and inter-regional cooperation in demand reduction should be promoted through its activities
- Establish community-based research mechanisms to look at risk behaviour factors related to drug use and abuse that affect vulnerable groups – HIV/AIDS, crime and violence, teen pregnancy, etc.

3. Recommendation from CARIDIN to the High Level Meeting in December

- Development of a regional coordinating mechanism for information exchange, training and advocacy.
- Continuous surveillance and reporting activities for substance use and abuse throughout the region
- Inclusion of all 24 Caribbean countries in the network activities
- Consideration of supporting the transition of CARIDIN into a regional body with a full mandate approved by the regional governments as entails for the supply reductions efforts.
- CARIDIN be given permanent representation on all bodies established under the Barbados Plan of Action for supply or demand reduction efforts, for example, CARIDIN should have representation at major meeting of the RSS, CCLEC, CFATF, etc.)

4. Priority Recommendation of the High Level Meeting in December

- Pursuing a balanced and integrated approach to demand and supply reduction (priority element)
- Expanding epidemiological research and development programmes
- Developing adequate minimum standards of care for treatment and rehabilitation

5. Recommendations from the European Commission Drug Coordination Office (ECDCO) in Barbados

- It is recommended that research be placed at the top of the list of priorities.
- If the EC were to decide to fund more activities in primary prevention, to the focus should be on training and exchange of information and experiences.
- It is highly effective to identify drug components within other developmental projects and programmes, like poverty alleviation, HIV/AIDS, community empowerment, crime prevention, etc
- Consider the possibility of conducting in-depth studies on crack and ganja using sub-cultures and use a combination of quantitative and qualitative methods.

- CAREC should become a resource center for information relating to drug use, since CCM is not expected to put more emphasis on drug use data, demand reduction and scientific analysis.
- A training seminar in prevention should be organized, at least beneficial to the countries that have not started their NIP demand reduction project. A more elaborate course to educate demand reduction trainers is preferable with respect to sustainability. A needs assessment is necessary in order to determine the exact needs in the region.
- It would be a good idea to stimulate the creation of a network/annual conference on demand reduction. Another possibility to strengthen regional cooperation is to involve people with experience in certain areas in similar activities in other countries
- Efforts should be made to improve the quality of abstinence-based treatment (training, diversification of treatment modalities etc) and to promote the "chain-model" in the Caribbean.

Glossary of Abbreviations and Acronyms

CAREC	Caribbean Epidemiology Centre
CARICOM	Caribbean Community
CARIDIN	Caribbean Drug Information Network
CARIFORUM	Caribbean Forum of the African, Caribbean and Pacific States
CCLEC	Caribbean Customs Law Enforcement Council
CCM	Caribbean Coordination Mechanism
CFATF	Caribbean Financial Action Task Force
DAESSP	Drug Abuse Epidemiological and Surveillance System Project
DARE	Drug Abuse Resistance Education
DOH	Deutsch-Ordens Hospitalswerk
EC	European Commission
ECDCO	European Commission Drug Coordination Office
EMCDDA	European Monitoring Center for Drug and Drug Addiction
IDER	Integrated Demand Reduction
MEM	Multilateral Evaluation Mechanism
NGO	Non Governmental Organizations
NDC	National Drug Councils
NDIN	National Drug Information Network
OCT	Overseas Countries and Territories
PMO	Project Management Office
RSA	Rapid Situation Assessments
RSS	Regional Security system
UNDCP	United Nations International Drug Control Programme

BACKGROUND TO REGIONAL STRATEGIC FRAMEWORK FOR DRUG DEMAND REDUCTION

Introduction

CARICOM in partnership with CAREC (through the Drug Abuse Epidemiological and Surveillance Systems Project) and the regional demand reduction stakeholders have worked towards the development of a regional strategic framework for drug demand reduction. This plan came about as a result of the situational analysis of the demand reduction situation in the region that highlighted in summary the following regional problems:

The regional problem

- Capacity within the institutions for demand reduction is visibly weak
- Most strategies in the region to address drug demand reduction have been heavily weighted towards primary prevention – the Master Plans indicate some priority setting, but implementation problems arise from the scores of recommendations from past reports
- Member States have made insufficient progress to improve demand reduction efforts in the region
- Not much focus on data collection – gathering evidence for policy decisions
- Countries, priorities that are not always in favour of drug abuse epidemiological efforts – research and development has not been a key focus of national drug councils
- The virtual non-existence of treatment and rehabilitative services in the smaller islands
- Treatment and rehabilitation needs are not addressed - no minimum standard of care for treatment and rehabilitation
- Most visible efforts in the region to combat drug use went into the enhancement of law enforcement capabilities
- Limited resources (financial and human) of national drug councils
- Prevention education programmes have proven to be ineffective
- No broad-based holistic approach to dealing with drug demand reduction in the context of other social issues affecting population groups – for example, issues with HIV/AIDS, crime and violence, sexual practices, etc.

Evidence

Even with the numerous efforts at data collection throughout the region there is no clear evidence-based approach to addressing drug demand reduction and no clear picture of the true extent of the drug abuse problem. However, there is great concern about drug use but it is difficult to determine to what extent this concern is justified, since it is, in general, not based on factual information. Concerns about drug use might even be a consequence of this lack of knowledge. Drugs are an ideal tool to "explain" many societal problems, like crime, poverty and insecurity. In many cases, it is questionable whether these presumed causal relations are correct. However, some clear evidence exists to substantiate the need for programmes to address drug demand such as, the large quantities of drugs that are seized each year in the region, the

undeniable correlation between substance use and HIV/AIDS, crime and violence and traffic accidents and injury.

Rationale for a new perspective and continued support

Drug problems are characterized by the fact that they are linked to many other societal problems. It is not always easy, or possible, to say whether drugs are the cause or consequence of these problems. It is highly efficient to incorporate drug components within other developmental projects and programmes, like poverty alleviation, HIV/AIDS, community empowerment, crime prevention, etc. These kinds of projects are probably more effective in reducing drug use than primary prevention projects, because developmental projects intervene on the underlying causes of problematic drug use and focus on the groups most at risk.

As the evidence is gathered to support a more efficient mechanism for the development of policies and initiatives towards prevention and control, one needs to substantiate the research evidence with interventive measures at the national level. Interventions geared towards prevention education, treatment and rehabilitation and institutional strengthening as well as the integration of the NGO sector into the realm of activities will prove to be the most effective in addressing the issues that now face the region.

Key strategies in the short-term:

Research and Development

Member States of the region are convinced that the absence of a comprehensive and comparable database on drug abuse patterns and trends despite the increasing exposure to, and abuse of illicit drugs by the population of the region is inhibiting national capacities to plan and implement proper rehabilitation, prevention and control programmes. They are convinced that planning and programming activities are not sufficiently focused and cost effective. This mainly due to the inadequacy of national data compilation and coordination, the quality of existing data and its lack of regional comparability, the scarcity of appropriately trained persons and the low incidence of information sharing across the region.

For research and development activities at the national and regional levels to be truly beneficial for programme initiatives the following strategies/activities would be undertaken:

- Expansion and coordination of surveillance activities for sustainability – to continue to provide the countries with information for planning and decision making
- Define the social impact of drugs on the region
- National Drug Councils strengthened and equipped with national strategies to address demand reduction issues in their communities
- Mechanism to equip all member states (including the OCTs) with national strategies to address demand reduction based on credible evidence

- Description of/understanding of the correlation between substance abuse and crime, violence, HIV/AIDS and vehicular accidents
- To describe the association between socio-economic status and drug use, crime and violence.

Policy Development and Advocacy

The challenge that faces the region to garner sufficient political and international support to implement programme activities on a scale large enough to have meaningful impact on the drug epidemic in the region and to bridge the gap between need and response. Sufficient commitment at the highest levels of government (political commitment and will) needs to be a reality and not a promise and must be accompanied by the appropriate and sufficient legislative reform as well as creating environment that is more supportive to mass media involvement in drug abuse control measures.

The reality for health and social sector policies in most, if not all, Caribbean states is that the problems associated with the drug epidemiological transition coexists with other health and social problems, such as HIV/AIDS and other sexually transmitted infections, motor vehicular accidents, crime and violence, suicides and psychiatric co-morbidity, which leads to the subsequent social degeneration of the society. In addition, huge numbers of young people will exacerbate health problems stemming from inter-related risk behaviour activities such as smoking and alcohol abuse, other drug taking, violence, traffic accidents and sexual activities. To address these problems, a key factor will be to build models for organized social response to adolescent and young people and the society as a whole that the region could adopt

Key activities in the short-term should include the following:

- Development of a regional advocacy and health promotion policy on drug demand reduction
- To inform and guide policy makers with evidence-based information (consequence and cost of the problem)
- Encourage the increase of quality coverage of issues in the media
- Develop policy to address the availability of tobacco and alcohol to minors; policies for the strengthening of personnel for the treatment and rehabilitation field; and policies for integration of the NGO community into drug demand reduction efforts
- To increase collaboration between, and develop partnership with the NGO, government, the social sector organizations and institutions and the private sector
- Formulate policies and identify and adapt best practices for treatment and rehabilitation

Prevention and Education (PE)

The prevention education component would support national bodies and NGOs working with the schools, other youths, professionals, sex workers, prisoners and mobile populations to improve their knowledge and skills with respect to prevention of drug misuse. The programme will support education and training of health workers and other relevant professionals (e.g. the education sector, law enforcement organization, mass media, politicians and NGOs). It will also seek to provide assistance to educational and youth organizations; will work with the community

to ensure that the target groups are well informed about drugs, their effects, and prevention of misuse; and provide outreach to target groups. To maximize the effectiveness of this programme, it will build upon and collaborate with existing programmes and activities such as those pertaining to the promotion of healthy lifestyles and the prevention of HIV/AIDS. Key strategies would ensure that, in particular, the teachers of science, guidance counselors and other interested teachers and community workers are included in the activities and that methodologies would include drama, songs, multimedia etc.

The activities should always demonstrate these key contexts:

- Logic of overall sequencing of implementation
- Awareness of cultural ands development context at the national levels
- Appropriate consideration of gender in assessing differential impact and appropriate intervention
- Reasoned prioritization of programme components, matching needs with appropriate interventions and linkages at the community levels
- Strengthen and enhance youth programmes to implement intervention activities as part of a regional initiative
- Increase quality and effectiveness of PE programmes – driven by the research evidence-based approach
- Integration of PE programmes with other social sector programmes, for example, with HIV/AIDS programmes, poverty alleviation programmes, violence and HFLE programmes
- Institutionalization of substance abuse awareness and research methodology into academic curricula

Treatment and Rehabilitation

Treatment and rehabilitation continue to pose the most challenge for the region in terms of the quality of life to the drug abusers. In most cases these types of services are non-existent at the national levels and most persons or families cannot afford to access the services over-broad. Activities will be implemented in the context of - the need to focus on the most vulnerable population groups; shifting from a predominantly medical approach to a preventive approach that relies on information, behaviour change and access to services. There is great awareness now that opportunities to supplement harm-reduction programmes with other public health initiatives and ancillary services linked to the community is an important aspect of treatment and rehabilitation that must be provided to our many disenfranchised communities of drug abusers. Efforts must be made to remove repressive legislation that creates fear and stigma among high-risk population groups as well as recognize the role of NGOs to work with communities that are marginalized by society.

Key strategies and activities would include:

- The active involvement of the religious community
- Develop and promote quality standards for treatment and rehabilitation
- To develop minimum standards of care
- To establish and strengthen existing service delivery facilities
- Develop mechanisms for formalizing and sustaining the involvement of the NGO community

- Strengthen human capacity/institutional strengthening – training of health professionals to be more sensitive to the issues and to be active in the screening and management of drug abusers

Programme Management and Co-ordination

- To promote information exchange and strengthen alliances at the international and regional level
- To reorient national bodies and national strategies with a focus on the common regional approach for drug demand reduction
- Expansion of professional staff as programme expands
- Ensuring that all partners can agree to a standardized technical and financial reporting system
- Strengthen regional coordination by the adoption of a singular plan of action for drug demand reduction and the hosting of regular meetings
- Sufficient financial resources and personnel trained in management, prevention, treatment and rehabilitation and advocacy for the programme
- Technical and managerial capacity for implementation

Youth

The CARICOM definition of youth would be the operational definition for this framework. The activities of the framework in relation to research, policy, and primary prevention measures as well as treatment and rehabilitation would be focused on youth. Reduction of youth vulnerability should be the first priority for prevention measures. This is because youth in general is not informed about issues to do with drugs and sexual health. Because of economic stability, youth have few possibilities for development of their creative and professional potential; unemployment limits the independence of young people and their possibilities for safe behaviour. National youth councils and other youth organizations and movements are beginning to mobilize youth regards issues of drugs and HIV/AIDS and efforts such as these should be supported and complemented by other programmes for in-school and out-of-school youth.

All youth are potentially at risk so broad-based primary prevention programmes are needed that would impact on information; opportunities to develop their skills such as education and jobs; safe and supportive environments, including legal, medical and psychological services; and more opportunities to participate in the processes that affect them. The aim would be to build national responses around youth which:

- Provide appropriate information to young people and help them to build the skills that enable them to make health choices in life so as to protect themselves from substance abuse
- Create a safe and supportive environment for young people
- Provide confidential and accessible services that cater to the needs of young people

- Help them to define their responsibilities and help them build skills that enable them to live up to these responsibilities ,and
- Help to create mechanisms that ensure the rights of young people are respected by allowing them among other things to play a meaningful role in the decision-making process that affect them

REGIONAL STRATEGIC FRAMEWORK FOR DRUG DEMAND REDUCTION

Thematic Priority: Surveillance, Research and Development/Evaluation

Focal Problems (the issues):

- Inadequate empirical information base to drive policy, planning, programming and evaluation.
- Insufficient culture of strategic planning, analysis and drug research networking
- Surveillance efforts have not been translated into actions (policy implications, programme evaluation and follow-up interventions)
- Lack of integration among the behavioural risk factors and conditions correlated with drug use (crime, violence, risky sexual practices, injuries and mental disorders)
- Lack of research and planning capability

Goal:

Drug information surveillance system and research activities, at country and regional level, strengthened to facilitate evidence-based decision making through planning, implementing and evaluating drug demand reduction and other programmes including social and health problems.

Expected Results:	**Strategies**:
1. Surveillance and statistical analysis improved to better understand the drug situation in all of its manifestation and thus enable better policy, strategy and programmatic decisions	1.1 Put surveillance, research and evaluation on the frontline of efforts to combat drug 1.2 Use national, regional and international experiences as inputs to harmonize and standardize data gathering (instruments and approaches)
2. A research programme on at-risk target groups developed and implemented to inform effective interventions	2 Conduct a combination of quantitative and qualitative research on the nature and extent of drug problems and their relationship with crime, violence, risky sexual behaviour etc. in the region

3. Within the framework of CAREC/CARIDIN, national, regional and international community/organizations informed about what efforts are in place to address drug demand reduction in the region and surveillance information and research findings disseminated		3.1Strengthen CAREC with more staff capable of carrying out 3 statistical analysis and reporting on an on-going basis 3.2Conduct rigorous cost-effective research to evaluate the impact of substance abuse programmes	
4. The establishment of National Drug Information Networks (of Drug Observatories – NDINs) throughout the region linked to the National Drug Councils		4 Utilize NDINs to share information among key national regional stakeholders	
5. Strengthen resources and research capacity within the National Drug Councils		5 (a) CARICAOM to labby for member states to make additional resources available (b)Research capacity to be developed through training	
6. Research utilized to enhance the development of National Strategic Plans to address Drug Demand Reduction in keeping with CARICOM Regional Strategic Plan		6. Promote the development of national Strategic Plans based on surveillance data, research and other information available to countries.	
7. CARICOM/CAREC/UWI have established a mechanism to ensure ongoing research on drug issues.		7. C/C/U consult on the way forward on implementing a mechanism to ensure ongoing research	
Activities	**Verifiable Indicators**	**Mean of verifications**	**Assumptions**
1. CAREC to continue surveillance of integrated behavioural risk factors (substance abuse, HIV/AIDS/AIDS, violence, injury) in the region (collect, analyze and disseminate information)	1.1 Biannual updates of analysis on quantitative and qualitative data from behavioural risk surveys, beginning 1Q 2003 1.2 Quarterly reports from National Drug Information Networks - Ongoing	Regional surveillance report Production and dissemination of reports from all participating countries.	National governments have capacity to develop drug information networks. Availability of funding
2. Conduct research skills development workshops,	2.1 Participants from each NDC and NDIN	Workshop Evaluation	Availability of funding Research capacity

for NDC, NDINs, on proposal writing, report writing.	participated in workshops Jan 2003 2.2 Some countries produce reports; scientific papers and proposals June 2003	Research Report/Papers Published	Availability of technical staff for training.
3. Conduct research on the nature and extent of behavioural risk factors that are correlated with substance use primarily as it affects youth	3.1 At least one research project developed annually - beginning 2003	Research results/Report	Determination of programme evaluation as priority area. Resource availability.
4. Conduct programme evaluation sensitization workshops for NDCs,and NDINs	4.1 Participants from each NDC and NDIN participated in workshops beginning 2003 4.2 CAREC conducted on-going regional evaluations of substance abuse programmes 4.3 Models of best practices identified and disseminated by 2004	Publication of Evaluation Reports Compiled list of best practices published Workshop Reports Development and dissemination of best practice models.	
5. Establish mentoring programmes for sharing experiences and identifying best practices among regional and international entities	5.1 Participants from NDINs to visit an international network/organization 5.2 Regional sharing of best practices 5.3 Development of clearing House for intervention	Easy access to information	Sharing of information by all agencies. Technology availability. Participation by national agencies and availability of human and financial capacity.

	strategies		
6. Synthesis undertaken of all substance abuse related research and recommendations from across the region	6.1 A regional repository of substance abuse data established by Jan 2002 6.2 Annual Summary report written and disseminated to all NDINs beginning 2002	Annual Reports disseminated	Availability of data for dissemination.
7. Develop a culture and practice of data dissemination of substance abuse indicators	7.1 On-going dissemination of substance abuse indicators to national, regional and international entities beginning		

Thematic Priority: Policy Development and Advocacy

(Policy Development and advocacy cut across all thematic areas and technically should not be considered a thematic priority. However, these issues are usually overlooked and it is important to give them special attention. It is recommended that each thematic area identify issues to be addressed by policy and develop an advocacy strategy)

Focal Problems (the issues):

- Lack of gender and youth specific policy or strategy
- Lack of policy that recognizes, regulates and incorporates the NGO sector in all aspects of drug abuse control
- Low level of promotion and advocacy for demand reduction at the societal, political and international level
- Low level of regional commitment for specific policy addressing the availability and advertising of alcohol and tobacco to minors
- Weak institutional and human resources base for demand reduction
- Slow rate of development and implementation of drug prevention, treatment and rehabilitation policies/strategies
- Lack of adequate legislation for alternative sentencing, drug courts, and other non-custodial sentencing

Goal:

The development of process that leads to a regional policy framework for drug demand reduction to guide and strengthen the development of sustainable national policies.

Expected Results:	**Strategies**:
1. Mechanism/structures for policy development strengthened (to include gender and youth).	1. Create/Utilize appropriate inter-sectoral policy making groups to address formulation of demand reduction policy (to include gender and youth).
2. Enhanced collaboration and co-operation amongst and between relevant stakeholders in private sector, faith base organizations, NGOs, youth and regional and international agencies in identification of policy issues. Vibrant, territorial networks formed.	2. Ensure collaborative, cooperative and information sharing linkages a relevant stakeholders in private sector, faith base organizations, NGOs, youth and regional and international agencies; and a cross related programmes such as HIV/AIDS adolescent and school health and education.
3. Increased efficiency of policy and programme formulation and advocacy (societal and political level) in Demand Reduction.	3. Research and data collection utilized on an ongoing basis for policy formulation.
4. Institutional and human resource capability strengthened for policy making in Demand Reduction.	4. Utilize training and hands on attachments to policy-making organizations to enhance development of policy-making skills.

5. Model regional policy on alcohol and tobacco (in particular for minors). 6. Institutional and administrative mechanism in place for alternative sentencing.		5. Consultation at the national level with key stakeholders (health, judiciary, manufacturers, advertisers etc). 6. Consultation with stakeholders to develop appropriate Legislation.	
Activities	**Verifiable Indicators**	**Mean of verifications**	**Assumptions**
1. Make inventory of policy making groups	1. Each territory to produce one inventory document	Inventory document	
1.1 Establish regional guidelines for the composition of inter-sectoral policy making groups.	1.1 Each member state to receive a copy of regional guidelines	Regional guideline document	
1.2 Design a regional model for the functioning of the policy making process.	1.2 Each member state to receive a copy of model	Model document	
1.3 Conduct an audit of existing national policy development mechanism and structures.	1.3 Each member state to conduct an audit of policy development and structure.	Audit document	
1.4 Utilize the results of the audit and the regional framework to strengthen national policies, programmes and advocacy framework for demand reduction	1.4 A model drug use policy (including alcohol and tobacco) for the workplace to be developed by the middle of the 2004.		

2.1 Convening of regular consultations, national and regional. 3.1 Consult and utilize data collected and analyzed to inform policy development process 5.1 Identify training and institutional needs and develop appropriate intervention to address those needs. 5.2 Assess capacity for policy-making	2.1 Each consultation to output one report. 3.1. Each territory to conduct data collection and analysis exercise.	Reports Reports from data collection New policies formed. Each consultation to output one report.	

Thematic Priority: Prevention and Education

Focal Problems (the issues):

- Inadequate allocation and ineffective utilization of resources
- Weak institutional and human resources base
- Lack of coordination, networking and information sharing among sponsoring agencies
- Lack of prevention training programmes in the region
- Lack of programme evaluations
- Low level of youth involvement in programme planning and implementation
- Lack of parenting sensitization programmes

Goal:

Develop national Prevention and Education Programmes ensuring that resources are reallocated and effectively utilized to strengthen institutions and human resources for delivery of these programme with a primary focus on youth and on information being shared between sponsoring agencies and a network of youth groups

Expected Results:	**Strategies:**
1. The technical and scientific knowledge of the institutional and human resource base strengthened	1.1 Shared responsibility of institutions working in the field of prevention at the national level 1.2 Standardized prvention and education module developed to facilitate certification.
2. National programmes targeted at vulnerable groups, especially youths, developed – including parents and guardians	2.1 Implementation of participatory schemes (integration of PE programmes with other social sector programmes) 2.2 Youths involved in developing and implementing prevention programmes
3. Drug abuse and other behavioural risk factors mitigated and protective factors, especially among the youth population, reinforced as part of national programmes	3. Prevention and education efforts targeted at both licit and illicit substances
4. Prevention programmes to reduce drug consumption, levels of drug dependence and the consequences of drug use strengthened and extended to include the workforce (including the tourism sector).	4. Prevention and education programmes designed for the workplace, tourism sector and sporting bodies

5. Dialogue with educational and research institutions fostered to bring about a better understanding of the ways in which the problem of the demand for drugs manifests itself.	5.1 Institutionalization of substance abuse awareness and programme evaluation methodologies at all educational levels of learning throughout the region 5.2 Strengthen the capacity of youth councils and youth groups in demand reduction through activities related to UNDCP's Global Youth Network and in closer collaboration with CARICOM to address substance abuse through their regional youth strategy
6. Advocacy strategy to support education and training for drug demand reduction professionals implemented.	6. Lobby for political and financial support.

Activities	**Verifiable Indicators**	**Mean of verifications**	**Assumptions**
1.1 Establish regional training programmes to prepare and strengthen personnel in prevention and to promote self development	1.1.1 Prevention personnel in the region trained (based on country's needs) by the second year of the project	Data collected by CARICOM on persons trained	Knowledge, attitude and skills will be applied positively
	1.1.2 Sensitization of parliamentary group during first year of project	Reports of meetings	
	1.1.3 Ongoing sensitization and training programmes for teacher practitioners implemented by the end of the first year of the project	Data collected and evaluations reports submitted on programme	
	1.1.4 Prevention programme in the workplace		

	including the hospitality sector, media houses and advertising agencies established by the second year of the project 1.1.5 Sensitization of small business community during the life of the project.		
1.2 Create (infuse) substance abuse modules for professionals undergoing training at tertiary institutions including faith based clergy training programmes	1.4.1 High level of institutional involvement for training professionals in substance abuse awareness and prevention should be infused throughout the duration of their professional training by January 2004 1.4.2 Prevention education modules should also be established for teachers in training, at teacher training institutions, and should be infused throughout the duration of their professional training January 2004	Data collected on number of persons trained and evaluations reports submitted on programme	

2.1 Strengthen national programmes to offer assistance to at risk youths (e.g. street children) through mentoring programmes – parents/guardians should be included	2.1.1 A coordinated strategy for working with vulnerable youths: - developed by 2003 - articulated by 2003 - implemented 2004 - multi-sectoral committee (including health, welfare, education and probation) should be established by 2004	Annual reports submitted by chairperson of committee	National Councils will provide adequate oversight
3.1 Assessment/evaluation of existing Primary prevention education programmes	3.1.1 Identification of best practices completed by Dec 2003	Evaluation data to be collected by National Drug Abuse Councils through attendance sheets, evaluation reports and interviews including pre and post test	
3.2 With the involvement of youth, establish integrated prevention education programmes in the community including faith based organizations and sporting bodies.	3.2.1 Prevention programmes developed to address substance abuse, and its relationship to STIs, violence, injuries, etc. in each country by December 2003 3.2.2 Implemented over the duration of the project.2004 – 2007	Reports from facilitators, coaches and participants Information to be collected from teacher institutions	
3.3 Include major aspects of substance abuse awareness and prevention in the HFLE	3.3.1 Creation of new methods and approaches in HFLE by		

curriculum with a community focus (IDR as a model)	2003)		
4.1 Establish TQM model in consultation with ILO (including employee assistance programmes) for the workplace	4.1.1 A model drug use policy for the workplace to be developed by the middle of the 2004. 4.1.2 EAP programme implemented at workplace 2004-2007	Evaluation of the effectiveness of the programme by facilitators and employee feedback	
5.1 Incorporate substance abuse in the health thematic priority within the CARICOM regional youth strategy	5.1.1 Revision of regional youth strategy 2003	Revised youth strategy document	
5.2 CARICOM/UNDCP to establish a regional youth network with linkages to the Global Youth Network	5.2.1 Arm of Global youth network established by December 2003	Status reports on implementation from facilitators	

Thematic Priority: Treatment and Rehabilitation

Focal problems (Needs and issues):

1. Lack of accreditation of institutions involved in treatment and rehabilitation
2. Lack of legislation governing operation of treatment and rehabilitation institutions
3. Inadequate assessment of service delivery
4. Lack of client centered assessment at intake
5. Absence of culturally and contextually appropriate minimum standards of care
6. Inadequate population specific targeted interventions -
    - 6.1.1. Drug dependent women
    - 6.1.2. Women with children
    - 6.1.3. Adolescents
    - 6.1.4. Young Men
    - 6.1.5. Homeless
    - 6.1.6. Dually diagnosed (comorbid)
    - 6.1.7. HIV/AIDS
    - 6.1.8. Criminal justice system/deportees
    - 6.1.9. Racial and ethnic minorities e.g. Bay Islanders in Belize, Amerindians in Guyana
    - 6.1.10. Drug specific groups – crack using female sex workers, ganga smoking out of school youths
7. Continuum of care
    - 7.1.1. Early Intervention/detoxification
    - 7.1.2. Street based intervention
    - 7.1.3. Telephone hotline
    - 7.1.4. Low threshold drop in centre
    - 7.1.5. High threshold outpatient treatment
    - 7.1.6. Abstinent based residential treatment
    - 7.1.7. Self help
    - 7.1.8. After-care, social reintegration, halfway houses

GOAL

Increased number of accredited institutions that will result in a sufficient cadre of trained service providers and a full spectrum of culturally and contextually appropriate minimum standards of care, including population specific targeted interventions established by December 2007.

Expected Results		**Strategies**:	
1. A cadre of appropriately trained service providers created. 2. Culturally and contextually appropriate minimum standards of care established. 3. Drug users provided with the means to improve the quality of his/her life 4. Public, private and non-governmental institutions involved with the treatment, rehabilitation and social reintegration of persons with drug addictions strengthened. 5. Treatment and rehabilitation programmes for specifically targeted populations implemented. 6. Continuum of care and a diversity of treatment modalities available for clients in need.		1. Develop a certification process for the region by utilizing existing training institutions, locally, regionally and internationally to provide appropriate training. 2. Utilize service providers with culturally appropriate practical experience to develop standards, procedures and guidelines in line with internationally accepted practices for the treatment and rehabilitation of persons with drug addictions 3. Provision of client-centered targeted interventions directed to meet the needs of problem drug users. 4. Utilize existing, local, regional and international resources to strengthen the capacity of public, private and non-governmental institutions in the care of problem drug users. 5. Utilize research data to identify and tailor interventions to targeted populations. 6. Provision of a range of diverse service modalities to enhance a more comprehensive and coordinated response client needs.	
Activities	**Verifiable Indicators**	**Mean of verifications**	**Assumptions**
*Audit of treatment facilities in the region 1. Conduct Appropriate Training Programmes (geared towards certification – 2.4) 1.1 Review available assessments and studies on training needs 1.2 Develop and expand	Assessment of treatment facilities conducted at the national level. 1. Appropriate training programmes ongoing by 2004 1.1 Summary list of training needs compiled by 2003 1.2 The curricula completed by	Assessment report provided 1.1 Summary list produced 1.2 The curriculum published 1.3 Individuals enrolled 1.4 Evaluation Report	Resources would be identified for a regional institution to conduct audit 1.1 Reports available and accessible for consultation 1.2 Resources available 1.3 .1People want to take the course, 1.3.2 Institutions willing to offer courses 1.4 Cooperation of the

training curriculums in consultation with regional training institutions 1.3 Regional Institutions conduct training programmes 1.4 Evaluate the training programmes.	2004 1.3 Courses available to enroll in by 2004 1.4 Evaluation instrument developed and utilized at the mid term and completion of each programme		Institution and the participants will be provided
2. Implement Minimum Standards of care 2.1 Conduct a series of national and regional consultations with service providers and regulators to reach a consensus on an appropriate set of minimum standards. 2.2 Draft model guidelines to codify minimum standards 2.3 Provide technical assistance and financial resources to assist institutions to	2. Minimum standards completed, adopted and in place by 2007 2.1National and Regional Consultations completed August 2003, presented to COHSOD 7 October 2003 2.2 Model guidelines approved by COHSOD and submitted to member state governments for presentation to parliaments for approval 2.3 Technical assistance and financial resources provided to relevant	2. Guidelines developed to institutionalize minimum standards	2. Member states will enact the necessary guidelines to put Minimum Standards in place

upgrade personnel and facilities to meet the minimum standards	institutions by 2006		
2.4 Develop national standards for certification of service providers	2.4 National standards developed and documented		
2.5 Appropriate national quality assurance mechanisms established to ensure compliance with the Minimum Standards	2.5 Review Boards established and functioning 2004		
3. Improve the quality of life of drug users through access to basic health care facilities\client center service delivery	3. The improvement of the quality of life of drug users integrated into client management beginning 2004	3. Reported evidence based on the collation of data collected from annual surveys	3. Drug users are interested in accessing programmes to improve the quality of their lives 3.1 The resources are available
3.1 Conduct survey to determine baseline quality of life and intervention needs	3.1 In country baseline survey and client satisfaction survey conducted by Jan 2004		
3.2 Develop programmes providing access to education, information and interventions to be implemented within the continuum of care	3.2 Programmes developed and integrated into the continuum of care by 2005		
3.3 Evaluate impact of programmes on the quality of life of drug users	3.3 Annual assessment of drug users comparing to base line data starting January 2005.		

4. The capacity and sustainability of public, private and non-governmental institutions involved with the treatment, rehabilitation and social reintegration of persons with drug addictions strengthened and networks created.	4. Capacity and sustainability of relevant institutions strengthened by 2007	4. Government makes subvention allotments in annual budgets for relevant institutions • Endowment funds created and contributed to • Minutes of meetings and reports of networks of relevant institutions produced.	4. Sufficient unity exits between various sectoral service providers to cooperate among themselves
4.1 Compile national directories of service providers	4.1 National Directory Compiled by March 2003		
4.2 Conduct assessment of strengths and weaknesses "organizational benchmarks"	4.2 Organizational benchmarks completed by 2004		
4.3 Provide technical assistance and financial resources to assist institutions to upgrade personnel and facilities to strengthen institutional capacity and sustainability.	4.3 Project proposals prepared, submitted and funded by January 2005		
4.4 Establish and implement mechanisms for interagency collaboration aimed at increasing institutions capacity to address the needs of drug user client base.	4.4 Mechanisms for interagency collaboration established by 2006		

5. Continuum of care and a diversity of treatment modalities and rehabilitation programmes for specifically targeted populations implemented. 5.1 Identify specific target populations and determine their needs 5.2 Develop relevant programmes to meet the specific needs of targeted populations 5.3 Develop proposals and mobilize resources to fund programming initiatives 5.4 Monitor and evaluate programmes for targeted populations	5. Continuum of care and a diversity of treatment modalities established by 2004 and programme sustained thru 2007 5.1 Member states identify specific target populations by January 2003 5.2 Specific programmes developed by June 2003 5.3 Proposals developed and funded beginning June 2004 5.4 Ongoing programme monitoring and evaluation begun January 2005	5. Directory of services available published 5.1 Needs assessment report published	3. Resources available, need for services exist

Thematic Priority: Programme Management and Coordination

Focal Problems (the issues):

- Absence of a regional mechanism to coordinate and manage demand reduction activities
- Absence of a balanced and integrated approach to supply control and demand reduction
- Inadequate regional cooperation/communication

Goals:

Regional mechanism to coordinate and manage demand reduction activities and partnerships established with a focus on a balanced integrated approach to demand reduction.

Expected Results:	Strategies:
1. Establishment of regional commission mandated by governments to coordinate regional demand reduction initiatives and activities.	1. (a) Obtain approval and acceptance of regional commission from COHSOD (b) Broad based consultation/advocacy with governments, stakeholders to establish the regional commission
2. Implementation of a balanced and integrated approach to supply restrictions and demand reduction	2. Sensitize national bodies to the benefits to be derived from national strategies that focus on a harmonized regional approach for drug demand reduction that has an appreciation for supply reduction
3. Statutory bodies are created to coordinate national drug control programmes	3. Advocate among stakeholders to promote development of independent national drug bodies/commissions established by legislation.
4. Functional and efficient networks of information exchange	4. Support existing information exchange networks
5. Strengthened alliances at the regional and international levels	5. Participate in regional and international meetings
6. The strategic anti-drug plans of the region are harmonized with the plans and programmes of member states and where appropriate, other multi-lateral institutions	6.1 Obtain approval from COHSOD for the regional strategic demand reduction plan 6.2 Adoption by the member states of appropriate elements of the strategic plan

7. Standardized technical and financial reporting systems 8. Implementation and evaluation of the regional drug demand reduction strategic plan in collaboration with member states 9. Synergistic linkages established with other priority regional issues e.g.: HIV & AIDS 10. Adequate funding to support projects/programmes contained in the regional demand reduction strategic plan		6.3 Strengthen regional coordination by the adoption of a singular plan of action 6. Negotiation with donors and stakeholders to standardize systems of technical and financial reporting 8. Establish linkages with focal points at national level for the execution of drug demand reduction activities 9. Build linkages and strengthen cooperation with other regional and international programmes 10. Seek, write and submit project proposals for funding to support drug demand reduction programmes	
Activities	Verifiable Indicators	Mean of verifications	Assumptions
1. Establishment of a functional regional coordinating commission	1.1 Endorsement of the regional coordinating commission by regional Governments. 1.2 Establishment of an operational secretariat, 1.3 Provision of terms of reference for the operation of this body	1. Secretariat is made operational and receives regional funding and recognition	1. That CARICOM/CAREC, the UWI, NGO community and demand reduction practitioners will come together to form this regional coordinating body.
2. Establishment of National Drug Councils (as statutory bodies) in ALL countries in the region	2. Legislation is in place for the establishment / operation of National Drug Councils	2.Each member State has a National Drug Council established by legislation	2. Each country would recognize the value of and support this system
3. Developing operational work-plans at the national level that reflects elements of the regional strategy	3. Acceptance and implementation of the plans of action	3. Plan of Action approved	3. There will be acceptance of this regional strategy and national plans would be harmonized with the goals

			of the strategy.
4. Reviewing national anti-drug policies and plans	4. Hosting of regular meeting	4. Semi-annual technical group meetings and annual meetings of the policy and programme group.	4. National entities recognize the value of and support this mechanism of collaboration.
4.1 Strengthening collaboration			
- Technical advisory group to meet semi-annually	Advisory group meeting held	Report of meetings	Financial support is available
- Policy and programme group to meet annually	Policy and Planning Group meeting held	Report of meetings	
5. Annual reports that reflect status of implementation, evaluations, financial reporting and amendments to projects and programmes, to be forwarded to technical and financial partners.	5. Discussions and meetings with regional and international entities 5.1 Standardized technical and financial reporting systems established 5.2 Linkages made through meetings and discussions with other regional priority areas 5.3 Project proposals prepared and submitted to the regional coordinating mechanism	5.1 Standardized technical and financial reports available annually 5.2 The anti-drug initiative linked to other regional and international priorities 5.3 Project proposals available for submission to technical and financial partners	5. All agencies agree to cooperation in this area
6. Develop proposals and mobilize resources to fund	6.Proposals developed and funded beginning June 2004		

programming initiatives			
7. Evaluate regional plan every two years and revise as appropriate.	7. Plan evaluated and revised as necessary	Evaluation report	
8. Mobilize funds for treatment and rehabilitation	8. Foundation established to support regional treatment and rehabilitation centres	Documented account with funds	