

**ST. KITTS AND NEVIS
DRUG INFORMATION NETWORK**

ANNUAL NATIONAL REPORT



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This report represents the proceedings of meetings with government and non-government stakeholders in an endeavor to network the drug-related data / information resources within the Federation of St. Kitts and Nevis. This initiative was supported by United Nations Office on Drugs and Crime (UNODC, formerly UNDCP) under the Drug Abuse Epidemiological Surveillance System Project (DAESSP), Caribbean Epidemiology Centre (CAREC), and the National Council on Drug Abuse Prevention (National Drug Council) – Federation of St. Kitts and Nevis. The information herein reflects that of Year 2002.

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For further access to further information and resources on drug information systems visit the

UNODC Global Assessment Programme on Drug Abuse

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TABLE OF CONTENTS

	Page
Acknowledgments	iii
Abbreviations and Acronyms	iv
List of Tables	v
Executive Summary	vi
1 Introduction	1
1.1 Caribbean Drug Information Network.....	1
1.2 Country Information.....	1
1.3 National Drug Information Grid Alliance	2
1.4 Background to Network Meeting	5
2 Information on Drug Trends	6
2.1 Overview of Drug Situation and Trends	6
2.2 Information on Drug Consumption	7
2.3 Other Drug Information / Studies	8
3 Quantitative Data	9
3.1 General Surveys	9
3.1.1 Population Census	9
3.1.2 Poverty Assessment Survey.....	10
3.2 School and Youth Surveys	10
3.2.1 National Secondary School Drugs Survey	10
3.2.2 Global Youth Tobacco Survey	11
4 Qualitative Data	12
4.1 Focus Assessment Study	12
5 Future Directions	15
5.1 Priority Areas for Future Development	15
5.1.1 Project 1: Pilot Regional Geographical Drug Information Grid Alliance	15
5.1.2 Project 2: National Counseling and Substance Abuse Services	22
5.1.3 Project 3: Dare Officers Training	32
5.1.4 Project 4: Integrated Drug Demand Reduction Programme	35
Conclusion and Recommendations	45
References	46
Appendices	47
Appendix A: List of Participants	47
Appendix B: Multilateral Evaluation Mechanism Outline	49
Other Attachments



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**ABBREVIATIONS AND ACRONYMS**

ARQ	Annual Report Questionnaire
CAREC	Caribbean Epidemiology Centre
CICAD	Inter-American Drug Abuse Control Commission
CICDAT	Inter-American Uniform Control and Supply Statistical Data System
CARICOM	Caribbean Community
CARIDIN	Caribbean Drug Information Network
CARIFORUM	Caribbean Forum
DAESSP	Drug Abuse Epidemiology and Surveillance System Project
EU	European Union
OAS	Organization of American States
OID	Inter-American Observatory on Drugs
PAM	People's Action Movement
SIDUC	Inter-American Uniform Drug Use Statistical Data System
SKNLP	St. Kitts and Nevis Labour Party
UNODC	United Nations Office on Drugs and Crime

**LIST OF TABLES**

Table 1: Alcohol (and Other Drugs) Related Cases Admitted to Hospital7
Table 2: Alcohol (and Other Drugs) Related Cases of Injuries Treated7
Table 3: Alcohol (and Other Drugs) Outpatient Cases with Injuries7
Table 4: Arrests / Convictions for Possession of Illicit Drugs7
Table 5: Seizures of Marijuana Plants7
Table 6: Illicit Drug Trafficking Convictions7
Table 7: St. Kitts and Nevis Population Census 1999 & 20017
Table 8: Total Ns and Means for Demographic Variables13



EXECUTIVE SUMMARY

The National Annual Report is done for the Government of the Federation of St. Kitts and Nevis. The UNODC, under the auspices of the DAESSP, through the National Network Coordinator, have coordinated the research and writing of this report as set forth in the DAESSP goals and mandates. The annual report for the Federation aims to support the National Anti-drug Masterplan (the National Anti-drug Blueprint) in reducing the demand and supply associated with the illicit drug trade. The strategic focus was to document and highlight the various anti-drug related meetings and the overall epidemiological drug research, treatment, rehabilitation, prevention and education.

This annual report begins with the Introduction by examining the social, economic, and political situation of the Federation. Then, it gives an overview of the illicit drug problem and its effects. The Information on Drug Trends follows highlighting existing quantitative and qualitative data. Future Directions highlights proposed projects to be implemented. Conclusion and Recommendations is the final section.

The objectives of the national annual report include the following:

- To provide a comprehensive analysis of the drug situation within the Federation
- To be a catalyst for raising the awareness of the narco-trade and its associated problems and issues
- To further strengthen the Federation's National Anti-drug Masterplan
- To continue to enforce the integrated approach to drug demand / supply reduction, and control measures
- To guide the development of education, prevention, treatment, and rehabilitation programs; and improve on existing related systems / mechanisms
- To support the reduction of the demand, supply, and trafficking of drugs



1. INTRODUCTION

1.1. Caribbean Drug Information Network

The Caribbean Drug Information Network (CARIDIN) extends to the 15 CARIFORUM countries, the Dutch, and the British Caribbean Overseas Countries and Territories. Information on both licit and illicit substances are collected from various sources as outlined below. Each island, through its National Drug Council, establishes a National Drug Information Network (NDIN), which collects information that feeds into the regional network – CARIDIN. Both the regional and national network seeks to collect and disseminate information so as to inform policy makers and the general public. The network, which is made up of all institutions that collect information on substances, will play a major role in the demand and supply reduction efforts of the Caribbean.

CARIDIN was launched at the First Regional Stakeholders Network Meeting held in Trinidad in July 2001. The launching of the network is based on the decision to establish such a network and by their approved funding from the Caribbean regional indicative program budget.

The network is part of the DAESSP that is implemented by CAREC. The project is funded by the European Commission and supported by UNODC and OAS/CICAD. The primary objective of the project is to strengthen the capacity of CARIFORUM governments, technical entities and communities to respond better to changing drug abuse patterns and trends among people of the Caribbean. The purpose of this is to contribute to the abatement of abuse in the region. Training in drug abuse research methodology is included to enhance the capacity of National Drug Councils, Ministries of Health and/or Epidemiological Units to conduct and manage surveillance and research activities related to drug abuse.

1.2. Country Information

The Federation of St. Kitts and Nevis functions as a Federal Parliament and is the highest decision making institution in the country and resides in St. Kitts. Likewise, Nevis operates under a local government, the Nevis Island Assembly and has some degree of autonomy. This arrangement results in virtually parallel public service arrangements within the Federation. The Prime Minister assumes general control of all aspects of the nation's business. The Premier of Nevis has an extensive range of local authority. For example, St. Kitts and Nevis has separate annual budgetary estimates that are approved by each island's assembly and are implemented relatively independently of each other. However, both islands collaborate when accessing international assistance and implementing national projects.

As a democratic country, general elections are held every five years in the Federation, the last was held in 2000 with the St. Kitts and Nevis Labour Party (SKNLP) returning to office. The SKNLP previously governed about 20 years up to 1980, when a coalition government of the People's Action Movement (PAM) assumed office until 1995. A key issue in the 1995 elections was the influence of drugs and its attendant ills on the social and economic fabric of the Federation. The Government changed hands, the SKNLP replacing PAM after 15 years of uninterrupted governance.



The population estimate in December 2002 stood at 46,291 and is primarily of African descent. The vast majority of people live in St Kitts; and in Nevis, the population is less than 10,000 inhabitants. Adult literacy is estimated at 80%. Education is free and compulsory for students age 5-16. St Kitts depends traditionally on sugar cultivation and cotton and coconuts on Nevis, as the basis for their economy.

The Federation has a landmass of 269 sq km, and a coastline of 135 km. It is located in the North-eastern Caribbean, approximately 225 nautical miles southeast of Puerto-Rico. The twin islands state has a close geographical proximity to Antigua, St. Maarten, Saba, St. Eustatus, St. Bartholomew, Anguilla, and Montserrat. St. Kitts and Nevis is in the transit zone between the producing countries in South America and the consuming countries in Europe and North America. With limited law enforcement capability the twin-island state is vulnerable to being used for the trans-shipment of drugs through St. Maarten and other neighboring islands (See Figure 1).

1.3. National Drug Information Grid Alliance

The Federation, through its National Anti-drug Coordinating Authority – The National Drug Council had its first ever Federation-wide National Grid Alliance Workshop, Building a National Drug Information Grid Alliance, during January 25 – 27, 2001.

The workshop was organized collaboratively by National Drug Council and the Inter-American Observatory on Drugs (OID) of CICAD.

The objective of this workshop was to bring together institutions and individuals working in the area of drug prevention, education, control, and law enforcement and get them to exchange drug-related information and data with the long-term goal of establishing a national drug information system. At the core of this information system is the Internet and the use of advanced information technologies to collect, store, analyze and disseminate information. The creation of a national drug information system helped the Federation to fulfil its National Anti-Drug Masterplan as well as the requirements of the Multilateral Evaluation Mechanism (MEM).

The workshop was attended by approximately 30 representatives of several ministries, governmental, and non-governmental institutions that had liaised at one time or another with the National Drug Council in the areas of drug prevention, control, or countering money laundering. The workshop was divided into three components:

1. Component One was designed to provide participants with an introduction to the work of CICAD, an overview of advanced information technologies, and their application to the area of drugs.
2. Component Two was designed to acquaint participants with various types of information systems in the areas of prevention, health, education, and money laundering.
3. Component Three was designed to provide participants practical hands-on training on how to create websites and how to capture / collect data through an on-line form.



The workshop began with a welcome address by the former chairperson of the National Drug Council and continued with introductory remarks by the local director of OAS / St. Kitts-Nevis. The Official Opening address was scheduled to be given by the Prime Minister, but due to unforeseen circumstances it was made by the Acting Prime Minister, the Hon. Minister of Communication, Works, and Public Utilities. In his speech, the Hon. Minister compared the international drug problem to the multi-headed Hydra monster. Every time anyone cut off one of its heads another one grew somewhere else. This comparison helped to visualize the extent of the drug problem and its trans-national implications. He further mentioned that the Federation would like to establish an epidemiological on-line database, as well as national facilities for drug education, treatment, and rehabilitation. Also, he stated that the Government is aiming to reduce the demand, supply and traffic of drugs by 60% in the next 5 years. Additionally, the government is aiming to eliminate money laundering and enhance the skills and capacities of the people involved in the fight against drugs. The opening ceremony concluded with the official handing-over of the National Anti-Drug Masterplan to CICAD.

This workshop thus represented the first phase of implementation of the Masterplan. CICAD presenters included the following persons:

1. Ms. Ruth Connolly, of Inter-American Observatory on Drugs (OID), presented an Overview of Integrated Information Systems:
 - The Regional / National Drug Information Observatories,
 - The American Observatory on Drugs,
 - The Multilateral Evaluation Mechanism,
 - The role of Documentation in the Observatory,
 - The role of content and technology in a national information system.
2. Mr. Ricardo Zavaleta, OID, presented the basic characteristics of an Observatory and of an information system.
3. Mr. Ruben Cobas, OID, gave a presentation on Statistical Projects of the Observatory and their relation to the MEM.

Presenters from various parts of the hemisphere spoke about the latest information technology used for collecting, disseminating and managing drug information and how these tools could be adapted to work within a national information system for the Federation. These included:

1. Mr. Juan Carlos Utreras, from Chile's National Library of Congress, made a presentation about Geographic Information Systems (GIS) and how GIS could be applied to the area of drugs.
2. Mr. Domingo Zúñiga, from the area of Institutional Development of the Government of Colima, Mexico, made a presentation on developing digital government in Colima.
3. Mr. César Rodríguez, from the US-based company, Global Services Platform, made a presentation about case management information systems.

Following are local presenters and their topics that were presented:

1. Ms. Gail Cranston, Health Information Coordinator, Health Information System



2. Dr. Hermia Morton-Anthony, Principal of Clarence Fitzroy Bryant College, Information System in Education
3. Mrs. Michele de la Coudray-Blake, Counseling Psychologist / Director, of the Outreach Centre, Networking in Drug Abuse Prevention Counseling.
4. Mr. Bill Ewing, Managing Director of TheCable, Modern Telecommunication Systems
5. Dr. Kenneth Ballantyne, Legal Advisor - Office of the Prime Minister, Counter-Money Laundering Information Systems
6. Mr. Israel Mukasa, Head Draftsperson - Attorney General's Chambers, Legal Information Systems
7. Mr. Joseph Edmeade, Chief Secretary - Ministry of National Security & Information, Developing a National Joint Headquarters
8. Mr. Rodney Harris, Senior Customs Officer, Customs Information Systems
9. Mr. Calvin Fahie, Commissioner of Police/Immigration, Intelligence Gathering

On the final day of the workshop, the participants had a chance to experience hands-on training in webpage development. Mr. Jason Joseph, the Network Administrator of Net.KN, taught this segment and Ms. Carmen Ortega of CICAD/OID, made a presentation on Information Architecture and led the group through an on-line data-collection exercise. Also, the participants had a chance to split into small working groups to discuss in what areas they could work together to share and exchange drug-related information.

Throughout the workshop, there was a very positive and enthusiastic attitude from the participants and speakers to collaborate and work with each other to share information. This enthusiasm was also shown by the representatives of the government. On the last day of the Workshop, the participants discussed the possibility of forming a committee to continue networking on an Action Plan and continue exchanging information with each other.

Recommendations

Following were the recommendations that were followed up based on the objectives of the overall workshop:

1. Plan of Action - it was recommended that the participants, under the leadership of the National Drug Council, begin as soon as possible, to determine what will be needed to create and implement a national information system. An Action Plan containing short, medium, and long-term goals must be developed, and a formal commitment must be attained from each institution to execute those goals.
2. Develop and Maintain Web Sites / Email List - it was recommended that participants continue developing and/or maintaining their institutional websites and begin exchanging / posting information through the Internet. An informal email group could be created to continue exchanging information. Participants were also encouraged to finish entering their institutional data in the on-line database, which due to technical difficulties could not be completed during the Workshop.
3. Continue Collaboration with Clarence Fitzroy Bryant College - it was recommended that collaboration should continue between the National Drug Council and Clarence Fitzroy Bryant College. Due to this



collaboration, we were able to use the college's computer lab for free to conduct our webpage training. These types of academic partnerships have allowed the National Drug Council to be more accessible to technological resources to students in the form of internships, research positions, or technical know-how.

4. Continue Collaboration with TheCable and Enlist Support of Other Private Sector Companies - in order for a national system to be sustainable, it was necessary for the National Drug Council to access the support of the private sector. The initial collaboration with TheCable has allowed The National Drug Council free access to cable Internet connection. TheCable made the National Drug Council's office a beta test site for this cable connection, free of charge. Also, it promised to provide reduced rates to participants involved in the internet-based national drug information system. Other partnerships will also necessary in order to procure affordable computer equipment and software.

1.4. Background to Network Meeting

In light of the aforementioned, it was not necessary or feasible to implement another single meeting to network all the various stakeholders. Instead, it was more beneficial to have focus groups and / or one-on-one meetings where possible. Therefore, the National Network Coordinator visited the various relevant government ministries / departments and private / NGO the stake-holder agencies.

The first focus group meeting was with the Executive Commission of the National Drug Council. This includes all board members who work with or in an agency which deals or collaborates with drug demand reduction related activities.

The National Network Coordinator gave a presentation covering the purpose and functions of the Caribbean Drug Information Network (CARIDIN) as it relates to that of the local network, St. Kitts and Nevis Drug Information. This meeting set the format for the following meetings.

All meetings were interactive in nature to provide for optimal feedback, thus allowing participant(s) to share their perceptions and views to barriers to the establishment of a national drug surveillance network system. This system will be designed to monitor substance use / abuse and other related activities. Also, discussed were possibilities of implementing the CICAD-based SIDUC and CICDAT instruments to standardize our databases as they feed in to the MEM.

The overall national network information system would be facilitated using guidelines that were presented in the National Drug Grid Alliance workshop of January 2001. The Appendices section contains the list of participants of the network meetings, information that were presented at the network meetings (Projects from the Masterplan, handouts from the National Drug Grid Alliance Workshop, sample indicators of the MEM, etc).



2. INFORMATION ON DRUG TRENDS

2.1. Overview of Drug Situation and Trends

Primarily due to its geographical location, the Federation has become a part of the illicit drug transshipment route between the South American producers of illicit drugs and the consumers in North America and Europe. Additionally, the economic and social conditions have played a significant part in persuading normally law-abiding citizens to become involved in illicit drug trafficking. An influx of illicit drugs has increased the number of users and addicts, thereby causing serious social and health problems. Also, this has led to an increase in criminal activities including armed robberies. All in all, the human and social cost has been substantial.

Events of the early to mid-1990's occurring within the Federation offered a prime illustration of the drug vulnerability of a closely knitted society and its various sub-communities. Both external and local traffickers succeeded in exploiting a tense domestic political environment. The ensuing political and social disruption led to the dramatic events in 1994 with the full collapse of peace and order.

Previously, the fight against drugs relied heavily on the personal efforts of individuals and small groups. Now, the emphasis will rest on a central coordinating authority as recommended by various international agencies. Among the problems realized in this battle is the reality of individuals hindering and obstructing the judicial processes. Powerful local traffickers seemed to have exerted influence in many layers of the society. It is understandable, then, that the Attorney-General's office is considering possibilities of regional exchange of prosecutors, particularly for high profile cases and building safety mechanisms for prosecutors and judges.

The Federation is not a cultivator of coca leaves. Marijuana is grown for local consumption and some for export. The country is a transshipment zone for cocaine and to a lesser extent, marijuana, entering the US via Puerto Rico, and originating from Colombia.

In the Federation, the illicit drugs accounting for the majority use and abuse are alcohol, tobacco, marijuana, and crack-cocaine. The sale, possession, and use of crack-cocaine and marijuana are illegal.

Also, the sale, possession, and use of alcohol among minors (under age 18) are considered illegal. However, there is no national collaborative effort to enforce alcohol consumption laws. Thus, alcohol remains the most widely used drug; and alcoholism is the number one public health problem. Currently, there are no laws regulating the sale, possession, and use of tobacco. However, the Ministry of Health has done a global youth tobacco survey the secondary schools. This research will guide policy on legislating the use / abuse of tobacco.



2.2. Information on Drug Consumption

This section highlights drug-related information was obtained from the National Drug Council's database:

Table 1:					
Alcohol (and Other Drugs) Related Cases Admitted to Hospital					
2000		2001		2002	
M	F	M	F	M	F
36	4	21	3	26	8

Source: Records Department , J.N.F. General Hospital, – St. Kitts and Nevis, 2002

Table 2:					
Alcohol (and Other Drugs) Related Cases of Injuries Treated					
2000		2001		2002	
M	F	M	F	M	F
10	0	1	0	0	0

Source: Records Department , J.N.F. General Hospital, – St. Kitts and Nevis, 2002

Table 3:					
Alcohol (and Other Drugs) Outpatient Cases with Injuries					
2000		2001		2002	
Male	Female	Male	Female	Male	Female
0	0	0	0	23	3

Source: Records Department , J.N.F. General Hospital, – St. Kitts and Nevis, 2002

Table 4:			
Arrests / Convictions for Possession of Illicit Drugs			
	2000	2001	2002
Arrested	75 persons	115 persons	14 persons
Convicted	68 persons	97 persons	7 persons

Source: Narcotics Unit, Police Headquarters – St. Kitts and Nevis, 2002

Table 5:		
Seizures of Marijuana Plants		
2000	2001	2002
34,057	14,818	8,747

Source: Narcotics Unit, Police Headquarters – St. Kitts and Nevis, 2002

Table 6:		
Illicit Drug Trafficking Convictions		
2000	2001	2002
12 persons	20 persons	4 persons

Source: Narcotics Unit, Police Headquarters – St. Kitts and Nevis, 2002*



* Possession of under the amount in grams is considered possession for personal use; and possession of over the amount in grams is considered as illicit drug trafficking. Cocaine - 1; Opium - 55g; Morphine - 3; Cannabis or Cannabis Resin - 15; Diacetyl morphine (Hexion) - 2.

2.3. Other Drug Information / Studies

This section provides information and statistics on ad hoc and small surveys conducted in the past to meet certain academic requirements.

Daniel (1994) did a baseline survey on alcohol drinking patterns among 11th Graders and School Leavers (N=204). Results show that 69 (31 males; 35 females) admitted to drinking, while 135 (64 males; 71 females) indicated otherwise. Overall, the use of alcohol was common for both sexes.

I.C. Williams (1994) did a clinical survey among patients admitted to the psychiatric ward. Findings revealed that approximately 33% of the admissions to the psychiatric ward at Joseph Nathaniel France General Hospital (JNFGH) had a substance use disorder.

HIV/AIDS Data (1996 & 1998) revealed that by December 1996, approximately 59 persons had contracted the HIV/AIDS epidemic; and of these, 32 died. Two years later (December, 1998), there were 182 cases of HIV/AIDS. The aforementioned figures were reported cases. According to the Ministry of Health/CAREC, so far, the HIV/AIDS epidemic has targeted the 15 to 45 age bracket (Ministry of Health – St. Kitts / CAREC, 1996 / 1998).

Lake (1999) conducted a survey on alcohol consumption among the local college students. Results revealed that 25% had mothers who drank, and 50% had fathers who drank. Five percent (5%) had mothers and 10% had fathers with an alcohol problem. CAGE data indicated that there were more problem drinking patterns among males, than among their female counterparts.

S. Williams (1999) conducted a survey on alcohol abuse among male patients admitted to the Medical Ward at JNFGH revealed that more than 25% was for alcohol related disorders.

Prison Data (2000) revealed that at least 50% of the inmates incarcerated were substance abuse. There are more inmates under age 35 than there are over.



3. QUANTITATIVE DATA

This section provides information and statistics on standard quantitative research conducted throughout the Federation within the past three years. It is in two parts; I. General Surveys and II. School and Youth Surveys. These included the Population Census, Poverty Assessment Survey, National Secondary School Drugs Survey, and Global Youth Tobacco Survey.

3.1. General Surveys

3.1.1. Population Census

The following table contains the census for year 1999, and preliminary estimates for year 2001 by sex and parish distributions.

Table 7: St. Kitts and Nevis Population Census 1999 & 2001 By Sex and Parish								
Parish	Year 1999				Year 2001*			
St. Kitts	Male	Female	Total	%	Male	Female	Total	%
<i>St. George</i>	6,012	6,593	12,605	39.61	6,368	6,852	13,220	37.85
<i>Trinity</i>	660	590	1,250	3.93	884	808	1,692	4.84
<i>St. Thomas</i>	1,142	1,115	2,257	7.09	1,182	1,150	2,332	6.68
<i>St. Anne</i>	1,574	1,503	3,077	9.67	1,600	1,540	3,140	8.99
<i>St. Paul</i>	1,014	1,116	2,130	6.69	1,204	1,256	2,460	7.04
<i>St. John</i>	1,473	1,463	2,936	9.23	1,637	1,544	3,181	9.11
<i>Christ Church</i>	847	817	1,664	5.23	1,091	968	2,059	5.89
<i>St. Mary</i>	1,639	1,610	3,249	10.21	1,726	1,648	3,374	9.66
<i>St. Peter</i>	1,320	1,336	2,656	8.35	1,732	1,740	3,472	9.94
Total	15,681	16,143	31,824	100.00	17,424	17,506	34,930	100.00
Nevis	Male	Female	Total	%	Male	Female	Total	%
<i>St. Paul</i>	730	681	1,411	16.05	892	928	1,820	16.28
<i>St. John</i>	1,036	1,155	2,191	24.91	1,427	1,495	2,922	26.13
<i>St. George</i>	997	1,089	2,086	23.72	1,259	1,309	2,568	22.97
<i>St. Thomas</i>	763	850	1,613	18.34	999	1,036	2,035	18.20
<i>St. James</i>	726	767	1,493	16.98	918	918	1,836	16.42
Total	4,252	4,542	8,794	100.00	5,495	5,686	11,161	100.00

Source: Planning Unit, 2002 (* Preliminary Estimates for 2001)



3.1.2. Poverty Assessment Survey

During 1999 and early 2000, a team from the statistics department did a national poverty assessment survey to examine the economic and social conditions throughout the Federation. The operational definition of poverty used was that monthly expenditure was less than the cost of meeting minimal food and other basic requirements. The results were as follows:

In St. Kitts, approximately 30.5% (< 1 in 3) of the individuals were poor, while 11% (> 1 in 10) individuals were extremely poor. The poverty line was estimated at EC\$280.05 per month, and the indigence line at EC\$177.94 per month. More than 67.8% of the poor were under 25 years of age (males = 44%; female = 56%). Overall poverty distribution by gender was males = 29% and female = 32% (NB: there was a female bias).

In Nevis, approximately 32% (< 1 in 3) of individuals were poor, while 17% of all individuals were extremely poor. The poverty line was estimated at EC\$328.40 per month, and the indigence line was EC\$204.40 per month. At least 58% of the poor was under the age of 25 (males = 37%; females = 63%). Overall, the poverty distribution by gender was males = 26% and females = 36%.

Another significant finding revealed that the poor was largely unskilled or lacked educational qualifications throughout the Federation. Thus, heads households within the poverty-stricken communities were in elementary occupations (i.e., occupations requiring little education or skills) (Statistics Department, 2000)

3.2. School and Youth Surveys

3.2.1. National Secondary School Drugs Survey

The National Drug Council conducted a national secondary schools drugs survey to determine the prevalence of substance use / abuse and the perception of harm by gender and form among students in the Federation.

All students enrolled in Forms 2, 4, and 6 were targeted among all the secondary schools throughout the Federation (7 – St. Kitts and 2 - Nevis). Questionnaires comprised of questions on illicit and licit drugs as well as awareness of consequence of use and curiosity towards use of drugs were self-administered.

A total of 1,927 students participated in the survey conducted on both islands; 410 (21.3%) attended schools on Nevis and 1,517 (78.7%) attended schools on St Kitts. The mean age of the respondents was 13 years for Form 2, 15 years for Form 4, and 17 years for Form 6. The lifetime prevalence of alcohol, cigarettes, and marijuana was 72%, 22%, and 17% respectively, while the prevalence of current use was 28%, 3%, and 4% respectively. Also, use of these substances was more prevalent among the male students than their female student counterparts for alcohol (78% vs. 70%), cigarettes (31% vs. 16%) and marijuana (23% vs. 12%). Overall, the lifetime prevalence of tranquilizers (3%), solvents (3%), and cocaine (0.5%) use was low. Sixteen percent of Form 6 students perceived the frequent use of marijuana to be slightly or



not harmful compared to 13% of Form 4 students. However, for alcohol, 19% of the Form 4 students compared to 17% of the Form 6 students were of the same perception. Overall, 36% of the students said that they were slightly informed when asked if they felt that they knew enough about the consequence of drug use while 10% were not informed. Twenty percent of the students were curious about trying an illicit drug and 15% said that they would try it if given a chance. More than half of the students (59%) had not taken any drug prevention courses.

Alcohol is the legal substance of choice. For illegal substances, marijuana remains the prevalent drug for lifetime use. However, despite the belief that knowledge alone should be a deterrent from drug use, students are still very curious about trying other drugs. The prevalence of lifetime use is evidence of this and as such more prevention programs need to be designed and implemented to deter use (National Drug Council, 2002).

3.2.2. Global Youth Tobacco Survey

In 2002, a National Youth Tobacco Survey was conducted throughout the Federation to assess smoking, exposure to environmental (second-hand) tobacco smoke, knowledge / attitudes, and other factors that make youth susceptible to tobacco use among schools children.

The Ministry of Health did a two-stage cluster sample of students within eight of the secondary schools. First, schools' selection utilized a probability proportional to their enrolment size. Second, classes were selection randomly, thus allowing all students an equal chance of being selected to participate. The questionnaires were self-administered to 1,756 students; 1,000 (56.9%) participated. Both female (57%) and male (43%) students, ranging in age from 11 to 17 years participated. Most of the respondents were from Forms 1 to 4 (age 13 and 15 years).

Generally, both boys and girls started experimenting at the age of 10 or 11 years old. The ideal place where most smoking took place was the home. Students bought their own cigarettes. For the most part however, respondents said that the peer pressure of close friends would not influence them to smoke.

Eighteen percent of the students reported taking a puff or two of a cigarette at least once, while 1% reported smoking daily. However, 64.7% of the reported smokers had a desire to quit smoking. Parental smoking was also an influencing factor, as 2% of students reported having both parents smoking. More students had fathers who smoked (13%), compared to their mothers counterparts (7%). The media was also a possible source of influence for student smoking.

A majority of students indicated that health concerns and the hazard of second-hand were the major reasons for quitting. Additionally, 76% of students supported the banning of smoking in public places (Ministry of Health, 2002).



4. QUALITATIVE DATA

This section provides information and statistics from the Pilot National Focus Assessment Study on Drugs (FAS), qualitative research conducted throughout the Federation during 2002.

4.1. Focus Assessment Study

The FAS targeted the young people living in high-risk communities. This method was used to assess their perceptions towards drug use / abuse, education, and prevention strategies. “High risk” was defined according to the selected criteria of anyone, male and/or female, between the ages of 12 and 35: living in a deprived community, living unstable home lives, who were out of school (graduated or dropped out), in contact with the criminal justice system or having delinquent tendencies, and involving in illegal substance trafficking, sale, use / abuse.

There were a total of 41 participants, which included 61% males and 39% females. Six (6) focus group assessments were conducted in six (6) high-risk communities, namely Cayon, Irish Town, Saddlers, Hanley's Road (Nevis), Newtown, and Old Road. The largest sample came from Newton (46%); the second largest came from were Saddlers (19.5%); Old Road and Hanley's Road both had 12.2%; and Cayon and Irish Town tied for the least amount of participants (4.9%).

The distribution of the various levels of education among the respondents indicated that 96% attended or graduated secondary school, and 4% went on to Form 6 (A Levels). Overall, the participants' ages range 12 to 33 years old. The 18 year-olds (17.1%) was the largest number in the sample, followed by the 19 year-olds (12.2%). The minority of the participants were between 12 and 15, 24-25, and 28 years of age. The exact age of 9 males in the sample was unknown (they opted not to fill out the demographics form). Nevertheless, they would have been between the ages of 12 and 35.

Ninety three percent (93%) of the participants answered the question on Close Friendships. Of these respondents, 33.3% had “Very Few;” 24.2% had “A Lot” and “Some, But Not A Lot;” and 12.1% had “None.” Approximately 60.6% of the participants reported that they “do not have” close friends who use drugs; 18.2% had a “Minority” of their close friends who used drugs; 15.2% had a “Majority” of close friends who used drugs; and 3% had “All or Almost All” of their friends who use drugs. Participants in the sample were also asked about their living with a heavy drinker. Approximately, 78.8% said they did not, while 21.2% reported that they lived with a heavy drinker.

According to responses from the living arrangements question, 51.5% majority lived with their mother; 18.2% lived with a partner, a spouse, or with their own nucleus family; 12.1% lived alone; and 3 – 6.1% lived with both of their parents, father only, friends, or other living arrangements.

Twenty-two percent of the participants in the focus groups had been working for at least 12 months; 7.3% for at least 4 months; 2.4% worked for at least 11, 2, 3, 4, 5, 6 or 7 months; while 12.2% did not work at all (see Table 7 on following page).



Table 8: Total Ns and Means for Demographic Variables			
Variables	N (%)	N (%)	Variables
<u>Communities (N=41)</u>			<u>Living w / Someone (N=33)</u>
Cayon	2 (4.9%)	2 (6.1%)	Father + Mother
Saddlers	8 (19.5%)	17 (51.5%)	Mother
Newtown	19 (46.3%)	1 (3.0%)	Father
Irish Town	2 (4.9%)	6 (18.2%)	Partner / Spouse or Own Family
Old Road	5 (12.2%)	2 (6.1%)	Friend
Hanley's Road	5 (12.2%)	4 (12.1%)	Alone
		1 (3.0%)	Other
<u>Sex (N=41)</u>			<u>Employment Duration (N=31)</u>
Females	25 (61%)	5 (16.1%)	Do not work
Males	16 (39%)	7 (22.6%)	0 – 5 Months
		7 (22.6%)	6 – 10 Months
<u>Education (N=33)</u>		11 (35.5%)	11 – 15 Months
Secondary	32 (97%)	1 (3.2%)	16+ Month
Post Secondary	1 (3%)		
			<u>Wages (N=33)</u>
<u>Age (N=32)</u>			≤\$2,000
12 - 15	3 (9.4%)	3 (13.64%)	\$2,100 – 3,000
16 - 19	14 (43.8%)	5 (22.72%)	\$3,100 – 4,000
20 - 23	8 (25%)	4 (18.20%)	\$4,100 – 5,000
24 - 27	4 (12.5%)	1 (4.54%)	>\$5,000
28 - 31	1 (3.1%)	9 (40.90%)	
32 - 35	2 (6.2%)		<u>Substance Use (N=33)</u>
<u>Living with a Heavy Drinker (N=33)</u>		11 (33%)	Cigarettes or Tobacco
Yes	7 (21.2%)	25 (75.8%)	Alcohol
No	26 (78.8%)	0 (0%)	Tranquilizers
		1 (3%)	Stimulants
<u>Close Friends (N=31)</u>		1 (3%)	Solvents / Inhalants
A lot	8 (26%)	13 (39.4%)	Marijuana
Some, but not a lot	8 (26%)	1 (3%)	Hallucinogens
Very few	11 (35%)	1 (3%)	Heroin
None	4 (13%)	0 (0%)	Opium
		0 (0%)	Morphine
<u>Close Friends' Drugs Use (N=32)</u>		0 (0%)	Cocaine
All or almost all	1 (3.1%)	0 (0%)	Crack
Majority	5 (15.6%)	0 (0%)	Abyss
Minority	6 (18.8%)	1 (3%)	Ecstasy
None	20 (62.5%)	1 (3%)	Methamphetamines
		1 (3%)	Other Drugs



Thirteen (13) national key informant interviews were conducted throughout the Federation. The national and community key informant interviews were administered in various locations including offices, conference, boardrooms, police stations, community health centres, and schools. Seven (7) national key informant interviews were done in St. Kitts among the various high level government and private administrators including the Ministry of National Security / Office of the Prime Minister; Police High Command; Narcotic Unit; Ministry of Health; Ministry of Youth, Sport, and Culture; Ministry of Community, Social Development, and Gender Affairs; and Chamber of Industry & Commerce. In Nevis, there were six (6) national key informant interviews done among executives from the Ministry of Finance; Ministry of Health; Community Affairs; Hospital Administration; and Ministry of Legal Affairs.

Twenty five (25) community key informant interviews were conducted in six high-risk communities. The informants who participated were from their respective home communities. In St. Kitts, five community key informants were selected from Newtown, Cayon, Saddlers, Old Road, and Irish Town. In Nevis, five community key informant interviews were conducted at Hanley's Road.



5. FUTURE DIRECTIONS

5.1. Priority Areas for Future Development

The National Drug Council has a few priority projects that have been proposed to be implemented pending and funding:

Project 1: Pilot Regional Geographical Drug Information Grid Alliance

1 Justification

1.1 Background

A. The Regional Programme on Drug Abuse Abatement and Control (REPDAAC)

A Regional Programme on Drug Abuse Abatement and Control (REPDAAC) with six components - Epidemiology, Preventive Education, Public Awareness, Law Enforcement Treatment and Rehabilitation and Coordination of a Secretariat was approved, since 1996, by CARICOM Heads of Government. At the same time most governments of CARICOM have ratified the United Nations Drug Conventions of 1961, 1971 and 1998 and are operating within that framework in terms of legislation and policy development.

Member states of CARICOM approved the Barbados Plan of Action which, at recommendations 45-49 and 53, points to the need to improve data collection in the region. In May 1996, the Regional Meeting on Drug Control Coordination and Cooperation in the Caribbean, convened in Barbados, emphasized the need to develop, in each country, cadres of individuals with data collection and analysis skills. Additionally, the Santo Domingo Declaration resulting from the Second Regional Meeting on Drug Control Coordination and Cooperation, held in Santo Domingo in December 1997, reiterated the policy of CARICOM Governments in respect of the timely implementation of an epidemiological system for substance abuse.

Because the organization and implementation of a comprehensive demand reduction program in the CARICOM Countries is non existent, there is a need to develop a system for accurately estimating the extent of drug use, misuse and abuse, which will be done in stages, possibly with the assistance of interested International Organizations and Non Governmental Organizations.

Since numerous technical difficulties can be encountered in defining, and subsequently determining, conditions such as abuse, dependence, and misuse in relation to narcotic drugs, psychotropic substances, alcohol and tobacco, initial efforts should be directed at determining patterns of use of those substances considered important in the local context.



Surveys of illicit drug use can be unreliable, if inappropriately designed, owing to user's fears of exposure, resulting in under-reporting of actual practices, utilization of inappropriate methodology, and due to the fact that certain user groups cannot be reached by survey techniques. Also, there is no one best way of obtaining information on Substance Abuse. Accurate and reliable information relating to the field of Substance Abuse should therefore be obtained in stages, by the use of different techniques, from different sources, and from a variety of perspectives.

The process for assessment of the extent of drug misuse and abuse in each individual country should begin with the conduction of a series of appropriately designed surveys among selected population sub-groups who are readily accessible. The information obtained from these sub-groups can be digitally mapped or laid out using a Geographical Information System technology (GIS).

The GIS is the tool proposed to establish and develop a National Drug Information System in a manner that is consistently done across all CARICOM member states. As a result, it has the ability to deal with spatial databases. With this GIS, the National Anti-drug Coordinating Entity will be able to relate information about various drugs of abuse. Due to its online tracking capability with GPS technology, it can also be used to monitor drug trafficking. A GIS, which can use information from many different sources, in many different forms can help with various analyses. The primary requirement for the source data is that the locations for the variables are known. Location may be annotated by x, y, and z coordinates of longitude, latitude, and elevation, or main roadway mile markers. Any variable that can be located spatially can be fed into a GIS.

Because the characteristics of the drug problems within the CARIDIN member states are similar, and because CARIDIN, itself, has already made several visits to member states to assess their capacity, and is now actively involved in coordination of substance abuse policies and programs, it is anticipated that this project will be the first phase of a region-wide drug information system.

The actual implementation of this project, during this phase, will take place in Federation of St. Kitts and Nevis, as the pilot country, since Federation of St. Kitts and Nevis has recently completed and presented its National Anti-drug Masterplan (Masterplan); and in addition, the national capability has already been established in preparation for this exercise, since the National Anti-Drug Grid Alliance workshop was already held in the Federation of St. Kitts and Nevis, and is fully prepared to carry out this timely project which was already identified in its Masterplan.

As a result, the responsibility to be assigned to CARIDIN in this regional pilot project will be an advisory role. Thus, this phase of the project execution will be implemented by the National Council on Drug Abuse Prevention (National Drug Council) of the Federation of St. Kitts and Nevis, which is the pilot country for this project initiation.

The design parameters, modus of operandi, and project implementation will be replicated throughout CARIDIN members states, once an evaluation and design improvements are incorporated based on the experience gained from the Federation of St. Kitts and Nevis.



B. The Multilateral Evaluation Mechanism

The data gathered from the Geographical Drug Information Grid Alliance System will feed / facilitate information to the Multilateral Evaluation Mechanism (MEM).

The idea of the MEM was first coined back in November 1997 in Lima, Peru, when the Delegation of Honduras proposed the creation of the evaluation mechanism at CICAD's twenty-second regular session. The MEM makes periodic recommendations to member states on improving their capacity to control drug trafficking and abuse and enhance multilateral cooperation. Similarly, the US proposed the multi-lateralization of the inter-American drug control effort. After discussion, the Commission agreed to convene consultative meetings in Washington, DC, to analyze these proposals, taking into account the interventions of other delegations, and decide on the procedure for designing a multilateral mechanism consistent with the anti-drug strategy in the Hemisphere adopted by CICAD in Buenos Aires and signed in Montevideo in December 1996.

At the Second Summit, in April 1998 in Santiago, Chile, the Heads of State and the Governments of the Americas turned the concept of multilateral evaluation into a mandate, declaring in the Plan of Action that each member state countries would:

'Continue to develop their national/multilateral efforts in order to achieve full application of the Anti-Drug Strategy in the Hemisphere, and will strengthen this alliance based on the principles of respect for the sovereignty and territorial jurisdiction of the States, reciprocity, shared responsibility, and an integrated, balanced approach in conformity with domestic laws;

With the intention of strengthening mutual confidence, dialogue and hemispheric cooperation and on the basis of the aforementioned principles, develop, within the framework of the Inter-American Drug Abuse Control Commission (CICAD-OAS), a singular and objective process of multilateral governmental evaluation in order to monitor the progress of their individual and collective efforts in the Hemisphere and of all the countries participating in the Summit, in dealing with the diverse manifestations of the problem.'

Based on these mandates and in order to execute them, the 23rd Regular Meeting of CICAD (May 1998) formed an Intergovernmental Working Group on the MEM (IWG-MEM). In conformity with the decisions adopted at the Second Summit of the Americas, the IWG-MEM focused on the principles, objectives, and the general characteristics of a multilateral evaluation mechanism.

The MEM's objective is to strengthen mutual confidence, dialogue and hemispheric cooperation in order to deal with the drug problem with greater efficacy. It will follow-up on the progress of individual and collective efforts of all the countries participating in the Mechanism, indicating both results achieved as well as obstacles faced by the signatory countries.



The MEM process stipulates that all 34 member states to be evaluated would provide data in response to a standard questionnaire. Also, each country presented a document prepared by its government. In St. Kitts and Nevis, the organization responsible for this is the National Drug Council, through its Executive Secretariat. The National Drug Council reports on the situation of the country's drug progress and problem. This document illustrates achievements made by the country, as well as the difficulties it faces and areas in which cooperation should be strengthened.

The indicators designed for the questionnaire are divided into the following main sections:

1. Institutional Building, Treaties, Information
2. Demand Reduction
3. Supply Reduction
4. Control Measures

These indicators serve as tools for measuring national/hemispheric efforts and results to combat illicit drug use, production, and trafficking. Also, they provide feedback on how nations are meeting goals in a wide range of areas, including the development of anti-drug strategies, drug seizure operations, treatment/rehabilitation programs, reductions in illicit crop production, diversion of precursor chemicals, prevention of money laundering and arms trafficking, etc.

A Government Expert Group (GEG) made up of experts from all 34 member states uses the results of the questionnaire, and the summary document presented by each government to carry out evaluations on a country-by-country basis. Final evaluation drafts are then submitted to the Commission for consideration and approval. The GEG is responsible for the 34 individual multilateral evaluations and the hemispheric reports, together with recommendations on how to strengthen cooperation and the capacity of states to address the drug problem as well as to stimulate technical assistance and training programs as part of overall anti-drug efforts.

In the case of the Federation of St. Kitts and Nevis, the Ambassador to Washington may serve as the Principal GEG representative. Dr. Patrick E. Prince has been appointed as the GEG by the Government of St. Kitts and Nevis. Therefore, he has primary responsibility for the overall monitoring of the MEM and the draft reports for the Federation. Additionally, he serves as the Executive Secretary of the National Drug Council and the National & Regional Drug Coordinator for the Federation.

The following Government Ministries, Agencies, and Other Stakeholders that will benefit from the execution of this proposal include:

a) Supply Reduction / Control Measures Ministries / Agencies:

- Head of State / Cabinet
- National Security
- Justice and Legal Affairs
- Finance and Planning
- Police Force
- Defence Force
- Customs & Excise
- Her Majesty Prisons

**b) Demand Reduction Ministries / Agencies:**

- Education
- Youth
- Health
- Trades & Labour Union
- University of the West Indies
- Social Service Clubs
- Non-Governmental Organization
- Christian Council
- Evangelical Association
- Social Dev., Com. & Gender Affairs
- Chamber of Industry & Commerce

3. Goal of the Proposal or Integral Development General Objective:

To develop a national drug information system to assess the impact and challenges of the drug production, trafficking and abuse problem, and to use the system for region-wide applicability.

It will benefit the various agencies by providing a tool for policy decision-making at the national and regional levels to combat the drug problems related to the demand reduction, supply reduction, and control measures.

4. Purpose or Specific Objective of the Proposal:

1. To prepare survey requirements for Supply Reduction Ministries / Agencies
2. To prepare survey requirements for Control Measures Ministries / Agencies
3. To prepare survey requirements for Demand Reduction Ministries / Agencies
4. To generate maps, charts, and statistics for stake-holding agencies
5. To generate queries to assist in drawing conclusions and making recommendations for future policy orientation.

5. Specify the outputs/components in their order of execution

1. Develop National Drug Surveys for Supply Reduction, Control Measures, and Demand Reduction Ministries / Agencies
2. Produce maps to show: overall drug distribution, drug trafficking, drug consumption, areas prone to drug cultivation
3. Train future users of the National Drug Information Grid Alliance (representatives from the various Government Ministries and Agencies / Stakeholders who attended the National Drug Information Grid Alliance in January 2001)
4. Workshops / seminars and coordination

6. Outputs / Components Identified in the Previous Section:

Activity 1: | Determining drug trafficking and abuse patterns in selected population subgroups by conducting a series of surveys to determine.



- Activity 2:** Build National Drug Information Database Framework
- Activity 3:** Produce maps to show: overall drug distribution, drug trafficking, drug consumption, areas prone to drug cultivation (equipment)
- Activity 4:** Workshop / train future users of the National Drug Information Grid Alliance
- Activity 5:** Regional seminars and coordination

7. The indicators to be used to verify the achievement of the outputs / components and the means of verification to verify said achievement:

- Activity 1:**
- Develop National Supply Reduction, Demand Reduction, and Control Measures Surveys
 - Standardized formatted data ready for input / 20 facilitators/interviewers trained.
- Activity 2:**
- Build National Drug Information Database Framework
 - Database ready to be used for mapping, queries, and data analyses
- Activity 3:**
- Produce maps to show overall drug distribution, drug trafficking, drug consumption, areas prone to drug cultivation
 - Draft drug control and related maps
- Activity 4:**
- Train future users of the National Drug Information Grid Alliance
 - A cadre of personnel trained to use the National Drug Geo-database
- Activity 5:**
- Workshops / seminars and coordination (1 for SKN and 1 regional)
 - Dissemination of the information from the various components of the National Drug Information Grid Alliance
 - Project accomplished in a timely manner according to the work plan

8. Verifiable Results:

- Activity 1: Develop National Supply Reduction, Demand Reduction, and Control Measures Surveys**
- *National Drug Surveys were developed for all Government Ministries / Agencies and other stakeholders*
 - *20 facilitators / interviewers trained.*



- Activity 2: Build National Drug Database Framework**
- *One National Drug Database was developed in ArcView and integrated with Microsoft Access 2000 (or compatible)*
 - *One National Drug Information Grid Alliance System was installed*
 - *4 copies of the final report containing maps relating to drug consumption, distribution, trafficking, areas prone to drug cultivation were produced*
- Activity 3: Produce maps to show overall drug distribution, drug trafficking, drug consumption, areas prone to drug cultivation**
- *maps relating to drug consumption were produced*
 - *maps relating to drug distribution were produced*
 - *maps relating to drug trafficking were produced*
 - *maps relating to areas prone to drug cultivation*
- Activity 4: Train future users of the National Drug Information Grid Alliance**
- *4 persons (2 technical / 2 management staff) were trained in Geo-database*
- Activity 5: Workshops / seminars and coordination**
- *One workshop for the Federation of St. Kitts and Nevis; and one workshop for CARIDIN member states*
 - *GIS pilot project within the Federation of St. Kitts and Nevis was successfully completed within the proposed time frame*

TOTAL PROJECT COST OF EXPENDITURE (IN US \$)							
	Training	Travel	Documents	Equipment	Contracts	Misc.	Total
Federation	19,500	3,000	5,800	0	10,000	0	38,300
CICAD	3,500	11,000	2,800	15,000	39,000	10,000	81,300



Project 2: National Counseling and Substance Abuse Services

Introduction

The National Council on Drug Abuse Prevention (National Drug Council) of the Federation of St. Kitts and Nevis recently hosted a visit to the Federation by two FAVA/CA volunteers, Dr. Dina Wilke and Dr. Darcy Siebert from the Florida State University School of Social Work. The purpose of this visit was for Drs. Wilke and Siebert to provide consultation services to the National Drug Council regarding a proposed national system of comprehensive substance abuse and mental health services. The following assessment and recommendations are the result of interviews with key stakeholders, the review of pertinent documents, and the consultants' research and experience with behavioral health issues and services.

Situation Description

The Federation has a population of approximately 45,000 citizens who are facing many of the stresses attributable to a changing economy and social milieu. Prominent government officials and private stakeholders report increasing problems with alcohol and other drug use and abuse, juvenile crime, violence, family conflicts (including domestic violence), child sexual abuse, rape, and other incidents of assaults against individuals. It is additionally believed that unprotected sexual behaviors are resulting in a growing number of sexually transmitted infections, including HIV.

Currently, the Ministry of Social Development, Community & Gender Affairs is charged with providing counseling services for the psychological needs of the Federation, and they are experiencing large increases in clients requesting these services. The National Drug Council has currently assumed the responsible for providing counseling services for citizens with alcohol and drug-related problems, and is experiencing increasing caseloads as well. Additionally, both organizations are mandated to develop and provide a number of additional services and programs as a result of legislation. The Ministries of Health and Education also have roles in the provision of education and prevention services that overlap with those of the Ministry of Social Development and the National Drug Council. All these organizations are committed to improving the health and well being of the Federation's citizens, and all are looking for a means to provide services in an efficient and cost-effective manner.

For these reasons, we would recommend the establishment of a national, comprehensive system of mental health and substance abuse treatment services. This system would require extensive planning and the cooperation of all key stakeholders, but it could make a significant contribution to the improvement of the health and well being of the Federation's citizens, and likely have a positive affect on many of the social problems facing St. Kitts and Nevis. The following is an outline of many of the issues that should be considered in developing such a system.



A Systemic Approach to a National Plan

Organizational Plan

- # The National Drug Council serves in an advisory capacity to the Ministry of Health and the Ministry of Social Development, Community & Gender Affairs on alcohol and drug policy
- # The National Drug Council should oversee the implementation of the mandates found in the Federation's National Anti-Drug Master Plan
- # The National Substance Abuse and Mental Health Services Center (herein after the Center) should be supervised by a Clinical/Administrative Director, trained in Addictions and Mental Health Services who will report to a Board of Directors
 - The Board of Directors is responsible for the overall functioning of the Center including the development of a mission statement
 - The component parts for the Center include: Inpatient/Detox, Outpatient/Aftercare, Halfway House, Employee Assistance, Education/Training, Prevention, and Evaluation/Performance Improvement

I. Inpatient

- # Inpatient services should include mental health
 - For those at risk of hurting themselves or others
 - For those experiencing psychosis or other acute mental health problems
 - For those who need initial medication evaluation and/or stabilization
- # Inpatient services should include alcohol and other drug (AOD)
 - Detoxification for those whose alcohol or drug consumption could lead to physical withdrawal
 - For those whose pattern of use requires removal from the environment to assist their withdrawal
 - For those who have attempted outpatient services and failed to achieve their goals
- # Inpatient services need to include treatment for people with dual diagnoses

A. Services

- # Create a specific description of treatment services offered, similar to description of EAP – e.g., intake, assessment, 1:1 counseling, therapeutic group work, couple or family counseling, psycho-educational groups, ancillary services (occupational therapy, nutrition consultation, medical or dental treatment, etc.)
- # Treatment recommendations and interventions should be directed to the least restrictive, clinically appropriate environment available, based on establish criteria for admission (e.g., objective indicators of acuity and/or chronicity)
- # Create protocol for both scheduled and emergency admissions
- # Coordinate admissions development with hospital, deciding how to determine which patients go to hospital and which go to the treatment center's inpatient unit. Send the resulting protocol to all potential referral sources (local physicians, community health nurses, etc.)

B. Personnel

- # Medical personnel should include a consulting physician for acute cases, emergencies, and Rx
- # Medical personnel should include a nurse with sufficient training in addictions



- # An addictions counselor should be available for one to one, group, and possibly family work
- # Additional personnel, as needed, according to number of patients, for 24-hour supervision e.g., mental health or counselor tech.
- # Mental health personnel may be under the purview of the Ministry of Social Development, while AOD personnel may be under the purview of the National Drug Council
- # All personnel, including administrative, must be trained in addictions, confidentiality, patient restraint and safety, standard precautions for communicable disease, legal issues, etc.

C. Physical facility

- # Until there are some hard data about numbers needing treatment, it is difficult to estimate the number of inpatient beds needed.
- # The inpatient facility, ideally, would be housed in a separate building – or at least a separate section of a larger building – to allow maximum privacy, uninterrupted treatment, and no communication with outside people whose interests might not be in accord with treatment.
- # For safety reasons, secure premises must be available
- # The consulting physician and nurse must recommend all necessary medical supplies along with procedures for administration and storage

II. Outpatient

This level of care will likely require the bulk of the resources and provide the majority of care:

- # Outpatient services should include mental health
 - For those who do not require inpatient services
 - For those experiencing psychiatric, relationship, or other problems that interfere with their general functioning or quality of life
- # Outpatient services should include alcohol and other drug (AOD)
 - For those whose pattern of use does not require removal from the environment to assist their withdrawal
 - For those who have completed inpatient services and are ready to return to their environments
- # Outpatient services need to include treatment for people with dual diagnoses

A. Services

- # Create a specific description of treatment services offered, similar to description of EAP – e.g., intake, assessment, 1:1 counseling, therapeutic group work, couple or family counseling, psycho-education and/or coaching, case management, ancillary services (referral to occupational therapy, nutrition consultation, medical or dental treatment, etc.)
- # Establish criteria for admission to outpatient services (objective indicators of acuity and/or chronicity, criteria at which they step down from inpatient or down to aftercare)
- # Create protocol for both scheduled and walk-in services. Send the resulting protocol to all potential referral sources (local physicians, community health nurses, guidance counselors, personnel or human resources managers, etc.)

**B. Personnel**

- # An addictions counselor should be available for one to one, group, and possibly family work
- # A mental health counselor should be available for clients not dealing with AOD issues
- # Recognizing that dual diagnosis is commonplace, all personnel should be trained in both mental health and AOD issues
- # Clinical personnel should have advanced degrees (e.g., counseling, psychology, clinical social work, psychiatric nursing)
- # Mental health personnel may be under the purview of the Ministry of Social Development, while AOD personnel may be under the purview of the National Drug Council
- # All personnel, including administrative, must be trained in confidentiality, patient safety, legal issues, etc.

C. Physical facility

- # Utilizing current trends of numbers of patients seeking treatment, establish the minimum number of employee hours required to cover the outpatient services, and provide office space
- # The outpatient facility, ideally, would be housed in an area separate from the inpatient services and halfway house – to allow maximum privacy, uninterrupted treatment, and no communication with outside people whose interests might not be in accord with treatment.
- # The outpatient facility should be housed in the same facility as aftercare services

III. Aftercare and Case Management

- # Aftercare and case management services should include mental health
 - For those who have completed inpatient and/or outpatient treatment but require longer-term follow-up, e.g., for medication checks
- # Aftercare and case management should include alcohol and other drug (AOD)
 - For those who have completed inpatient and/or outpatient services but need longer term support e.g., patient has minimal support system in community, patient is an employee who requires longer term follow-up as the result of their referral from their employer
- # Aftercare and case management need to include treatment for people with dual diagnoses
 - Patients with dual diagnoses frequently require very long term aftercare because of the complexity or chronicity of their diagnoses, e.g., substance abuser with HIV, person with schizophrenia who abuses alcohol, etc.

A. Services

- # Create a specific description of aftercare services offered, similar to description of EAP – e.g., example time frames for follow-up, 1:1 counseling, therapeutic group work, couple or family counseling, ancillary services
- # Establish criteria for admission to aftercare services (objective indicators of functioning assessment, criteria at which they step down from outpatient, criteria for termination)
- # Create protocol for services (Send the resulting protocol to all potential referral sources (local physicians, community health nurses, guidance counselors, personnel or human resources managers, etc.)



B. Personnel

- # Recognizing that continuity of care is important to outcome, develop a personnel model
 - Either aftercare personnel are hired for only that role and are responsible for all follow-up counseling, group work, communication with collaterals, etc., or
 - The patient's primary counselor in in/outpatient is responsible for aftercare also (This scenario permits a continuous therapeutic relationship, but reduces the number of patients a primary counselor can handle at one time)
- # Recognizing that dual diagnosis is commonplace, all personnel should be trained in both mental health and AOD issues
- # Clinical personnel should have advanced degrees (e.g., counseling, psychology, clinical social work, psychiatric nursing), though the case manager role could be filled by a first degree worker in a human services discipline (e.g., counseling, social work, psychology)
- # Mental health personnel may be under the purview of the Ministry of Social Development, while AOD personnel may be under the purview of the National Drug Council
- # All personnel must be trained in confidentiality, safety, legal issues, etc.

C. Physical facility

- # Utilizing current trends of numbers of patients seeking treatment, establish the minimum number of employee hours required to cover the aftercare services, and provide office space
- # The aftercare services, ideally, would be housed in the same facility as outpatient services

IV. Halfway House

- # Available for those who are involved in regular outpatient or aftercare AOD services
- # Perhaps available for those with mental health diagnoses? Or would this be a separate facility?
- # Decide criteria for house "manager" – In recovery? For how long? Formally trained on addictions?
- # Develop criteria for admission, continued residence, and discharge
- # Create list of house rules and responsibilities for residence
 - Must be at work or school?
 - Must stay completely abstinent?
 - Must comply with aftercare plans?
 - Must attend self-help groups?
 - Must contribute financially to house expenses?
 - How long in residence?
 - Under what conditions would a resident be asked to leave?
- # Decide how much information management should be involved
- # Should keep records to facilitate evaluation, providing proof that this service is beneficial
- # Facility should be separate from others, as residents have different level of needs and risks

V. Employee Assistance

- # Decide if this will be a benefit to private employers in addition to government
 - If so, then need to discuss private employers' financial contribution to the system
 - If private employers contribute, establish cost per employee, billing protocol, banking, etc.



- # If this is a national program, decide on location of a Nevis office and staffing issues
- # Confirm if the services described in the current draft program are sufficient for employers' needs
 - Decide if services will be available 24 hours a day (e.g., if a nurse manager on the night shift has personnel emergency)... if so, set up an on-call system with a pager
 - Decide if phone counseling will be available, and during which hours of the day
- # Phone counseling might be an efficient way to deal with employees who cannot travel
- # Decide if there will be only one set of services (one EAP fits all) or whether you would like to "bundle" your services so that private employers might want to purchase some but not others (e.g., counseling for employees but not training)
- # Immediately identify or recruit one full time employee to be dedicated to the EAP
 - This doesn't necessarily have to be an advanced clinical person, but that would be preferable
 - This must be someone that can interact with management comfortably and professionally, conduct trainings, do basic crisis intervention, handle phone counseling/coaching
- # Set up a separate phone number for the EAP that is answered "Employee Assistance"
 - Do not want someone to hear "Drug Council" or some other greeting when calling EAP as that will increase the resistance of many manager/supervisors who do not believe in counseling
- # Train all staff on differences between EAP and other services provided

A. Prepare a plan for marketing the EAP

- # Create a prospectus for employers, supervisors, managers, etc. emphasizing how it will save money and time, improve worker productivity
- # Create a marketing "initial training" to present the EAP and allow people to ask questions
- # Create business cards, postcards, rolodex cards, brochures, and other ways to encourage contact

B. EAP counselor should begin to develop a series of employee-focused trainings, such as

- # Employee orientation to EAP
- # Managers/supervisors orientation to EAP – how to make a referral, etc.
- # Managing finances
- # Parenting
- # Alcohol and its health risks
- # Other training as requested by employers and/or employees

C. Education, Health Promotion, and Prevention

- # These areas of development are being planned and implemented through consultation with other FAVA/CA volunteers

D. Peer Support Groups

- # Seek volunteers for leading community support groups (e.g., 12-Step Groups, Rational Recovery, and Secular Organizations for Recovery). Note that the examples given support abstinence/sobriety as life-long goals, which should be evaluated carefully for cultural acceptance. Research would inform the possibility of including support for moderated drinking rather than abstinence



VI. Communications Plan – Referrals, Collaboration, Reporting

- # Identify key stakeholders who are potential referral sources to the services. These include, but are not limited to: physicians, nurses (including the public health nurses), judiciary, clergy, and other human service workers.
- # Develop and implement a marketing plan to inform the citizens and key stakeholders about the programs' services, scope and expected outcomes as appropriate for the level of care.
- # Establish a reporting system to stakeholders consistent with applicable confidentiality laws and restrictions in order to facilitate collaborative relationships and appropriate aftercare/follow up.
- # Consider offering public educational seminars to increase awareness of substance use/abuse, related consequences, and the availability of treatment options.
- # Consider developing a series of public service announcement to increase program visibility and public awareness/acceptance of substance abuse without stigmatizing the population or illness. Other public information options include brochures, press releases, etc.

VII. Information Management Plans: Computer, Paper Files, And Confidentiality Issues

- # Effective policies on client confidentiality will promote client participation, maximize treatment effectiveness, and safeguard client privacy.
- # Establish a secure and confidential storage system for both paper and electronic files, including policies regarding file retention and file destruction.
- # Develop a protocol for a confidential referral system – who can refer, how to document information, whether and how to give feedback to referring person.
- # Develop a policy for release of confidential client information to the client, parent/guardian, other health care providers, insurance or other third-party payers, government agencies, and the legal system, consistent with applicable federal law.
- # Develop policies for human subject protection through institutional review for evaluation research.
- # Create system of documentation to facilitate communication, program planning, individualized treatment, and outcome evaluation (e.g. consent, intake, assessment, treatment plans, case charts, discharge reports, etc).
- # Create a protocol for periodic multidisciplinary assessment of client progress as appropriate for the different levels of care.

VII. Preliminary Data Gathering/Surveillance Needs

- # To comply with CICAD recommendations, establish and implement a methodology to gather data using client and provider feedback, information management systems, and chart reviews.
- # Why it is critical to success of the system
 - Establish a baseline of the prevalence of substance abuse to determine the level of service need and assess the degree of change upon implementation of services
 - Have reliable, local data available for public service announcements
 - Have reliable data available for policy analyses/changes
 - To comply with CICAD and other recommendations, thus encouraging their continued support



What data should be gathered

- Psychiatric admissions to the hospital
- Alcohol and other drug (AOD) related admissions to the emergency room and hospital
- AOD related automobile accidents
- AOD related deaths (e.g., by auto accident, homicide, cirrhosis)
- AOD related arrests (e.g., drug trafficking, homicide, etc)
- AOD related behavior (e.g., quantity/frequency, etc.)
- Baseline data about mental health and other co-occurring disorders
- Baseline data about AOD-related issues such as risky sexual behavior, prevalence of sexually transmitted infections including HIV, sexual assault and other kinds of victimization, fetal alcohol syndrome and fetal alcohol effects, and other health or social issues.

VIII. Ongoing Evaluation of Services

1. Develop criteria for successful outcome based on program mission statements, organizational goals, and client goals
 2. To comply with CICAD recommendations, establish a system of regular data collection using client and provider feedback, information management systems, and chart reviews.
- # Why you need it (to prove that treatment is valuable)
- Process evaluation assesses the adequacy of implementation of services, and allows for performance improvement activities
- # Examples of process outcomes include: days on a waiting list, number of therapy sessions, number of treatment plans accurately completed, etc.
- Outcome evaluation provides reliable information, based on data, about the effectiveness of the services provided.
- # Examples of individual-level outcomes include: successful discharges from all levels of services, reduction/cessation of use of alcohol or other drugs, continuous employment, etc.
- # Examples of macro-level outcomes include: reductions in drunk-driving accidents, declining expenditures for alcohol-related hospital emergencies, etc.
- # How you will do it (connected to information management)

IX. Personnel/Training

1. Competency-based training of current service providers
 - # Eliminate the Rockland Institute... not on the web, too old a relationship. Consider an alternative (e.g., Hanley-Hazelden in West Palm Beach, FL, or other training firms that might donate their services through FAVA/CA)
 - # EAP training for middle management (see specific areas delineated under EAP).
 - # Training for all human services workers targeting the impact of substance abuse in their particular areas (e.g., child abuse, domestic violence, etc.). This will be important for developing a referral base.
2. Recruiting current citizens for formal education & training
 - # Consider partnering with Clarence Fitzroy Bryant College to develop a 1- or 2-year human services tech program



- # Considering partnering with UWI to bring human services programs to the Federation via distance education
- # Explore online addictions certification programs and FSU's online MSW program (for those with a BSW only) as alternatives to sending citizens off island for training
- 3. Recruiting from off island for immediate needs
 - # MSW program at UWI-Trinidad
 - # Explore other options – recruiting trips to universities in Canada and the U.S., hiring a professional recruiter
- 4. Utilizing graduate student interns
 - # Solidify current relationships with FSU and Howard to provide graduate student interns
 - # Explore relationships with other departments at FSU and Howard – medicine, nursing, rehab counseling, etc.
 - # Develop relationships with other universities that could provide students
 - # Create specific job descriptions for each role that might be offered to a grad student – e.g., location of work, hours, duties, plan for supervision and evaluation of student
 - # Create a marketing package for interested graduate students –
 - # Describe the experience they will gain, the benefits you can provide, housing, budget, costs, etc.
 - # Develop a small group of professionals that will provide supervision to the students
 - Develop a training for supervisory issues, e.g., obligations, expectations, limitations
 - # Do NOT rely on students as replacements for paid personnel – they are to learn and to enhance services, not to be the primary provider of services

X. Physical Plant Needs

- # Buildings and potential locations are clearly the purview of the organizations involved
- # Building suggestions specific to each part of the system are included in above descriptions
- # Equipment considerations – purchase and training in the use of the following:
 - # Medical equipment and supplies as needed for a medical detox
 - # Breathalyzers
 - # Drug testing equipment or a relationship with a lab to provide quick and accurate results
 - # Transportation for patients needing to go to hospital for emergencies
 - # Communications equipment: phone system with confidential voice mail for treatment personnel, computers with Internet access and security provisions for record-keeping, fax.
 - # Office equipment: desks, chairs, photocopier, locking file cabinets, office supplies...
 - # Patient needs: beds with linens, shower facilities and personal requirements, food service, commonroom furniture, laundry equipment or service, exercise equipment or space...
 - # Educational equipment – video and monitor, blackboard or other writing board, tables and chairs, printed psycho-educational materials, writing materials...



XI. Strengths

- # Core of people committed to the issue
- # Recognition on the part of the business community that alcohol abuse affects worker productivity
- # System of post-secondary education that can potentially respond to the personnel issues
- # Addictions Certification program available at the local UWI campus
- # Willingness to train and supervise students interested in addiction studies
- # Support from essential Ministries
- # Mandates from CICAD, UNODC, CARICOM, etc to conduct data collection on substance use/abuse
- # Well-respected public health nurses located in communities throughout the Federation
- # Current data collection project of substance use among teenagers

XII. Challenges

- # No epidemiology, so creating service system with no idea of numbers needing service
- # Polarized political system
- # Culture that supports excessive use of alcohol
- # Lack of awareness of the concepts of alcoholism and recovery
- # No surveillance system to assess the societal impact of alcohol abuse (e.g., DUI, FAE/FAS)
- # Lack of trained personnel

XIII. Suggested Steps For Implementation

- # Prepare a revised proposal that is formulated in an iterative process, asking for feedback from key stakeholders – consider including community representatives in the process
- # Conduct meetings of key stakeholders to discuss and plan the system, its implementation, and timeline
- # Decide the priority of services needed, as not all can be implemented simultaneously
- # Whatever services are implemented first, be sure that they are accompanied by aftercare and case management services, as all persons receiving AOD treatment need long term follow-up
- # Prepare graphic representations of communications plans, information management plans, organizational charts, and other processes, assigning roles and responsibilities
- # Develop a strategy for marketing the proposal to officials with decision-making authority organizations that will be key to the success of services
- # Contact FAVA/CA for assistance with implementation
- # Contact service organizations for assistance with equipment and facilities
- # Collaborate with researchers to gather epidemiological data as early as possible in the process

XIV. Issues For Future Consideration

- # Crisis intervention and hotline
- # Consider utilizing the structure of the EAP 24-hour hotline to implement a similar hotline
- # Consider requesting that service organizations like Rotary “adopt” a hotline
- # Train local personnel in crisis intervention and Critical Incident Debriefing methods



Project 3: Dare Officers Training

1. Justification

A. Background

Drug Abuse Resistance Education (DARE) is a validated copyright, comprehensive drug and violence prevention program primarily for children in elementary school, with highly structured, intensive preventative strategies for resisting drugs. It (DARE) represents a long-term solution to a problem that has developed over many years. Also, it provides the knowledge of the harmful effects of drugs and violence, and suggests positive alternatives of becoming involved and resisting techniques to social influence.

The major goals of DARE is to prevent illicit substance use / abuse among school children by targeting young children and helping them to develop effective resisting techniques to gangs, group violence, and pressure to use drugs, thus reducing the demand for drugs.

B. Target Group

New Caribbean Police Officers will be trained in the DARE methodology using the core curriculum which targets the 5th and 6th Graders of elementary schools, which are those students graduating and moving on into high schools at the end of the year. This curriculum consists of seventeen (17) 45-60 minutes weekly lessons. These lessons are structured sequentially and cumulatively. A wide range of teaching strategies will be implemented to emphasize students' participation including questions and answers, group discussions, and role-play activities. The curriculum teaches the social skills techniques to recognize and resist peer-influence and other pressures when face with personal choices.

Not only will the training teach building refusal skills, but also self-esteem development, risk assessment, and decision-making skills, inter-personal and communication skills, critical thinking and the identification of positive alternatives to negative pressures. Training will also target other groups, including:

- ✓ Kindergarten - Grade 4
- ✓ High School
- ✓ Special Education
- ✓ DARE Plus – After School Program for Youth
- ✓ Parent Education

C. Development Plan, Regional and Sectoral Policies

Currently, DARE is the Caribbean's predominant school-based drug prevention program; and its prevalence and popularity continue to expand and grow. Caribbean-wide feedback reveals that DARE is rated higher than any other prevention program and is the largest and most widely drug and violence prevention program geared towards children. It continues to be strongly supported by teachers, students, parents, and the community.



On the basis of continual assessment and feedback, training will also focus on the various Caribbean DARE programs' drug preventative approach in providing the knowledge, alternatives, resisting techniques to social influence and its effectiveness in arriving at the program's magnitude. This assessment will consist of review of its operational structure of the program nationwide and internationally, program evaluation to determine facts that contribute to the program's effectiveness and identify ways to enhance or expand existing drug prevention and education strategies, while maintaining the enthusiasm for the program among the school principals and teachers, and improved attitudes towards law enforcement personnel. Other critical elements for program success are as follows:

I. Joint Planning: The Caribbean-wide DARE Program requires the investment and collaboration of law enforcement and education agencies and the community on a whole, such as parents and organizational groups, government, private and public sectors with a mutual commitment to prevent substance abuse among young people and showing strong motivation in pursuing this cooperative effort.

II. Selection and Appraisal of DARE Officers: The high quality and methodical selection of the officer is the key-stone of the DARE program based on his/her interest and commitment to helping children in particular, policing experience, matured and have good communication and organizational skills.

III. Training of DARE Officers: The program should provide opportunities for regular in-service training for the DARE Officers to ensure that the skills are reinforced and strengthened, and that the DARE Officers are kept abreast of new and pertinent information significant to the DARE program effectiveness, accuracy, and current teaching strategies.

IV. Informal Officer \ Student Interaction: In addition to the formal classroom teaching, DARE Officers should spend time on the playground, and at the students' assemblies interacting with students informally such as organizing games or chatting with students during lunch, so that students become more acquainted with the officer as a trusted friend.

V. Teachers Orientations: The DARE Officer always needs the support and understanding of teachers to function effectively in the classroom. This is an opportunity for the DARE Officer to familiarize and teach with the DARE curriculum at an in-service orientation session, the officer will explain the respective roles and identify ways they can cooperate in communicating objectives to the students. Also, teachers will share with the DARE Officers ways to handle classroom behavior, assist with role-plays exercises, ensure students complete their home work, and provide lessons during the week to reinforce the DARE Officer teaching.

VI. Community Presentations: Police, educators, and others committed to the success of this effort must ensure that the program is visible and widely accepted. Meeting with groups representing all sectors of the community, including parents, civic groups, and community-based organizations to promote the level of community understanding and support that is essential to ensure continuity.



2. Project Description

A. General Objective or Goals of the Project

The major goals of the DARE program is to prevent substance abuse among school children by targeting and helping them to develop effective techniques to gang and group violence and offers to take drugs, thus reducing the demand. Other objectives are as follows:

- # Providing the skills for recognizing and resisting social pressures to use tobacco and other drugs.
- # Helping students to enhance their self-esteem by teaching them positive alternatives to substance use/abuse
- # Developing skills in risk assessment and decision making
- # Building interpersonal and communication skills.

B. Specific Objective

Acquiring the knowledge and skills to recognize and resist peer-pressure to experiment with tobacco, alcohol, and other drugs through:

- # Enhancing self-esteem
- # Learning assertiveness techniques
- # Learning alternatives to substance use/abuse
- # Learning anger management/conflict resolution skills
- # Developing risk assessment and decision making skills
- # Reducing violence
- # Building interpersonal / communication skills

DARE TRAINING BUDGET	
Accommodation – (14 days x \$105.00 x 30 persons)	44,100
Training materials	5,000
Air travel (trainers and training facilitator)	3,851
Utilities / Incidentals (Con. Room, Office equipments, Educational tour etc.)	1,500
Opening ceremony	1,000
Closing ceremony	1,000
Teacher's orientation workshop	1,000
Parents workshop	1,000
Training staff DARE T-shirts	500
TOTAL	55,401

N.B: The seminar will consist of forty-five (45) participants.

Overseas delegates - (25) Students, (5) Trainers including a training facilitator

Local delegates - (10) Students, (2) Trainers and (2) auxiliary staff



Project 4: Integrated Drug Demand Reduction Programme

It is being proposed that there should be a three-pronged approach to the problem of drug abuse prevention and control in the Federation of St. Kitts and Nevis. This flows from inter alia, an analysis of the current impact of illegal drug use on people and communities in the Federation based on an awareness of the primary at risk groups, and the response of civil society to illegal drug use, including the stage of development of institutional frameworks and capacities.

The integrated drug reduction program below seeks to address the other priorities enshrined in the Framework of Cooperation, while focusing on diversionary strategies to prevent, arrest, and reverse drug misuse.

The Federation is a parliamentary democracy with universal adult suffrage. The Government recognizes that the untrammelled operations of illegal drug trafficking across international borders threaten the rule of law and the democratic traditions to which it is committed.

The Poverty Survey (2000) found that just over 30% of the populations on both islands are poor. The survey also revealed that more than 90% of the poor worked. Aspects of the outlined drug reduction program are therefore an acknowledgment that while there are criminals masterminding the 'trade', there are those who may be drawn into drug related activities for purely economic reasons.

The proposed drug reduction programs described below have therefore been developed against this background and within a context of sustainable economic, human and social development. The planned activities enhance and protect the natural environment and of equal importance, have no gender bias being as accessible to women as to men.

1. Research Development – This program will be directly coordinated and implemented by the National Council on Drug Abuse Prevention.
2. Sports Against Drugs – The Ministry of Information, Culture, Youth and Sports in conjunction with the relevant sports NGO's will be the implementing agency for this project.
3. Self-Employment Diversionary Programme – The Department of Cooperatives in the Ministry of Agriculture, Lands and Housing will be implementing this project through a beekeeper's cooperative that is being set up.

I. Background

1. Research Development

Useful data on drug and alcohol abuse in the Federation of St. Kitts and Nevis is virtually nonexistent. Although there are clues, primarily from mental health and youth and community workers, and from the increasing numbers of vagrants on the streets, that there is a growing drug addiction problem within the



Federation, there is no statistically robust evidence of how widespread or serious this is. A baseline survey, conducted in Nevis in 1994, indicated that from a sample of 204 randomly selected students from grade 6 to secondary level, 32.4% admitted to having used alcohol and 43.6% knew of someone who used drugs. Although this gives a general indication of the habits and knowledge of one specific group in the population at that particular point in time, the survey was very limited in scope and did not ask the detailed questions that could provide useful information on the nature and extent of illegal drug use in SKN.

Correspondingly, other analyses relying on clinical data, claim that approximately one third of the admissions to the Psychiatric Unit at the J. N. France General Hospital are linked to substance abuse disorders, and that at least a quarter of the admissions to the internal medicine service are for alcohol related disorders. Medical statistics are amazingly difficult to collect, analyze and interpret, and the basis of these assertions, (e.g. how this data was arrived at, what tests were carried out to determine the particular substances used, whether blind studies were done, whether other factors were taken into account etc.), is not clearly verifiable.

An important aspect of any drug demand reduction project in the Federation at this time must therefore be the commissioning of surveys and other research and data collection activities, in order to develop baseline information, not only to establish what the 'real' situation is, but also to have benchmarks from which to monitor and evaluate the effectiveness of the programs that are being implemented.

2. Sports Against Drugs

Efforts to prevent young people from ever using and abusing illegal drugs are probably the most important aspect of the drug reduction program. The results of these initiatives are the yardstick by which the success or failure of the entire drug control program will be judged in the long term. Involving young people in sporting activities have long been associated with the development of good habits of self-discipline, self-control and social responsibility. It is therefore logical that sports should be seen as a natural conduit for the anti-drugs message.

Some sporting clubs and associations in the Federation have included anti-drugs exhortations within their programs in the past. These, however, have been very much ad hoc, one off discussions, not the continuous campaign that must be waged in order to make an impact. The lack of financial and other resources, particularly for the non-traditional sports, have been an obstacle to the development of the targeted, consistent message of drugs free sports. The Government, therefore, considers that this project presents an ideal opportunity to promote the anti-drugs approach as integral to the overall ethos of sport.

Sport is also an excellent means of reaching discontented youth Those, for example, who for whatever reason miss out on formal education in a society where lack of access is no longer an excuse, can decide that playing by the rules is no longer worthwhile. Caribbean communities have a very narrow standard of what constitutes social and economic success and are not usually understanding of those who do not conform. This certainly creates the conditions for some young people to resort to illegal activities in order to achieve economic independence and a measure of respect. For this group of youngsters, involvement



in organized sport provides an outlet for their pent up energies in the short term, and alternative avenues for personal achievement in the long term.

3. Self Employment Diversionary Programme

The third element of the drug reduction project is the development of self employment initiatives for those most at risk of becoming involved in the 'trade'. International criminals have always exploited what they have perceived to be the vulnerabilities of the Caribbean region whether it is an unprotected coastline, or weak, distant or gullible government. Today what is being exploited is the relative poverty of individuals resulting in the increasing penetration of very small communities by the scourge of drug cultivation/production, addiction and the attendant crime.

An additional source of vulnerability in SKN is the uncertainty now facing workers in traditional sugar agriculture, as the industry faces up to the challenges of restructuring. All of the recent studies carried out on the winding down of the industry indicate that field workers, already amongst the poorest and most disadvantaged in the society, are at risk of being seduced into illegal drug activities if they are not provided with meaningful alternatives. The proposal to develop a bee-keeping industry in St. Kitts follows on from the experience of the success of the industry in Nevis. It is an industry for which both a local and export market exist, that has very beneficial effects on the environment and is not only open to both men and women but encourages full family participation.

Finally, it is the kind of industry that thrives in the context of the development of other types of small scale agriculture such as fruit cultivation, and which can stimulate cottage and craft industry type development through the use of its by-products. The activities in this regard hold out particular hope for those older, sugar field workers and their families for whom retraining in new, high technology industries is not feasible.

II. Project / Programme Description

The Overall Objectives:

To devise interventionist and diversionary programs which would tackle the incipient drug addiction problem, provide other options for legal, gainful employment for those who are or may be tempted to get involved in the 'trade', and most importantly, through awareness raising, education and other suasion techniques, to prevent young people/juveniles from ever becoming illegal drug users/abusers.

The project consists of three complementary programs, each having the following objectives:

1 Research Development

A. To support national anti-drug efforts by:

1. developing an automated, internet-based method of collation of drug-related statistics and documentation from the national surveys;
2. facilitating the use of the information gathered for policy design and programme implementation;



3. disseminating information collected to stakeholders as appropriate;
4. providing to the extent possible, technical assistance and training in the area of information technology;
5. linking the national system to a region-wide system of access of drug-related information based online.

B. To facilitate national execution of the requirements of the UNODC-based Regional Coordination Mechanism checklist and the CICAD-based Multilateral Evaluation Mechanism via the construction and use of a national information system.

2 Sports Against Drugs

1. To use participation in non-traditional sports as a vehicle for diverting vulnerable young people in St. Kitts and Nevis from involvement in illegal drug activities.
2. To improve the knowledge of drug use and develop negative opinions about illegal drugs, steroids, and other illegal athletic supplements.
3. To encourage mentor-ship of students through sports in an effort to foster excellence by emphasizing the benefits of a healthy drugs free lifestyle.
4. To foster a greater level of respect and discipline that will enhance the personal qualities of participants and provide armor against peer pressure regarding drug use.
5. To teach life coping skills to promote drug intolerance.

3 Self Employment Diversions Programme

1. To foster drug free community development by encouraging bee-keeping and commercial honey production.
2. To generate productive activities to divert those who may be vulnerable to drug addiction and violent crimes.
3. To empower displaced agricultural workers and others through self-employment opportunities, in order to keep them away from the illegal drug trade and its consequences.
4. To develop entrepreneurial skills among low-income earners in a co-operative spirit.
5. To use the natural environment in terms of the flora of St. Kitts to generate a marketable product.

III. The Results of the Project

1 Research Development

The Research and Data Collection element of the project is primarily a capacity building/human resource, training programme. At the end of the implementation period the results for this aspect of the project will be as follows:

1. The development of standardized epidemiological drug survey techniques
2. Eight drug surveys of different groups within the population will be carried out
3. One (1) epidemiological drug database will be established
4. Twenty (20) professionals will be trained in drug epidemiological research methodology



2 Sports Against Drugs

The following are the expected results of the sports against drugs initiative, which is primarily an awareness raising and anti-drug education program.

1. All participants will have signed a pledge to refrain from illegal drug use and to be alcohol and tobacco free
2. Reduced belief in media promotion of substance abuse among the young people directly involved in the program and spreading through them to their peers
3. Ongoing team leader mentor-ship through team building clinics
4. Development of schools collaborative approach to anti-drugs campaigns
5. Ongoing drug awareness campaign during the annual sports term
6. Development of peer resistance and peer leadership skills, with achievement/milestone ceremonies and awards.

3 Self Employment Diversionsary Programme

This aspect of the project is a community development initiative targeting agricultural workers who are being affected by restructuring of the sector, thus being more susceptible to illegal drug involvement. The following are the expected results at the end of the funding period:

1. A fully operational, self-sustaining bee-keepers' co-operative with 80 to 100 members, and an average of fifteen (15) hives per member
2. Local bee-keepers' brand of honey substituting for imported honey in domestic market.
3. Members of the cooperative generating enough income to both expand production and support their families with no threat to society unlike the illegal drug trade
4. Using lessons learnt and positive experiences to generate similar type community based enterprises as a real alternative to the illegal drug trade
5. Development of by-products and market testing of new ideas.

IV. Activities

1 Research Development

(I) Research to Determine the Substance Use/Abuse Patterns in Selected Population Subgroups

This will be achieved by conducting a series of surveys to determine

- # Personal experiences of survey respondents with the use of illegal drugs, alcohol, tobacco, and
- # Perceptions on use of the same substances by their peers, as well as by other members of the communities in which the respondents live.

The surveys are to be conducted among the following population subgroups:

1. Inmates of Her Majesty's Prison;
2. School Children, specifically boys and girls 14 years and older;
3. Members of Youth Groups involved in sporting and community activities;



4. Attendants of Primary Health Care Clinics (specifically ante-natal and post-natal women, mothers of infants), Child Health Clinics, and Adolescent Health Clinics;
5. Persons attending Skills Training Programs;
6. Public Servants, particularly in the Police, Fire, Customs, Excise and Teaching Services;
7. Workers, Supervisors, Shop Stewards, and Managers employed at Industrial Work Sites; and
8. Persons seeking in-patient and out-patient treatment at the two major Hospitals, and those seeking treatment at offices of Medical Practitioners.

(ii) Establish Training Programs for Personnel Involved in the Collection and Analysis of Data

1. Prison Officers
2. Guidance Counselors
3. Teachers
4. Community Health Nurses
5. Student Nurses

(iii) Review Current Methods of Data Collection

This activity deals with one aspect of the organization of a comprehensive system for the collection and evaluation of data on substance abuse. Currently, there is limited data exists, and it is not recorded in any standardized format, and is therefore difficult to collate and analyze. Since national and regional data need to be consistent and comparable, it is necessary to devise simple, easy-to-use, reliable standardized instruments for data collection. Therefore, existing data collection methods need to be carefully reviewed with a view to developing the best possible information system on substance abuse.

2 Sports Against Drugs

This program is designed for male and female students between the ages of 12 and 18 years. Participants will come from all nine secondary schools in St Kitts and Nevis, (seven public sector, two private sector), and will be involved in after-school and summer activities. The program will initially include seventy-five to eighty-five young people in each of its three areas; Tennis, Golf and Volleyball but is expected to expand through peer encouragement. This team-centered, all gender inclusive program will address key risks and protective factors associated with illegal drugs, anabolic steroids and other prohibited drug use and is patterned, in part, after the Athletes Training and Learning to Avoid Steroids (ATLAS) program as outlined by the Centre for Substance Abuse Prevention (CSAP). The planned activities are as follows:

1. Coaches will deliver 30-minute class sessions twice per week.
2. Covered topics will include sports nutrition and strength training alternatives to illegal drug and athletic enhancing substance use.
3. Youth leadership training will include decision-making skills and strategies to avoid illegal drugs and alcohol.
4. Coaches and peer teammates will facilitate curriculum delivery with scripted manuals in small interactive groups.
5. Creative mock public service campaigns, educational games and role-play will also be used to teach



peer resistance skills.

6. Coaches will work with teams for 90 minutes on developing skills in the relevant sports after the anti-drug use session. This will provide students with an immediate tangible reason for participating in the programme.

3 Self Employment Diversionary Program

This program is targeted at older agricultural workers and their families. These workers because of their age and skill levels are unlikely to be absorbed into the services sectors of the economy as traditional agriculture is restructured. The programme provides the support that they will need to make the transition from field hand to entrepreneur without detouring into illegal drug activity.

1. Educating potential members on bee keeping and the co-operative movement.
2. Signing of members through entrance fees and the purchase of shares.
3. Creating of by-laws for bee-keepers' co-operative society
4. Sale of bee-keeping inputs at affordable prices to members.
5. Acquiring of a headquarters or bee house
6. Launching of bee-keepers' co-operative
7. Production drive.

V. Implementation Arrangements

Physical and non-physical means – Below are set out the details for those items of each programme for which grant aid is being sought. The costs do not include an additional US\$12,000 for overall project evaluation, which is set out under the estimated cost and financing plan section below. Approximately fifty percent (50%) of the total project costs will be contributed by the Government of St. Kitts and Nevis as in-kind resources e.g. Government staffing to implement and administer the project and the provision of workplaces and some equipment.



1 Research Development

TRAINING AND SURVEY DEVELOPMENT	US\$
Regional Trainers from CARIDIN Travel and terminal expenses	\$1,500.00
Ticket cost (return) = \$750.00 x 2 persons	
Terminal expenses = \$ 50.00 x 2 persons	
Hotel expenses	\$2,520.00
Room = \$140.00 x 2 persons x 7 days	
Meals = \$ 40.00 x 2 persons x 7 days	
Number of Participants (excluding Trainers):	42
Lunch at \$13.00 x 42 persons x 5 days	\$2,730.00
Coffee Breaks (2) at \$8.00 x 42 persons x 5 days	\$1,680.00
Equipment: <u>non-expendable</u>	
o 2 computer systems @ \$3,000.00	\$6,000.00
o 1 Overhead LCD projector and screen @ \$7,000.00	\$7,000.00
o 1 TV/VCR system @ \$3,000.00	\$3,000.00
o 1 Networkable Photocopier / printer / collator @ \$15,000.00	\$15,000.00
o 1 Fax machine @ \$700.00	\$700.00
<u>Internet</u>	\$1,130.00
# connection @ \$50.00	
# cablemodem @ \$300.00	
# access for 1 year @ \$65.00 per month	
Supplies	
o Name tags, folders, pens, etc for participants @ \$20.00	\$840.00
o Paper for photocopier and printer	\$200.00
o Office communication	\$400.00
SURVEY IMPLEMENTATION / DATA COLLATION AND ANALYSIS	
Travel expenses to and from survey sites x 40 facilitators @ US\$50.00	2,000.00
Meals for x 40 facilitators	\$600.00
o 1 x coffee break at \$5.00	
o 1 x lunch at \$10.00	
Printing of 4,000 surveys x 16 pages	\$3,700.00
Data collation / entry x 8 persons x 5 days x \$75.00 per day	\$3,000.00
Data analyses x 2 person x 7 days x \$100 per day	\$1,400.00
Sub-Total	\$53,400.00
Miscellaneous Expenses	\$10,000.00
TOTAL GRANT	\$63,400.00

**2 Sports Against Drugs**

Quantity	Description	Cost (US\$)
250	Tennis rackets	12,500 .00
100	Sets of Golf Clubs	4,500.00
75	Volley balls	3,750.00
6	Volley ball nets	1,200.00
200	Packs of Tennis balls	500.00
500	Sets Golf balls	2,500.00
480	ATLAS materials	16,800.00
12	Poles	9,000.00
	Transportation	2000
	Setting up & Marking of courts	3000
6	Appreciation Ceremonies	3,000.00
	Facilitators Stipend	8,320.00
	Miscellaneous	10,000.00
	TOTAL	77,070.00



3. Self Employment Diversionary Programme

Quantity	Description	Price \$US
250	Complete Hives	11,000.00
2500	Sheets wired foundation (BC)	3,425.00
2500	Sheets foundation (Supers)	1937.50
250	Queen Excluders	1412.50
25	Nylon Coveralls	1125.00
25	Round veils with string	312.50
25	Plastic Helmets	262.50
25	Pairs Gloves	362.50
25	Smokers with Shield	775.00
25	Magnetic Hammers	87.50
25	Bee brushes	62.50
25	Hive tools	112.50
25	Frame grips	225.00
250	Plastic Boardman feeders	312.50
5	Frame Nailing Device	100.00
5	Device - Inserting Foundation & Embedding wire	55.00
5	Electric Embedders	75.00
5	Transformers	100.00
3 lbs	Eylets	26.50
5	Eylet Tools	6.25
8 Lbs	Wire	25.00
5	Wiring devices	22.50
2	Double Screen Strainers	70.00
2	Uncapping Knives	110.00
1	Honey Thermometer	10.50
50 lbs	Pollen Substitute	30.00
1	12 Frame Radial Extractor	845.00
1	80 gallon Kelly Double Boiler	440.00
1	Capping Melter	125.00
2	Uncapping Tubs	230.00
50	Supers with Frames	580.00
250	3 lb packages bees with laying queen	9000.00
	Medication for bees	400.00
1	Computer	1000.00
5000	Bottles and labels	1300.00
	Insurance and freight	5,360.00
2 years	Salary for Processing Technician (part time)	9,625.00
2 years	Salary for Office Supervisor	13,440.00
	Building Refurbishment for bee house	15,000.00
	Contingency expenses	3,600.00
	TOTAL	\$82,988.25



CONCLUSION AND RECOMMENDATIONS

The Federation of St. Kitts and Nevis has made progress, since the inception of its National Drug Council back in July 2001. With the elaboration of this national report, the Federation stands to made even further progress.

The National Drug Council, as the coordinating entity for the National Drug Information Network, will continue its collaboration with other key stake-holding government departments and NGOs to implement the various objectives of the Masterplan; and it will continue to publicize the long-term negative and detrimental effects of drug use/abuse on society and the various at risk sub-communities.

Primarily due to its geographical location, the Federation has become a part of the illicit drug transshipment route between the South American producers of illicit drugs and the consumers in North America and Europe. Additionally, the economic and social conditions have played a significant part in persuading normally law-abiding citizens to become involved in illicit drug trafficking. An influx of illicit drugs has increased the number of users and addicts, thereby causing serious social and health problems. Also, this has led to an increase in criminal activities including armed robberies. All in all, the human and social cost have been substantial.

As for recommendations, the National Drug Council will continue to implement and accomplish objectives as set out in the Masterplan:

1. The collaboration and cooperation of stake-holding government ministries and other agencies involved in demand and supply reduction nationally, regionally and internationally in the implementation of the Masterplan.
2. The establishment of epidemiological baseline, which will be updated periodically.
3. The establishment of national facilities and the improvement of existing facilities in the area of drug treatment, rehabilitation, and education.
4. The reduction of demand, supply, trafficking, and related illicit operation by 60% over a five year period.
5. The systematic elimination of money laundering and related financial crimes over a five year period.
6. Opportunities will be provided to enhance the capacities of the various stake-holding government ministries and agencies involved in drug abuse prevention.

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APPENDIX A

This section list person who participated in the information gathering aspects of the network meetings:

PRESENTERS	
Names	Organization
International	
Ms. Ruth Connolly	Inter-American Observatory on Drugs
Mr. Ricardo Zavaleta	Inter-American Observatory on Drugs
Mr. Ruben Cobas	Inter-American Observatory on Drugs
Mr. Juan Carlos Utreras	Chile's National Library of Congress
Mr. Domingo Zúñiga	Government of Colima, Mexico
Mr. César Rodriguez	Global Services Platform
Local / National	
Ms. Gail Cranston	Health Information Coordinator – St. Kitts
Dr. Hermia Morton-Anthony	Principal of Clarence Fitzroy Bryant College – St. Kitts
Mrs. Michele de la Coudray-Blake	Counseling Psychologist / Director of the Outreach Centre
Mr. Bill Ewing	Managing Director of TheCable
Dr. Kenneth Ballantyne	Legal Advisor - Office of the Prime Minister
Mr. Israel Mukasa	Head Draftsperson - Attorney General's Chambers
Mr. Joseph Edmeade	Chief Secretary - Ministry of National Security & Information
Mr. Rodney Harris	Senior Customs Officer
Mr. Calvin Fahie	Commissioner of Police / Immigration

OTHERS PARTICIPANTS	
Names	Organization
Mr. Joseph Edmeade	Chief Secretary - Ministry of National Security & Information
Mr. Calvin Fahie	Commissioner of Police / Immigration
Mr. Robert Jeffers	Deputy Commissioner of Police / Immigration
Mr. Ivor Blake, Superintendent	CID, Royal St. Christopher & Nevis Police Force
Mr. Dorset, Superintendent	Her Majesty's Prison
Mr. Joseph Liburd, Inspector	Narcotics Unit, Royal St. Christopher & Nevis Police Force
Mr. Junie J. Hodge, Coordinator	DARE / Royal St. Christopher & Nevis Police Force
Mr. Matthew McGuire, Constable	Royal St. Christopher & Nevis Police Force
Dr. Walter Skerritt, Coordinator	Secretariat For Returning Nationals
Mr. Israel Mukasa	Head Draftsperson - Attorney General's Chambers
Mr. Rodney Harris, Senior Officer	Customs and Excise Department
Mr. Patrick Williams, Senior Officer	Physical Planning Division
Ms. Stacey Battice, Clerk	Records Department, J. N. F. General Hospital
Guidance Counselors	
Mrs. Mavis Armstrong	Primary Schools, Ministry of Education
Mr. Steve Powell	Cayon High School, Ministry of Education
Ms. Heather Richardson	Verchilids High School, Ministry of Education
Mr. Basil Patterson	Gingerland High School, Ministry of Education - Nevis



PERSONS REGISTERED	
Names	Organization
Dr. Walter Skerritt	Secretariat For Returning Nationals
Mr. Eduardo Mattenet	Geographical Information System Unit – St. Kitts-Nevis
Ms. Shelisa Martin	Health Information - Nevis
Ms. Sheila Harris	Ministry of Community and Gender Affairs
Mr. Geoffrey Hanley	Ministry of Culture Youth and Sports
Mrs. Vanessa Phipps	St. Kitts-Nevis Chamber of Industry and Commerce
Mr. Nasser Butler	Customs and Excise Department
Mr. Rodney Harris	Customs and Excise Department
Mrs. Deli Bussue	Ministry of Youth and Sports - Nevis
Mrs. Tehara Clarke	Planning Unit, St. Kitts
Mr. Patrick Williams	Physical Planning Division
Mrs. Chowdhury Bari	Commonwealth Secretariat / GIS Unit
Mr. Eric Haynes	Ministry of Finance
Mr. Ayodeji Olujohungbe	Ross University
Mr. Junie J. Hodge	DARE / Royal St. Christopher & Nevis Police Force
Mr. Clyde Richardson	Cable and Wireless St. Kitts and Nevis
Ms. Stacey Battice	J. N. F. General Hospital
Mr. Wayne Gregory	Nevis Island Administration
Mr. Raphael Liburd	Ministry of Community Affairs
Mrs. Cherril Bartlette	Ministry of Community and Gender Affairs - Nevis
Cpl. Myrtrice Ephraim	St. Kitts-Nevis Defence Force / Coast Guard
Mr. Matthew McGuire	Royal St. Christopher & Nevis Police Force
Mr. Batumba Tak	St. Kitts-Nevis Trade Labour Union
Mr. Aphaeus Soleyn	Her Majesty's Prison

EXECUTIVE COMMISSION	
NATIONAL COUNCIL ON DRUG ABUSE PREVENTION	
Name	Organization
Dr. Milton Whittaker, Chairperson	Multi-Purpose Lab / Bureau of Standards
Sir. Colin Mallalieu, Vice-Chairperson	High Commission of Norway / Rotary
Mr. Oaklyn Peets, Permanent Secretary	Office of the Prime Minister
Ms. Angela Scarborough, Assistant Secretary	Premiere's Ministry, Nevis Representative
Ms. Rosalyn Hazelle, Permanent Secretary	Ministry of Social Development, Community, & Gender Affairs
Mr. Elvis Newton, Permanent Secretary	Ministry of Health
Mr. Osmond Petty, Permanent Secretary	Ministry of Education & Foreign Affairs
Mr. Lloyd Lazar, Permanent Secretary	Ministry of Information, Youth, Sports, & Culture
Ms. Olivia Edgecombe-Howell, Resident Tutor	University of the West Indies Center / Continue Education



APPENDIX B

This section contains the indicators from the MEM. They will be implemented into the information system using the CICDAT and SIDUC uniform data systems.

SECTION I: OPTIMIZATION OF NATIONAL ANTI-DRUG STRATEGY

Institution Building / Treaties / Information

1. Implementation of a national anti-drug plan/ strategy
2. Attributes of the central coordinating authority
3. Budget for the central coordinating authority
4. Ratified international conventions
5. Data collection capacity
6. Information distribution capacity

SECTION II: DEMAND REDUCTION

Demand Reduction

1. Implementation of a National Demand Reduction Strategy or Plan
2. Existence of a National Demand Reduction Strategy Budget
3. Implementation of a national system of drug abuse prevention programs that target key populations
4. Existence of professional specialized training in drug abuse prevention, treatment and research at the university level
5. Evaluation of prevention programs
6. Research on prevention approaches
7. Existence and application of guidelines or regulations on standards of care for drug abuse treatment
8. Characteristics of drug treatment and rehabilitation programs
9. Demand for treatment
10. Results of studies to evaluate various treatment and rehabilitation programs and modalities in order to assess their effectiveness
11. Prevalence of drug use
12. Average age of first use of any drug
13. Percentage of high school students that perceive drug use as harmful
14. Illicit drug-related morbidity
15. New trends in patterns of drug abuse
16. Drug-related mortality

SECTION III: SUPPLY REDUCTION

Drug Production and Alternative Development

1. Area cultivated and potential production of raw materials and drugs, by type of plant
2. Number of indoor-grown plants seized, and their potential capacity to produce raw material



3. Areas no longer used for illicit crops (by type of plant) as a result of eradication or abandonment
4. New areas of illicit crops, by type of plant and by year
5. Existence of alternative development programs (by type)
6. Impact of alternative development programs

Drug Supply and Control of Pharmaceutical Products / Chemical Substances

1. Illicit laboratories destroyed per year (by organic and synthetic drugs produced) and quantities of drugs that could have been produced in the laboratory
2. Operational scope of activities of national entity or entities responsible for controlling pharmaceutical products and preventing their diversion
3. Operational scope of activities of national entities responsible for regulating controlled chemical substances and preventing their diversion
4. Regulation of use/distribution of pharmaceutical products by health professionals
5. Effective operational information exchange and collaboration among national authorities with responsibilities for pharmaceutical products
6. Effective operational information exchange and collaboration among national authorities with responsibilities for controlled chemical substances
7. Activities of regulatory agencies responsible for information exchange and collaboration between countries in relation to the control of pharmaceutical products
8. Activities of regulatory agencies responsible for information exchange and collaboration between countries in relation to controlled chemical substances
9. National laws and/or regulations for penal, civil and administrative sanctions against the diversion of pharmaceutical products and controlled chemical substances; number of sanctions by type and regulated group, by year
10. Number of pre-export (re-exportation) notifications for controlled chemical substances, by year, sent by the Competent Authority of the exporter or transit country
11. Percentage of pre-export notifications for controlled chemical substances replied to on time by your country relative to the number of pre-export notifications received, by year
12. Pharmaceutical products seized, by number and quantities and disposed of by substance, by quantity and by year
13. Controlled chemical substances seized, by number and quantities, and disposed of by substance, by quantity and by year

SECTION IV: CONTROL MEASURES

Illicit Drug Trafficking

1. Number of drug seizures by law enforcement agencies and quantities of drugs seized by substance, by measure and by year
2. Number of persons arrested/charged for illicit drug trafficking, and for illicit possession
3. Number of persons tried for illicit drug trafficking and for illicit possession of drugs relative to the number of arrests
4. Number of persons convicted for illicit drug trafficking and for illicit possession of drugs relative to number of persons tried/charged



5. Operational information exchange and collaboration among national authorities with responsibilities for controlling illicit drug trafficking
6. Judicial cooperation to investigate and convict drug traffickers
7. Number of extradition requests for illicit drug trafficking made by your country to other States and the number of replies received, in accordance with international agreements
8. Number of extradition requests received for illicit drug trafficking, in accordance with international agreements
9. Scope of legal provisions criminalizing acts of corruption
10. Number of public officials convicted for crimes related to drug trafficking

Firearms and Ammunition

1. Operational scope of activities of national entity or entities responsible for controlling the movement of firearms and ammunition and preventing their diversion
2. Scope of national laws and/or regulations criminalizing the illicit trafficking of firearms and ammunition
3. Number of persons arrested/charged/tried/convicted for illicit trafficking of firearms and ammunition
4. Scope of national laws and/or regulations establishing administrative controls to prevent the diversion of firearms and ammunition
5. For the country of export, operation of national laws and/or regulations that require, before authorizing the export of shipments of firearms or ammunition, that the importing or in-transit countries have issued the necessary licenses or authorizations
6. For the country of import, operation of national laws and/or regulations that require, before authorizing the entry of shipments of firearms or ammunition into your country, that the necessary import licenses or authorizations have first been issued
7. Quantity of illicitly trafficked firearms and ammunition confiscated
8. Organization of a national database or record keeping system that maintains a record by dates, description and serial or lot numbers of firearms and ammunition imported, exported or moving in-transit
9. Operational scope of activities of entities responsible for information exchange and collaboration between countries in relation to control of firearms and ammunition
10. Number of requests made to other states to obtain information in relation to shipments of firearms and ammunition and replies received, taking into account international agreements
11. Number of requests received to obtain information in relation to shipments of firearms and ammunition, taking into account international agreements

Money Laundering

1. Scope of national laws criminalizing money laundering
2. Scope of national laws establishing administrative controls to prevent money laundering
3. Number of persons arrested, charged, tried and convicted for money laundering
4. Scope of national laws and regulations requiring financial institutions and others responsible to report suspicious or unusual transactions to the competent authorities and to comply with other control measures
5. Number of suspicious transactions reports and their outcome
6. Number of sanctions imposed on financial institutions and others responsible for failure to report suspicious transactions or other money laundering control measures



7. Option of lifting of bank secrecy
8. Value of property forfeited in cases related to money laundering
9. Operation of an entity/ entities for the management and/or disposition of assets seized and forfeited from illicit drug trafficking and money laundering
10. Existence and operation of a Financial Intelligence/Analysis/Investigation Unit that receives, requests, analyzes, and reports to the competent authorities information on transactions that may constitute money laundering
11. Implementation and operating level of the Financial Intelligence/Analysis/Investigation Unit that receives, requests, analyzes, and reports to the competent authorities information on transactions that may constitute money laundering
12. Implementation and operating level of the Financial Intelligence/Analysis/Investigation Unit at the international level
13. Number of extradition requests for money laundering made to other States and the number of replies received, in accordance with international agreements
14. Number of extradition requests received by your country for money laundering, in accordance with international agreements
15. Number of requests made to other States to freeze assets in money laundering cases and the number of replies received, in accordance with international agreements
16. Number of requests received to freeze assets in money laundering cases, in accordance with international agreements
17. Number of requests made to other States to lift bank secrecy in money laundering cases and the number of replies received, in accordance with international agreements
18. Number of requests received to lift bank secrecy in money laundering cases, in accordance with international agreements
19. Number of judges and prosecutors trained to enforce criminal laws to repress money laundering
20. Number of administrative officials trained to enforce laws and regulations to control/repress money laundering