

# Report of the 2008 National Anti-Drug Strategic Planning Meeting



October 8<sup>th</sup> - 9<sup>th</sup> 2008  
Grand Cayman Marriott Beach Resort  
Grand Cayman  
Cayman Islands

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## Overview

The National Drug Council (NDC) in conjunction with the Honourable Anthony S. Eden, OBE, JP, Minister for Health and Human Services hosted the 2008 National Anti-Drug Strategic Planning Meeting, where a *draft* of the National Anti-Drug Strategy for the Cayman Islands 2009-2013 was presented. The two-day meeting was held on October 8<sup>th</sup> and 9<sup>th</sup> 2008 at the Grand Cayman Beach Resort in Grand Cayman.

This meeting was an opportunity for stakeholders, partners and relevant organisations to participate and give feedback on the *draft* National Anti-Drug Strategy for the Cayman Islands 2009-2013. The draft of the National Anti-Drug Strategy for the Cayman Islands is a comprehensive, strategic framework to address the unique drug control needs of the Cayman Islands in both demand reduction and supply reduction for both legal and illegal substances. A drug master plan is defined by the United Nations Drug Control Programme as the “single document adopted by government outlining all national concerns in drug control. It summarizes authoritatively national policies, defines priorities and apportion responsibilities for drug control.” The NDC has worked diligently to ensure that the draft plan was done in accordance with regionally and internationally accepted standards.

This document was developed as a result of annual strategic/update meetings and stakeholder contacts, whereby the NDC was made aware of the need for a more coordinated, proactive and intergrated approach to the issues of drug control. The goals and the development of such an important document assist the Cayman Islands Government, and stakeholders, to set out its commitment to addressing the drug problems in the country in a co-ordinated and efficient manner. The broad strategies and objectives contained in the document can be built upon, which is a crucial element for long term planning and sustainability. Action plans are to be developed after the strategies have been prioritized and approved.

One hundred and twenty-five persons were invited to attend from both the public and the private sector, (please see appendix for list of agencies / individuals) with seventy persons having confirmed their attendance. Day one had approximately sixty persons in attendance with day two having approximately forty persons.

Much discussion and feedback took place over the two-day meeting and those comments have been provided to Dr. Douglas for guidance through the finalisation of the draft. It is important to note that of those present at the strategic planning meeting, the NDC was given great support in the further development of the *draft* document which was reviewed at the meeting. This was evident in the results of the evaluation/feedback process. The response to the support of the draft document (4.4/5) only came in behind facilities (4.6/5) and Dr. Douglas’ knowledge in the subject area (4.6/5).

The relevant comments, feedback and information shared at this two-day meeting will be used for the further development of the strategic framework for the Cayman Islands. Once complete, the document is to be presented to the Ministry of Health and Human Services who will, in turn, seek Cabinet’s approval in December 2008. Once the plan is approved, the NDC is responsible for implementing the plan.

An array of subjects arising from the development of the strategic framework for drug control in the Cayman Islands was covered in the meeting. **The agenda was as follows:**

**Wednesday, October 8<sup>th</sup> 2008**

**Opening Session Presentation**

- International, regional & national level drug control efforts
- What is a National Strategy?
- Why do we need a National Strategy?
- Overview of the *draft* National Anti-Drug Strategy—Cayman Islands

**Plenary Session One (1)**

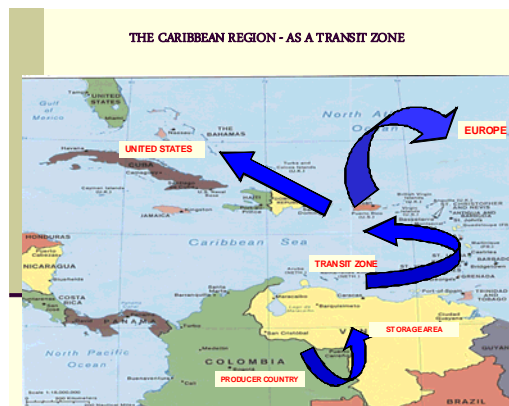
*The Strategic Framework*

- Infrastructure and Implementation
- Policy and Legislation
- Supply Reduction and Control Measures
- Demand Reduction

**Plenary Session Two (2)**

*Monitoring and Evaluation*

- Programme benefits
- Implementation and service delivery issues
- Management/ Coordination issues of programmes



**Thursday, October 9<sup>th</sup> 2008**

**Plenary Session one (1)**

*Development of a National Drug Information Network*

- Rationale for a National Drug Information Network for the Cayman Islands
- Global Overview of a National Drug Information Network
- Future data and information collection
- Discussion of available data and potential data sources
- How is the information used and who should participate?
- Next steps

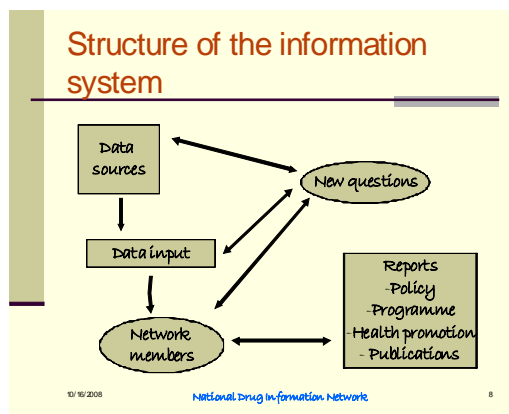
**Plenary Session Two (2)**

*Partnerships and Commitment*

- Stakeholders
- Responsibilities

**Open Forum facilitated by Dr. Douglas**

- Feedback for the review of the *draft* National Anti-Drug Strategy



## **Summary Report**

### **Wednesday, October 8th 2008**

Day one of the two-day meeting began with an overview of the drug situation locally, regionally and internationally in order to provide a basis and an understanding for why we need a “comprehensive” framework for the Cayman Islands. This framework will provide and allow for a whole-of-government approach to the drug control efforts in both demand and supply reduction. With alcohol and tobacco continuing to be the drugs of choice, followed by marijuana (ganja) and cocaine, we continue to recognise the need to address issues related to drug use, misuse, abuse and trafficking.

The implementation of the plan means that we will be able to prioritise drug control efforts and ensure that the identified and proposed actions are taking place through a system of monitoring and evaluating. It also allows for accountability of the work.

#### **Accountability:**

The National Strategy presents the indicators of success for all cases, through which achievement of the objectives can be examined. The “Monitoring & Evaluation process” will ensure that all actions which are based on the principle of “Proven methods (research) & intervention” are achieved. It was continuously emphasized that in embracing the principle of accountability we need to ensure that within the plan what we are measuring is, “going to bear good fruit.” A sound basis for measuring success and achievement must be established prior to the implementation of the plan.

We must recognise that the impact from the implementation of this plan will only be realised after long-term planning. Though there will be incremental changes that occur along the way as a result of the plan, the overall and true picture of its impact will only be understood at the end of the five-years.

#### **Balance:**

The plan needs “BALANCE” between actions that bring about a decrease in the availability of drugs (law enforcement and interdiction) and the demand for drugs (prevention, treatment and rehabilitation).

The plan will capture this notion of balance because we recognise that in addition to decreasing availability through policing, we must also endeavor to make youth feel un-committed to using drugs.

There is a need to garner civil society support and ensure that civil society is included in the implementation of the plan.

#### **Integration:**

Integration is a much needed approach that brings government, non-government, corporate sector and civil society together. This in recognition that the issues related to drugs are to be addressed as a community and cannot be addressed by one agency or one sector alone.

#### **Management & Coordination: (M&C)**

If we are going to engender a spirit of cooperation we must have proper management and coordination. One of the greatest weaknesses at this time is a lack of management and

coordination of drug control efforts as no one is overseeing the combined efforts. This is in part due to the lack of a means by which drug control efforts “can” be managed and coordinated, such as a master plan for drug control. An approved plan (Cabinet) would provide a method for prioritization of actions and for allocation of funds associated with those actions spread out over the duration of the plan.

**Cooperation:**

Partnerships as well as local, regional and international level involvement are of essence if in fact we are using a comprehensive approach.

*GENERAL COMMENTS AND FEEDBACK FOR WEDNESDAY, OCTOBER 8TH 2008*

**How we are to measure success?**

Through short, medium, and long term outcomes that will be established in the implementation plan.

**How to Define Success?**

Each action will have to define success. Dialogue needs to happen with stakeholders to define and agree to a defined term.

**Qualitative & Quantitative Data:**

Years of thought are that if we count things it accounts for worth. Much work has been done to understand that triangulation.

- Comments were made by stakeholders that some agencies would benefit more from qualitative information rather than quantitative statistics and that it seems the trend is in a turn to qualitative rather than quantitative statistics.

**Priorities:**

The value of national cooperation.

Networking

Garnering support for the greater development of drug control efforts (e.g. Twinning studies-OAS/CICAD)

Engender a spirit of cooperation.

*Issues impacting our youth (raised by attendees)*

**How to address clients/individuals/groups in regards to the use of substances such as marijuana?**

1. Use of marijuana in cookies etc. is a part of young people not having any idea of how it is harmful. Can/ would RCIPS confiscate such cookies at a party?

***Reply is that RCIPS can act on information received and if they have reason to believe that drugs are present in food they will confiscate and charge accordingly.***

2. Concerns about young men between 19 and 25 sent to counseling by the court for drug use. Consistent comparisons of other countries that have lax laws. How is marijuana illegal since it grows legally in the wild? What about medical usage of marijuana? These are questions that are consistently asked by clients in the counseling practice and how do you explain away the perception i.e. Bob Marley etc. It seems that from a cultural standpoint that we cannot gain headway.
3. Questions regarding legality also from youth and users i.e. Canada and legalized vs. decriminalized.

4. Facts that surround concepts such as medical usage.

***Reply is that regardless of the cultural views, myths or otherwise that the legislation of the Cayman Islands must always be referred to and supported in the dialogues as this is where we live and as a country believe and abide by.***

5. Need to work with our children in building self esteem and goals and then convince them that they cannot attain these goals by using drugs. Self esteem is a main issue
6. Need to think about health aspect with youth and users. Antioxidants etc. are available in our supermarkets and stores which contain the Hemp composite so it is difficult to explain to the youth and get past their belief system that it is less harmful than alcohol and other drugs, if it is freely available on our shelves. There is also the difficulty and inconsistencies of persons who try to explain hemp vs. THC and marijuana.
7. So many youth organisations exist that promote self esteem and youth growth that should be structured toward drug education. Prevention education should require that youth attend one of these youth groups as a mandatory part of their education program.
8. Recognition for a need for more coordination and implementation but they don't have a plan as to how this is going to take place.
9. There needs to be a plan to get agencies involved.
10. Youth are confused in today's society. There is so much available in even neighborhood stores. As adults we need to show the youth that we are serious by our actions. We must set examples and be consistent in our messages.
11. Drug education needs to be added to the curriculum. Children should be educated in school and not in other youth groups where they can be influenced by peers etc. We must use the captive audience of students in schools as a forum for drug education.
12. We should always be ready to take preventative measures.
13. It is common knowledge that young people go to bars and drink. Not sufficient legislation or punishment to deter violation.
14. There must be a consistent and agreed manner on how to address youth.
15. Insisting on mandatory involvement in youth groups would not be ideal, there are opportunities for captive audiences that would be more effective.

### ***Issues impacting the plan (raised by attendees)***

1. There was a general feeling in the meeting that only a partial structure currently exists to support such a national plan and its implementation.
2. We have agencies that don't know what other agencies are doing. There is a need to step back and look at what each agency is doing so that we can truly move forward.
3. How are these proposed plans for implementation different from what we have done before?
4. When are we going to start accomplishing what we set out to do for so many years?
5. When are we going to feel like what we are doing is being sent to Cabinet and Ministry?
6. What is the expectation of the Ministry and what is the level of commitment of the Ministry to seeing through this plan?
7. We have done this for many years and many are anxious to see how this cooperation is going to happen. Some felt it was the responsibility of the stakeholders and not the

- Ministry in getting together to work through the procedures of what is the solution for each stakeholder.
8. We must figure out a way in which we can exchange confidential information and how the agencies can work together and network.
  9. There is a need for all parties involved to know what the available resources are and what their mandate is.
  10. A workshop is needed on how the connection is going to be made between the agencies. There must be a serious commitment on the part of the stakeholders.
  11. There is a need for a clear consistent policy message to be delivered to the stakeholders. There is a lot of departmental/ public sector work and representation from private sector is missing. Need to find a mechanism to achieve this.
  12. We need funding and commitment from government. Who is going to be accountable? There needs to be priorities established so that at the ministerial level policy driven initiatives can take place i.e. Funding will be allocated based on a clear policy direction.
  13. There is no follow-up through the year and then we meet in another year. What can we hope to accomplish by meeting when there is no follow up, no meeting of minds and ideas. What are we expected to accomplish or achieve during the year?
  14. Data collection and distribution is critical:
    - a. Where are the statistics of use in the prison?
    - b. Where can studies/stats be located on local drug use?
  15. Would the NDC be better supported if they reported directly to Cabinet rather than the Ministry, as the Auditor General's Office and Complaints Commissioner do? There is a feeling that the NDC's attempts appear to get lost in all of the red tape.

## **Summary Report**

**Thursday, October 9<sup>th</sup> 2008**

The rationale for the development of a National Drug Information Network (NDIN) spurred the discussions of day two.

The 1998 UNGASS (United Nations General Assembly Special Session) meeting was where the United Nations Drug Control Programme (UNDCP) now UNODC was mandated to provide assistance for data comparability. This resulted in the Lisbon Consensus (LC) where UNDCP and European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) established a Global Programme on Drug Abuse.

The UNDCP and EMCDDA identified a set of core drug abuse indicators for data collection (LC) which are:

- Drug consumption among general pop.
- Drug consumption among the youth pop.
- High risk drug abuse
- Service utilization for drug problems
- Drug related morbidity and mortality

The LC also identified a set of principles for meaningful data collection. For Example,

- Timely and relevant to the needs of policy makers and service providers
- Identifies with key data sources
- Analysis and interpretation must be a part of data collection
- There must be ethical standards in data collection

Data on drug use, misuse and abuse answers key questions that enable an appropriate public health response from policy makers, and at the community level, data may be able to identify trends within communities which may lead to identification of short comings at an early stage and control measures can be put in place. Regular assessment of the status of the drug use and abuse problem can also serve as an early warning system for new trends in drug abuse.

- Identify existing drug abuse patterns (different time periods and population groups).
- Identify changes in drug abuse patterns (types of drugs, characteristics of drug users). Monitor the changes to determine if they represent emerging drug problems.
- Report and disseminate of information.

The NDIN does not need legislation to make it happen; it takes commitment and partnerships from stakeholders through agreed means of data collection, collation and distribution than can be determined through MOU's.

### ***GENERAL COMMENTS AND FEEDBACK FOR THURSDAY, OCTOBER 9TH 2008***

1. There needs to be balance between supply and demand reduction and this should not be mistaken with equality nor does it suggests equal funding but a balance in the approach to drug control measures.
2. Many participants feel unequivocally the stress should be on demand reduction.
3. There have recently been a lot of funds put into supply reduction. There has to be a balance between supply and demand reduction efforts. If there were no efforts in supply reduction, drugs would spread like wild fire. With no effort in supply reduction the number of addicts would increase. Only recently have resources been put into supply reduction. Therefore there are more addicts at this time.
4. 07-08 budgeted amounts are almost equal. What could we add on the supply side that would enable us to more effectively influence supply reduction?
5. Greater deterrents are needed for persons caught with drugs for supply which might alleviate some of the stress on the prison system.
6. We must look at not just spending money on testing prisoners but rather controlling the amount of drugs that are available inside the prisons.
7. Supply and demand are so closely intertwined that there must be balance.
8. Many felt however that the balanced approach must also be reflected in the funding stream. Considering the fact that there has always been so much more funding for supply reduction. The general consensus seems to be that there needs to be more funding for demand reduction to create the balance. Historically the scales have been tipped in the favor of supply reduction so there needs to be greater funding for demand reduction to create a balance.
9. It is easier to see results in supply reduction than in demand reduction. Therefore it seems there is more funding for supply reduction and there is frustration with the people involved in demand reduction.

10. If supply is not cut off then there will be an increase in addicts and usage. Drug Task Force needs greater funding for supply reduction so that they can shut down the supply routes. They take figures and facts to cabinet in order to get funding to assist with the supply reduction. Who is pushing in the areas of demand reduction? Police and Customs cannot do both! Someone should take “the bull by the horns” and ask for 10 million to institute educational programs in the schools to assist with demand reduction, for example.
11. Information must regularly be sent to a central repository.
12. Since data is subject to FOI, confidentiality of data is to be ensured.
13. A lot of programs address rehabilitation; they do not, however, utilise organisations for prevention activities, such as Cadet Corp, Big Brothers and Big Sisters, and Scouts, etc. to complement their existing programmes.
14. Suggestions for using youth groups, Ministers Association and faith based groups to network in getting information to youth.
15. Suggestion that the Red Cross needs to be brought on board.
16. How do we support issues that are cross-departmental such as a half way house?
17. The government funds several organizations to run youth programs but there are seemingly no control or recognition as to what is in each output and it seems that there is consistent overlap.
18. NPP needs to be innovative to draw in parents so that a strategy can be delivered to the parents in order to create better positive growth with the youth.
19. A concerted effort is needed for district involvement. We need to recognize what kind of an organized way at the community level /district level is available to inform the NDIN.
20. We need to ensure engagement with the private sector!
21. Resources, whether they are human resources, financial resources or other otherwise, must be used by the mechanism/organisation responsible for the implementation of such a plan.
22. Precursor legislation must be in place to address drug precursors that will provide for comprehensive measures against drug trafficking, including provisions against the diversion of precursor chemicals, as well as money laundering. Article 12 in particular focuses on preventing the diversion of drug precursors through controlling businesses engaged in the manufacturing and distribution of those chemicals, and monitoring international trade in those substances. (170 countries are contracting parties to this UN Convention).

### *Key education issues (raised by attendees)*

1. Emphasis needs to be put on preventative education for youth.
2. Education budget does not have any allowance for drug education in the schools. Participants feel as a country we are doing a great disservice to our youth without education for youth on drugs. Education is under the impression that the drug education in schools is the responsibility of external organizations such as NDC or D.A.R.E. Education Life Skills classes do not deal with drug education.
3. Ensure giving youth alternatives to drugs. Don't just say “Don't do drugs”!!
4. We need to start in curriculum early to instill resiliency skills to resist drugs.
5. Most often the NDC is seen as a provider. The schools need dedicated and educated teachers to instruct in areas such as life skills.

6. Emphasis needs to be put on inter-agency collaboration. We need to be a part of the community and let them know that we value their input and participation.
7. A child feeling that they are not rewarded for their involvement in their community is a risk factor.
8. Unfortunately a lot of programs tend to be geared toward children with parents who already have a commitment to positive life skills and there needs to be focus on youth who come from less positive backgrounds. Do we need another drug treatment facility or do we need a facility with drug treatment components in it for youth!!!
9. Children are out too late on Friday night. Why is that a part of the culture that we are developing?
10. Why are programs geared to prevention given so much less funds than what we spend on forensics?
11. Both teachers and curriculum need to be strengthened. There are additions to the curriculum but the school day is not expanded, so it is frustrating.
12. We need to look at infusing drug education through specialized trained education personnel. Health and family life curriculum – CARICOM prevention education / or infusion of drug education into curriculum (OAS/CICAD Hemispheric Guidelines).

***Key Cayman Brac issues (raised by attendees)***

1. Hoping that the majority of the strategies that were developed for the Brac will be implemented.
2. Lack of after school programs and funding for after school activities in the Brac.
3. Dialogue needs to happen at a policy level.

# Evaluation and Feedback Report

## Evaluation and Feedback Report

