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Secretariat for Multidimensional Security

**CICAD**

Inter-American Drug Abuse Control Commission



## **INFORMATION NEEDS AND RESOURCES ANALYSIS**

### **BELIZE Drug Information Network**

April 2010



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- Jacob's Rehabilitation Farm
- Community Rehabilitation Department, Ministry of Human Development
- Joint Information Control Centre (JICC)
- Anti- Drug Unit, Belize Police Department
- Belize Defence Force
- Belize Coast Guard
- Financial Intelligence Unit (FIU)
- The Ministry of Education

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# Abbreviations

BDF	Belize Defence Force
BCG	Belize Coast Guard
BHIS	Belize Health Information System
BPP	Belize Police Department
CICAD	Inter- American Drug Abuse Control Commission
CIMS	Crime Information Management System
CYDP	Conscious Youth Development Programme
DIN	Drug Information Network
FIU	Financial Intelligence Unit
GYTS	Global Youth Tobacco survey
HFLE	Health and Family Life education
INRA	Information, Needs and Resources and Analysis
JICC	Joint Information Control Centre
MEM	Multilateral Evaluation Mechanism
NCFC	National Committee for Families and Children
NDACC	National Drug Abuse Control Commission
OAS	Organisation of American States
PNP	Psychiatric Nurse Practitioners
SIDUC	Inter- American Drug Use Data System

# Executive Summary

The Information, Needs and Resources Analysis (INRA), Belize was conducted by CICAD/OAS in conjunction with NDACC with the aim of establishing Belizes' capacity for collecting information on drug abuse. The INRA entails auditing existing information on drug abuse, infrastructure and resources available to support drug data collection activities in Belize. The list of data sources and resources relating to drug abuse presented in this report are not exhaustive, and are intended to provide a starting point for discussions towards for the establishment of a National Drug Information Network.

The contents of this document represent the proceedings of a Drug Information Network Stakeholders' Meeting held on the 3<sup>rd</sup> March, 2010 at the Chateau Caribbean Hotel, Belize City, Belize (see minutes in appendix 1), as well as several individual meetings held during the period of 3<sup>rd</sup> – 5<sup>th</sup> March, 2010 with stakeholder agencies within Belize. In these groundwork meetings all concerned agencies gave assurance of their support towards the development of an integrated system.

In the execution of the INRA, survey data as well as existing data sources were examined. The examination of existing data sources revealed that there is a medium developed infrastructure for data collection in Belize, with some data systems lacking and others fairly developed. Treatment Data, General Hospital Data, Mortality Data, Psychiatric Data, Law Enforcement Data and Prevention Data were the data sources examined during the process of the INRA. Examinations revealed that General Hospital Data, Mortality Data and Psychiatric Data sources are the most developed data sources given the newly installed National Health Information System in Belize that integrates all health data. Law Enforcement Data is also fairly developed as the Police Departments' Crime Information Management System (CIMS) collects and collates data on drug seizures, eradications, seizures of firearms and ammunition as well as drug related arrests. Examinations carried out proved the least developed data sources to be Treatment Data and Prevention Data.

The auditing of data sources allowed for the identification of Key Needs for the development of a Drug Information System. Additionally, a strategy for the development of an integrated system is recommended.



# 1. Introduction

## 1.1 Background

Countries that have surveillance systems have an advantage in being better able to identify new drug trends, develop appropriate drug policies and responses, and evaluate progress. The Inter- American Observatory on Drugs (OID), Inter- American Drug Abuse Control Commission (CICAD)/ Organization of American States (OAS) commissioned the development of a Drug Information Network (DIN) in Belize through the National Drug Abuse Control Council (NDACC).

The INRA is the first step in establishing a Drug Information Network. The purpose of the INRA is to establish Belize's capacity for collecting information on drug abuse. The INRA is a mechanism for creating an inventory of potential data sources for the drug information network; it also provides a tool to assess these data sources.

In the Multilateral Evaluation Mechanism, 2006 (The fourth evaluation round) it was recommended that Belize establish a National Centralized office that organizes, compiles and coordinates drug- related statistics and other drug related information. In the 2009 Evaluation of Progress in Drug Control: Implementation of Recommendations from the Fourth Evaluation Round, Belize reported that a national centralized office for the collection, analysis and dissemination of drug related data was established. The DIN will complement the efforts of the Government of Belize to enhance drug related activities.

## **1.2 Country Information**

Belize borders Guatemala (266km) to the south and west, Mexico (250km) to the north and the Caribbean Sea to the east, with 386km of coastline. Belize has a total area of 23,000 km<sup>2</sup> with a population of 287,730 (2006).

Geographically in Central America, Belize shares historical ties with the Anglophone Caribbean and is the only English-speaking country in Central America.

Belize is divided into six administrative districts: Corozal and Orange Walk situated immediately south of Mexico; Stann Creek and Toledo, the two southernmost districts neighboring Honduras and Guatemala respectively; Cayo is situated along the western border with Guatemala and the Belize District in the coastal center. Although Belmopan is the administrative capital, Belize City with its port facilities is the largest urban commercial center. Four ethnic groups namely, Mestizo, Creole, Maya and Garifuna dominate the current population of Belize.

Belize gained political independence from Britain on September 21, 1981. Belize is a parliamentary democracy and member of the Commonwealth. The country has a GDP per capita of US\$6,800 (2005) and an inflation rate of 3% (2005).

The country's primary exports are sugar, bananas, citrus fruits, wood, molasses, clothing and fish-related products. The principal sectors of the economy are agriculture, agro-processing, and services, which primarily consist of tourism.

## **1.3 Information Needs and Resources Analysis for Belize**

The information provided in this INRA report was compiled through a three-day mission to Belize where interviews with agency representatives and meetings with participating agencies were carried out. Information was also collected through the use of questionnaires.

The mission was organized through NDACC, Belize. During the visit, the Consultant to the DIN Project, Belize, Mrs. Sheranne Isaacs - Ferreira and Research Specialist, CICAD/OAS, Mr. Pernell Clarke facilitated a workshop for stakeholders in the anti-drugs field and then met with personnel at key institutions. The nature of drug abuse in Belize was discussed, and information was obtained on any data collection methods utilized by the institution. Data collection forms and statistics on drug abuse were obtained where available. Information obtained during the meetings as well as from questionnaires has been collated and presented in this report.

The following is a list of the institutions that were consulted:

- Ministry of Health
  - Epidemiological Department
  - NDACC
- The Belize Police Department
  - Anti- Drug Unit
  - JICC
- Belize Defence Force
- Belize Coast Guard
- Ministry of Education, Health and Family Life Education
- Prison
- Community Rehabilitation Department
- Financial Intelligence Unit
- Jacob's Rehabilitation Farm
- University of the West Indies

## **2. Information on Drug Abuse**

Belize reports that its National Anti-Drug Strategy was approved in February 2002, extended and updated in 2004, and had expired in February 2007. The country is in the process of developing a new National Strategic Plan that will span the time period of 2009- 2014. The main goal of the National Anti-drug Strategy is to bring together the collective efforts of all sectors, agencies and organizations to reduce the demand and supply of illicit drugs. The National Anti-Drug Strategy is executed by the following entities: the Belize Police Department, the Belize Defense Force, and the Belize Customs and Immigration Authorities, which are responsible for supply reduction; and the National Drug Abuse Control Council (NDACC), which is responsible for the demand reduction components. The Strategy covers actions in the following areas: demand reduction, supply reduction, control measures, money laundering, and programme evaluation.

Information from stakeholders suggests that Belize, primarily due to its geographical location, has become a part of the illicit drug transshipment route between the South American producers of cocaine and heroin and the consumers in North America and Europe. Added to this geographic reason are the economic and social conditions within the country. The influx of drugs into Belize has increased the number of users and addicts, thereby causing serious social and health problems. It has also led to an increase in criminal activities, in particular thefts, and robberies, including armed robberies, committed by crack cocaine addicts who need to maintain their expensive habit.

In addition to the cocaine transshipment problem, marijuana production persists despite Belize's efforts to eradicate it. It is also known that new cross border strategies are employed to transport shipments of marijuana by land into Mexico, possibly to supplement the larger shipments originating there, for transportation into the USA. Small amounts have been carried by air travelers or sent by post to the USA. Intelligence efforts show that amounts are also smuggled from neighboring Guatemala into Belize for domestic use.

## 1.2 Survey Data

### 1.2.1 Population Survey

#### National Household Drug Survey

In 2005, the National Drug Abuse Control Council carried out a National Household Drug Survey. The study was carried out in 80 Belizean districts representing 80,000 inhabitants aged 12-65 with the purpose of determining the prevalence of the use of illicit drugs, as well as alcohol and tobacco in Belize. Further, illicit use of psychotropic medicines (tranquilizers and stimulants) was also examined in the survey. The sampling design adopted was that of sampling per aggregates in three stages: first, the enumeration districts were selected; second, homes were selected among the districts; finally, in each home, a respondent was selected in a manner independent of the interviewer. There were 7,000 persons interviewed. The questionnaire utilized was that of the SIDUC system (OAS/CICAD) that was adapted for Belizean conditions. The following are results for the prevalence of lifetime use, annual use and current use for a number of substances:

**Table 1.1: General population survey (2005): Prevalence of consumption**

Type of Drug	Lifetime Use (%)	Annual Use (%)	Current Use (%)
Cigarettes	25.1	15.1	12.6
Alcohol	47.3	38.8	27.1
Marijuana	11.7	8.5	6.9
Tranquilizers	4	2.8	2.3
Un Prescribed Stimulants	1.6	1.3	1
Inhalants	1.4	1	0.6
Cocaine	1.4	0.7	0.6
Ecstasy	0.5	0.3	0.1

## 1.2.2 School Survey

### Global Youth Tobacco Survey

The Belize GYTS is a school-based survey that was conducted in 2003 and includes data on prevalence of cigarette and other tobacco use as well as information on the determinants of tobacco use including access and availability. The GYTS targeted students in Standard 6, Form 1 and Form 2, the majority of students were aged 13-15. A multi stage cluster sample design was used to produce representative data for Belize. The final response rate was 91.1%, a total of 1855 students participated in the Belize GYTS. Below are some findings of the study:

**Table 1.2: GYTS (2003): Prevalence rates of cigarettes and other tobacco products amongst students aged 13-15**

	Tobacco	Cigarette	All types of tobacco excluding cigarettes
Male	23.9	20.2	10.6
Female	13.9	11.1	5.8
Both Sexes	20.0	16.2	8.5

## 2.1 Existing Data

Existing data and data sources investigated will be presented as follows:

- Treatment Data
- General Hospital Data
- Mortality Data
- Psychiatric Hospital Data
- Law Enforcement Data
  - Controlled Pharmaceutical Products and Chemical Substances Data
  - Criminal Justice Data
- Prevention Data

### **2.1.1 Treatment Data**

Belize reports that it has 2 rehabilitation facilities: (i) Jacob's Rehabilitation Farm, a privately owned center and (ii) a rehabilitation programme within the prison system that is managed by The Kolbe Foundation named the Ashcroft Rehabilitation Centre.

#### ***2.1.1.1 Kolbe Foundation- The Ashcroft Rehabilitation Centre***

The Management of the Kolbe Foundation has reported that there exists a structured treatment and rehabilitation programme in the Prison System of Belize that is based on the Mexican Therapeutic Community Model. The 12 Step Recovery Programme of Alcoholics Anonymous form the basis of the Ashcroft Rehabilitation Centre. Cognitive Behavioural Therapy is also used as a tool guiding chemically dependent offenders to map a life of recovery and freedom. Treatment at the Ashcroft Rehabilitation Centre has three (3) phases:

**Phase 1:** 5 months in house treatment where counselors attend to psychological issues of inmates

**Phase 2:** Building the inmates' capacity to maintain meaningful working relationships. During this phase the inmate is allowed to work on a part- time basis within the confines of the prison

**Phase 3:** Employment on a full-time basis within the confines of the prison

Counselors and programme facilitators facilitate the treatment and rehabilitation programme. The Kolbe Foundation reports that the treatment and rehabilitation programme commenced in 2006 and to date (March 2010) One Hundred and Three (103) persons have entered into the programme. The Kolbe Foundation boasts a programme completion rate of 90%. The programme has no follow-up arm. Kolbe Foundation informed that inmates are only followed up if they are on parol. However, Narcotics Anonymous and Alcoholics Anonymous groups complement the Kolbe Foundation's Rehabilitation Programme. The Kolbe foundation is amply equipped with a counseling department that is staffed with 8 qualified full time counselors, of which 1 specializes in substance abuse counseling.

The Foundation reports that within the system there is a computerized database that stores information on clients of the rehabilitation center. At the time of publishing, none of the requested data or information on drugs as it relates to inmates was made available for inclusion in this report.

### ***2.1.1.2 Jacob's Rehabilitation Farm***

Jacob's Farm is a Non- Governmental Organisation that has been in existence for 2 years and has treated 20 persons to date. The programme has to date has received clients with mostly alcohol and cocaine addictions. Jacob's Farm utilizes poultry rearing, crop farming and aqua culture as therapeutic means to recovery as well as self-sustenance. Clients are required to complete a 6 months in house stint before leaving the farm for community reintegration.

The Programme has the capacity to house 6 adult males and has a minimal fee attached. However, clients cannot afford this fee, hence, the decision of moving towards self-sustenance.

Currently, Jacob's Farm has no certified counselor and is headed by a retired school teacher who oversees the entire operation of the farm. Given the inadequate staffing, the programme reports that there is no follow- up component. The programme informs that low community and political support adversely affects its' development.

Jacob's Farm has a manual record keeping system that only entails an intake register.

At present, Jacob's Rehabilitation Farm is not an accredited "treatment" facility, locally or internationally. Additionally, no national system of accreditation exists. Belize reports that there are no specific programmes for women. On the other hand adolescents can access rehabilitation services through the Community Rehabilitation Department.



### **2.1.2 General Hospital Data/ Morbidity Data/ Mortality Data**

The Belize Health Information System (BHIS), which was inaugurated on 16 September 2008, is a fully integrated, comprehensive health information system intended to improve individual health outcomes and public health performance, and optimize resource utilization. The BHIS allows population-based, health services, and records-based data to be made available to authorized users anywhere in the country almost as soon as they are entered in the system. It comprises a set of mostly interdependent modules surrounding the central Electronic Health Record and Admissions-Discharge-Transfer functions. The BHIS allows for the easy retrieval of drug related general hospital and mortality data.

Additionally, Belize reports that there exists a system to collect data on drug content or drug toxicity levels in the body associated with drug-related mortality. **Forensic investigation** is used to test for drug toxicity levels if a death is believed to be drug-related.

It is however critical to declare that the visiting team was unable to meet with the Ministry of Health's Epidemiological Department due to a major medical issue in the south of the country that demanded the attention of officers imperative to the assessment.

### **2.1.3 Psychiatric Hospital Data**

In the past, mental health services in Belize have focused primarily on institutional psychiatric care and care for the severely mentally disabled, with most psychiatric care provided through the Rock view Psychiatric Hospital. Presently, psychiatric care is decentralised and the Mental Health Programme provides outreach mental health services to people in the community and at the primary health care level. Mental Health outpatient clinics are located in each district in the country and are operated by Psychiatric Nurse Practitioners (PNPs). As of recent, mental health has been integrated into the Belize National Health Information System.

#### 2.1.4 Prevention Data

The National Drug Abuse Control Council (NDACC) is responsible for the demand reduction components within the National Anti-Drug Strategy. NDACC established in 1988, is the national authority that coordinates national anti-drug policies. NDACC was established by the Government of Belize and is empowered to carry out functions associated with the demand, supply, distribution and control of licit and illicit drugs by the Misuse of Drugs Act No. 22 1990. The vision of NDACC is to promote a drug-free Belize.

NDACC's head office in Belize City is the central technical office with 6 district offices with reporting responsibilities to the head office. NDACC has reported that the Council was performing to a minimal capacity between the periods of 1998-2008 due to administrative struggles. However, in 2009 the council was regenerated.

NDACC is composed of the following units that are supported by working committees comprised of representatives from relevant Governmental, Non- Governmental, Community Based and Private Sector Organisations.

**Table 2.1: Description of work carried out by NDACC**

<b>UNITS</b>	<b>DESCRIPTION OF WORK EXECUTED</b>
Prevention Unit	Focuses mainly on Drug Education in Primary and Secondary schools and the Training of Counsellors and Teachers
Community Outreach Unit	Provides assistance to drug addicts allowing them to access treatment and rehabilitation services. Outreach case workers monitor the progress of clients.
Community Empowerment Unit	Provides life skills based programmes such

	<p>as “Soccer on the Streets” and “Hoops”.          Use of physical sports to empower vulnerable individuals from entering into the cycle of substance abuse</p>
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The vision of NDACC is to transform the Community Outreach Programme into a Treatment and Rehabilitation Unit that will be responsible for overseeing treatment and rehabilitation in Belize. <sup>1</sup>

NDACC has reported that it has inadequate resources to aid in the collection of data for the DIN Project. It was stated that there is a lack of Human Resources as well as appropriate infrastructure.

NDACC is working with the Youth for the Future Program, the Conscious Youth Development Programme (CYDP), the National Committee for Families and Children (NCFC) as well as the Ministry of Education to provide prevention programs at both the school and community levels, these programs are being offered in a structured manner.

Belize is implementing drug abuse prevention programs that target key populations. NDACC reports that school-based prevention programs are implemented with the specific objective of reducing the incidence of drug use in the school population. Within the Pre-School system, stimulation programmes exist; these integrate the use of theatre and puppetry to effectively teach subject areas. “Lions Quest” and “Soccer in the Streets are life skills programmes implemented at the Primary School levels. In the Secondary Schools life skills- based programmes that utilize physical sports such as football and basketball are used. The Anti-Drug Unit of the Belize Police Department also carries out ad-hoc anti- drug educational sessions in schools. “Youth for the future”, a community-based programme for adult males, engages young men in skills training as well as job placement activities.

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<sup>1</sup> After the drafting of this report, NDACC indicated that the programme has hired a Research Officer with the aim of developing a research unit.

Additionally, the Ministry of Education has implemented the Health and Family Life Education (HFLE) Programme within the lower, middle and upper primary school system. HFLE aims to promote healthy life-styles, which involves avoiding unhealthy habits such as substance abuse. The methodology utilized in the implementation of the HFLE syllabus is infusion. This means that the HFLE syllabus is infused into the existing subject areas within the school system. The Ministry of Education has reported that it is unsatisfied with the existing drug components of the present HFLE curricula and that the teaching of the HFLE syllabus needs to be improved.

The Ministry of Education has also reported that there is an Education Management Information System that collects and collates data on enrollment, school dropouts, school completion and school survival (i.e. # of children who complete school irregardless of the number of years it takes them to complete schooling). Unfortunately, the Education Management Information System does not capture information on drug related offences by children in the education system, nor the impact of drugs on their core indicators.

#### **2.1.5 Law Enforcement Data**

In Belize several agencies contribute to law enforcement data, these include:

- The Belize Police Department
- The Belize Defence Force
- The Coast Guard
- Immigration
- Prison
- The Conscious Youth Development Programme

All law enforcement agencies are required to report to the Ministry of National Security.

### ***2.1.5.1 The Belize Police Department***

The Belize Joint Intelligence Coordination Center (JICC) based in the Belize Police Department, and the National-Anti Crime Task Force are the sections within the police department that compile drug related data and information.

The nature of data collected by the Police Force includes drug seizures, eradications and seizures of firearms. Conversely, information is not collected on drug convictions. Police districts collect information daily by means of warrants of convictions is fed to the Police Force's Head Quarters on a daily basis. All drug related arrests and seizures are entered into the Police Crime Information Management System (CIMS), a centralized database application, for analysis and dissemination. Currently, CIMS is only activated in Belize City and Belmopan. The Police Force has a statistical unit that is responsible for producing monthly and yearly reports. The Police Force currently has strategies underway for the improvement of drug data collection, analysis and reporting. This includes the rolling out of CIMS countrywide.

Presently, the Police Force uses Microsoft Excel Spread Sheets for the management of data. The data is collected and analyzed using the pivoting table. Officers have been trained in the use of the software that is currently being used at the Police Head Quarters.

The Police Force has strategically decided to replace JICC with a fusion center, the vision of the police force is to have input from more law enforcement agencies.

Within the police department there also exists an Anti Drug Unit. The Anti- Drug Unit, as mentioned previously, carries out Anti- Drug Education in primary, secondary as well as vocational institutions.

### 2.1.5.1.1 Drug Seizures, Eradications and Arrests

Belize reports that eradication exercises are costly, as they involve the mobilization of members from both the Police Department and the Belize Defense Force. These exercises have done much to highlight the areas most prone to cannabis cultivation. The Belize Police Force has noted that there has been an increase in the growth of marijuana especially a variant known as Hydro weed.

The country has a formal crop eradication program consisting of forced manual eradication. The country reports that the total estimated financial expenditure to carry out eradication activities for the years 2004–2006 was US\$200,000 in 2004, US\$250,000 in 2005, and for January- September 2006, US\$250,000. The Belize Police Department conducted a total of two manual eradication exercises during the months of October, November and December of 2006. These activities carried an additional cost of US\$30,000, bringing the total cost of eradication exercises to US\$280,000.

No evidence of the presence of organic laboratories has been found in Belize. However, the country reports that illicit laboratories for synthetic drugs have been found in the country. Three labs producing MDMA (one small lab in 2004, one medium lab in 2005) and methamphetamines (one small lab in 2004) were detected and destroyed by police during the years 2004–2005, and the owners prosecuted. Below is a table displaying drug seizures for the period 2008 to 2009:

**Table 2.2: Drug Seizures for the period 2008 to 2009**

Drug Type	2008 Grams	2009 Grams	2009	
			Increase Grams and %	Decrease Grams and %
Proc. Cann.	275,523.3	227,168.5		48,354.8g or 17.6%
Cann. Seed	100,891.7	3,653.9		97,237.8g or 96.4%
Cann. Plants	50,050.0	144,235	94, 185g or 65.3%	
Crack	704.9	462.3		242.6g or 34.4%

Cocaine	16,134.8	28,366.8	12,232g or 43.1%	
Heroin	0.0	3.5	3.5g	
Opium	0.0	0.0		
Crack Pipes	120.0	111.0		9 Units
Hasish	0.00	1.0		

Belize does not have laws or regulations that permit the possession of drugs for personal use. The country reports that it makes no distinction between possession for personal use and possession for illicit trafficking purposes. It is against the law to possess any illicit substance, regardless of the quantity. Belize does not have any laws or regulations establishing exceptions within the definition of the offense of possession for personal use, nor have there been any judgments issued in the country that found lawful possession for personal use. A table displaying the number of drug related arrests for the period 2008 to 2009 is provided below:

**Table 2.3: Drug related arrests for the period 2008 to 2009**

			<b>2009</b>
	<b>2008</b>	<b>2009</b>	<b>Increase</b>
Persons Arrested	1,539	1,723	184 or 10.7%

#### **2.1.5.1.2 Purity**

The Police Force has a forensic lab that executes confirmatory/ verification tests. However, the lab does not have the capacity to carry out potency or purity level tests.

### ***2.1.5.1.3 Fire Arms and Ammunition***

The Firearms Act Cap 116 of December 1, 1913 of the Laws of Belize governs the licensing of firearms, the possession of firearms and firearms offenses. This Act ensures that people do not hold illegal firearms. It was amended by Act No. 13 of 1990, Act No. 26 of 1992, Act No. 6 and No. 28 of 1994, Act No. 28 of 1998, and Act No. 44 of 1999. Belize's Firearm Amendment Act 2002 orders the issuance of corresponding import or in-transit licenses or authorizations before permitting the entry of a shipment of firearms, ammunition, explosives and other related materials. Belize is not an exporter of firearms, explosives or ammunition.

JICC is the national entity responsible for the exchange of information and collaboration with agencies in other countries regarding the control of firearms, ammunition, explosives, and other related materials.

### ***2.1.5.2 Belize Coast Guards***

The Belize Coast Guard has jurisdiction over all national waters with the exception of in-land waters, which are manned by the Belize Police Department. The Coast Guard has the authority to arrest for any offence at sea. These cases are then turned over to the Belize Police Department for prosecution.

The Coast Guard reports on a bi-monthly basis to the Minister of National Security. The Belizean Coast Guard has reported that over the past 5 years there has been a decrease in drug shipment into Belize. Currently, there is no information management unit within the Belize Coast Guard.



### ***2.1.5.3 Belize Defence Force***

The Belize Defence Force reported that the Force has zero tolerance with regards to officers and drug use. The force usually carries out training and development workshops for their officers with some focus on substance abuse.

BDF also reported that there is some level of operational information sharing between Police, Coast Guard and the Defence Force.

The country uses Joint Intelligence Reports, INTERPOL and its I-24-7 Global Secure Police Communication Network to promote and facilitate the timely exchange of operative information and collaboration between national authorities responsible for the control of illicit drug trafficking. The country reports that a major impediment encountered in information sharing is the inability to respond to information regarding drug-related activities involving airplanes traveling within its airspace, as the police department is equipped to respond to situations on land and at sea, but has no capacity to address airborne threats.

### ***2.1.5.4 Control of Pharmaceutical Products***

Belize reports that the Drug Inspectorate Office along with the Chief Pharmacist through the Ministry of Health coordinates activities related to the control of pharmaceutical products. This mechanism monitors and prevents the diversion of pharmaceutical products applicable to health professionals and entities authorized to handle these products.

In the MEM, Evaluation in Progress of Drug Control 2005-2006 reports that Belize has determined that pharmaceuticals are being offered to consumers via the Internet. However, it was also reported that the country does not have legislation in place to control the sale of pharmaceutical products via the Internet.

### ***2.1.5.5 Control of Chemical Substances***

The Multilateral Evaluation Mechanism, 2005-2006 has recorded that substances listed under the United Nations International Conventions are controlled in Belize. At present, there is no legislation that speaks specifically to the control of precursor chemicals, alternatively, substantive laws provide for penal sanctions, whilst, the Ministry of Health has the authority to apply administrative and civil sanctions.

The Drug Inspectorate Office along with the Anti- Drug and Forensic Unit of the Police Department monitors the movement and diversion of chemical substances. Data collected from this collaborative effort is shared with the Belize National Health Information System.

### ***2.1.5.6 Criminal Justice Data***

Currently, there exist two correctional facilities in Belize. The Belize Prison and The Community Rehabilitation Centre's Youth Hostel. The Belize Prison caters for women, men and adolescents, whilst the hostel is a penal rehabilitation center for juvenile first time offenders.

#### **2.1.5.6.1 Belize Prison System**

The Kolbe Foundation, which was formed in 2002, is a non- profit, non-governmental organization consisting of a group of Rotarians. The Kolbe Foundation was formed with the purpose of taking over the management of the Belize Prison. In August 2002, the Government of Belize contracted Kolbe Foundation to manage the Belizean Central Prison

Presently, the Kolbe Foundation is involved in several self-sustaining industries:

- Agriculture
- Tourist Centre

- Woodwork Shop
- Tailor Shop
- Welding Shop
- Jewelry Shop
- Block Factory

Prisoners are trained in the above areas and use these new skills as a therapeutic means to recovery.

The Central Prison Facility has a capacity of 1800, as of March, 2010 the facility housed 1450 inmates, consisting of adult males and females, as well as adolescent males and females. During interviews, the foundation reported that there is currently a 13% recidivism rate.

The Kolbe Foundation has reported that 90% of inmates have drug related issues, as reported earlier, the prison has established a rehabilitation center that guides inmates in the path to recovery.

The foundation also reports that prison data is stored in a computerized data system to fulfill reporting responsibilities to the Ministry of National Security and other national and international organizations. Information on the number of inmates on drug charges, and those with drug problems was requested, but none was made available up until the time of publishing this report.

#### **2.1.5.6.2 The Community Rehabilitation Department**

The Community Rehabilitation Programme, which falls under the mandate of the Ministry of Human Development mainly serves juvenile delinquents. The Belize Police Department in conjunction with the Community Rehabilitation Department has instituted the First Offenders Programme, which aims to offer juvenile first time offenders an opportunity for rehabilitation rather than a conviction record. The penalty for first time offenders depends upon the

severity of the crime. The school sets the penalty for first time offenders, if the offence is considered petty. In the case of more severe crimes, the family court refers the offender to the community rehabilitation department. The department is responsible for representing these offenders in court. First time offenders, through the community rehabilitation department are attached to various organizations where they are required to complete stipulated hours of community service. Community Rehabilitation Officers manage the progress of clients (carrying out follow-ups, etc.). The department also manages a counseling center and a youth hostel. The Youth Hostel is a penal rehabilitation center for juveniles who have committed minor offenses, have uncontrollable behaviour, or have anger management issues. The Counseling Centre is currently staffed with 1 counselor. The centre has shared that entertaining a strong drug component in their current programme is impossible due to gross under staffing. The programme has also informed that information on drug related youth delinquent behaviour can be retrieved from the existing filing system.

#### ***2.1.5.7 Money Laundering***

The Money Laundering and Terrorism (Prevention) Act, 2008 that came into effect January 12, 2008, establishes money laundering as an autonomous offense.

The country has a Financial Intelligence Unit (FIU) that receives, requests, analyzes, and reports any information on illicit transactions to the competent authorities. The country adds that the FIU is responsible for maintaining administrative controls and is the supervisory authority in accordance with the Law on Prevention of Money Laundering. The FIU is empowered by law to investigate as well as prosecute. The FIU falls under the mandate of the Ministry of Finance, but is essentially a law enforcement agency given the FIUs ability to investigate as well as prosecute.

In Belize, the FIU is legally allowed to share information with its counterparts. However, the agency only reports to the Prime Minister (who holds the responsibility for the finance ministry) on a need to know basis. Information is only shared with other law enforcement agencies if they form an intricate part of an investigation.

The country has not signed a Memorandum of Understanding (MOU) with any country but can share information without a MOU, in accordance with Section 23 of the MLPA. The country further reports that it has ratified a Mutual Legal Assistance Treaty in criminal matters with the USA. The FIU became a member of the Egmont Group effective June 23, 2004.

Belize reported that no property was forfeited during the years 2004–2009. The FIU reported that the unit has a manual record keeping system that was being revamped at the time interviews were being carried out.

## **2.2 Qualitative Data**

Presently, there are no qualitative studies examining the enormity of drug use in Belize

# **3. Resources**

The information, needs and resources analysis carried out in Belize has revealed that there is an underdeveloped infrastructure for data collection activities. It was also found that the collection of health information and law enforcement data are more advanced as data is collected and collated into computerized databases. The Belize Health Information System that integrates General Hospital Data, Mortality Data and Psychiatric Data is recognized as a valuable resource to the functioning of a Drug Information Network. The Police Department's Crime Information Management System (CIMS) is also acknowledged as a significant resource to the proposed DIN, skills existing in this agency are also seen as a benefit to the DIN. Additionally, the Ministry of Education's Health Information System

once expanded to capture drug related offences in schools would also be an asset to the Drug information Network.

Investigations carried out have revealed that expertise exists within Belize to undertake surveys. The University of the West Indies, Open Campus and the Epidemiological Department have resources available for the conduct of surveys that can provide data for the development of evidence based programmes.

Several agencies have pledged their support to the development of a national drug epidemiological network. These institutions include:

**Ministry of Health:**

- National Drug Abuse Control Council (This would be the coordinating agency since it has the strongest mandate for the establishment of a drug epidemiological network)
- Epidemiological Department

**Treatment Institutions:**

- Kolbe Foundation, The Belizean Prison
- Community Rehabilitation center, The hostel

**Law Enforcement Institutions:**

- JICC
- Anti- Drug Unit
- Belize Defence Force
- Belize Coast Guard
- FIU

**The Ministry of Education**

## 4. Needs

During the execution of the drug information, needs and resources analysis, the following needs became apparent for the improvement of drug data collection activities in Belize:

- A structured network with a coordinating unit and multi- source indicators that allows for the collection of pertinent drug information
- Development of sound information systems for treatment data and prevention data
- Expansion of Ministry of Educations' Information System to capture drug related offences by minors in the educational system
- Development of a network of contact persons at each stakeholder agency.
- The acquisition of appropriate hardware and software for the development of databases and the training of officers in the use of software

A coordinated network of professionals in the drug field who meet on a regular basis to discuss the development of the network and exchange data they have gathered.

## 5. Strategic Analysis

### 5.1 Analysis of Data Sources

The analysis of data sources was impeded due to a lack of response from stakeholder agencies. JICC was the lone agency that filled and submitted the questionnaire that was provided for the purpose of analyzing data sources.

**Table 5.1: Analysis of treatment data**

Data Source	TREATMENT DATA
Current Development	<ol style="list-style-type: none"> <li>1) Private treatment data is not collated centrally</li> <li>2) There is no standardized data collection tool</li> <li>3) No data definitions</li> </ol>
Coverage	
Development Potential	High
Priority	High
Sustainability	High
Training and Support Needs	<ol style="list-style-type: none"> <li>1) Development of core indicators</li> <li>2) Data definitions which should be used in treatment facilities</li> <li>3) Support to collate treatment data centrally</li> <li>4) Development of standardized forms</li> </ol>
Infrastructure Needs	
Key Institutions	Jacob's Farm and Kolbe Foundation
Proposed Development	<ol style="list-style-type: none"> <li>1) The use of standardized data collection tool at treatment site</li> <li>2) Training of officers in the use of data</li> </ol>



	<p>collection tools</p> <p>3) The establishment of standardized data definitions</p> <p>4) Treatment data collected and collated centrally</p>
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**Table 5.2: Analysis of Law Enforcement Data**

<b>Data Source</b>	<b>LAW ENFORCEMENT DATA</b>
Current Development	<ol style="list-style-type: none"> <li>1) Data on Drug seizures, eradications and arrests compiled centrally at the Belize Police Department</li> <li>2) There exists a computerized data system within the police dept.</li> <li>3) The BCG does not have a data management mechanism</li> <li>4) There is no formal establishment of an information network amongst law enforcement agencies. However, the police force is in the process of establishing a Fusion Centre</li> <li>5) Only operational information sharing among agencies</li> </ol>
Coverage	National
Development Potential	Low
Priority	High
Sustainability	High
Training and Support Needs	Training in the use of software relevant to the collection of law enforcement drug data

Infrastructure Needs	
Key Institutions	<ol style="list-style-type: none"> <li>1) Belize Police Force</li> <li>2) Belize Defence Force</li> <li>3) FIU</li> <li>4) Belize Coast Guard</li> </ol>
Proposed Development	

Unable to carry out a full analysis of law enforcement data as law enforcement agencies did not submit required data.

**Table 5.3: Analysis of Psychiatric Data**

<b>Data Source</b>	<b>PSYCHIATRIC DATA</b>
Information not submitted, unable to carry out analysis on the data source	

**Table 5.4: Analysis of General Hospital Data**

<b>Data Source</b>	<b>GENERAL HOSPITAL DATA</b>
Information not submitted, unable to carry out analysis on the data source	

**Table 5.5: Analysis of Mortality Data**

<b>Data Source</b>	<b>MORTALITY DATA</b>
Information not submitted, unable to carry out analysis on the data source	

**Table 5.6: Analysis of Prevention Data**

<b>Data Source</b>	<b>PREVENTION DATA</b>
Current Development	<ol style="list-style-type: none"> <li>1) No systematic means of recording persons exposed to anti- drug</li> </ol>

	<p>interventions</p> <p>2) No systematic documentation of drug related offences in school</p>
Coverage	National
Development Potential	High
Priority	High
Sustainability	High
Training and Support Needs	Not identified
Infrastructure Needs	Not Identified
Key Institutions	<p>1) NDACC</p> <p>2) Ministry of Education, HFLE</p>
Proposed Development	<p>1) The systematic documentation of number of persons benefiting from targeted interventions</p> <p>2) The systematic documentation of drug related offences by students</p>

## 5.2 Drug Information Network Stakeholder Group

Establishment of a coordinated network of professionals in the drug field who meet regularly is critical to the improvement of supply and demand reduction efforts in Belize. It is recommended that a small steering committee be established to oversee the implementation of the intended information network. Further, it is imperative that the NDACC Secretariat be strengthened so that it can carry out the following responsibilities:

- Coordinate drug related data collection activities
- Hold Drug information Network Meetings on a regular basis (e.g. twice yearly)
- Identify areas of research and focused assessments

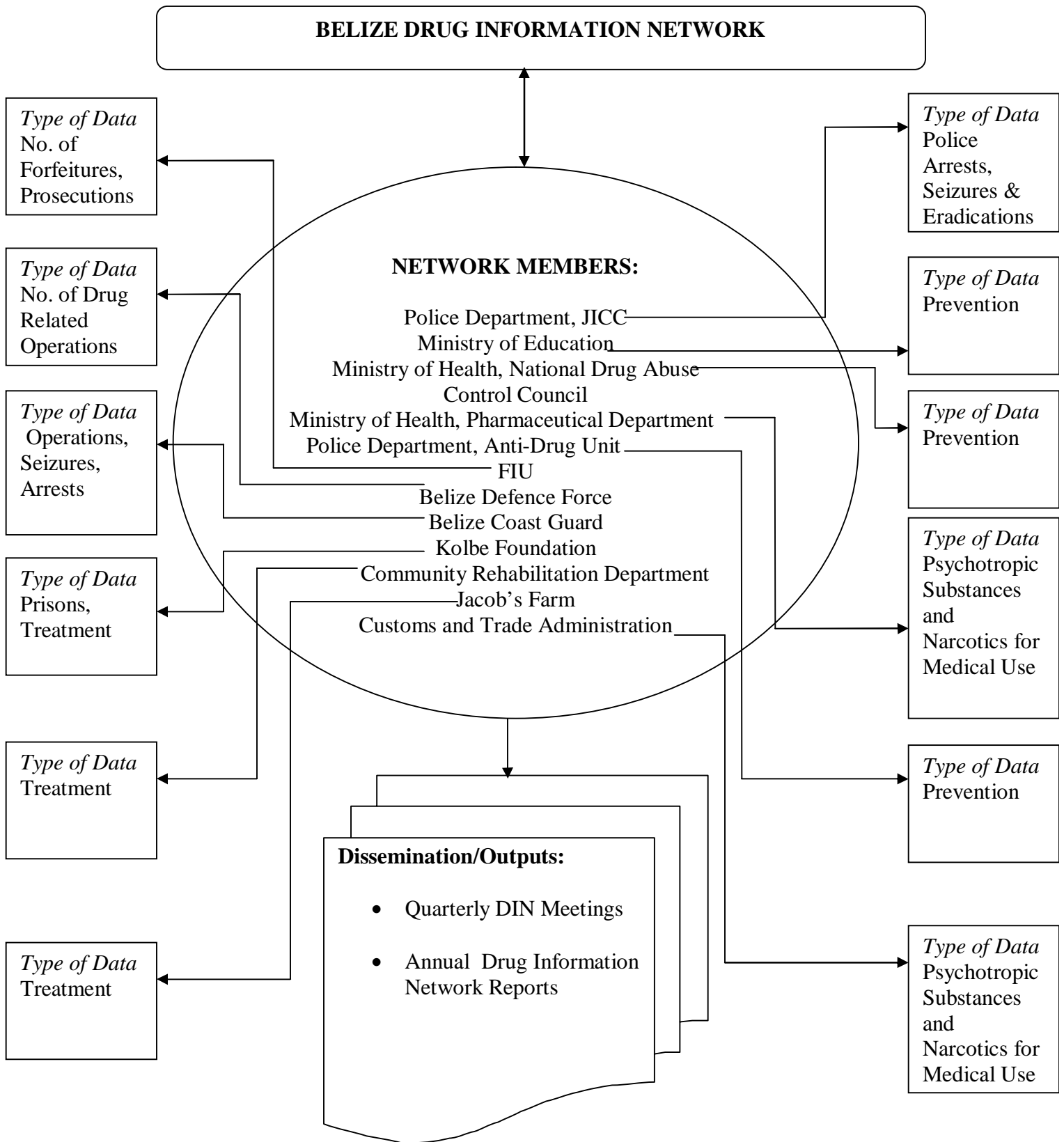
- Provide support to the MEM

In the embryonic stages of the network, a preliminary network should be established comprising of key agencies in the fight against drugs, including:

- Ministry of Health, NDACC
- Law Enforcement Agencies (BDF, BPD, BCG)
- Treatment Facilities (Jacob's House)
- The Belize Central Prison
- Ministry of Health, Epidemiological Department
- Customs and Trade Administration
- Ministry of Education
- Community Rehabilitation Programme

In its course of development the network is expected to expand overtime including more agencies that work in the anti-drugs field. It is also recommended that participating agencies submit quarterly reports to NDACC for collation, analysis and formulation of an Annual Drug Information Network Report.

**Figure 5.1: Epidemiological Network 1**



### **5.3 Proposal for Strategic Development**

The improvement of drug data collection strategies hinges on the development of a national drug epidemiological network that would capture all facets of drug related data.

#### **Short Term Goals:**

- Development of treatment data definitions
- Development of treatment data collection forms
- Training of staff in the use of these forms
- Establishment of a steering committee that would ensure the implementation of the Drug Information Network
- Establishment of a Drug Information Network of Professionals

#### **Medium Term Goals:**

- Development of a national treatment database that would capture information on: Number of admissions, type of drug used, age, gender, route of administration, frequency and quantity

#### **Long Term Goals:**

- Acquisition of necessary infrastructure to develop databases at agency level
- Train officers in the use of software
- Establishment of a centralized computerized database that captures all facets of drug related data

## 6. Conclusion

Belize has become a part of the illicit drug transshipment route between the South American producers of cocaine and heroin and the consumers in North America and Europe. Consequently, the numbers of users and addicts have increased creating greater health problems.

It has been established that countries with developed drug surveillance systems are better able to identify new trends, develop appropriate drug policies and responses and evaluate progress. The INRA is the first step in establishing ongoing drug surveillance.

In the execution of the INRA potential data sources that can contribute to a drug surveillance system in Belize were examined. These included: Treatment Data, General Hospital Data, Mortality Data, Law Enforcement Data and Prevention Data. Jacob's Rehabilitation Farm and Ashcroft Rehabilitation Centre are the only rehabilitation facilities that exist in Belize. Investigations have revealed that Jacob's Rehabilitation Farm is not an accredited treatment facility and that data is not collated centrally. Additionally, no standardized data collection tool exists for use by treatment facilities. General Hospital Data, Mortality Data and Psychiatric Data are collected and collated centrally through the BHIS. Health related data is the most advanced of all data sources. The BHIS is acknowledged as an asset to the development of a surveillance system.

Investigations into prevention data has shown that this data source is not developed. Belize does not record the number of persons exposed to anti- drug interventions and there is no systematic documentation of drug related offences in schools. Once expanded to capture drug related offences by those within the educational system, the information system within the Education Ministry is viewed as a potential resource to the DIN.

Law Enforcement Data is recognized as fairly developed because of the computerized system of the Belize Police Department, CIMS. The computerized system as well as the

expertise that exist within the Police Department are key resources for the proposed Drug Information Network. The expertise available within NDACC and the University of the West Indies is a resource that can be geared towards the execution of drug surveys.

Following the establishment of existing resources for the development of a DIN, it was found that the development of a structured drug information network with a centralized coordinating unit that allows for the collection of pertinent drug information is critical to the advancement of anti-drug efforts.

Additionally, it is imperative that this network brings together professionals in the drug field who meet regularly with the purpose of discussing the development of the epidemiological network as well as act as a mechanism for the exchange of information. It is highly recommended that a Steering Committee be put in place to oversee the development of the network.



## **Appendix 1- Drug Information Network, First Stakeholders Meeting**

# **Drug Information Network Project**

## **First Stakeholders Meeting**

**Time: 9:00 – 12:00 noon**

**Date: 3<sup>rd</sup> March 2010**

**Place of Meeting: Chateau Caribbean Hotel, Belize City**

### **Present for the Meeting:**

**Mr. Colin Nicholas**, Director HECOPAB, Ministry of Health

**Sgt. Ganney Dortch**, Belize Defense Force, Ministry of National Security

**Mr. Ian Cacho**, University of the West Indies

**Mrs. Carolyn Codd**, National HFLE Coordinator, Ministry of Education

**Mrs. Yvonne Codd** HFLE Coordinator, Ministry of Education

**Mr. Englebert Emmanuel**, Surveillance Unit, Ministry of Health

**Mr. Ethan Gough**, Director Epidemiology Unit, Ministry of Health

**Mrs. Ana Sambula**, Community Counseling Center, Ministry of Human Development

**Insp. Lincoln Hemsley**, Director Anti-Drug Unit, Belize Police Department

**Mr. Anthony Castillo**, ETES, Ministry of Education

**Mr. Joseph Card**, Youth for the Future, Ministry of Youth and Sports

**Ms. Lorraine Zuniga**, District Coordinator, NDACC, Ministry of Health

**Mr. Tyronne Chimilio**, District Coordinator, NDACC, Ministry of Health

**Mr. David Longsworth**, Office Assistant, NDACC, Ministry of Health

**Ms. Jenny Lovell**, President Mental Health Association, Consultant Substance Abuse Policy

## **Summary**

### ***Welcome and Introduction***

The Welcoming and Introductory remarks were delivered by Mr. Esner Vellos, Director National Drug Abuse Control Council, Ministry of Health (a copy of speech is available in appendix 1).

### ***Brief Remarks from the OAS Office, Belize***

Ms. Kim Osborne, Belize Country Representative, OAS stressed the importance of the Drug Information Network in Belize and the contribution it should make to the gathering of information and its analysis that will fortify our countries responsibility towards the Multilateral Evaluation Mechanism.

### ***Overview of the Drug Information Network***

After the brief welcome ceremony Mr. Pernel Clarke, Research Specialist, OAS/CICAD, took to the podium to deliver his presentation, where he gave to the stakeholders present a description of the Drug Information Network, which included the development of the same and he also explained the elements that make up the DIN.

### ***Briefing on the Information, Needs and Resources Analysis***

Mrs. Sheranne Isaacs, Consultant, Drug Information Network delivered a presentation on the Drug Information Needs and Resources Analysis (INRA) which in general terms

is used to determine Belize's capacity for collecting information on drug abuse. This initiative will complement the efforts of the Government of Belize in collecting, analyzing and disseminating drug related information.

### ***Group Discussion with Agency Representatives***

A candid discussion with all stakeholders present was chaired by Mr. Clarke with the assistance of Mrs. Isaacs during this session the following was tabled:

#### **Ministry of Education Representatives made a brief presentation on the HFLE Program, which has the following components:**

- Sex and Sexuality
- Eating and Fitness
- Managing the Environment
- Self and Personal Relationships

The 'life skills approach' is used and both teachers and parents are involved in the program. Representatives from the Ministry of Education mentioned that there is an HFLE curriculum, in which drugs are included and focus is placed on saying 'no' to drugs. The Department also mentioned that there are existing programs, which complement the HFLE;

- Lions Quest Life skills Program: This program promotes skills for adolescents, skills for action and other skills.
- Positive Discipline Program: This is similar to life skills and focuses on alternatives to corporal punishment. 10 schools in 2 districts are involved in this program.
- Quality Schools Project: This is an all-encompassing pilot project aimed at improving the school environment in all aspects

In the area of Data availability the following was shared:

- GYTS Survey is the only survey done so far in schools
- The Ministry has a Projects and Planning Unit that may be helpful in this regard.
- There is a Truancy Unit
- There is a Hostel.

Note that the representatives indicated that the Police dept has a 'policy' for first-time offenders that treat each situation on a case-by-case basis.

### **The Anti Drug Unit representative of the Belize Police Department**

The police currently have data on drug related seizures, arrests, convictions and quantities and types of drugs seized. There is a Joint Intelligence Coordination Center (JICC).

Information sharing is restricted and only the Commissioner of Police has authorization to release information. The Anti- Drug Unit carries out drug education in schools via their Community Policing Section.

The Representative also mentioned that there are some new interesting trends in marijuana cultivation. Seeds are brought in from neighboring countries and there are new varieties that allow a full crop to be grown in 3 months instead of the usual 6 months.

Also, there has been increased trafficking of pseudoephedrine and other similar substances. Ecstasy is also trafficked into and through Belize.

The police have **ultimate** responsibility for reporting drug data.

There is a Forensic lab in Belize.

### **Belize Defense Force (BDF)**

The BDF is part of the 'Fusion Centre', which includes the Police, Coast Guard, and Immigration from time to time.

The BDF has a zero tolerance policy towards the use of drugs. Members of the BDF can be randomly selected for drug testing.

The BDF modus operandi against drugs is the five Ds: Deny, Deter, Detain, Destroy, and Detect. The 'Intelligence Cycle' is used. Local informers, regional collaboration on joint operations, and international collaboration.

The force usually carries out training and development workshops for their officers with some focus on substance abuse.

There is some level of information sharing between Police, Coast Guard and the Defense Force, the BDF usually collects information on demographics.

### **Ms. Jennifer Lovell, President of the Mental Health Association**

Ms. Lovell shared some thoughts and comments in regards to the merging of Mental Health and Substance Abuse through the creation of a Mental Health Facility that would cater for substance abusers. Presently Ms. Lovell is working on the Mental Health Policy and the Substance Abuse Policy for Belize.

She indicated that at present there is one mental health facility in Belize and that the WHO AIMS report has been recently completed on Mental Health in Belize

### **UWI Open Campus Representative**

UWI does not engage in drug data collection; however the University has the expertise to conduct surveys.

The University facilitates educational programme in counseling for school counselors and staff members of NDACC.

### **Epidemiology Unit, Ministry of Health**

There needs to be synergy between the Health information System and the proposed DIN. There needs to be a mechanism that allows all stakeholders to share and access information.

### **Community Rehabilitation Department**

The representative from the community rehabilitation department stated the following:

- The Community Rehabilitation Programme mainly serves juvenile delinquents.
- The department falls under the Ministry of Human Development.
- The department is grossly understaffed therefore; entertaining a drug component is difficult.
- The hostel falls under the community rehabilitation department and is a penal rehabilitation center for juveniles.

## **Individual Stakeholder Meetings**

Individual meetings were held with the University of the West Indies, Belize Coast Guard, Financial Intelligence Unit, HFLE, Anti-Drug Unit, Joint Intelligence Coordination Center and Kolbe Foundation (Belize Central Prison). At the same time a courtesy call was made to Dr. Peter Allen, CEO, Ministry of Health, Corozal Community Hospital and Jacobs Rehabilitation Farm in the Corozal District.

The Individual meetings gave the visiting team a more consolidated interpretation of the information that was gathered during the stakeholder meeting.

Ms. Merylin William, Director of the Financial Intelligence Unit elaborated on the development of the money laundering Act and the development of the FIU in Belize. She committed her unit into working closely with the DIN.

**Joint intelligence Coordination Center**, were candid with the team and shared a number of data and clarified information that was given to us during the stakeholders meeting. The team was impressed on the level of professionalism, dedication and preparedness of the JICC. Note that the JICC was the only entity that provided the visiting team with data information. JICC committed support to the DIN Project.

**Kolbe Foundation** gave the visiting team information regarding the rehabilitation programs within the prison walls and at the same time enlightened us with the Parole System in Belize. They indicated that within the rehabilitation program all officers that are in charge with counseling are certified and qualified. They also informed the team that the recidivism rate at that the Prison is 13%

The courtesy Visit to the **CEO in the Ministry of Health, Dr. Peter Allen**, provided the team the opportunity to know the level of importance and support that the present administration is giving to the National Drug Abuse Control Council. The CEO stressed



the support that the Ministry has in the effective development of the Drug Information Network since the Ministry of Health is embarking on evidence based approach in the development of effective programs. He mentioned the fact that in a short time since the New Director of the Council has taken office the Ministry has seen a complete transformation in light of the restructuring of the Council and at the same time the importance the ministry and the council has in embracing our international partners and our national stakeholders. He indicated the pursuit of the Ministry to secure the approval to fill the position of the Research and Information Officer so as to develop a research unit within NDACC, he believes that this will contribute tremendously to the Drug Information Network.

The Visit to the Corozal Hospital and the Jacobs Rehabilitation Center in the Corozal District gave an overview to the visiting team on how rehabilitation is done in Belize.

**Prepared By the National Drug Abuse Control Council-Belize, Ministry of Health**

## Appendix 2- Contact List of Participants

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