

The Caribbean epidemiological network: the complexities of developing a regional perspective

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ABSTRACT

The present article describes the geographical, political and cultural difficulties involved in developing a regional drug abuse epidemiological network in the Caribbean. Earlier initiatives such as the Caribbean Community Epidemiology Task Force failed owing to a lack of resources. It was not until 1996 that a major success was achieved, when the Plan of Action for Drug Control Coordination and Cooperation in the Caribbean laid the groundwork for the establishment of a comprehensive and sustainable effort to control substance abuse in the region through drug demand reduction. In 1997, the Santo Domingo Declaration against Drugs reinforced the recommendation of the Barbados Plan of Action and called for the timely implementation of an epidemiological system for substance abuse. Subsequently, member States of the Caribbean Community allocated resources to the Drug Abuse Epidemiological and Surveillance System Project, which is being implemented by the Caribbean Epidemiology Centre. Within the framework of the project, the Caribbean Drug Information Network was launched in 2001; this concentrates on institution-building, training and the development of practical expertise in survey research. In order for the Network to continue its work, it will need further political support, adequate funding and the ability to link its activities to other aspects of demand reduction.

Keywords: Caribbean; drug abuse; demand reduction; epidemiology network; regional initiative.

Introduction

Features of the sector

The Caribbean region has a total land area of 700,000 sq km and comprises a number of islands, including those in the Caribbean Sea, along with the Guianas (Guyana, French Guiana and Suriname). If all the Caribbean islands that fall into

the Greater Antilles, the Lesser Antilles, the southern islands and the Bahamian archipelago are counted, they total 28 countries and territories (including the Guianas and Belize) between North and South America. The Caribbean is a multi-lingual, multi-ethnic and multicultural region that reflects the influences of several major Powers. There is considerable variety in this region of 37 million people: four major languages across the territories of the Netherlands, Spain, the United Kingdom of Great Britain and Northern Ireland, the United States of America and the independent States, several judicial systems and diverse religious and political units.

The establishment of the Caribbean Community (CARICOM) has brought greater freedom of movement for both people and goods. There has also been a huge increase in commercial and other contacts abroad, in particular with neighbouring Colombia and Venezuela. Between the islands there is a daily movement of small fishing boats, cargo and cruise ships, yachts and private and commercial planes. There is also considerable migration and mobility among the Caribbean population within the region, with many Caribbean migrants living in North America and Europe, while direct access to North America and Europe has resulted in rising numbers of tourists from those areas. All of these factors have made the region more accessible and more attractive as a transit zone for the traffic of illicit drugs.

Given their geographical location between the main drug-producing areas of South America and the large consumer markets in Europe and North America, the Caribbean islands are vulnerable to drug trafficking: it is now estimated that 40 per cent of all the cocaine entering the United States comes through the Caribbean. In 2000, the Caribbean corridor was the source of 47 per cent of the cocaine entering the United States, overtaking Mexico as the main source of cocaine for the United States market. The Caribbean also plays a significant role in the supply of cocaine for the European market. Thirty-two per cent, or 80 tons, of European drug imports passed through the Caribbean in 2000. The cost of drug control measures is a heavy burden on the national budgets of the Caribbean States, possibly consuming up to 15 per cent. In some Caribbean countries, the cost of increased policing and national security operations to counter trafficking and violent drug-related crimes has doubled in the last five years.

Law enforcement sources have calculated that an increasing portion of the illicit drugs transiting the region is being left behind for local consumption: traffickers are paying in kind with drugs for services rendered and, consequently, drug use, abuse and trafficking are on the rise. The obvious consequence of this is an increasing burden on health systems as they struggle to provide services to address the psychological and physical effects of intoxication, drug withdrawal and chronic addiction. In addition, the incidence of violence and crime is rising, owing to the needs of armed drug dealers and drug abusers to maintain their habit.

Although there is no empirical evidence or causal linkage between drug activities and crimes such as theft and homicide in the region as a whole, in some countries there is evidence of the association. For instance, in 1991, Jamaica reported a 75 per cent increase over 1990 in the incidence of murders linked

directly or indirectly to drug trafficking. Countries reporting thefts, homicides and serious assaults have also featured prominently over the past decade as centres of drug activity, namely, the Bahamas, the Dominican Republic, Guyana and Jamaica. Consequently, the police and judiciary throughout the Caribbean are dealing not only with petty crimes, but also with more serious crimes such as causing serious bodily harm and murder that are associated with drug abuse.

Earlier sectoral policy on a Caribbean epidemiology network

Policy makers and planners in the Caribbean nations need reliable and timely data on the prevalence and incidence of drug and alcohol use in their respective countries. This is necessary to track trends over time, develop country-specific risk profiles of particular population groups, appropriately target demand-reduction programmes and resources and establish benchmarks against which to evaluate the impact of interventions. Many Caribbean countries do not collect such statistics regularly and, although some surveys have been done, as questionnaires and methods have changed over time they have yielded results that are not comparable.

A CARICOM epidemiology task force was set up in 1991 and met several times, with the aim of deciding on the details of a regular monitoring system. The effort has run into a number of obstacles, however. While the task force did agree on the desirability of secondary school surveys, only a few countries have been able to carry them out. The analysis of the resulting data has been delayed because of a shortage of staff both in the countries and in the CARICOM secretariat and a lack of computer hardware and data analysis software. In addition, the Caribbean Epidemiology Centre (CAREC), based in Trinidad and Tobago, which originally supported drug data collection and analysis, had to cancel the contract of its resident drug epidemiologist owing to a lack of funds. The English-speaking, non-autonomous territories have not participated in any region-wide drug epidemiology effort and, as far as is known, have not compiled any statistics.

The situation in the Spanish-speaking countries is slightly different: the Dominican Republic participated for five years in the Inter-American Drug Abuse Control Commission (CICAD) drug epidemiology system in Central America and still continues to participate in the new CICAD Inter-American Drug Use Data System. Cuba has not participated in a multinational drug epidemiology programme. Thus, at the United Nations International Drug Control Programme (UNDCP) expert forum on demand reduction in the Caribbean, held in the Bahamas in October 1994, participants indicated that no coherent regional mechanism for the collection of data on drug use had been established. The forum therefore recommended that a standardized method for basic data collection be established. Eighteen months later, the joint European Union/UNDCP Regional Meeting on Drug Control Coordination and Cooperation in the Caribbean, held in Barbados in May 1996, also concluded that a Caribbean-wide drug epidemiological surveillance system did not exist and should be established promptly in cooperation with regional organizations. The Barbados Plan of Action for Drug

Control Coordination and Cooperation in the Caribbean (the Barbados Plan of Action) was therefore launched in the region.

The implementation of the Barbados Plan of Action, discussed by Caribbean Governments at a second regional meeting, held in the Dominican Republic in December 1997, called for a unified drug epidemiology system in the region to be implemented in close cooperation with CICAD. Of particular interest to the participants at the Barbados meeting was the regional drug epidemiology surveillance system established by CICAD in Central America and the Dominican Republic. Of interest also was its successor, the Inter-American Drug Use Data System, which began throughout the hemisphere in 1997. The System consists of a set of standardized instruments that can be used to collect data on drug use and abuse. It was adopted by CICAD in October 1996 and an international advisory group was formed to oversee its implementation.

Prospects for a new regional initiative

Heads of Government recognize that drug trafficking in the region continues to threaten the peace, security and sustainable economic and social development of communities and that there is an urgent need to consolidate and accelerate the process to unite and coordinate efforts to reduce demand. A new initiative is needed to focus attention on these efforts.

The many regional drug abuse forums that preceded and followed the adoption of the Barbados Plan of Action continued to reiterate the need for the implementation of a comprehensive and sustainable effort at substance abuse control in the region through demand reduction. CARICOM heads of Government approved a regional programme on drug abuse abatement and control in 1996. Most of the member States of the Caribbean Forum of African, Caribbean and Pacific States (CARIFORUM), consisting of the member States of CARICOM plus the Dominican Republic and Haiti, had already ratified the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol [1], the Convention on Psychotropic Substances of 1971 [2] and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 [3] and were operating within that framework in terms of legislation and policy development. The regional programme had six components: epidemiology, surveillance, preventive education, public awareness, law enforcement, treatment and rehabilitation and the coordination of a secretariat.

In 1997, in the Santo Domingo Declaration against Drugs, the Governments of the region reiterated their policy with respect to the timely implementation of an epidemiological system for substance abuse. Member States of CARICOM, as a practical manifestation of their existing policies, decided to make an indicative allocation of resources from the Caribbean Regional Indicative Programme of the Eighth European Development Fund to a Drug Abuse Epidemiological and Surveillance System Project to establish a regional surveillance network.

The ministers of health of the CARICOM countries had earlier identified CAREC as the organization most appropriate to assume drug epidemiology

responsibilities, given its mandate; it was therefore designated the implementing agency for the project. The project is housed in and technically managed by the Non-Communicable Disease Division of CAREC. Given their expertise and experience in drug control and prevention, UNDCP and CICAD also act as key partners in the implementation of the project.

The Caribbean Epidemiology Centre and the Caribbean Drug Information Network

CAREC has as its mission to improve the health status of the people of the Caribbean region by advancing the capabilities of member countries in epidemiology, laboratory technology and related public health disciplines through technical cooperation, service, training, research and well-trained and motivated staff. It is administered on behalf of the 21 member countries by the Pan American Health Organization. CAREC enjoys an international reputation for its work in support of public health in the Caribbean.

The overall objective of the Caribbean Drug Information Network (CARIDIN), is to strengthen the capacity of Caribbean Governments, technical entities and regional agencies to respond to changing drug abuse patterns and trends and to contribute to the abatement of drug abuse in the region. The purpose of the Drug Abuse Epidemiological and Surveillance System Project is to establish a sound database and an early warning surveillance system to assist national and regional policy makers in the area of demand reduction.

The potential impact of the Drug Abuse Epidemiological and Surveillance System Project

The project is designed to lay the groundwork for the long term and therefore concentrates on institution-building, training and the development of practical expertise in survey research. Such an approach should ensure that the national drug information networks and national research teams are able to organize surveys of all types and collect surveillance data, as well as epidemiological data. The data generated as a result of the surveillance system are not expected, in the first instance, to provide a comprehensive picture of drug use throughout the population. However, over time they will serve as an early warning for policy makers in the ministries of health, education and justice and in the key social services of the type of drug abuse problems they are facing and for which they need to plan.

Limitations and potential stumbling blocks

The objective of CARIDIN is to create a foundation for regional and national drug information systems. Its success will depend to a great extent on how the initial institution-building, training and development of practical expertise are used at the regional and national levels for future research activities and projects that will

contribute to those systems. There are several potential obstacles to the success of CARIDIN, regionally and nationally: at the regional level, the project's main endeavours, such as better information-sharing between countries, increased comparability of data on drug use across the region and the use of information for regional policy decisions, will not be successful if heads of State and other regional statutory institutions fail to endorse its efforts as one of the region's priorities in its fight against drugs. In addition, a regional initiative such as CARIDIN must have the flexibility to adapt to national differences in expertise, infrastructure and language.

At the national level, the objectives of CARIDIN will not be met if its activities fail to attract broad participation of communities and related organizations or fail to contribute to developing an integrated demand and supply reduction strategy. Lack of advocacy with regard to the utility of CARIDIN products among stakeholders and government officials will diminish its long-term sustainability. Products will also need to be used in establishing national and regional prevention policies, otherwise they will not receive the recognition they deserve. The data gathered must be translated into action plans, such as new educational programmes, with care. It is also imperative that the data gathered be used to begin to enhance the quality of life of drug users, who are already in need, and young people, who are at risk.

Other stumbling blocks at the regional and national levels are changes in Government, with their associated potential changes in priorities, and attrition among and migration of trained personnel and national coordinators. The enhancement of expertise in the region cannot rely on a single project; additional training facilities are needed in order to broaden the involvement of regional expertise. The only training facilities for addiction studies in the region were the Caribbean Institute on Alcoholism and Other Drug Problems and the addiction studies course offered by the University of the West Indies. However, the Caribbean Institute has only offered two regional courses in epidemiological research methodologies, on a one-time basis only, and the addiction studies course offered by the University of the West Indies exhausted its funding and had to close.

Sustainability and future support

The policy environment throughout the Caribbean region appears at present very favourable to long-term government commitment to continuing the effort to develop a standardized methodology for drug abuse epidemiology surveillance data that would facilitate comparison among the countries. The countries of the region are now implementing the Barbados Plan of Action and enjoy considerable international support, while the member States of the Organization of American States have adopted the Anti-Drug Strategy in the Hemisphere, a new commitment in the Americas to fighting the drug problem. With drug abuse rising, the general public is demanding more effective government action to prevent drug use, in particular among young people. The concern expressed by several Governments is that they

do not have the funds to engage and maintain technical staff over the long term. This is particularly true in the smaller islands, where the health and research capacities of Governments are already overstretched. The Drug Abuse Epidemiological and Surveillance System Project will help in alleviating the human resource shortage by strengthening a Caribbean institution, CAREC, capable of performing regional data analysis and providing technical assistance. The current lack of information is holding back effective drug policies and slowing alleviation of the drug problems of the Caribbean region. The European Monitoring Centre for Drugs and Drug Addiction can play an important role in the region in that respect, since there are no other donors that can be expected to fund research. The European Union has outstanding experience in and knowledge of such research and research with European expertise can also raise the profile of the European Union in the region.

At the global level, support is given through the UNDCP Global Assessment Programme. At the special session of the General Assembly on drugs, held in New York from 8 to 10 June 1998, Member States requested UNDCP to provide the assistance necessary to compile reliable and internationally comparable data on drug use. The Global Assessment Programme was established to that end and to support regional epidemiology networks such as CARIDIN.

Implications for continued support

An epidemiological network cannot develop without taking into consideration the different aspects of demand reduction. For the Caribbean region, drug demand reduction comprises the following areas: strengthening of institutions and development of human capital; policy development; prevention education; treatment and rehabilitation; research and development; and the management and coordination of programmes. Data collection is closely linked to the level of operation within each area and improvement of each aspect thus has a substantial impact on the development of data collection strategies.

Policy development

The reality for policies in the health and social sector in most, if not all, Caribbean States is that the problems associated with the drug epidemiological transition coexist with other health and social problems. Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) and other sexually transmitted infections, traffic accidents, crime and violence, suicides and psychiatric co-morbidity are all interrelated problems associated with drug use that lead to the subsequent social degeneration of society. In addition, large numbers of young people will exacerbate health problems stemming from interrelated risk behaviour activities such as smoking and alcohol abuse, other drug use, violence, traffic accidents and sexual activities. To address those problems, models for an organized social response to adolescents and young people and the society as a whole could be built and adopted by the region. Given the interconnection with

other health and social problems, data collection on substance abuse will need to be linked with other social data systems such as those on HIV/AIDS, youth, poverty and crime.

Prevention education

The prevention of illnesses related to drug use requires a radical change in thinking about health care. The health care systems of the CARICOM community have been based on the simple premise that people fall sick and must be treated. By contrast, the prevention of drug abuse-related illnesses requires the individual to act. He or she is now called on to take personal responsibility for his or her everyday actions and failure to do so will be seen as an infringement on the rights of his or her fellow citizens. Millions of dollars are spent on the treatment of lung cancer, 90 per cent of which is related directly to cigarette smoking, and the only way to reduce that expenditure is to persuade citizens to stop smoking or not to start smoking. The regional institutions have no choice: a conscious decision has to be made to promote healthier lifestyles. It is highly efficient to identify drug components within other developmental projects and programmes, such as poverty alleviation, HIV/AIDS, community empowerment and crime prevention. Such projects are probably more effective in reducing drug use than primary prevention projects, because developmental projects address the underlying cause of problematic drug use and focus on the groups most at risk.

Treatment and rehabilitation

One of the major problems that hinders drug abuse control initiatives in the region is the lack of treatment facilities, especially on the smaller islands. Medical detoxification for drug users is provided mainly by psychiatric or general hospitals; other treatment facilities are residential programmes aimed at total abstinence. There is a lack of specialized services other than these, for example, services for women and young people, drop-in centres and outpatient counselling services. In addition, treatment facilities often operate without any standards as regards quality of care. Until there are standards in place and the effectiveness of treatment services has been improved, any attempt to collect data among treatment facilities will be a low priority. CARIDIN will also have to advocate the evaluation of tertiary prevention, as well as the continuing development of treatment programmes.

Research and development

Member States of CARICOM are convinced that the absence of a comprehensive and comparable database on drug abuse patterns and trends, at a time when the population of the Caribbean region is increasingly exposed to illicit drugs, is inhibiting national capacities to plan and implement proper rehabilitation, prevention and control programmes. There is a tremendous need for information that can be used for the development of evidence-based policies. Member States are

convinced that planning and programming activities are not sufficiently focused or cost-effective, owing to the inadequacy of national data compilation and coordination, the poor quality of existing data and their lack of regional comparability, the scarcity of appropriately trained personnel and the low level of information-sharing across the region. For research and development activities at the regional and national levels to be truly beneficial for programme initiatives, credible evidence must be compiled and shared on a continuous basis across the region. CARIDIN is now well-placed to collect, analyse and disseminate data and studies on drug use in the Caribbean in order that the magnitude of the drug problem in the region can be properly assessed.

Conclusion

CARIDIN will need continued funds from Governments of the region and external donors, or both, in order to continue its work. In establishing regional and national drug epidemiology networks, it is essential to create links between project activities and existing or future sources of expertise, as well as to infrastructure related to epidemiological research. Donors should therefore be aware that training is essential for people working in demand reduction. Unfortunately, in the past, external donors have invested heavily in training law enforcement officers, but neglected the demand side. An integrated and balanced approach to the fight against drugs can only succeed, however, if efforts to reduce the demand for drugs are recognized as being equally as important as the efforts made to reduce supply.

References

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