Information Needs and Resource Analysis Report for St Kitts and Nevis

Prepared for the Inter-American Drug Use Data System (SIDUC), Drug Information Network Project

Report commissioned by the Inter-American Drug Abuse Control Commission (CICAD) of the Organization of American States (OAS)

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Executive Summary

A drug information network (DIN) is defined as 'a group of people who representing either themselves or an agency, collect, analyze and disseminate information on drugs for the purpose of monitoring trends, developing policy, and implementing appropriate programs and responses.' (Clarke, 2009). The goal of establishing a drug information network in the Federation of St Kitts and Nevis is to enhance the country's performance in the making of drug policy, designing and implementing interventions and programmes, and evaluating outcomes by providing timely, valid and reliable information. This should also lead to improved levels of participation and performance in the Multi-Lateral Evaluation Mechanism (MEM).

A network of this kind encompasses all aspects of the drug phenomenon from the demand as well as from the supply side. The persons who are part of the network gather information and compile data from their particular area of work and from other sources using an accepted format. Network members then meet periodically during the year to present this information to the group, identify information gaps and discuss implications on policy and practice. Countries that have surveillance systems have an advantage in being better able to identify new trends, develop appropriate drug policies and responses, and evaluate progress.

Representatives from the CICAD Secretariat held discussions in St Kitts and Nevis in November 2010 with key stakeholders from a range of sectors: health, law enforcement (including the police and defence force, customs, legal department and correctional services), education, social development and social services, to obtain their perspectives on the gaps and challenges to be tackled in order to establish a viable Drug Information Network in the country.

Certain underpinning mechanisms are already in place. For example, the Federation of St Kitts and Nevis has enacted legislation against the use of drugs. Legislation is enacted in accordance with international conventions and often in response to the MEM. The country has established a National Council for Drug Abuse Prevention and has

established a Financial Intelligence Unit to address the issue of money laundering activities on the part of drug traffickers. A number of preventive and measures targeting schools, workplaces, the community and the prison population are in place. According to the country's most recent response to the MEM, (Fifth Round evaluation period 2007-2009) ,there is a 'centralized office at the national level to organize, carry out studies, compile and coordinate drug-related statistics and other drug-related information. However, there is no publication or body of data specific to mental health or drug-related issues affecting the Federation.

The meetings in November revealed gaps and inadequacies in a range of areas including:
- Lack of collaboration and communication among sectors and at various levels within sectors
- Human resources and training
- Physical infrastructure
- Drug related research
- Data collection, management and analysis
- Law enforcement and legislation
- Prevention of substance abuse
- Treatment for substance abusers

St Kitts and Nevis – Background

St Kitts and Nevis is a twin-island Federation with a total area of approximately 269 km². The islands are part of the Leeward Islands group of the Lesser Antilles. A narrow strait 3.2 kilometers wide separates the two islands. The capital of St Kitts (the larger of the two islands) is Basseterre, while Charlestown is the capital of Nevis. The country is divided into 14 parishes.

The Federation is a constitutional monarchy with a Westminster-style parliament. The Prime Minister is the Head of Government and there is a House of Assembly headed by a Speaker of the House. Elections are held every five years (www.gov.kn).

The 2009 population estimate is 51,300 and government figures cite a literacy rate of 98%. The per capita Gross Domestic Product (GDP) is US$8,200 (2005) and the inflation rate is 8.7% (2005). Annual exports are approximately US$70 million.

Tourism is the economic sector that has shown the greatest growth and is now a major foreign exchange earner for St. Kitts and Nevis, as evidenced by an 83% increase in foreign direct investment in a range of tourism-related projects. The government instituted a program of investment incentives for businesses considering the possibility of locating in St. Kitts or Nevis, encouraging domestic and foreign private investment. Government policies provide liberal tax holidays, duty-free import of equipment and materials, and subsidies for training provided to local personnel (www.state.gov/r/pa)

The Federation has seen an increase in crime in recent years. An analysis of the 2008 murder statistics shows about 82 per cent of the murders involved firearms (www.sknvibes.com)**.** In July 2010, the Prime Minister announced the commitment of 3.8 million Euros (US$4.9 million) from the European Union, to tackle crime from several fronts (www.caribbean360.com).

St Kitts and Nevis and the Multilateral Evaluation Mechanism (MEM)

The Multilateral Evaluation Mechanism (MEM) is a tool through which the anti-drug efforts of the 34 CICAD member states are measured throughout the hemisphere. The MEM provides information on the current situation of the drug problem of a country, together with strengths and weaknesses and in which areas work needs to be undertaken or where specific actions need to be strengthened.

The evaluation covers four main areas: institutional strengthening, demand reduction, supply reduction, and control measures. These themes are subdivided and take into account areas such as prevention, treatment, data gathering resources, control of pharmaceutical and chemical products, judicial cooperation, control of firearms, and money laundering among others.

During the Fourth Evaluation Round of the MEM, St Kitts/Nevis was assigned a total of 12 recommendations, covering all four main areas. The Federation has implemented two of the recommendations assigned during the evaluation period; the implementation of ten recommendations is still pending.

The illegal drug trade

Informants from a range of sectors, including law enforcement, health, education, social services, identify the most problematic illegal drug as marijuana, followed by crack cocaine. Basseterre is the main area where cocaine was traded and used. Most of the cocaine supply comes from Colombia via Venezuela, and is distributed throughout the Eastern Caribbean islands as well and St Kitts/Nevis. St Vincent is a major source for marijuana and is used as a transhipment centre for cocaine. Some drugs are transported through aircraft drops out at sea. However, there was no drug seizure at sea and no major prosecution of any major drug traffickers in 2010.

According to information presented by the Ministry of National Security at the CICAD/OAS regional training workshop for national coordinators of drug information network in February, 2011, 32 acres of cannabis cultivation was eradicated in 2010, destroying a total of 75,000 cannabis plants. A total of 41 kilograms of cured cannabis and 9242 grams of cannabis seeds was seized in 2010, as well as 602.1 grams of cocaine/crack. There is evidence of small quantities of hashish on the streets - 5 grams were seized during the year – however, authorities are uncertain whether it is being converted on the island or imported.There has also been seizure of 36 pills of amphetamines type stimulants.

There has not been any evidence of indoor cultivation of marijuana and no illicit laboratories of organic or of synthetic drugs have been found in the Federation. Last year there were 161 drug related arrests on St.Kitts and Nevis and the police seized 10 firearms and 663 rounds of ammunition.

The majority of persons involved in the trafficking of drugs are locals. Most of the cocaine is destined for the international market but some is consumed locally, mainly after conversion into crack. Most of the marijuana stays in the country. The recent growth in Jamaican population in St Kitts/Nevis has led to an increase in the marijuana trade from that country. The marijuana from Jamaica is in high demand because of its finer

grade and it enters the country by innovative means – inside sealed tins of cheese, craft items and items fashioned to look like ground provisions.

Prescription drugs

According to some key informants, prescription drugs such as sleep aids are also being abused, but there is no way to confirm this or to measure the extent of the problem because pharmacies and pharmacists in the private sector are not meticulously regulated. Anecdotal evidence indicated that pharmacists often do not ask for prescriptions when dispensing some behind-the- counter medications or that they dispense on expired prescriptions; also, patients are visiting several doctors and pharmacies to fill multiple prescriptions for the same drug.

Abuse of prescription drugs is particularly prevalent among the foreign students whose, friends and relatives send medications from abroad. Sleep disturbances are common in that population so the use of Xanax and Ambien is high. Adderall (used to treat ADHD) is also commonly used. University staff members believe that there is a black market for such medications

Alcohol

Alcohol is a problem because its use is legal, accepted, and expected in certain social situations. Signs of alcohol dependence are missed and its abuse leads to an increase in domestic violence in many communities.

Substance abuse in St Kitts and Nevis

Marijuana-use is common. The most vulnerable segment of the population is deemed to be young children. In some families, especially among the Rastafarian population, children are introduced to marijuana, often in the form of tea, as early as 8 years old – many of them arrive at school under the influence of the substance.

Officers in the probation and child care unit report that 80 per cent of their clients are involved in drug-related activities or have used drugs. The gender affairs representative said that approximately 20 per cent of cases referred have alcohol-related issues. Some 15 per cent of the clients seen by Ministry's counsellors have drug related issues. These figures are estimates – there is no documented data to support them.

Data on substance abuse

There are no recent figures on the level of substance use (alcohol, illicit drugs or medications) in the overall population The Statistical Department in the Ministry of Sustainable Development is responsible for data on population, GDP, education, trade, crime, health, tourism among other areas. Other publications produced by the Department include :

- Demography Digest
- Statistical Review
- External Trade Report
- Tourism Bulletin
- National Accounts Bulletin

Ministries, agencies or organizations may carry out studies but there is no system for ensuring that data from these studies are submitted to the Statistical Department for analysis or to complement information gathered from other sources.

Substance abuse among youth

In 2006, the National Council on Drug Abuse Prevention (NACDAP), in collaboration with OAS/CICAD and the Inter-American Observatory on Drugs, conducted a nation-wide survey of 2,100 second fourth and sixth form students attending both private and public secondary schools. The Inter-American Uniform Drug Use System (SIDUC) standardized questionnaire for secondary schools was used. The survey sought to find out the level of drug and alcohol usage among the students; gain insights into attitudes towards drug usage in order to develop effective drug education and prevention programmes.

The findings of the survey suggested that drug usage was not widespread and curiosity about drugs and inclination to experiment with drugs were low. Alcohol consumption was common and found to be higher among females than males. The students were found to be 'well-informed regarding the dangers of both marijuana and cocaine'. The highest incidence of alcohol, marijuana or other drug use was found amongst "students who described themselves as (i) having "frequent behavioural problems; (ii) having repeated two or more grades or courses; and (iii) who deemed it "impossible to complete high school.'

In 2010, a PAHO-sponsored school-based Global Youth Tobacco Survey was carried out amongst students in grades 7 - 10 of all secondary schools. A total of 770 students, age 13-15 years, participated in the survey.

In summary, the survey results show that almost one in 10 students currently use any form of tobacco; 4.0% currently smoke cigarettes; 6.2% currently use some other form of tobacco. Second hand smoke exposure is moderate – one in five students live in homes where others smoke, and 13.8% of the students have at least one parent who smokes. Over six in 10 students think smoke from others is harmful to them. More than seven in 10 students think smoking in public places should be banned. One in 10 students has an

object with a cigarette brand logo on it. One-third of the students saw pro-tobacco ads in newspapers or magazines in the past 30 days.

Informants report that young people smoke the marijuana at parties or use it to relax after sporting activities. 'Seasoned drinkers' are reportedly getting younger – youth between the ages of 13 and 15 years are showing signs of chronic dependence on alcohol and girls of that age are using alcohol and marijuana in increasing numbers. Young boys are consuming a popular brand of stout in large quantities to enhance their sexual prowess. A primary school source asserts that very young children are increasingly seen to be using marijuana.

New trends in substance abuse
- A combination of marijuana and cocaine, known as 'spranger' is being used
- Users are experimenting with a combination known as 'Fronta' – a mixture of marijuana and tobacco.
- Medications such as psychotropics are being combined with crack (mainly among the younger population).
- Marijuana is sometimes combined with a local plant known as 'yellow bell'.
- Medical personnel have noted that tranquilizers like Valium and Xanax are increasingly being used as muscle relaxants
- Marijuana is sometimes mixed into recipes for sugar drops (a local sweet delicacy) and in cakes at parties.

Drug Control

Prevention Programmes

Drug abuse prevention programmes are conducted by the Health Promotion Unit in the Ministry of Health. Programmes target schools, communities and the workplace. Challenges to these programmes include a number of social factors; the cultural acceptance of alcohol use, drug use as a symbol of manhood; and privacy issues inherent in such a small society.

DARE (Drug Abuse Resistance Education) was founded in 1983 in the United States. The programme consists of a police officer-led series of classroom lessons that teaches children how to resist peer pressure and avoid involvement in drugs, gangs, and violence. DARE started in the Federation on October 1, 1996, and in the first ten years of the programme 20 officers were trained (www.SKNVibes.com, October 24, 2006). Over the period 2004 – 2006 approximately 600 children in St Kitts and 200 in Nevis were impacted annually (www.cicad.oas.org/mem/)

The DARE programme is no longer operational. In December 2009, the country's police commissioner cited its revival as one of the strategies to be implemented in the fight against drug abuse and crime. (csmenetwork.com). However, this goal has not been met.

Operation Future, which was launched in February 2005, is an initiative of the St Kitts and Nevis police force. Its goal is to use an entertaining and interactive format to educate children about the dangers of violence and drugs. Operation Future is committed to work with the youth at all levels and its work includes conducting presentations in the schools (primary and secondary), communities, church and social groups.

The programme also seeks to reach its target audience through its website (www.sknoperationfuture.com launched in 2009) and a television show addressing youth issues, gangs, drugs and crime began in 2010 on ZIZ TV. The members stage fundraising events to support educational tools such as brochures, and activities like the Discovery Club which involves children in the exploration of the country's attractions.

The **A Ganar Alliance** is led by the Partners of the Americas, and focuses its efforts in Latin America and the Caribbean, utilizing soccer and other team sports to help at-risk youth, ages 16-24 to find jobs, learn entrepreneurial skills, or re-enter the formal education system. A Facilitators Certification Workshop was held on the 16th and 17th March, 2010. The programme aims to train 225 youths in St. Kitts and Nevis by September of 2011.

In August 2010 the Department of Gender Affairs collaborated with the United States Peace Corps on **the Alternatives to Violence Project (AVP)** (See Appendix 1) to train inmates and other persons at risk of becoming involved in drug-related violence. The participants included guidance counsellors, psychiatrist, teachers, FBOs, NGOs, social workers, psychologist, and prison inmates. (This project must be done in a prison setting.) A maximum of 20 persons can be trained at any one time; in August the trainees included 12 inmates and 8 outsiders.

Other programmes include

- Police Boys Club
- Fire and Rescue Services Children's Club which targets children of all ages
- Youth Drum Corp aimed at engaging young people in positive civic activities.
- Men in Schools Programme- Continued implementation of a restructured Men in Schools Programme which allows for student interaction with role models in the community.

There is no evidence that evaluations have been done to measure the impact and outcomes of any of the prevention programmes and activities.

There are no residential treatment and rehabilitation facilities in the Federation. The 12-step recovery programme does operate, however. Both St. Kitts and Nevis have contacts listed in the international registry for Alcoholics Anonymous in the General Services

Office in New York City. There are AA meetings held at various locations and times in both islands.

There is a "Sober Home" in Cayon which is a facility that has rooms for rent and is kept free of drugs and alcohol. It does not function as a rehabilitation facility or half-way house, although that is one of the goals in the future.

A private residential facility to promote counselling and treatment for substance abuse has been built on the JNF Hospital compound. To date, staffing of the centre has not been finalized so no clients have been registered at the facility.

National Council on Drug Abuse Prevention (NACDAP)

The Federation has a national anti-drug authority (NACDAP) which was established in 2000. as a department in the Office of the Prime Minister. The Council comprises the Ministries of Health, Social and Community Development and Gender Affairs, Education, Justice and Legal Affairs, National Security, Foreign Affairs, Finance and the Office of the Prime Minister. The authority oversees all aspects of anti-drug activities including demand and supply reduction, control measures and the drug observatory.

The NACDAP Secretariat is the technical arm of the Council. Its mandate is to co-ordinate and to report on the work of the Council.

Important functions of an effective anti-drug authority include:

- Reviewing and monitoring the conditions in the country with respect to drugs which are being or which appear to it likely to be misused with likely harmful effects to constitute a social problem;
- Promoting research into or otherwise obtaining information concerning, any matter which in the opinion of the Council is relevant in preventing the misuse or abuse of drugs or dealing with any connected social problem;
- Educating the public (in particular minors) concerning the dangers of misusing or abusing drugs through seminars, leadership development, and mass media.
- Promoting drug free lifestyles
- Coordinating information sharing, planning, and implementation of drug-related programs, events, and activities.

At present the Secretariat is staffed by a director and a receptionist/secretary, which means it lacks the human resources to carry out these functions.

NACDAP had no statistics readily available on drug use in the general population and there were no resources allocated to conduct such a study. A study had been done on drug use within the civil service but this data was outdated. The former NACDAP director had

also conducted research in the years prior to 2004-2005, however it is not certain if these studies were widely disseminated and they are currently not available from the Secretariat.

It is not clear what role NACDAP has played in drug prevention programmes or activities such as the DARE programme. NACDAP reported that an informal evaluation report on the DARE programme had been started but was not completed as it became obvious that the programme had been successful. It was not clear which agency or organization had commissioned the report.

No established mechanism or procedure for collecting or analysing data on types of drugs being used, demographics of drug users, context and patterns of drug use, and so on from the various sources which could provide the data. Neither does the Council have the personnel to do so.

There is no evidence that the agency plays a coordinating function among the other agencies in the country outside of the MEM process.

The physical infrastructure is also lacking: the Secretariat is housed in two small rooms. There is no information resource room or even a catalogue of publications or other types of data which can be accessed by potential researchers or the general public about drugs or related issues.

NACDAP, at present, lacks the capacity to function as an effective anti-drug agency.

Assessment of Data Sources for the St. Kitts and Nevis Drug Information Network

		Law enforcement – police, drug squad, defence force etc
1	Type of data	Drug, firearm seizures and arrests,
2	Procedure for collecting data	Information taken upon arrest or seizure using forms (antecedent report; drug information form. See Appendices 2 & 3) . Information from various units: anti-narcotics unit, immigration, defence force, criminal records office is centralized into the local intelligence office (LIO) of the police force. (Law enforcement entities also work with international agencies such as the Drug Enforcement Agency (DEA) of the United States and the Serious Organised Crime Agency (SOCA) in the United Kingdom.)
3	Clientele	General population
4	categories of data	At air and seaports data from customs department - type of drug, quantity, value, provenance, method of transportation, incoming/outgoing Arrests – demographics (name, age, gender, address etc), type of drug,personal history. criminal history (previous arrests, convictions, deportation) history. Seizures – no. of seizures, acreage, plants, seeds, value, no of firearms, ammunition
5	types of drugs	Marijuana, crack/cocaine, some alcohol
6	frequency of drug use	Not recorded
7	route of administration	Oral, sniffing
8	context of drug use	involvement in drug trafficking, firearms trafficking , cultural setting, peer pressure
9	problems associated with use	Violent crime, aggression, domestic violence, gangs
10	risk-taking behaviour	Involvement in crime
11	New patterns or trends	Artistes using hashish to enhance stage performance; criminals using 'spranger' (crack or marijuana combined with stout) to prepare for crime sprees
12	collation, analysis and reporting	Inadequate : No computerized data base. No analysis done to allow for understanding of trends.; no system for dissemination
13	Resources	Inadequate resources to facilitate transfer and sharing of data collected
14	barriers to data collection	Need for arrest/intake form to include more details on drug use
15	Training and support needs	Regular updates for security personnel (drug squad etc) on innovative drug trafficking strategies
16	infrastructure needs	Computerized system linking all law enforcement agencies
17	facilitating source/network connection	Interview form to be developed to include more detailed data on drug offenders. Information needs to be fed to central agency (NACDAP?)

		Financial Intelligence Unit, White Collar Crime Unit, Customs Department
1	Type of data	FIU/white collar - Data on suspicious financial activities Customs – both illegal substances and licit prescription/chemical substances, currency exceeding legal limits -quantity, value, provenance, method of transportation,
2	Procedure for collecting data	FIU - Suspicious Transaction Reports (STRs) and Terrorist Property Reports (TPRs) received from entities such as banks, credit unions, insurance companies, remittance services, accounting businesses, etc , as listed in the Proceeds of Crime Act(16) of 2000. These entities also gather information through connections with international agencies such as the Drug Enforcement Agency (DEA) of the United States and the Serious Organised Crime Agency (SOCA) in the United Kingdom.
3	Clientele	General population
4	resources	Adequate personnel but insufficient expertise
5	Training and support needs	Training in financial manipulaton analysis, forensic accounting, fraud detection in jewelry and securities market
6	facilitating source/network connection	Computerized system linking all law enforcement agencies

		Correctional Facilities
1	Type of data	Inmate numbers, crimes committed,
2	Procedure for collecting data	Information taken from police records, court proceedings
3	Clientele	Prison inmates
4	categories of data	Number of inmates, Age, gender, offences committed, first or repeat offenders, sentences
5	types of drugs	marijuana crack/cocaine
6	frequency of drug use	Not recorded
7	route of administration	Oral, sniffing
8	context of drug use	involvement in trafficking, cultural setting,
9	problems associated with use	Withdrawal symptoms, aggression,
10	risk-taking behaviour	Involvement in crime
11	New patterns or trends	None noted
12	collation, analysis and reporting	Statistics on prison population recorded on main chalkboard. No system or personnel to have computerized recording system.
13	resources	More personnel required. Inadequate infrastructure. Prison built for 60 is housing 240
14	barriers to data collection	Basic data available on drug offenders but police records do not have detailed data
15	Training and support needs	Training in the use of computerized database
16	infrastructure needs	New correctional facility
17	facilitating source/network connection	Interview form to be developed to include more detailed data on drug offenders. Information fed to central agency (NACDAP)

		Health Sector - Ministry of Health
1	Type of data	Levels of usage among students, knowledge about dangers of drugs, attitudes towards substance abuse
2	Procedure for collecting data	Surveys using standardized questionnaire (Eg nation-wide school survey)
3	Clientele	
4	categories of data	Age, gender, academic performance, type of school attended, drug use
5	types of drugs	, alcohol, marijuana crack/cocaine
6	frequency of drug use	
7	route of administration	
8	context of drug use	peer group, cultural setting
9	problems associated with use	dental health issues, cirrhosis aggression, academic problems,
10	risk-taking behaviour	
11	New patterns or trends	Anecdotal – experimental combinations –Eg marijuana and tobacco (Fronta), psychotropics and crack
12	collation, analysis and reporting	Data analysed by MOH's Health Information Unit. Data is shared with Dept of Statistics
13	resources	Inadequate outpatient resources for mental health and substance abuse cases. No personnel for follow-up of patients
14	barriers to data collection	Mental health personnel already overwhelmed
15	Training and support needs	
16	infrastructure needs	No treatment facilities exist at this time
17	facilitating source/network connection	

	Health Sector – Hospitals, pharmacies, labs	
1	Type of data	Basic demographic and health history data
2	Procedure for collecting data	Forms filled out by intake officer at hospitals; no testing done for drugs upon admission; no data collection at pharmacies or labs
3	Clientele	General population accessing the public health system
4	categories of data	Age, gender, address, referral source, drug of choice if the patient is admitted under the influence of a substance.
5	types of drugs	Marijuana, crack/cocaine, alcohol, prescription drugs, polydrug use
6	frequency of drug use	Not recorded unless the diagnosis is substance abuse
7	route of administration	
8	context of drug use	Not recorded
9	problems associated with use	Motor vehicle or other accidents, intoxication, withdrawal symptoms, respiratory, dental problems, cirrhosis, burden on the health resources of the country
10	risk-taking behaviour	
11	New patterns or trends	Experimentation with different drug combinations
12	collation, analysis and reporting	No computerized data base. No analysis done. Information can be extracted from patient records
13	resources	Expertise available but inadequate resources to do routine drug testing
14	barriers to data collection	Hospitals - no interview instrument in hospitals specifically relating to drug use; no data collected to link cause of death with substance abuse. Pharmacies – no system for tracking dispensing of drugs Labs – no resources for number of drug testing kits required to do regular testing Legal implications of doing testing
15	Training and support needs	Brief training for pharmacists on precursor ingredients
16	infrastructure needs	Computerized data base system
17	facilitating source/network connection	Interview form to be developed to include more detailed data on drug profiles of patients – information fed into central agency Data analysis software

		Ministry of Social Development
1	Type of data	Demographic information; specific social support needs of clients; employment history; criminal offences, probation terms
2	Procedure for collecting data	Forms filled out by probation officers, counsellors, social workers
3	Clientele	Generally, lower socio-economic sector of the population
4	categories of data	Age, gender, address, referral source,
5	types of drugs	Marijuana, crack/cocaine, alcohol
6	frequency of drug use	Daily
7	route of administration	Oral, sniffing
8	context of drug use	Community norm, peer pressure, involvement in the drug trade
9	problems associated with use	Imprisonment, unemployment, family dysfunction, domestic and community violence
10	risk-taking behaviour	Involvement in crime
11	New patterns or trends	
12	collation, analysis and reporting	No computerized data base. No analysis done.
13	resources	Inadequate personnel
14	barriers to data collection	Information forms used by officers do not cover drug related details The probation unit has statistics on offences, but no record of how many are drug-related. No data-management system in the Ministry.
15	Training and support needs	Advanced training for social workers
16	infrastructure needs	Computerized data base system
17	facilitating source/network connection	Interview forms to be developed to include more detailed data on drug profiles of clients – information fed into central agency Data analysis software

Recommendations

It must be noted here that some of the recommendations seek to address fundamental and structural issues which can affect the ability of St. Kitts and Nevis to develop and maintain a DIN.

Strengthening the country's anti-drug authority.

- NACDAP must be strengthened and expanded to facilitate a more integrated collaboration among ministries, agencies and professionals involved in the issue of drug-related problems.
- NACDAP secretariat needs at least one research officer to collect and collate data regularly from the various sources that would be part of an information network.
- NACDAP should have the capacity to work with mental health personnel and other key personnel from other data sources to create standardized and complementary data collection instruments (intake forms, interview instruments and report formats).
- A building with adequate space for a larger staff is necessary and could include a reception/waiting area, the director's office, a meeting room and office space for researcher/s.
- An encouraging level of interaction and information-sharing occurred among stakeholders at the CICAD/OAS Regional Training Workshop in February, 2011. This spirit of collaboration should be harnessed with urgency, and a meeting of potential members in the drug information network should be scheduled as early as possible.

Human resources and training

Demanding more data-gathering places an added burden on already overburdened mental health personnel and social/community workers.

- Based on assessments made by counsellors and social/community workers of their current workload, a team of at least ten trained social workers is needed for St Kitts and Nevis, and the number of counsellors serving the population needs to be

increased to at least six counsellors in St Kitts and four in Nevis. More counsellors are also needed to serve the prison population.

- Both hospitals need at least one counsellor specifically trained in substance abuse counselling to work alongside the consultant psychiatrist.

— Training in mental health and substance abuse issues is needed for personnel in various areas – law enforcement (police and defence force officers, correctional officers, the judiciary); education (teachers and guidance counselors) and health (nurses).

— Pharmacists may not be up-to-date on precursor ingredients for illicit drugs. Brief training should be conducted by local experts.

— Officers in the Financial Intelligence Unit need training in financial manipulation analysis, forensic accounting.

Treatment and prevention

— The demand for substance abuse treatment needs to be established to inform the feasibility of setting up a facility

— Proper and transparent evaluation is a key factor in attracting sustained sponsorship and support for programmes and interventions. Programmes must be set up so that the appropriateness methodologies and strategies can be measured, and data must be gathered to inform future interventions and projects.

— For optimal impact a school intervention programme needs to involve sustained contact with the student population targetted. More scheduled and regular visits are necessary. Joint visits (prevention/health and law enforcement sectors) might prove more impactful.

— Businesses and organizations should be encouraged to establish EAPs to implement stress reduction interventions, psychological support and protection for workers who present with a drug problem.

— Recidivism in the prison system is partially addressed by programmes such as A Ganar and the Alternative to Violence Program, however,

ongoing substance abuse counselling is needed for drug offenders in prison population.

Data gathering

- There are no recent figures on the level of substance use in the general population. A large-scale country-wide survey must be undertaken with urgency in order the establish baseline knowledge of the substance abuse prevalence.
- The police need to record more information on offenders when arrests or charges are being made. New intake forms/questionnaires should be designed (in collaboration with NACDAP) to include drug -related questions.
- There needs to be a more systematic approach to sharing information within the law enforcement sector about crime as it relates to the drug phenomenon. A computerized database is essential.
- Retail businesses should be required to supply sales figures of certain medications to the Ministry of Health on a monthly basis to ascertain how quickly these supplies are being consumed in relation to the customer base.
- Pharmacies need a comprehensive computer-based system to
  1. track the stock of prescription drugs in pharmacies and match quantities dispensed with prescriptions received,
  2. track patients/customers by a card number system to ascertain whether patients are visiting several doctors and pharmacies to fill multiple prescriptions for the same drug

Conclusion

Filling the resource gaps outlined in this report - strengthening NACDAP; expanding the human resource base in key sectors; providing training; addressing physical infrastructure needs; implementing targeted media campaigns; and so on - would clearly contribute significantly to the achievement of the country's drug reduction goals. However, for these improvements to have a sustained effect on the Federation's fight against drug abuse and its attendant problems, there must be a clear picture drawn, and re-drawn as necessary, of the nature and extent of what is being fought.

The most highly trained professionals, the best equipped structures and most elaborate media campaigns will have little effect if they exist in a knowledge vacuum. Without data which has been scientifically collected, collated, analysed and subsequently shared across sectors we will be going into battle ignorant of the strength of the enemy and without a map of the battlefield. Therefore, stakeholders in all sectors must acquire a mindset for seeking, managing and, most importantly, sharing information at all levels. This is the essence of a drug information network.

Before a drug information network can be established in the Federation, there needs to be a full and genuine commitment by the highest relevant authorities to invest in the network and to foster a culture of communication and collaboration across all borders from the highest to lowest levels in organizations, in both the public and private sectors, and across political and social lines as well as borders delineated by a narrow channel of water.

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www.sknoperationfuture.com
www.sknvibes.com
www.state.gov/r/pa

APPENDIX 1

THE ALTERNATIVES TO VIOLENCE PROJECT MODEL:

*Learn by experience***:**

AVP workshops are hands-on, experiential learning. AVP workshops seek to assist in personal growth and change. AVP is not "therapy" but can be very helpful in healing.

*The best way to destroy the program is to require it***:**

A fundamental requirement for AVP is voluntary participation on both an individual and an institutional level. When the programme is required or imposed by others, it is probably doomed to failure. AVP workshops are about personal growth; people can only grow when they choose to do so themselves. All workshop leaders are volunteers and participants are expected to be volunteers also.

AVP grows as it trains new leaders:

AVP's success is a result of empowering people to become leaders and facilitators. AVP workshops are required to be led by at least two facilitators, male or female, so as to model the team leadership that is essential for teaching cooperative behaviour patterns. When these leaders have completed all three AVP workshop levels, they would then serve as apprentice facilitators. The hope is that this programme becomes self-sustaining with both volunteer and inmate facilitators.

*The AVP programme is blessed with good training manuals***:**

With over 34 years of experience and an attitude of wanting the best for everyone, this programme has an outstanding set of manuals. Every facilitator has a clear, well-written training manual that he or she can rely on. AVP manuals are constantly evolving and being updated based on multi-cultural experiences of facilitators around the world.

In AVP, power seeps up; it does not trickle down:

AVP is a grass roots organization that welcomes new volunteers. Consensus decision-making is a core value, essential to nonviolence training. AVP is not about hierarchy, but rather about community, about acknowledging and encouraging the potential of all persons to grow and develop, and about working together by agreement and without coercion. A local workshop coordinator for each institution or community is essential to making AVP work. The coordinator is a volunteer who organizes workshop teams and arranges workshop schedules with the institution or community for which he or she is responsible. Often the coordinator is an AVP facilitator.

Transforming Power:

A principal concept of AVP is Transforming Power, the power in and around each of us to shift a situation from negative to positive.

Guides to Transforming Power:

1. Seek to resolve conflicts by reaching common ground.
2. Reach for that something good or of God in others.
3. Listen before making judgments.
4. Base your position on truth.
5. Be ready to revise your position, if it is wrong.
6. Expect to experience great inward power to act.
7. Risk being creative rather than violent.
8. Use surprise and humour.
9. Learn to trust your inner sense of when to act.
10. Be willing to suffer for what is important.
11. Be patient and persistent.
12. Build community based on honesty, respect, and caring.

Basic Workshop

The Basic AVP Workshop is an intensive learning experience which teaches interpersonal conflict resolution skills. These experiences in small groups and in one-to-one interactions help build a sense of community. Trust role-plays also provide an opportunity to explore the power of trust as well as to learn and practice creative ways to respond to real life conflicts in our lives.

*Advanced Workshop (level two)***

The Advanced AVP Workshop focuses on the underlying causes of violence in and outside of ourselves, as well as the roles and pieces we bring to ourselves and the world as peacemakers. In the Advanced Workshop participants have the opportunity to further explore their own development with such issues as power, fear, anger, and forgiveness.

*Training for Facilitators (level three)****

This workshop focuses on developing team-building, leadership methods, and group process or facilitation skills. Participants work in small groups, facilitate actual exercises, and receive feedback and practice in presenting many aspects of a Basic Workshop.

** Prerequisite: Basic AVP Workshop completion certificate
*** Prerequisite: Advanced AVP Workshop completion certificate

APPENDIX 2

ROYAL ST. CHRISTOPHER AND NEVIS POLICE FORCE
ANTECEDENT REPORT

TO BE SUBMITTED BY ARRESTING/REPORTING OFFICER AND TO ACCOMPANY CASE FILE

1. NAME OF DEFENDANT ....

2. ALIAS: ....

3. PLACE OF BIRTH: .... 4. DATE OF BIRTH: ....

5. PRESENT ADDRESS: ....

6. PREVIOUS ADDRESS: ....

7. HEIGHT: .... 8. BUILD: ....

9. COMPLEXION: .... 10. SEX: ....

11. SCHOOL ATTENDED: ....

12. OFFENCES CHARGED WITH: ....

13. DATE OF ARREST: .... 14. BAILED ON: ....

15. REMANDED TO PRISON: ....

16. DISTINCTIVE MARKS/PECULIARITIES: ....

17. PARENT'S NAMES: (a) MOTHER: ....

                        (b) FATHER: ....

18. OCCUPATION: ....

19. PREVIOUS CONVICTION: YES/NO

Short concise statement of prisoner's domestic and family circumstances, his/her general reputation and associates

....

Name of Officer reporting Antecedent   ....

....

APPENDIX 3
DRUG INFORMATION FORM

Case No……..

NAME………………………………………………………………………………..

ALIAS………………………………………………………………………………..

Date of Birth…………………………………..Place of Birth……………………………..

Occupation………………………………….Nationality………………………………..

Complexion………………………Height…………………..Weight……………………...

Hair……………………Eyes…………………..Race…………………………………

Mother's Name…………………………………Father's Name…………………………

Charge…………………………………………………………………………………..

Statute…………………………………………..Date of Offence…………………………..

Place of Offence…………………………………………………………………………..

By whom arrested/Summons…………………………………………………………………

Type of Drug(s)……………………………………………………………………………

Quantity seized …………………………………………………………………………..

…………………………………………………………………………………………….

Date submitted to Lab…………………………Date Tested…………………………………

Submitted by……………………………..Tested by…………………………………

Date result returned…………………………….Date destroyed…………………………..

Persons present at destruction…………………………………………………………………

…………………………………………………………………………………………………

Street value of drugs…………………………………………………………………………

Result of case…………………………………………………………………………………

NB. All relevant information must be filled in even if no one was prosecuted.