

A COMPREHENSIVE APPROACH TO DRUG CONTROL FOR THE CAYMAN ISLANDS

The National Anti-Drug Strategy 2009-2013



CAYMAN ISLANDS
GOVERNMENT

MHHS
HEALTH AND HUMAN SERVICES
MINISTRY



NATIONAL DRUG COUNCIL

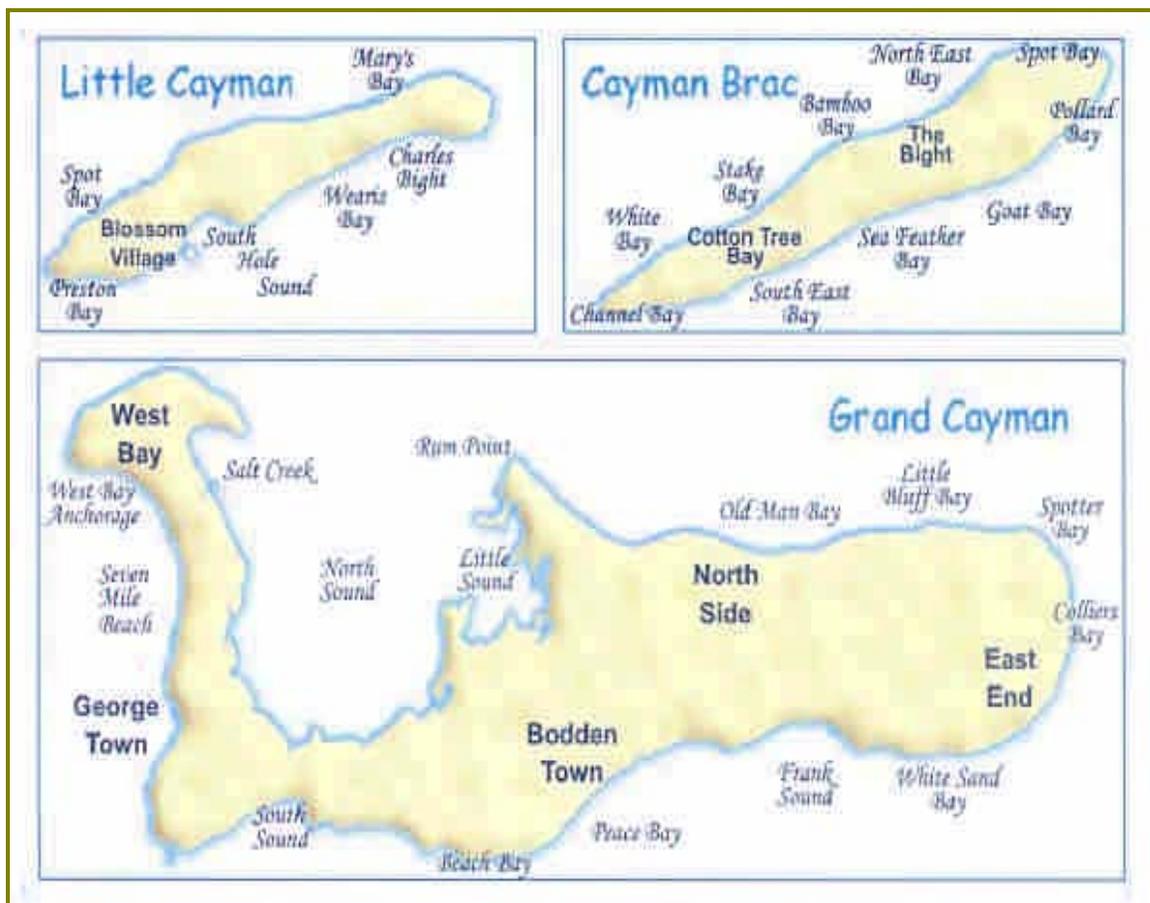
Geographic Characteristics

The total land mass of the three islands is 100 square miles. Grand Cayman occupies 76 square miles; Cayman Brac, 14 square miles and Little Cayman, 10 square miles.

Grand Cayman is approximately 22 miles long and 8 miles at its widest point, reaching a maximum elevation of 79.77 feet in North Side.

Cayman Brac is 14 miles long and 2 miles wide and has the most dramatic topography of the trio. Its majestic Bluff rises west to east along the length of the island to 151.75 above Spot Bay.

Little Cayman, only 10 miles long and a mile wide, is flat, reaching a maximum elevation of 55.75 ft.



Foreword

The Cayman Islands community, including its most vulnerable members – for example, the elderly, youth, handicapped; is subject in a variety of ways to the impact of drug misuse and abuse.

The misuse of drugs and other substances is not only a problem that affects the abuser, but also touches every aspect of society and the economy, including health care, family life, law enforcement, employment, and the list goes on. Government must seek to effectively protect the people of the Cayman Islands from the abuse of legal and illegal substances, and the consequences of such abuse.

It is therefore critical that there is a national commitment to comprehensively address issues related to drug abuse control in these Islands. The National Drug Council, in collaboration with other stakeholders, have developed the National Anti-Drug Strategy which is based on a balanced and comprehensive approach to these large issues.

The National Anti-Drug Strategy is the blueprint for the Cayman Islands' response to the misuse and abuse of both illicit and legal drugs, including alcohol, tobacco and prescription drugs.

A national strategy is necessary to:

- facilitate a joint effort between the Government, the private sector and civil society;

and through this,

- to address the social problems caused by drug misuse and abuse.

Through this strategic process, agencies can

- work in a more cost-effective and coordinated manner,
- determine better allocation of resources
- balance supply reduction and demand reduction efforts.

The National Anti-Drug Strategy seeks to prevent illicit drug use; effectively treat those with dependencies on these drugs; and combat the demand for, as well as the availability and distribution of illicit drugs to, and within, all three Islands.

With implementation of the National Anti-Drug Strategy, therefore, we aim to significantly reduce the prevalence of drug use amongst the Cayman Islands population, thereby minimizing social harm and damage to the well-being of our society.

Honourable Anthony S. Eden, OBE, JP

Minister for Health and Human Services

Acknowledgement

The 2009-2013 National Anti-Drug Strategy is the result of the dedicated collaborative effort of stakeholders seeking to fully integrate local, regional and international initiatives to give clear unequivocal messages about the misuse of drugs. We are learning from, building upon and modifying the five-year strategy adopted in 1995.

This National Anti-Drug Strategy is a “Master Plan” for drug control efforts in the Cayman Islands and reflects the continued development of our communities. Through ongoing dialogue and consultation with stakeholder agencies and partners throughout the Cayman Islands we have ensured that the specific and unique needs of our communities have been included in the overall plan. It is a comprehensive document that will provide strategic direction for the development of programmes, allocation of funds, a means to monitor and evaluate the implementation of the plan and the effectiveness of the programmes developed to address the drug issues throughout the Cayman Islands.

The National Anti-Drug Strategy provides for an integrated approach to the issues of demand and supply reduction efforts as it relates to legal and illegal substances in the Cayman Islands. The measures that are taken to tackle demand are complemented with measures to reduce supply. Front-line agencies, including police, customs, prison officers, immigration officers, medical professionals, treatment and youth workers, as well as all other relevant agencies must remain vigilant and committed to our goals.

In formulating this National Anti-Drug Strategy it is with conviction that the NDC believes this comprehensive document will address the areas of concern that need to be addressed over the next five years in order to effectively diminish the impact of substance abuse in the Cayman Islands.

The National Drug Council acknowledges and extends gratitude to each stakeholder, partner, Government department/agency and individual that made this very essential process transpire. We would also like to acknowledge the consultation and extensive support provided by Dr. Ken-Garfield Douglas who facilitated the development of the National Anti-Drug Strategy 2009-2013 for the Cayman Islands.

Vision

A Cayman Islands society free from drug misuse and abuse.

Mission

To reduce drug abuse and its related harmful consequences.

Core Values

- **Accountability:** We will present agreed indicators of success for all cases in order for the achievement of our objectives to be examined.
- **Balance:** We will seek to ensure the balance between actions that bring about a decrease in the supply/availability of drugs (law enforcement and interdiction) and the demand for drugs (prevention, treatment and rehabilitation). Because we recognize that in addition to decreasing availability through policing, we must also endeavour to diminish the experience of need to misuse drugs.
- **Integration:** We will utilize this approach that brings government, non-government, corporate sector and civil society together, in recognition that the issues related to substance abuse and misuse must be addressed as a community and cannot be effectively addressed by any one agency or sector.
- **Management & Coordination (M&C):** We will engender a spirit of cooperation to foster proper management and coordination. This plan provides a method for prioritization of actions and for allocation of funds associated with those actions, over the duration of the plan.
- **Cooperation:** We will pursue projected partnerships at the local, regional and international level involvement. Achievement of our goals will be more likely if we use this comprehensive approach.

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Introductory Summary

The Government of the Cayman Islands having recognized the seriousness of the drug problem and its social, economic and public health impact has approved the National Anti- Drug Strategy (2009-2013), which is based on a balanced and comprehensive approach to problems related to drug trafficking, distribution and misuse. The current Strategy is a manifestation of the Government's commitment to help all affected by the illegal distribution of drugs.

We recognize the serious nature of the problems associated with drugs at both the domestic and international level. We are also aware that we can only be successful in fighting drugs by harnessing the efforts of the Government, civil society, NGOs and international partners. As a Government we are ready to face this challenge and commit ourselves to working in partnership on the implementation of the Strategy.

We are convinced that our efforts will help control the growing adverse effect of drugs on our society. There is no doubt that solving the problems associated with the misuse and distribution of drugs cannot be the responsibility of a single institution, it takes the joint efforts of the whole society to resolve those problems. By joining the individual efforts at national and community levels we are committing ourselves to transforming the isolated efforts of individual institutions into a collective effort to assist our country and contribute to the international fight against drugs and organized crime.

We are aware that our main aims and tasks will take time to develop into an effective control strategy. We recognize that what is presented here is a first step towards achieving our strategic priorities. Therefore, with this revised **National Anti-Drug Strategy** we outline the framework for our future actions over the next five years.

This strategy envisages renewal of structures to achieve delivery of our strategic aims and it will be followed in due time by a timetabled **Action Plan**. The Strategy launches a difficult but extremely important transition where the joint efforts of individual Ministries and Agencies will develop into strategic interaction. To build this approach the strategy includes the following four key elements:

- ✓ **Improving the development and implementation of a balanced approach to drug demand reduction and supply reduction**
- ✓ **Establishment of strategic co-ordination**
- ✓ **Improvement of information exchange**
- ✓ **Local programme delivery – strengthening the role of community level interventions**

This comprehensive approach will ensure the achievement of the strategic aims and will lead to those concrete results in terms of reduced supply and demand of drugs. To develop the comprehensive nature of the strategy, however, it is necessary to work out an Action Plan that will link the National Anti-Drug Strategy with other key national reforms and strategies relevant to countermeasures against drugs demand and supply.

An Action Plan will be developed for the National Anti-Drug Strategy, containing concrete measures, deadlines and assigning responsibility to institutions. The implementation of the National Anti-Drug Strategy and the Action Plan will be funded by the national budget and other sources.

Layout of the Document

The document is divided into four sections. Section 1 provides some background on the universal as well as local need for a national anti-drug strategy. It sets out the policy framework vis-à-vis, international conventions and guidelines that supports and guide the development of national Master Plans.

Section 2 seeks to elaborate on the current drug situation in the country and provides information on the legislative framework presently operating in relation to illegal drugs (misuse, trafficking, money laundering, etc); and the institutional framework that presently supports the work in both supply and demand reduction. This section also provides a historical perspective of drug control on the islands as well as highlights the national changes and achievements to date.

Section 3 presents the conceptual framework for the National Anti-Drug Strategy 2009-2013 and identifies the goal, strategies and objectives that are proposed for the next five years. This section also describes the institutional framework that is proposed to be established or strengthened to support successful implementation of the Plan.

Section 4 outlines the more specific objectives linked to the proposed strategies in each of the areas of concentration (demand reduction and supply reduction). A case for demand and supply reduction is articulated to provide the general principles and best practices that seek to inform programmatic development in these key areas of service delivery. This framework is by no means exhaustive and will in due course expand to include objectives and indicators to address more exact concerns as the implementation process progresses.

The appendix section primarily provides background information on the general characteristics of the Cayman Islands and seeks to identify the conditions or factors that may facilitate the business of drugs on the islands. More general information in support of national drug control strategies is highlighted as well as some useful definition of terms.

Scope of the Document

This National Anti-Drug Strategy for the Cayman Islands takes into consideration all substance abuse related issues facing the three islands - Grand Cayman, Little Cayman and Cayman Brac. The ability to include the drug control needs for all three Islands was ensured through applying a broad consultative approach. The National Anti-Drug Strategy is a comprehensive document that will provide strategic direction for the development of programmes, allocation of funds and a means to monitor and evaluate the implementation of the plan and the effectiveness of the programmes developed to address the drug issues throughout the Cayman Islands. The National Anti-Drug Strategy would be a collaborative approach to the issues of demand and supply reduction inclusive of efforts related to both legal and illegal substances in the Cayman Islands.

SECTION ONE INTRODUCTION

THE NEED FOR A NATIONAL ANTI-DRUG STRATEGY

Introduction - Why the concerns about drugs?

It is a universally accepted fact that the misuse/abuse of alcohol, tobacco and other drugs is a major cause of crime, poverty, reduced productivity, unemployment, dysfunctional family life, political instability, the escalation of chronic diseases such as HIV/AIDS, hepatitis and TB, injury and premature deaths. Its sphere of influence reaches across social, racial, cultural, and religious and gender barriers and directly or indirectly affects everyone in society.

The rapid expansion of international air links, combined with the country's geographic position in the Caribbean sea between Cuba and Central America, on major trafficking routes in the vicinity of Jamaica and trans-shipment to the United States and Europe; a well developed transportation infrastructure; modern international telecommunication and banking system and weak border control have made the Cayman Islands a natural target for drug traffickers.

Caymanians and residents of the Cayman Islands are being influenced more and more, as in many other jurisdictions, with promises of easy money; into becoming drug couriers. This overflow of trans-shipment activities is also finding its way onto the local market. The Cayman Islands is not alone in its fight against drugs. The rapid globalization of the drug trade over the past decade has virtually assured that no country is immune to the threat, and a growing number are developing long-term strategies to deal with the problem.

The special session of the United Nations General Assembly¹ in June 1998 had shown the collective resolve of the international community to tackle the world drug problem in a comprehensive and balanced manner that put equal emphasis on demand reduction and supply control. The demand and supply sides were mutually reinforcing, and because of this, they had to be addressed in a simultaneous, balanced manner with strong follow-up.

The Cayman Islands has in the past adopted both preventive and curative measures. Among the former were such actions as raising awareness, drug education, treatment and rehabilitation and the strengthening of the family institutions.

Various factors, among them the impact of the escalating rate of the cost of living of recent years, had placed extreme pressures on family and on society that has made it easier for drugs to make inroads into homes and disrupt the social fabric of our society. Cayman continued to take serious and sustained measures to eradicate the supply and trans-shipment of drugs in its region. It had been intensifying efforts to implement curative measures, such as providing alternatives for drug abusing offenders and suppressing criminal activities related to illegal drugs.

The adoption of the Declaration on Guiding Principles of Drug Demand Reduction throughout the region and the articulation of a Regional Drug Demand Reduction Strategy provided a serious step forward for all states including the Cayman Islands. While we could not afford any let-up in the fight against drug trafficking, that point of view rested on the need for a more pragmatic approach which encouraged all those involved to outline appropriate strategies which would achieve significant reductions in levels of drug use and successfully combat the effects of addiction on both the individual and on society as a whole.

¹ United Nations General Assembly Special Session (UNGASS) Devoted to Countering the World Drug Problem Together. Political Declaration – Guiding Principles of Drug Demand Reduction and Measures to Enhance International Cooperation to Counter the World Drug Problem.

Over the years, the Cayman Islands has implemented various measures within its past national anti-drug strategy, however, there is now a greater need for an integrated and balanced national anti-drug strategy for the fight against drugs. Firm commitments were made to prevention as a fundamental measure to restrict the entry of new users into the world of drugs, and to the treatment and social reintegration of addicts. While prevention and treatment were of fundamental importance, new strategies need to pay particular attention to the development of stronger legislative frameworks around alcohol and tobacco use, money laundering measures, criminal activities and international cooperation.

There is also a need for greater focus on enforcement and interdiction measures, management and coordination, integration among ministries and institutions and monitoring and evaluation strategies.

What is a National Drug Master Plan?

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 apportions responsibilities for drug control”².

Why do the Cayman Islands need a National Drug Master Plan?

From the inception of the Ministry of Health, Drug Abuse Prevention and Rehabilitation in March 1994, it was clear that special emphasis had to be placed on and given priority to addressing the effects of the transshipment of illegal drugs through the Cayman Islands and the social problems being caused by substance abuse. This culminated in the development of the first Master Plan in 1995.

The Cayman Islands Government is accordingly committed to reducing both the supply and demand for illegal drugs through a wide range of actions and

² UNDCP: Format and guidelines for the preparation of National Drug Control Master Plans, UNDCP, 1995, Vienna.

programmes as set out in the National Drug Council Law³. To do this it needs the help of all the demand reduction and supply reduction agencies and including health professionals, faith-based organizations, schools, parents, sporting groups, the media and the private sector.

To date, however, the Cayman Islands response to the drug problem has been somewhat slow, fragmented and uncoordinated. This incoherent response has not borne much fruit in the fight against drugs in two main ways, namely:

1. Firstly, the duplication of certain services and the non-existence of others have lead, in effect, to the failure to secure services that are sorely needed. One such example is the, highly functional prevention services targeting public education at the community level and school-based drug education at the school level.
2. Secondly, the lack of a single, unified and strategic response to the drug problem has meant that efforts have been less coordinated and very fragmented and the overall impact is ill-defined.

The National Anti-Drug Strategy (2009-2013) for the Cayman Islands will act as the new blueprint for the Cayman Islands' response to alcohol, tobacco and other drug abuse. It will be the means by which existing resources may be harnessed and yet others marshaled, their services streamlined and guided, and will set out the Cayman Islands national policies and priorities in the campaign against substance abuse. It will also substantially assist in ensuring that a broader base of inter-departmental corporation takes place and as such, using a **whole-of-government approach**, seeks to facilitate the identification of substance abuse issues in relevant activities and budgets.

It will in short, act as the barometer of the commitment and performance of the government, the private sector and civil society in the field of drug control.

³ National Drug Council Law (2003) Revision – Supplement No 3 published with Gazette No 14 of 14th July 2003.

The main focus of The National Anti-Drug Strategy as written is primarily on narcotic drugs. In several areas however, the tasks related to narcotic drugs cannot be separated from the problems related to alcohol consumption, use of tobacco, the use of organic solvents, or even the misuse or abuse of prescription medications. This is relevant in areas such as at the community level where these problems are frequently entwined and appear collectively within a family unit or in an individual.

Nevertheless, in the area dealing with supply reduction, we need to make a sharp distinction between legal and illegal use, in accordance with legal and international standards. The National Anti-Drug Strategy takes over experiences from the action plans combating alcoholism and smoking and aims at cooperation with experts, public and professional institutions, voluntary and church organizations, as well as the local communities in dealing with the issues of legal drugs (alcohol, tobacco and prescription medication).

How did the National Anti-Drug Strategy (2009-2013) come about?

The National Drug Council (NDC) has been charged over the last ten (10) years with oversight of the National Anti-Drug Strategic process and the revision of the National Anti-Drug Strategy. The most recent plan approved by the Government of the Cayman Islands was for the period of 1995-1999. However, the annual meetings for the National Anti-Drug Strategy continued with input from stakeholder and community partners.

The meetings held September 20th and 21st 2007 demonstrated a clear need for a new plan that would be essential in providing a strategic and coordinated approach to the continued problems associated with drug use\misuse and abuse in our society. At implementation, the National Drug Council would now bear responsibilities for coordinating the anti-drug efforts and the monitoring and evaluation of the implementation of the National Anti-Drug Strategy and its programmes.

The Sister Islands (Cayman Brac and Little Cayman) undertook a notable task, in July through September 2006 to develop an Anti-Drug Strategy, and those issues, concerns, and recommendations that were reflected in the Sister Islands Anti-Drug Strategic document, have been incorporated in this national document that reflects a unified approach for all of the Cayman Islands.

In 2008, in response to feedback from the previous strategic planning meetings and updates that called for a more coordinated approach in the anti-drug efforts, the National Drug Council presented the Minister of Health and Human Services with a statement of intent to develop a more coordinated approach. This statement of intent provided for the development of a Drug Master Plan for a five-year period, 2008 through 2012, and apart from the country's obvious need for such a plan, this step was in accordance with international practice.

Against this background, the National Drug Council conducted extensive research into both national and international strategies in an effort to evolve a model that would be suitable locally. A series of stakeholder meetings and consultations led to the provisional drafting of a framework for a Master Plan which was presented and discussed at the annual Strategic Planning Meeting in October 2008 and further ratified by the Council in November 2008 and presented to Cabinet in April 2009, for approval.

In this phase of the development of a new National Anti-Drug Strategy, the Cayman Islands took the approach of thinking globally and acting locally. As such, in an effort to ensure compliance with the Regional Strategy for Drug Demand Reduction⁴ (RSDDR) the relevant objectives of the RSDDR have been included in our National Plan.

⁴ Regional Drug Demand Reduction Strategy – CARICOM 2002

Further to this, the principal objective of this National Master Plan is engendered in the United Nations Guiding Principles on Demand Reduction⁵ – **an integrated approach to solving the drug problem should be adopted and should consist of a balance between drug demand and supply reduction.**

The most recent update and revision process affords partner agencies and stakeholders a framework that provides structures and actions that would prove more effective in achieving the goals of substantial reductions in the use and abuse, and resulting negative social and medical consequences resulting from the use of tobacco, alcohol and illegal drugs.

Significant efforts were made to engage a broad cross-section of stakeholders from the public and private sector as well as the corporate sector and civil society in the revision process. Stakeholders must be commended for their diligence in participating and providing feedback to inform the development of this document even after the revision process. During the months of July and August considerable efforts were made to have partners and stakeholders provide additional input into the development of this document and their efforts at this stage are also recognized and complimented.

⁵ Political Declaration- Guiding Principles of Drug Demand Reduction and Measures to Enhance International Cooperation to Counter the World Drug Problem, UNGASS 1998.

SECTION TWO

THE CURRENT DRUG CONTROL SITUATION

The Legislative Framework - Listing of Law with reference to Drug Control as at August 2008

At the national level, the Cayman Islands have enacted legislation to combat drug possession and use, drug trafficking and organized crime and money laundering.

Overview – A Judicial Perspective⁶

It is a sad truism that the Courts of the Cayman Islands are only called upon to deal with issues of drug abuse long after the problem has arisen. The Court, when exercising its criminal jurisdiction, only sees offenders after they have been arrested and charged by the police. Drug offences are charged under the *Misuse of Drugs Law (2000 Revision)*.

The traditional role of the Courts has been to send a strong message of deterrence. Stiff penalties were imposed after conviction so that the offender would not be minded to return before the Courts and viewing members of the public would be fearful of ever facing such a similar penalty. Time and education has tempered the approach of the Courts. While deterrence will always be one of the goals of the Courts, rehabilitation has also risen in importance.

Many thefts, burglaries and acts of prostitution are committed by persons who are trying to feed their addictions. Further, frequently the Cayman Islands Courts deal with addicts who are also involved in the supply of drugs. Unlike the major distributor who remains at quite some distance from the product, these persons are also consumers of the product. Such offenders purchase a certain quantity of the controlled substance, use a portion and sell the remainder to obtain funds to start

⁶ Magistrate Nova Hall, Judicial Representative, NDC Board

the cycle all over again. Thus they are as much victims of their offending as are the persons they supply with the controlled substance.

The Courts have always had the option of placing drug addicts on Probation and other community based orders in an attempt to provide them with the requisite counseling and other treatment which they need. These options are still available to the Courts and are being utilized.

The latest assault on drug addiction in the Cayman Islands has been the establishment of the Drug Rehabilitation Courts in October 2007. Pursuant to the *Drug Rehabilitation Law, 2006*, two adult Drug Courts formally commenced in the Cayman Islands in October 2007. Each court is presided over by a Magistrate of the Summary Court. The legislation does however also give the Chief Justice the power to declare a sitting of the Grand Court to be a Drug Court.

In the Drug Court the traditional parties in the criminal court: judge; prosecutor and defense attorney step back from their traditional roles. The court system joins forces with the providers of medical, emotional and rehabilitation services (Treatment Providers) in a combined "assault" against the root of the offender's problem, his addiction. All parties meet frequently as a Team to assess and discuss the progress of each offender and the offenders are dealt with on a continuing one on one basis.

For judges, prosecutors and defense attorneys, this is vastly different from their usual experience with offenders. Once a conviction is entered and sentence is passed, there is usually no further contact between the court official and the offender unless and until he is brought before the court for another offence. Even in cases where a community based sentence such as probation order is imposed, the court is often only aware of the offender's "progress" when he is brought back to court for breaching that probation order.

The goal of the Team is to get the offender to cease acting upon his addictive needs and thereby cease the resulting criminal behaviour of the individual. Each participating offender is motivated because of the opportunity of escaping imprisonment or even obtaining a clean police record for his most recent criminal offences

The process is not an easy one. The offender is called upon to constantly account for his behaviour and it teaches the offender that he has to be serious about dealing with his addiction. Certain types of behaviours will earn the offender sanctions and he may be eventually expelled from the programme with the consequent sentence of imprisonment to follow. A system of rewards also exists and this encourages the offender as he progresses through the programme.

A key element to success is that these Courts demonstrate to the offender that there are many persons and sectors of the Court system and the wider society that are genuinely interested in helping him/her. This provides a huge boost to the offender's self esteem.

The current Drug Court Teams include: Magistrate, Crown Counsel, Duty Counsel and representatives from the Department of Community Rehabilitation, Department of Counselling Services and Department of Children and Family Services. The team is also allied with Employment Services, the National Drug Council and local service clubs. The Drug Court Teams reportedly have already noticed the difference in aspect and attitude in offenders in the Drug Court and we anticipate success in this programme.

National Legislative Arrangements - Legislation Governing Drug, Alcohol and Tobacco Use

1. National Drug Council Law (2003 Revision)
2. Alternative Sentencing Law (2008 Revision) Note as at 25th November 2008, this law had not been brought into force.
3. Bail Law (2007 Revision)
4. Banks and Trust Companies Law (2007 Revision)
5. Criminal Justice (International Cooperation) Law (2004 Revision)
6. Criminal Procedure Code (2006 Revision)
7. Customs Law (2003 Revision) Customs (Prohibited Goods) Order (2003) Revision
8. Customs Law (2007 Revision)
9. Customs Law (2007 Revision) Customs (Bonded Warehouses) Regulations
10. Customs Law (2007 Revision) The Customs (Money Declaration and Disclosures) Regulations, 2007
11. Customs Tariff Law (2002 Revision)
12. Drug Rehabilitation Court Law, 2006
13. Immigration Law (2007 Revision)
14. Immigration Regulations (2007 Revision)
15. Labour Law (2007 Revision)
16. Liquor Licensing Law (2000 Revision)
17. Mental Health Law (1997 Revision)
18. Merchant Shipping Law (2005 Revision) in Part 5 (Masters and Seamen), Section 121 (Offenses by Seamen)
19. Misuse of Drugs Law (1995 Revision) -- Misuse of Drugs (Drug Trafficking Offences)
20. Misuse of Drugs (International Cooperation) (Amendment) Law, 2003
21. Misuse of Drugs Law (2000 Revision)

22. Money Laundering Regulations (2008 Revision)
23. Music and Dancing (Control) Law, 1977 (1995 Revision)
24. Mutual Funds Law (2007 Revision)
25. Penal Code (2007 Revision)
26. Pharmacy Law 1991 (1999 Revision)
27. Police Law (2006 Revision)
28. Port Regulations (2007 Revision)
29. Postal Regulations (2007 Regulations)
30. Prisons (Amendment) Law, 2005
31. Proceeds of Criminal Conduct Law (2005 Revision) Money Laundering Regulations (2005 Revision)
32. Proceeds of Criminal Conduct Law (2007 Revision)
33. The Traffic Law (1999 Revision) The Public Passenger Vehicles Regulations (1999 Revision)
34. Traffic (Amendment) Law , 2006
35. Public Passenger Vehicles Regulations (1999 Revisions)
36. Trafficking in Persons (Prevention and Suppression) Law, 2007

THE LEGISLATIVE FRAMEWORK - International and Regional Co-operation - Law Enforcement and Interdiction⁷

The principle of regional and international co-operation has been accepted by our countries as fundamental to the growth and development of an individual territory as well as the region as a whole; accordingly, whether in respect of culture, economics, sports, education or other framework, the advantages of partnership are

⁷ Abstracted from an *address to the CPA - June 2007- Attorney General, the Hon. Samuel Bulgin, Q.C., J.P.*

readily apparent. In the field of law enforcement and interdiction they are no less so. Therefore, while historically this was seen as the purview of the national Courts and individual jurisdictions, it was quickly recognized that criminals know no borders. Research has shown that in terms of cooperation, the earliest attempts to provide assistance to foreign law enforcement authorities was by way of extradition treaties, one of which was signed as far back as 1844 between France and the Netherlands and which also spoke about the obtaining of evidence.

Of equal significance in this context is the fact that in 1959, the European Convention on Mutual Legal Assistance in Criminal Matters was agreed in Strasbourg. This is described as one of the first major agreements on mutual assistance, the aim of which was to ensure that States afforded each other the widest possible means of co-operation. Since then, this theme of wide co-operation has been repeated throughout such international and regional agreements.

Gradually the means and extent of assistance evolved in response to the need for more effective and practical assistance between countries, and so assistance between countries is no longer what I would describe as "passive paper assistance" within national borders. The need for robust, active and continuing assistance is now fully accepted.

A further significant development in the area of international co-operation and mutual assistance is that in 1988 the UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances was adopted in Vienna. The Parties to the Convention expressed their deep concern at the steadily increasing inroads into various social groups made by the illicit traffic in narcotic drugs. They quickly recognized that such traffic is an international criminal activity, the suppression of which demanded highest priority and that the eradication of this traffic is the collective responsibility of all States. The coordinated action within the framework of international co-operation is therefore of immense necessity.

In addition to the usual extradition and mutual legal assistance, the Convention also provides for other forms of co-operation. It stipulates that in appropriate cases and if not contrary to domestic law, the parties should establish joint teams to co-operate in conducting inquiries relating to the movement of the proceeds of drugs and instrumentalities. It further allows Parties to conclude bilateral and multilateral agreements or arrangements to enhance the effectiveness of international cooperation.

Adherence to this Convention has determined the basic models for our local drug enforcement legislation and is still a standard for law enforcement co-operation across borders. For our part, the Cayman Islands gave effect to the Convention by its Misuse of Drugs Law which provides the legislative underpinning for law enforcement action such as stopping, boarding, diverting and detaining ships of other Convention countries and which are engaged in illegal drug trafficking.

In order to further strengthen our ability for "functional co-operation", the Cayman Islands have also embraced the Shiprider Agreement as part of our domestic legislation. This Agreement, inter alia, enables U.S. and Cayman law enforcement teams to work together in Cayman's territorial waters to combat drug trafficking involving the shipment of drugs usually from South America and elsewhere into the United States.

On a regional level we have been developing our own systems and processes including those necessary for determining and refining the effectiveness of our mutual assistance pathways. This very important framework of regional law enforcement/interdiction is supported by several pillars of which perhaps one of the most important is that of mutual co-operation, not just between regional partners but also hemispheric, including the Caribbean and the Americas.

Indeed, after several discussions, attempts and vacillating, the CARICOM community in 1997 promulgated the Bridgetown Declaration, or the Barbados Plan of Action as

it is commonly referred to. The Plan has as one of its central aims the issue of justice and security. In fact, the Plan expressly recognized the inextricable link between a stable and prosperous economy and the rule of Law. It was in that context that CARICOM formally expressed its concern with the growing strength and capabilities of transnational criminal organizations and the deleterious effects these could or would have on the economic and democratic systems of member countries.

In more recent times, the issues of money laundering and the financing of terrorism as well as acts of terrorism have taken on increasing significance globally and therefore regionally. It is clear from reading the Bridgetown Declaration that the architects thereto were visionaries. It was this vision that readily informed the inclusion of terrorism and money laundering in the Plan. Given recent media reports we do not have to look very far to see why as a region we have an unrelenting obligation to pay due attention to these phenomena.

A necessary off-shoot of the Bridgetown Declaration is the Regional Task Force on Crime and Security which is charged with the responsibility of examining the major causes of crime and recommending appropriate measures to combat issues such as illicit drugs and firearms as well as acts of terrorism.

One of the three areas of focus of the Task Force is the pursuit of multilateral initiatives for international security and capacity-building through institutional strengthening, shared surveillance and other forms of assistance. The report on the framework for the Task Force was underpinned by more than one hundred recommendations of Attorneys General and Ministers of the Region with responsibility for national security. The Task Force appreciated that security threats, concerns and other challenges in the hemispheric context are multi-dimensional in nature and scope and that its work, in order to be effective, must take account of this.

A recent development in this context is that in June 2005 CARICOM agreed to enter into a Mutual Legal Assistance Treaty on Serious Criminal Matters. The main purpose of the Treaty is to increase co-operation in mutual legal assistance among Caribbean countries in respect of criminal matters and to combat criminal activity. Approximately 10 countries have already signed the Treaty, which will eventually come into operation as soon as it has been ratified by at least five signatories. This will be a further important development in the area of regional co-operation.

Against this background, reflecting on what has been said so far, some of the relevant questions that might be asked are how far have we come, what progress have we made and what does the future hold for us as a region. Some important achievements over the last few decades include the launching of the Caribbean Customs Law Enforcement Council ("CCLEC"), headquartered in St. Lucia and which comprises membership from the Caribbean and Latin America as well as Canada, France, Spain, the United Kingdom, United States and Netherlands

Its principal objective is the provision of co-operation in the prevention and interdiction of illicit drugs and other prohibited and restricted goods through the region. CCLEC's effort is part of a multi-agency collaborative approach with other agencies such as the police, Interpol, the Association of Caribbean Police Commissioners, the RSS as well as the UN Office of Drugs and Crime.

Other important achievements include the enhanced regional interdiction efforts buttressed by the Shiprider Agreement as well as similar bilateral and multi-lateral co-operation agreements. These efforts are being aided and strengthened by other initiatives such as training opportunities and typologies conducted by agencies such as our own Caribbean Financial Action Task Force and similar regional bodies.

Additionally, Member States and Associate Member countries such as the Cayman Islands continue to participate in numerous ongoing regional initiatives that cover mutual co-operation in law enforcement relating to the interdiction of traffic in

narcotic drugs, immigration control, fisheries protection, natural emergencies, search and rescue, customs and excise control, pollution control, natural disasters, prevention of smuggling as well as combating threats to national security.

Perhaps the single most important achievement however, is the continued open channels of communication, and the dialogue and discussion which ensue.

With that said, of significance going forward, is the need for ratification of the Caribbean Mutual Legal Assistance Treaty in Serious Criminal Matters by all Member States; further strengthening of regional criminal justice systems; the establishment of an effective criminal justice protection programme for vulnerable witnesses and of course, the strengthening of our regional security forces.

National Changes - A Historical Overview of the Drug Problem and the Development of Drug Control Efforts⁸

It was not that long ago when those of us who live in these serene and beautiful Cayman Islands found it impossible to understand that our way of life was threatened by the scourge of illegal drugs. After all, we did not have the dreaded Mafia in our midst and our friends and associates were "clean". Indeed, to dare to suggest otherwise was to cause serious affront to our sensibilities. Meanwhile, many of those same friends and associates were quietly experimenting with so-called "soft" drugs. Then again, there were those "undesirables" who lived in "that other neighbourhood" who had moved on from being drunkards, falling over their own feet at the bars every weekend, to experimenting with ganja (cannabis, marijuana). The premise however seemed to be that if we avoided such places and such persons we did not have a problem.

⁸ Abstracted from review done by Andrea T. Bryan, MBE, J.P. (2008)

Sadly for some they could not avoid their mothers, fathers, cousins and other persons in their immediate circle who were abusing alcohol and experimenting with illegal drugs – the experimentation became a need that had to be satisfied and the non-users were caught in the middle. Shortened paychecks, shortened tempers, violent behaviour became the norm; as some discovered that trading in illegal drugs created higher earnings than legitimate enterprise, matters took an even more self-destructive turn. It became more destructive for example when, in order to avoid detection, their own children were used to carry the drugs from supplier to consumer.

Meanwhile, illegal drugs were being smuggled into the United States of America from South and Central America. Once the routes became known to the American authorities the smugglers, in an attempt to avoid detection, began to use less obvious routes such as the Cayman Islands as staging posts for onward transmission of illegal drugs to the United States of America. This required local cooperation and apparently those who assisted them were paid “in kind” which then led to the birth of the sale of these drugs locally.

The Misuse of Drugs Law was passed in 1973 in the Cayman Islands. Under this law the Advisory Council on the Misuse of Drugs was appointed: “it shall be the duty of the Advisory Council to keep under review the situation in the Islands with respect to controlled drugs and other substances which are being or appear to them capable of having harmful effects sufficient to cause a social problem ...” (Section 3 (3) of the Misuse of Drugs Law). The Advisory Council duly submitted an Annual Report, with recommendations, to the Executive Council Member who tabled the report in the Legislative Assembly. This apparently did not result in effective action being taken in response to the recommendations that had been made.

In order to stem the alarming inflow of illegal drugs into the United States of America and Europe, the United Nations established the UNDCP (United Nations

International Drug Control Programme) and set up a Caribbean Regional Office in 1996 in Bridgetown, Barbados. This was an attempt to raise awareness among governments in the region and to provide a coordinated response to the drug trafficking. Some funding was provided to some states though the Cayman Islands were not one of the beneficiaries. Nevertheless the UNDCP's regional office in the Caribbean was effective in carrying out its mandate and was invaluable to Cayman for networking opportunities and keeping abreast of the global issues.

The Cayman Islands did not begin to make a concerted effort to create public awareness and education until the community-based organization, C.A.S.A. (Cayman Against Substance Abuse) was established in 1987. The impetus was provided by Mrs. Joan Scott, wife of Alan Scott former Governor of the Cayman Islands, who had attended a P.R.I.D.E. conference in the United States of America and became aware of the need for Cayman to take seriously the threat caused by the use of illegal drugs in our communities. C.A.S.A.'s primary objective was to prevent the abuse of drugs through educating the public, commencing with the Parent to Parent Programme. Particular attention was also given to the youth through the Peer Counselling and Youth to Youth programmes in schools. For this they received an annual financial grant from the Cayman Islands Government.

It seemed as if Cayman was finally ready to acknowledge the problem of drug abuse in our midst.

The Government, through the Portfolio of Health, did eventually establish the Cayman Counselling Centre (C.C.C.), in 1989 under the supervision of the Medical Officer of Health (a public health outreach). The C.C.C. provided counselling to persons abusing alcohol and illegal substances as well as those affected by the substance abuse. It also assisted many of those persons with accessing treatment at overseas facilities.

Matters took a dramatic leap forward when a fifth Portfolio of the Government was created (the former portfolios were renamed ministries). Hon. Anthony S. Eden, J.P. was elected the fifth Minister and took up responsibility in March 1994 for the Ministry of Health, Drug Abuse Prevention and Rehabilitation. Governor Michael Gore said the name of the Ministry was specially chosen by him in order to place emphasis on and give priority to addressing the effects of the transshipment of illegal drugs through the Cayman Islands and the social problems being caused by substance abuse. No sector seemed to be insulated from the reach of drug trafficking and reported money-laundering by Cayman's financial institutions was a source of ridicule as well as concern among the Islands' detractors.

Minister Eden immediately declared that he would have strategic plans prepared for both subjects assigned to the Ministry however, given the urgency involved, he would commence with a plan for drug abuse prevention and rehabilitation. Fortuitously, Cayman Counselling Centre was assigned to the Ministry and continued its treatment programmes which, as a result of the strategic plan, were significantly upgraded.

The concerned government agencies from Customs, to Social Services, to Immigration, to Prison and Health Services just to name a few, along with the Advisory Council on the Misuse of Drugs, Cayman Ministers Association, C.A.S.A., Canaan Land Home and other non-governmental organizations as well as concerned citizens responded positively to this new initiative and readily participated in the formulation of the National Strategic Plan for Drug Abuse Prevention and Rehabilitation.

At the first planning meeting the Mission, Objective and Strategies were formulated: these represented the highest aspirations of the planning team and the general public was invited to join Action Teams to formulate detailed recommendations for

achieving the Mission and Objective. The process took well over a year and the Strategic Plan was finally published in 1996.

Perhaps the single most important recommendation was to reduce the fragmented approach to interdiction, prevention/education, treatment and rehabilitation by establishing a single coordinating body called the National Drug Council, supported by an office called the Drug Secretariat. The office was first set up, even as the Advisory Council on the Misuse of Drugs, under the Chairmanship of Mrs. Theresa (Tessa) Bodden, Cert. Hon., prepared for the transition to the National Drug Council. The National Drug Council (NDC) was established under the National Drug Council Law which was passed in 1997 and Mrs. Tessa Bodden was the first Chairman.

There are 13 functions of the NDC prescribed by the Law (Section 4.) among them being:-

- (a) "... in consultation with such persons or organizations, or both, as it considers appropriate –
 - (i) to formulate policies and develop programmes intended to prevent or reduce drug abuse and to promote and encourage the implementation of such policies and programmes;
 - (ii) to promote and encourage the establishment of a system to co-ordinate the treatment and rehabilitation of drug abusers and the care of persons associated with drug abusers ..."

- (b) "... to advise the Minister, and such persons, groups, organizations or bodies as request it to do so, on policies and programmes related to the prevention of drug abuse, the treatment and rehabilitation of drug abusers and the care of connected persons ..."

- (c) "... to educate the public, and in particular the young, on the dangers of drug abuse, and to publicize those dangers ..."

The National Drug Council is seen as the lynchpin in the successful implementation of the National Strategic Plan. This it accomplishes due to the representation, at the highest level, of the key stakeholder agencies and NGOs involved with the substance abuse issues on its Board of Directors. The NDC also keeps the plan implementation under review, submitting an Annual Report with audited financial statements to the Minister responsible and he in turn tables the Report in the Legislative Assembly. In this way the Legislative Assembly as well as the general public is kept aware of the progress made in carrying out its functions under the National Drug Council Law.

INSTITUTIONAL FRAMEWORK- Agencies Presently Involved In the National Drug Control Efforts

Ministry of Health and Human Services

The objectives of the Ministry of Health and Human Services as it relates to drug abuse is to strengthen families and communities to ensure that this problem does not prevail. Current trends indicate that increasing numbers of persons in poverty are engaging in drug abuse. The results are disaffected youth, and chronically ill adults with the associated disabilities, dependencies, and dysfunctions, that come with such conditions.

The Ministry is committed to providing resources for the care, protection, correction of young persons, and treatment of persons with substance abuse problems, psychological and behavioural issues as well as those suffering with diseases brought on by poor living habits.

The Ministry's overarching strategic goal is to develop a holistic approach to addressing human needs. In order to accomplish this, the Ministry is undertaking major changes to develop a structure that will focus on the unearthing of human needs while seeking to empower people to take responsibility for their own lives

("not a hand-out, but a hand-up"). With the professional assistance of Ministry staff and with broad consultation with residents of all walks of life, as well as regional and international consultants the Ministry has been analyzing the rapid changes in our society.

The core values to which the Ministry is committed are: Justice, Empathy, Excellence, Commitment and Integrity. Based on these values, the vision of the Ministry is: "Optimal well-being for all." In keeping with this vision, the mission of the Ministry is to be committed to empowering people in the Cayman Islands to achieve optimal well-being, through strategic policies, innovative programmes, and pro-active services. And we have determined that all of these components must be governed by the highest principles of justice, personal and public integrity, and excellence of standards.

Demand Reduction

Department of Counselling Services

The Department of Counselling Services provides high quality, cost-effective treatment services in the Cayman Islands. The Department is comprised of three distinct agencies: The Counselling Centre (TCC) located in George Town provides community-based counselling services to residents of Grand Cayman who may require assistance with a variety of life challenges including drug and alcohol issues, family and relationship difficulties or issues related to personal growth and development.

The Brac Haven – Sister Islands Counselling Centre provides these services to residents of the Sister Islands at their offices in Kirkconnell Commercial Centre on Cayman Brac. For those persons accessing counselling at The Counselling Centre or at the Brac Haven Counselling Centre, individualized treatment plans are developed

to match the needs that are identified during the assessment process. Clients have access to **individual, group, family and couples counselling**.

Those clients who seek treatment for alcohol and drug related issues are also encouraged to participate in self-help groups like Alcoholics and Narcotics Anonymous and Al-Anon, in the community, although in Cayman Brac this is challenging as these groups are not as well established in the community. Referrals to other agencies within the network are facilitated if required to meet other various needs (for example, to the Department of Social Services, Mental Health, Employment Services, etc.).

Each client's progress is monitored and treatment plans are revised on an ongoing basis. All counselling services are overseen by a qualified and experienced Clinical Supervisor. In addition, The Counselling Centre offers a six week **DUI Programme** to clients who are mandated to attend by the Court. The programme offers education via presentations, videos and interactive discussions; assessment of the client's patterns of alcohol use and identification of any alcohol problems and intervention by providing clients opportunities to change self destructive behaviours and improve their quality of life.

The third distinct agency, **Caribbean Haven Residential Centre (CHRC)** located in Breakers, Grand Cayman provides intensive substance abuse treatment that is tailored to the needs of adults resident in the Cayman Islands. Currently, Caribbean Haven Residential Centre operates two programmes that run independently of each other.

One is the Withdrawal Management Unit (WMU) which is an on-site programme offered to members of the community who struggle with substance issues and are

seeking a 3-5 day period of non-medical detoxification. All clients undergo an initial screening process to determine their suitability for this programme, and assessments of their severity of substance use, their commitment level to treatment processes, and their current state of well-being occurs in WMU to assist with the development of a treatment plan that matches the clients' individual needs.

The residential programme is available to men and women over the age of 18 years who are experiencing substance abuse problems and are assessed as needing residential treatment. In the continuum of care, residential treatment facilities are considered to be the "last stop" for treatment and are offered when other, less intrusive forms of treatment, are first determined to be ineffective. As a consequence, many of the residential clients are assessed to be severely and chronically addicted to drugs and/or alcohol.

The Department of Children and Family Services (DCFS)

The Department of Children and Family Services is involved with matters of drug abuse and prevention as it relates to families and juveniles. As a department, their involvement comes in the form of supervision of court orders for juveniles, advocacy for drug treatment services for juveniles, financial assistance, and monitoring and placement of children in need of care and protection.

More recently DCFS became a member of the Pre Drug Court Treatment team, and once again the roles that are played relate to: financial assistance; care and protection matters as it relates to children of the defendants in the Drug Court, as well as some case management.

As an organization working with families and juveniles that are affected by the problems of drug use and misuse, the challenges are many, however the main issue is lack of an adequate facility and provider to administer treatment to juveniles and their families. This department also envision an advocacy role in the National Anti-

Drug Strategy since they are well placed to provide prevention messages to parents and young people; actively participate in community education; work alongside the police and school community; and provide short-term rehabilitative measures to affected families and individuals through financial assistance.

This Department is very concerned about the following issues as they relate to the youth population who are from time to time affected by drug use:

- *Lack of adequate and dedicated youth counseling services*
 - *Mental health counseling and or intervention for mental health juvenile cases*
 - *Need for a youth remand centre*
 - *Lack of a comprehensive adolescent treatment and rehabilitation facility*
 - *Drug education as part of the school curriculum (need for a National School Drug Policy)*
-
- *Integration and cohesion of the provision of youth related services*
 - *A workforce with competencies that are more youth specific*

The Department of Community Rehabilitation (DCR)

This Department is committed to the implementation of the rehabilitative mandate of the Court and Parole Board through social work intervention, quality supervision, innovative programmes, and treatment plans. There is also a mandate to assist clients to be more productive citizens while reducing the level of offending behaviors and promoting public safety. This Department is important in the context of drug control since on average, some 29% of offenders have substance use or abuse problems that might be directly or indirectly related to their offending.

The goal is to assist clients to function in the community without involving themselves in further criminal activities with the main focus being to assist in reducing the incidence and impact of crime through education and rehabilitation.

DCR assists the Court and the Parole Board by providing pre-sentencing and pre-release reports, which assist with the decision making on case disposal. DCR also provides community-based supervision to adult offenders who are on Court Orders or Parole Licenses.

In addition, specific rehabilitative and preventative services are provided through individual sessions and groups such as Domestic Violence specific for the perpetrator, Anger Management, Time to Change, Stress Management, and Aftercare Support. DCR is at present playing an important role in the implementation of the Alternative Sentencing Law. This approach although presently being used, on a small scale, will enhance the restorative and rehabilitative efforts in the Cayman Islands.

In efforts to best meet the needs of the clients, a collaborative approach is made by working with various agencies such as The Counseling Services, Mental Health Department, Police, Parole Board, Prison, Department of Children and Family Services and other government and private agencies and organizations.

Youth Services Unit

The Unit's focus is prevention through education in the first instance and treatment through counseling in the second. The Unit includes a drug prevention component in its annual series of summer camp activities. The component was previously the National Drug Council's (NDC's) summer camp and the emphasis is building self-awareness and esteem in young people as well as direct instruction about the effects of drug use. The Unit has a weekly youth radio show which offers peer-to-peer information sharing and information from professionals in the field of drug prevention education. In addition, the Unit hosts a monthly youth worker meeting and invites experts in the field of drug prevention education to share new information with youth workers.

Although the Unit's staff is not counselors they are eager for young people to seek proper treatment for signs of drug misuse or abuse. The Unit does refer any youth exhibiting signs of drug misuse or abuse to the Department of Counseling Services. The Unit supports any law that seeks to control illegal drug misuse or abuse; supports the enforcement of existing laws which prosecutes business owners who knowingly or unknowingly allow the sale or consumption of alcohol to minors from the supply of alcohol in their establishment or on their premises.

The Youth Services Unit would support NDC as the authority on drug prevention education in the Cayman Islands and recommended that NDC outline and detail the drug prevention curriculum for the Cayman Islands and that the outline, supporting detail and education material become a part of the National Curriculum taught in schools at all levels. This material would of course also be available to less formal environments such as community youth programmes for out-of-school and other at risk youth. This Unit is also tasked with the implementation of the National Youth policy and this does provide a unique opportunity for partnership in relation to the youth focus of the National Anti-Drug Strategy.

Empowerment and Community Development Agency

The Empowerment and Community Development Services faces drug abuse issues relating to prevention, treatment and control on a daily basis. Community Development work in regards to drug abuse, mainly has to do with referrals and networking with other organizations such as the Department of Counselling Services, Police, Dare Programme, Mental Health and Caribbean Haven Rehabilitation Centre and lots of personal intervention with the abusers and their families.

The primary objective of the unit is to promote efforts aimed at helping to keep people occupied and employed as effective strategies towards being drug free or at

least reducing the need for abusing. Important for the young people are issues related to socialization, education and training. In terms of prevention, the existing programmes and services that are offered to facilitate empowerment are namely: the Second Chance Programme; After School programme and Computer Clubs. Normally it would be education programmes on the negative effect of drugs, but now it seems like this isn't sufficient for the young people that the unit is dealing with. Peer pressure and low self esteem appears to have greater influence.

The unit facilitates treatment intervention for persons who are mentally challenged and abusing drugs. The Counselling Service and the Prisons also serve as points of intervention for drug abusers that the unit works with whether adult or juvenile.

The challenges that Empowerment and Community Development Services currently faces relate to:

- *The lack of proper statistics to inform and facilitate organizations such as NDC and CASA and even Community Development to adequately implement programmes to assist these young people. The only time that the abuse surface is when an incident happens that cannot be kept under the cover.*
- *There should be more outreach programmes in the communities – places for people to go to dry out rather than the hospital or the prison. Maybe this could be done through the Counselling Centre.*
- *Lack of a halfway house or some kind of transition living low-threshold facility for the homeless*
- *Lack of sufficient diversity in activities for youth*
- *Need for drug education intervention at the middle school level*
- *Low levels of policing activities at the known hot-spots within the communities*

Children and Youth Services Foundation (CAYS)

The focus of CAYS as it relates to substance abuse is prevention. With the input of other agencies, CAYS has sourced and implemented the following: programmes that address all forms of drug use, programmes to increase the knowledge and awareness of the health consequences of substance use, and programmes tailored to address substance use risk that are specific to the youth population

CAYS major issues with substance and alcohol abuse are seen mainly in our male population between the ages of 12yrs and 17yrs. Peer pressure and environmental distresses are chief influences for our clients becoming involved with drug or alcohol abuse. As a result of drug use or alcohol use, our adolescents have a tendency to encounter various risks, including but not limited to:

- Developmental issues
- Health problems
- Sexual risks
- Mental health problems
- Potential future addiction problems
- School problems
- Delinquency
- Physical issues
- Family problems

The major challenge that presents itself is the lack of an adolescent treatment programme to address these needs.

The Cayman AIDS Foundation (CAF)

The Mission is to provide education and awareness regarding the topic of HIV/AIDS and to help prevent the spread of HIV/AIDS. They also give support to all those living with and affected by HIV/AIDS. It has been found that the use and abuse of drugs can indeed be a part of the risk factor in the spread of this virus in the Cayman Islands. As a society there is a need to destroy the barriers that prevent people from reaching out to get help for their addiction. Barriers such as shame and blame must be removed.

The foundation believes that there is a need to stop glamorizing the use of alcohol and drugs to have available services for people with addiction concerns, and to embrace harm reduction. The harm reduction approach is consistent with their statement of beliefs which are as follows:

- All people have equal intrinsic worth
- The spiritual nature of human beings must find positive expression in order for life to have meaning and purpose
- Each individual is ultimately responsible for his/her actions
- Each person has the right to be safe and healthy
- The family is the primary vehicle of moral values and health education
- People need each other
- Education is vital for the survival and progress of a society.

They applaud the new Cayman Island Drug Court as it embraces the beliefs and concepts stated above and understand the need to be open minded in offering a variety of ways to approach addiction other than solely through the criminal justice system.

The Cayman Islands AIDS Foundation has evolved into a community-based organization charged with providing guidance and direction regarding care of persons living with HIV, and prevention to reduce new infections in the future.

Cayman Islands Cancer Society

The Cayman Islands Cancer Society's focus is on tobacco. They aim to prevent the new tobacco use through their age-appropriate awareness sessions which are offered free of charge to community groups including schools, service clubs, church groups, and places of work. Additionally, they focus on treatment of tobacco addiction by offering free smoking cessation programmes throughout the year. This is a group intervention programme with advice on nicotine replacement products and other pharmaceutical aids to quit smoking as well as advice on behavior modification to promote smoking cessation. Each programme lasts for six weeks and

is offered at the Cancer Society office. They also offer the programme to community groups and places of work.

The Cayman Islands Cancer Society advocates for and strongly supports the need for comprehensive legislation to govern the sale and use of tobacco products in the Cayman Islands. Of particular concern, is the lack of any legislation governing who may buy and sell tobacco products, how tobacco products are displayed and smoking in public places.

Cayman Islands Chamber Of Commerce

Established in 1965, the Cayman Islands Chamber of Commerce is the largest membership-based, not-for-profit association of businesses and professional organizations operating in the Territory with a membership of 725 active businesses and associations that collectively employ more than 18,000 persons. Every major industry sector in the Cayman Islands is represented.

The Chamber's two primary objectives are:

- To promote and protect the trade, business, agriculture, industries and manufactures and public welfare of and in the Cayman Islands and to adopt such means of making known the trade, business commerce, agriculture, industries and manufactures and public welfare of the Cayman Islands;
- To consider, discuss and take action on questions directly or indirectly relating to or affecting such trade, business, commerce, agriculture, industries and manufactures or public welfare and to collect and disseminate information concerning the same and to promote, approve or oppose legislation or other measures affecting trade, business, commerce, agriculture, industries and manufactures and public welfare of the members.

Since its establishment, the Chamber has become actively involved in numerous community initiatives to assist law enforcement officials and community

organizations to prevent, treat and control illegal substance abuse. In the area of prevention, the Chamber supports activities that help to reduce the occurrence of illegal drug use in our communities and in the workplace. In the 1980s, the Chamber, in partnership with Government, established the Employee Assistance Programme. The programme is now operating independently with its own Board of Directors and membership base.

In the early 1990s, the Chamber established the Crime Stoppers programme in affiliation with the Metro Dade County Crime Stoppers programme in Florida and the Put Drugs Out of Business programme. Cayman Crime Stoppers now operates independently with its own Board of Directors and membership base. The 'Put Drugs Out of Business' programme provided the Drugs Squad of the Royal Cayman Islands Police Service with money to be used to pay informants for information that could be used to apprehend drug dealers. The Chamber and its members raised more than CI\$25,000 for the programme. This money assisted the Drug Squad in its efforts to remove more than CI\$25 million worth of illegal drugs from the streets of the Cayman Islands.

The Chamber has worked with National Drugs Council to organize a series of Drug Free 4 on 4 basketball tournaments in the districts in the 1990s with the goal of sending an anti-drug message to the youth. The Chamber has supported the Rotary Club of Grand Cayman with its Ceasefire campaign by issuing redeemable vouchers for purchases at member businesses for persons who have handed in firearms or ammunition during the amnesty period introduced by the Royal Cayman Islands Police Service. Many of these guns are linked to Cayman's illegal drug culture.

The Chamber remains supportive of all efforts in the community to prevent and reduce illegal drug abuse and use both at home and at work. However, in recent years, the Chamber has not earmarked any money towards these efforts since there are now several government and non-governmental organizations that have taken a leadership role in our community in this area.

The Employee Assistance Programme (EAP)

The Employee Assistance Programme's primary objective for its client is treatment through education. They believe that client's lack of knowledge in the area of substance abuse fuels their desire for continued use. Through educating clients they hope to decrease the amount of substance use, which in turn will help to insure employment to some degree. The programme believes that if the island continues to aggressively act by raising awareness, increasing focus on drug education, treatment, rehabilitation, and the strengthening of the family unit an improvement will be seen.

The major drug abuse issue within this organization is combating substance abuse. The Employee Assistance Programme believes that if employers would reinforce the need for a drug free work place the agency could in turn educate the client about substance abuse issues. The EAP also finds that substance use/abuse plays a major role in the inability to maintain a strong family system. The EAP recognizes that when clients are faced with difficult life issues and are unable to problem solve or cope with life's stressors they tend to navigate towards substance use as a solution.

Supply Reduction

The Royal Cayman Islands Police Service (RCIPS)

The RCIPS is committed to tackling illicit drugs in the Cayman Islands. They are optimistic that they can successfully get a handle on it, but are equally aware that it will take a lot of hard work and a concerted effort from all our key partners, including the entire Cayman community.

The extent of the demand for illegal drug products is overwhelming and continues to be the bedrock of criminality in the Cayman Islands. The RCIPS is convinced that this problem cannot be eradicated by the efforts of law enforcement alone, irrespective of how many people are arrested and incarcerated. In support of the strategic

objectives of the National Drug Council, the RCIPS strongly believe that education; demand reduction and rehabilitation programmes must be continued and regularly enhanced in order to make real progress against this problem. They are committed to playing a major role alongside the NDC and all other key stakeholders.

To evidence this support, the RCIPS have committed three of our four strategies to be based on education; primarily focusing on the youth, drug users and the community on the dangers of drugs. This has seen officers from within the Neighbourhood Police and DTF conducting seminars at social functions to young persons. The fourth strategy and the most obvious, the enforcement of the law, focus primarily on stifling the availability of drugs.

Finally, our mission has been and continues to be, “to maintain to the highest possible degree the effectiveness of the Drugs Task Force in our anti-drug efforts”; and we will continue to do so in cooperation with the National Drug Council and all other key partners.

Royal Cayman Islands Police Service (Drug Task Force)

The mission of the Royal Cayman Islands Police Service, Drugs Task Force, is to enforce the Misuse of Drugs Law of the Cayman Islands and bring to justice any persons or organizations involved in the cultivation, distribution, possession and or consumption of controlled substances.

The unit is dedicated to eliminating the use of controlled substances in the Cayman Islands in order to protect our borders and communities providing them with a safe and criminal free environment in which to live. By way of co-operation with local and international agencies it strives to facilitate an effective fight against the global trafficking of controlled substances to and through our jurisdiction.

Responsibilities

In carrying out this mission the Drugs Task Force primary responsibilities are:

- Investigation and prosecution of persons and organizations who break the Misuse of Drugs Law.
- Investigation and prosecution of criminals and drug gangs who instigate violence, fear and intimidation in our communities.
- Co-ordination with the Joint Intelligence Unit and other agencies to collect, analyze and disseminate intelligence information.
- Co-ordination with the Financial Crime Unit in order to seize and forfeit assets derived from and or linked to drug crime.
- Co-ordination with other internal departments, local and international agencies on mutual drug interdiction efforts.
- Co-ordination with community officers, schools and community groups in order to provide a relevant drug education accessible to all persons of the Cayman Islands.

Her Majesty's Prison Service (Corrections and Rehabilitation)

The central objective is drug use reduction through reducing both supply and demand. This is particularly so in relation to ganja (marijuana). Elimination of drug use is impossible as the supply seems endless. It is thrown over the fence in large compressed quantities. Short of keeping every prisoner locked up 24 hours a day, strip searches of everyone entering the prison, and minute searching of every delivery of whatever size, drugs will always find their way into prisons. The supply/availability issue is controlled as best they can whilst simultaneously running a working prison.

Greater focus is now placed on demand reduction through education and treatment programmes. Prison officers has been trained to now be a part of and participate in the delivery of programmes within the facilities and these include the offending behaviour programme, educational and vocational training.

One aspect of improvement that was highlighted during the consultation is the need to set up a local panel of practitioners and service providers together with corrections to set criteria for programme delivery in the prisons (possibly, the National Drug Council, Community Rehabilitation Services, Counselling Services, and the Department of Corrections).

Cayman Islands Forensic Science Laboratory (Health Services Authority)

The Cayman Islands Forensic Science Laboratory (CIFSL) has a multi faceted exposure to both controlled and non-controlled drugs. In broad terms there are three areas which this can be broken down to:

- Control (enforcement / judicial)
- Prevention (employment screening / treatment centers)
- Post mortem toxicology

Control (enforcement / judicial)

Working alongside Royal Cayman Islands Police Service (RCIPS), Her Majesty's Customs and the judicial system, the CIFSL offers a wide spectrum of analytical testing services to these partners. The work is conducted under forensic conditions and is ultimately used by the courts. There are three main areas of analysis:

- To determine the presence, identity, weight and purity of controlled substances in powder or liquid form.
- The analysis of urine for the presence of controlled drugs to show consumption.
- The analysis of body fluids for the presence of ethanol (alcohol) in body fluids for the purposes of Driving Under the Influence (DUI).

A large proportion of the urine drug testing within this area is for the newly established Drug Treatment Court and for clients under the care of the Department

of Community Rehabilitation. The results of these tests also end up being used by the courts.

Prevention (employment screening / treatment centers)

CIFSL offers Government agencies and private sector companies' urine drug testing services for both pre-employment and random testing of their employees. The workload is mainly in pre-employment screening. However, random tests are becoming more widespread if employees are suspected of illicit drug use. This urine drug testing service is also extended to various treatment centers, again in the private and public sectors.

Laws

The primary laws that impact on CIFSL are the Misuse of Drugs Law (200 Revision) for the seizure of controlled drugs and for consumption, and the Traffic Law (2003 Revision) for DUI cases. The Coroners Law (1995 Revision) impacts slightly on the post mortem toxicology testing, although this has no significance for anti-drug efforts.

Summary recommendations proposed by the stakeholder agencies

1. Identify community risk and protective factors to enhance programme delivery.
2. Development of a national school drug policy.
3. Establishment of a halfway house or low-threshold facility for homeless or dis-enfranchised persons.
4. Identify youth activities with sufficient diversity and reach.
5. Develop and implement drug education intervention at the middle school level
6. Establishment of an adolescent treatment facility/programmes.
7. Embrace the concept of harm reduction in the context of drug use and HIV transmission.
8. Cooperation between agencies to develop and disseminate prevention messages that link drug use and HIV/AIDS.
9. Information gathering through knowledge, attitude, practice and behaviour (KAPB) survey among students to inform future education programming and information dissemination needs.
10. Enactment of legislation to govern purchase and sale of tobacco products, placement of products and smoking in public places (framework convention).
11. Empowering the Community Development Unit to serve at the community level for drug abuse prevention.
12. Encourage the development of more community action committees for Grand Cayman.
13. Increase research initiatives, data collection and analysis.
14. Enhance dedicated youth counseling services/mental health counseling and/or intervention for children and youth.

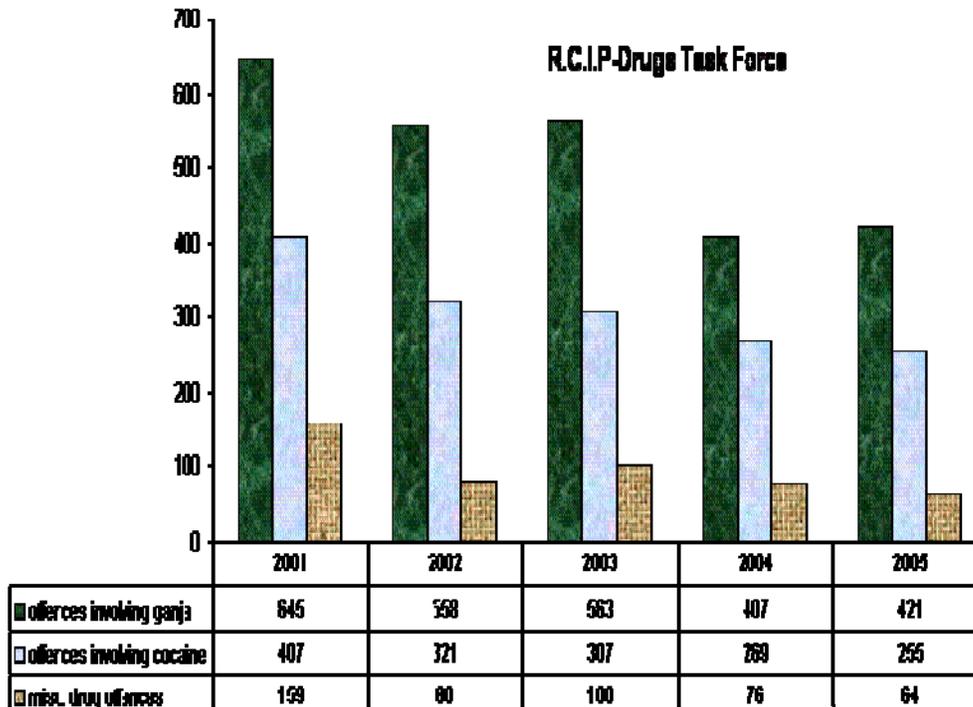
ASSESSMENT OF PREVIOUS EFFORTS

Drug Statistics - What the Data Shows

Arrests for Drug Related Offences 2002-2005

Offences	Year			
	2002	2003	2004	2005
Offences involving marijuana				
Offences	2002	2003	2004	2005
Simple possession	214	230	155	170
Supplying for sale	7	3	0	1
Possession with intent to supply	60	45	28	37
Consumption	223	243	212	195
Cultivating	3	8	1	3
Importation	8	6	6	11
Attempting to export	9	2	0	0
Being concerned in the attempt to export	10	2	0	0
Being concerned in the attempt to Import	6	7	0	1
Exporting	1	0	0	0
Conspiracy to Import/Export	5	3	0	
Being concerned in the possession	10	10	5	3
Dealing	2	4	0	0
Total	558	563	407	421
Offences involving cocaine				
Simple possession	59	50	57	52
Possession with intent to supply	27	34	17	31
Being concerned in the possession w/l to supply	4	0	0	2
Being concerned in the possession of cocaine	6	9	12	3
Importation	5	1	1	2
Being concerned in the importation of cocaine	3	2	2	1
Dealing	0	2	0	0
Supplying	3	1	0	2
consumption	214	208	180	162
Total	321	307	269	255
Miscellaneous drug offences				
Consumption of Ecstasy	2	3	3	0
Possession of Ecstasy	1	4	5	1
Frequenting a known place for drug consumption	0	0	4	0
Permitting place to be used for drug consumption	2	3	0	0
Possession of utensil	40	46	44	33
Failing to provide urine	26	44	14	25
Possession of controlled drugs	1	0	2	4
Possession of Ecstasy With Intent to supply	0	0	3	0
Importation of a controlled drug	8	0	4	0
Possession of Hashish	2	0	0	1
Total	80	100	76	64

Type of Offences 2001-2005



Proportion of Convicted Drug Offenders 2001-2006

Year	2001	2002	2003	2004	2005	2006
Percent	33.7	32.3	27.3	26.6	33.1	22.8

Assessment of the current data collection system has identified weaknesses in the universe of up-to-date information that is available to “paint” a picture of the current national drug problem for the islands. Previous efforts have concentrated on school surveys as primary data sources and this information has been supplemented with prison-based information, arrests information and seizure information. With the proposed establishment of a National Drug Information Network, more current and accurate information will become available that would increase the capacity for better decisions to be made regarding policies and programmes.

Situational Analysis

What is being done as a Government - Supporting Agencies

Across the five (5) strategies there are fifteen (15) supporting agencies/departments that have identified funds received from the government through outputs for the 2007/8 fiscal year, which address a specific area of the proposed strategies and objectives of the National Anti-Drug Strategy. Although there are many collaborating agencies and many outputs assigned to those strategies, there is continued feedback in regards to the duplication of and the gaps in services. For example, one agency noted that many persons returning to the community from treatment are unable to secure safe and stable housing, as well as employment, despite the fact that both organizations responsible for these areas are included in the matrix. There has also been feedback from many agencies in regards to the number of organizations or persons who are providing similar or same services in the same settings.

What is being done across the board - Supporting Agencies

At this time there are no parties identified in the matrix that are non-government funded that could be providing credible and valuable efforts to the strategies outlined. We do recognize that there are significant services provided throughout the Cayman Islands for demand reduction initiatives that are privately funded.

What has been accomplished from the 1995 through 1999 and onwards?

From the original plan we can see concrete evidence that the following areas have been accomplished:

Strategy 1 – We will establish coordination of all the efforts of Governmental Agencies, Voluntary Organisations and concerned citizens.

1. To set up a main office for information gathering and dissemination (January 1998)

- a. Set up under the National Drug Council Law 1997, the NDC replaced the Advisory Council on the Misuse of Drugs (ACMD) which was

established in 1988, to assess the local drug abuse situation and make recommendations for action. The NDC's primary function is to regulate and coordinate local anti-drug efforts, including the Cayman Islands National Strategic Plan for Drug Abuse Prevention and Rehabilitation.

2. To establish a mechanism for representation and coordination of Government Agencies and Non-Governmental Organisations and concerned Citizens. (January 1998)

- a. Set up under the National Drug Council Law 1997, the NDC replaced the Advisory Council on the Misuse of Drugs (ACMD) which was established in 1988. Its focus is on improving interaction between all Government and non-governmental agencies dealing with the issue of substance abuse. These include efforts aimed at rehabilitation, drug supply control, law reform, public education, training, and data collection.

3. To streamline programmes and services to facilitate the coordination of all concerned (January 1998)

- a. Perhaps the single most important recommendation was to reduce the fragmented approach to interdiction, prevention/education, treatment and rehabilitation by establishing a single co-ordination body called the National Drug Council, supported by an office called the Drug Secretariat. The office was first set up as the Advisory Council on the Misuse of Drugs and under the Chairmanship of Mrs. Theresa (Tessa) Bodden, Cert. Hon., prepared for the transition to the National Drug Council. The National Drug Council (NDC) was established under the National Drug Council Law which was passed in 1997.

Strategy 4 – We will ensure that legislation is in place to support and enable the accomplishments of our mission.

1. To reduce the prison population

a. Drug Rehabilitation Court Law (2006)

- i. This Law was passed in 2006 and the Drug Rehabilitation Court opened in Grand Cayman in September 2007. The law provides for the establishment of DRC to facilitate the treatment and rehabilitation of persons who commit certain drug offences or other offences while under the influence of drugs.

b. The Alternative Sentencing Law (2006)

- i. This law was passed in November 2006, with effective date to be determined, and a task force was established in November 2007. The law was established to provide alternatives to prison sentences and reform the law relating to the powers of courts to deal with offenders and defaulters and the treatment and rehabilitation of such persons. The task force is actively working to offer recommendations and guidance towards implementation when the law comes into effect.

2. To consolidate drug Legislation

a. Proceeds of Criminal Conduct Law (PCCL), 2008 –

- b. Formal assent from the Governor is all that is required to bring the new Proceeds of Criminal Conduct Law (PCCL), 2008, into effect. The new law will streamline and consolidate statutory provisions covering criminal offences that involve drug trafficking, money laundering and terrorism funding. Passed unanimously by law makers in the House last month, the new 208-page law will repeal and replace existing

provisions in order to expand the scope of legislation originally enacted in 1996 and revised several times since. It is based largely on the UK Proceeds of Crime Act 2002 and largely incorporates amendments made to the UK's Serious Organised Crimes and Police Act 2005. It is one of Cayman's two main statutory means of dealing with confiscation of the proceeds of crime, the other being the Misuse of Drugs Law and the related Misuse of Drugs (Drug Trafficking Offences) (Designated Countries) Order 1991.

Strategy 5 – We will guarantee treatment and rehabilitation services and facilities to meet the diverse needs of individuals

- 1. To provide centralized outpatient substance abuse treatment programmes supported by District Satellite services with appropriate facilities.**
 - a. Outpatient Services were originally established in 1987 by The Government, through the Portfolio of Health, as the Cayman Counselling Centre (C.C.C.) under the supervision of the Medical Officer of Health (a public health outreach). The C.C.C. provided counselling to persons abusing alcohol and illegal substances as well as those affected by the substance abuse. It also assisted many of those persons with accessing treatment at overseas facilities. These services were enhanced through the development of the National Strategic Plan.
 - b. District Satellite Services operational from mid 1990's for approximately 2-3 years, through the health centres but no longer are operational in the Cayman Islands

2. To provide residential facilities for treatment and rehabilitation of substance abuse clients.

- a. Caribbean Haven Residential Centre is a division of the Department of Counselling Services and is a government funded agency that provides care to those struggling with substance abuse issues. The Centre was established in 2000 as a co-ed, three (3) week programme. In 2003 in efforts to deliver the most culturally relevant treatment to the people of Cayman Islands the programme became a six (6) week programme, in 2004 individualized treatment was adopted with length of client being approximately 3 months.
- b. In 2006 the programme became male specific (highest demand for beds) with a proposal for a female facility for women in line with best practices. The women's facility opened in November, 2008.
- c. In 2007 the Centre adopted the Therapeutic Community model. The Therapeutic Community approach to drug addiction treatment replicates closely the larger society and the laws and regulations that govern social behaviours. Given that drug addiction and criminality may coexist, and indeed many of the residents of the program are referred to Caribbean Haven through their involvement with Drug Rehabilitation Court, the prison system, and the Department of Community Rehabilitation, the programme addresses the inherent attitudes, beliefs, and behaviours of those who present for treatment here in the Cayman Islands.
- d. The Withdrawal Management Unit (WMU) opened in August 2006 and is an on-site programme offered to members of the community who struggle with substance issues and are seeking a 3-5 day period of social detoxification. Because it is a non-medical facility,

all clients undergo an initial screening process to determine their suitability for this programme. Where there is concern about medical issues arising from the detoxification process, clients are referred to the George Town Hospital for an assessment. While the WMU programme operates from the residential facility, it is in an independent programme from the residential programme and is not to be confused with "treatment."

- e. Half-way House (now Serenity House) was originally opened in September 2002, closed in 2006 and re-opened in 2008 to bring the programme in line with Therapeutic Community, which provides aftercare

Strategy 7

3. To conduct a survey of primary school children to gather information pertaining to the onset of the drug and alcohol abuse problem.

- a. Cayman Islands Student Drug Use Survey (CISDUS) was originally conducted in 1998 with subsequent surveys taking place in, 2000, 2002, and 2006. The CISDUS employs a census (i.e., a 100% sample) of students enrolled in grades 7 to 12. All twelve middle and high schools in the Cayman Islands participated in the 1998, 2000, 2002 and 2006 surveys. Of the 2,945 enrolled students, 2,480 completed questionnaires in 2006; 2,187 in 2002; 2,186 in 2000, and 1,946 completed questionnaires in 1998. Student participation rates were 84% in 2006, 88% in 2002, 94% in 2000 and 86.0% in 1998.

Strategy 8

1. Improve the systems of interdiction within Grand Cayman, Cayman Brac and Little Cayman.

- a. A Drugs Task Force/Marine Base building that will be constructed at a cost of \$2.5 million will be completed in 2008. The marine base will accommodate 35 officers from the police, customs and immigration services, and will include a docking basin, marine workshop, command and control facilities, as well as conference and training facilities, the Leader of Government Business detailed. It is to be built on two levels to withstand Category Five hurricanes and protect against storm surges. Capable of mounting operations both on sea and land for drugs and firearms interdiction, the base is also to be used for search and rescue operations as well as function as a first responder base for disasters at sea. It will also have a helicopter pad for handling emergencies.

What is it costing the Government to implement national drug control programmes?

Analysis of information in the table and accompanying charts that outlined the relevant Supply and Demand reduction output Costing for 05/06, 06/07 and 07/08 tended to suggest that for the most part more monies were allocated to demand reduction activities than supply demand activities (this was the trend for all three years).

The figures further suggest that some **\$5.7 million to \$7 million dollars** are expended annually to fight the war on drugs in the areas of demand and supply reduction (3.3M to 3.9M for demand reduction and \$2.3M to \$3.1M for supply reduction).

In addition, analysis within demand reduction expenditure shows that considerably less money was expended for prevention activities compared to treatment activities (a ratio of \$14 in treatment for every \$1 in prevention in the two earlier years and \$10 in treatment for every \$1 in prevention in the later year).

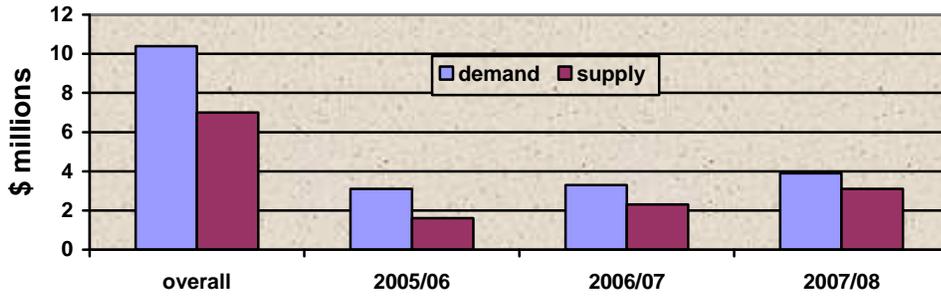
Of interest also is the fact that direct programme operational costs within the National Drug Council accounted for only 19-23% of the total budgeted expenditure over the period fiscal 2006 through fiscal 2009. Operating overheads (including salaries) moved from 84% of total budget in fiscal 2006/07 to 88% in fiscal 2008/09.

It is anticipated that the present level of funding will increase incrementally as the implementation process moves from immediate to intermediate to long-term. Of importance is the need to balance the expenditure between demand and supply reductions but more importantly to put in place critical infrastructure in these two areas. This should be informed by immediate review of critical to success needs in both these areas - demand reduction, especially prevention and public education, school based prevention programmes, intensive out-patient programmes for substance abusers and population surveys (research initiatives), the development of Local Action Committees (LACs) and Substance Abuse Forums (SAFs), and manpower development. In the area of supply reduction a review of critical to success needs especially in the areas of strengthening interdiction efforts at the port-of-call, law-enforcement, criminal justice interventions and community policing programme needs.

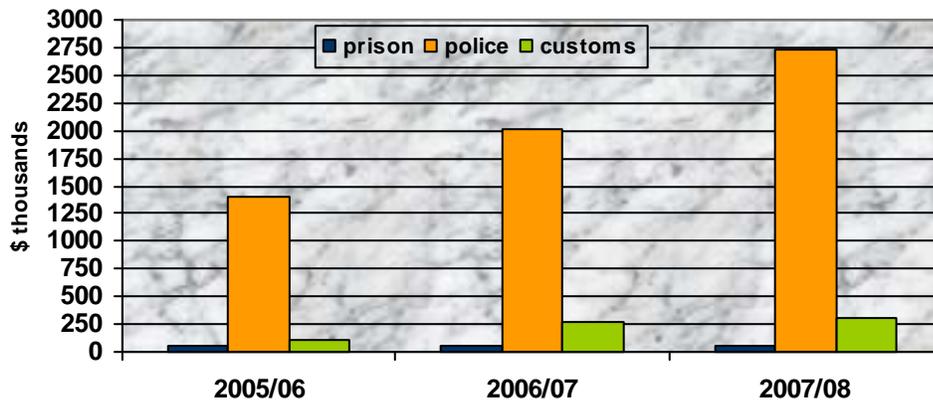
Supply and Demand Reduction Output Costing for 05/06, 06/07 and 07/08 Financial Years

Description	2005/06 (Forecasted)	2006/07 (Forecasted)	2007/08 (Budget)
Demand Reduction			
Dept of Counselling Services	2,100,000.00	2,300,000.00	2,700,000.00
Forensic Science		70,302.00	97,200.00
Student Training - Drug Awareness Month	8,950.00	8,950.00	12,950.00
Peer Counseling Programme	12,000.00	12,000.00	17,300.00
Youth To Youth Programme	72,000.00	72,000.00	111,300.00
Parenting, Anger Mgmt. and Self Esteem Workshops	25,356.00	25,356.00	39,950.00
Drug & Violence Prevention for Eagle House Prison Unit	15,000.00	15,000.00	22,800.00
Policy Development & Advocacy	134,250.00	113,839.00	133,000.00
Surveillance, Research and Evaluation	134,250.00	145,159.00	170,000.00
Prevention & Education	181,500.00	101,501.00	118,000.00
Programme Mgmt. & Coordination	0.00	89,501.00	104,000.00
Liquor License Services	424,881.00	411,910.00	311,979.00
Drug Awareness Education & K-9 Support	17,031.00	20,520.00	68,539.00
Subtotal	3,125,218.00	3,386,038.00	3,907,018.00
Supply Reduction			
HM Prisons / Drug Tests Carried Out Monthly (Male)	40,710.00	43,681.00	38,561.00
HM Prisons / Young Offenders Tested Monthly	7,413.00	8,045.00	15,926.00
HM Prisons / Drug Tests Carried Out Monthly (Female)	0.00	2,017.00	2,362.00
Police Maritime & Aerial Patrols	1,397,554.00	2,012,937.00	2,734,745.00
Customs Patrol of Coastal Waters	108,057.00	270,143.00	314,180.00
Subtotal	1,553,734.00	2,336,823.00	3,105,774.00
Overall Total	4,678,952.00	5,722,861.00	7,012,792.00

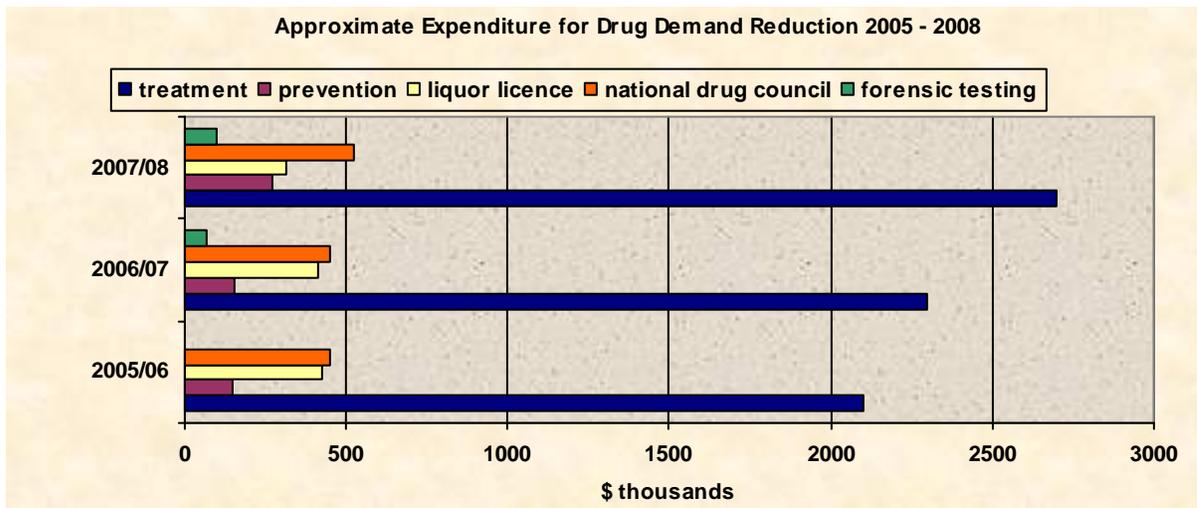
Approximate Expenditure for Drug Control 2005 - 2008



Approximate Expenditure for Drug Supply Reduction 2005 - 2008



Approximate Expenditure for Drug Demand Reduction 2005 - 2008



Recommendations for further modifications and strengthening

In order to streamline the services and funding as it relates to the anti-drug efforts for both supply and demand reduction efforts, a collaborative approach to addressing the issues needs to be taken. We are making the following recommendations as this time and noting the rationale for these recommendations.

1. Support by Government, through the Ministry of Health and Human Services, for a National Anti-Drug Strategy (NADS) to ensure a strategic, collaborative and effective approach to address the issues of drug abuse and misuse in society.
2. Development of a policy within the Government for relevant anti-drug programmes to be certified/approved to internationally accepted standards.
3. Development of a policy for data collection as it relates to drug information statistics, services and funding to better inform the Government on budgetary spending and services received, as well as outlined a more realistic picture of drug use, misuse and abuse in the Cayman Islands.

These recommendations will then allow for the Government to have a clearer and more comprehensive way in which to address drug issues in our society. In addition, the NDC can strengthen its role in providing the Government with more comprehensive data on the implementation of the anti-drug strategies; from prevention to rehabilitation.

The NDC could then also provide an analysis of the annual situation as it relates to services to be delivered and the cost, but also flag any reasons why strategies have not been implemented or cannot be implemented. This would be conducted through a monitoring process established with the relevant organizations using clear indicator

measures that will allow the NDC to better advise the Government on the progress of implementation.

The purpose of developing and presenting the strategic matrix in Section 4 is to assist the NDC in coordinating the anti-drug efforts and monitoring and evaluating the implementation of the NADS and the on-going programmes at the community level generated under the umbrella of the Strategy. This will also lend support to more effective management of the anti-drug efforts and the obvious implication of identifying gaps, other than that of financial expenditure, in the lack of services being rendered to the people of our communities.

With the support of Cabinet in recognizing the depth of this process and the value which it will bring to the Cayman Islands, this document envisions the following processes:

- Evaluation of programmes within its relevant area
- Approval/licensing by the NDC through the process of ongoing evaluation and monitoring.
- Strengthening of programmes through the evaluation process to direct positive change and growth in the area of demand reduction.
- Funding to NGO's and other organizations that provide related services managed through cabinet or NDC based on the evaluation process.

Much of the work that can be supported in regards to the evaluation and monitoring as well as approval and licensing by the NDC will be made possible with the strengthening of the organization through committed Board Members as well as increased staffing. However, we do acknowledge that the support of the Ministry and Cabinet is essential in recognizing the possibilities of a document such as this. The development of strong policies in key areas must be a collaborative effort in keeping with the ethos of the National Anti-Drug Strategy.

Summary Characteristics

Two characteristic features of the drug problem in the Cayman Islands can be established in spite of deficient data:

- quantitative indicators of drug use in the Cayman Islands are significantly increasing,
- there is a notable underutilization of the institutional care infrastructure organized to handle the drug problem.

At the same time, the drug problem in the Cayman Islands is similar to most other Caribbean communities with respect to two characteristics:

- the prevalence of the phenomena, and
- the drug problem has a lower influence on the organized criminal situation in the Cayman Islands than in other countries such as Jamaica, Trinidad and Tobago or even Guyana.

Forecast

If

we fail to succeed in achieving rapid and fundamental changes in the system of prevention and care, and if there is no positive change in the structure of budgetary funds, and if we do not succeed in changing the unfavourable tendencies together with the institutional and voluntary agents of society,

then

the number of drug users in the Cayman Islands will presumably rise over the next few years. This growth may arise from the deficiencies of the institutions of prevention, treatment and law enforcement. It is also expected that epidemiological surveys done in the future will outline a more realistic picture of the dimensions of drug use. This picture would presumably show less favourable tendencies than expected (and what can be estimated from the available data). Precisely owing to the underutilization of the system of treatment, the number of drug users in a progressed phase struggling with severe physical, psychological and social problems

will increase. In this case, the social costs of drug use (damage caused by crime, the cost related to the criminal justice system and health care treatment) will presumably rise dramatically in the future. The impact of inappropriate prevention measures will see the age of first use reduced further and the primary school population could also be hit in relatively large numbers by the drug problem.

Based on the picture outlined from the data and the experiences of experts, social intervention should be focused on comprehensive drug prevention education in schools and public education functioning in the local communities with particular regard to the family and the school; the development of the institutions reducing demand for drugs (with special regard to the institutions of treatment and rehabilitation); and the reduction of individual and social risks and of accessibility, that is, the supply of drugs.

SECTION THREE

THE NATIONAL ANTI-DRUG PLAN - CONCEPTUAL FRAMEWORK

The Function Of The National Anti-Drug Strategy

When developing a strategic plan, it is an important criterion to see very clearly what can be expected of it, what are the requirements in relation to it, on the basis of what needs it is formulated and what criteria it seeks to satisfy. To that end, the function of the National Anti-Drug Strategy is:

- **to determine fundamental goals and values**, the framework for interpreting the management of the problem and, at the same time, to calculate the constraints and risks in the implementation of the strategy,
- **to formulate the main directions** and priority elements **of strategic development**,
- **to assist** institutions and agents to find their way and place in implementing the strategy,
- to be able to **develop a social consensus** with a view to achieving its objectives,
- **to mobilize society** and its groups, to involve the whole-of-government, voluntary organizations as well as local communities and civil society,

Models of Influencing the Drug Problem

An approach building on a balance between demand and supply reduction:

this is, the approach which the international community regards as advantageous, hence this is what it recommends in its documents, recognizing that as long as there is demand, there will also be supply. In itself, therefore, supply side intervention is indispensable but not sufficient. In addition to the instruments of the criminal justice system, there is also a need for appropriate prevention, health and social care for drug users struggling with problems.

The phenomenon of drug consumption cannot be segregated from social problems—among others, the issues of inequality, poverty, unemployment, social exclusion and the real effects of natural disasters.

An increase in the role of demand reduction can be observed in international documents (in addition to the regulations concerning the supply side, which had earlier been preferred); moreover, certain recommendations set the objective of reducing the individual and social harm caused by drug use. Such an objective could not be envisaged in a “purely” prohibitionist model.

There are many differences among individual countries in the assessment of the gravity of the drug issue. There seems to be agreement, however, that only a policy of intervention based on a balance of demand and supply reduction, the combined and coordinated use of prevention, treatment and the practice of the criminal justice system together with a more differentiated evaluation of drug users can be successful.

The Government, in accordance with its own programme and international recommendations, adopts the *multidisciplinary model*⁹ and the *approach based on a balance of demand and supply reduction* to address the problem.

⁹ The Multi-disciplinary Model (strategy adopted by the UN in 1987 to serve as the basic on which national authorities could formulate balanced national, regional and international strategies to combat all aspects of the drug phenomenon) comprises prevention and reduction of illicit drugs; control of supply; actions against illicit trafficking; and treatment and rehabilitation.

The Principles of the Strategy

The priority of facts

The National Anti-Drug Strategy is based not on assumptions but on facts substantiated by scientific research. It stands for proven methods of interventions and encapsulates internationally recognized principles in the areas of drug supply reduction and drug demand reduction.

Partnership, joint action

The National Anti-Drug Strategy builds on society, organizations and institutions rallying their forces on the one hand and it counts on the collaboration of creative members of local communities on the other. It recognizes that coordinated and joint actions multiply their effects and success. It takes into account the needs of families, schools and local communities. It requires and facilitates co-operation equally at local, regional, and international levels.

Comprehensive approach

The management of the drug problem requires a multidimensional, balanced and well-segmented approach, in which the contributions of prevention, education, treatment, research, workplace programmes, law enforcement and a number of other areas have an equally important role to play. The curbing of the drug problem requires the joint and coordinated action of various professions and fields. No profession may expropriate or take on the responsibility for the solution of the problem by itself.

Accountability

The National Anti-Drug Strategy presents the indicators of success for all cases, through which achievement of the objectives can be examined. Thus implementation of the strategy becomes transparent and expenditures

controllable. The National Anti-Drug Strategy will be reviewed at regular intervals through an evaluation process to be outlined.

Long-term planning

Experience regionally and internationally show that the drug problem can only be suppressed in the long term. Short-term solutions cannot lead to success when, in addition to the management of the current threats, we are also responsible for the development of a new generation and their relationship to drugs.

The Instruments of the Strategy

- ✚ The widest possible strata of citizens and their communities, confronted with the problem will have to be involved in developing the drug policy. The ***co-operation*** of the experts and institutions of health care, education, youth policy, child and family services, and a host of other social organizations and institutions is necessary.

- ✚ The National Anti-Drug Strategy sets forth important ***development tasks*** for public and voluntary organizations and institutions involved in prevention and health promotion. The institutions participating in treatment and the public organizations are to reduce the accessibility of drugs and drug related crime.

- ✚ A broad ***social consensus*** must be developed in terms of the management of the drug problem, with respect to both the significance of the problem, and the most important milestones along the way towards a solution. As certain aspects of the drug problem affect wide strata of society, a solution also requires society to rally forces.

- ✚ The National Drug Council shall implement political-level coordination between the different government departments and private sector organizations and shall ensure that the Cayman Islands meet its obligations undertaken in regional and international conventions, multi-lateral agreements and memoranda of understandings. The experts will have to elaborate the professional methods of managing the drug problem and they will be responsible for expanding already operational programmes so that they have a wider reach.

- ✚ The Cayman Islands must respect the provisions of the Political Declaration of the special session of the UN General Assembly on drug problems (June 8-10, 1998) and the recommendations defining the desirable direction of demand reduction (reinforcing similar earlier statements of the UN, such as the Comprehensive Multidisciplinary Outline [1987] and the Global Programme of Action [1990] with respect to demand reduction).

Plan's Goal and Strategic Objectives

Local research suggests that there are many reasons for misuse of drugs and other substances and they are at times related to unemployment, educational failure, boredom and psychological and family problems. Even where the cause relates more to experimentation and enjoyment as in the case of the adolescent population, the fact is that overtly mind-altering substances are being used by the population and have greater attractiveness than other activities. This gives the misguided impression that people are misusing drugs because they do not have the opportunity to lead more fulfilling lives.

The National Anti-Drug Strategy aims to bring about the reduction of substance abuse and its related harmful consequences. In order to address the drug problem

effectively, however, there should be a 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).

PRIORITIES

The seven main areas of focus for the National Anti-Drug Strategy are namely:

1. Prevention Education (youth and community focused)
2. Treatment and Rehabilitation (social rehabilitation and reintegration)
3. Infrastructure Development (implementation and service delivery level)
4. Management and Coordination
5. Research and Information Dissemination
6. Regional and International Involvement
7. Civil Society Involvement (this is an overarching focus targeting better communication and shared responsibilities)

NATIONAL ANTI-DRUG STRATEGIC OUTLINE

Problem Statement

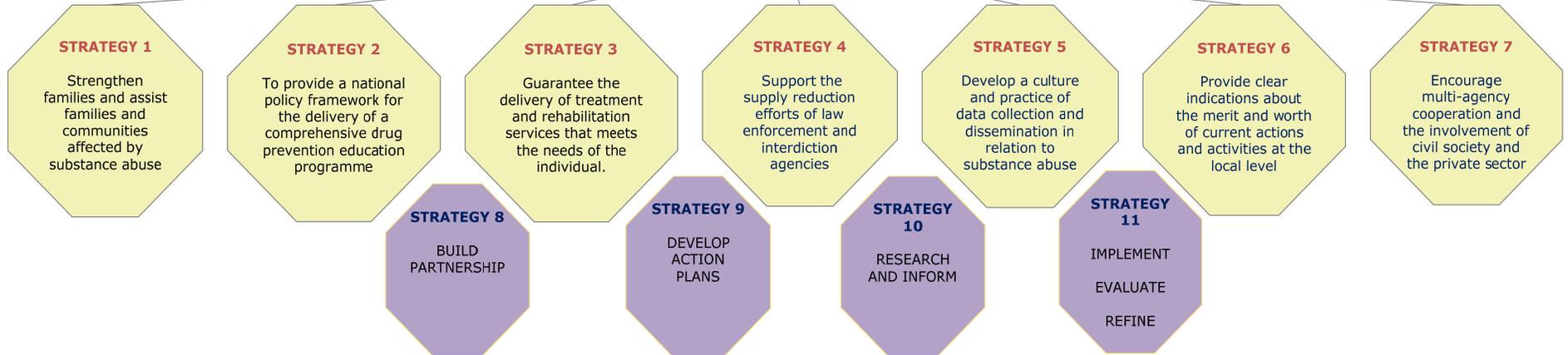
The problem related to the use of and trafficking in illicit drugs has been growing dramatically since the development of the first drug strategy in 1996. Thus, we are still faced with the effects with respect to: those experimenting with drugs, regular drug users, drug addicts, drug consumption related morbidity, the number of drug-related criminal acts and their share within total criminality, the magnitude of individual and social damage suffered in relation to drugs, and money laundering. This problem, which is a cause for concern in itself, is aggravated by the fact that, over the past few years, a steadily increasing gap has evolved between the dimensions of the drug problem and the level of drug control instruments and infrastructure required to cope with it.

Overall Goal

To bring about the reduction of substance abuse and its related harmful consequences - decrease in availability of drugs (control and law-enforcement) and the demand for drugs (prevention, treatment, and rehabilitation)

Broad Outcome

Strengthen family and community, address crime and improve policing; open transparent, honest and efficient public administration



The Objectives

The National Anti-Drug Strategy is a collaborative effort involving a broad cross-section of society and includes objectives concentrated in three broad actions: preventing illicit drug use; treating those with illicit drug dependencies; and combating the availability and distribution of illicit drugs. The main objectives of the National Anti-Drug Strategy in these seven priority areas are:

Strategy I: To strengthen and assist families and communities affected by drug abuse.

- To sustain a structured developmental programme that strengthens the family.
- To promote community awareness of the social and economic consequences of substance abuse.
- To foster an atmosphere of understanding, trust and co-operation amongst communities in curbing substance abuse.
- To continue providing communities with advanced resources, intelligence and intervention by professionals to assist them in implementing prevention and rehabilitation strategies.
- To promote a positive and fulfilling lifestyle for each individual.
- To provide or upgrade community centers in each district to facilitate youth / family activities.
- To implement neighborhood crime watch programmes in each district.
- To encourage development of more employment opportunities.
- To encourage churches and service clubs to work together in unity for the common good of our community.
- To encourage fathers to participate in family roles through the Employment and Community Development Agency.
- To improve the quality and frequency of public service campaigns on the dangers associated with drugs, tobacco, and alcohol.
- To encourage development of more employment opportunities for the Sister Islands.

Strategy II: To provide a national policy framework for the delivery of a comprehensive drug education programme.

The Prevention objectives focus on preventing illicit drug use among young people. It will provide information to those most affected by drug use, including parents, young people, educators, law enforcement authorities, and communities.

- To develop a national anti-drug education policy that includes guidelines on school based prevention programmes.
- To provide drug education programmes that are relevant and accessible for all residents of the Cayman Islands including a national school based prevention policy.
- To engage participation and coordination of other sectors apart from schools. (inter alia: churches, public health, community based prevention agencies and service clubs etc.)
- To provide a youth anti-drug campaign that promotes healthy lifestyle alternatives.
- To ensure that each partner agency (education, rehabilitation or residential) has a policy that includes programmes and measures that encourage the development of attitudes, values and skills committed to healthy anti-drug lifestyles.
- To provide tailored public information campaigns and drug education programmes relevant to specific target groups in the Cayman Islands.
- To sensitize employers and supervisors of the rehabilitation process in the community.
- To educate the wider community on drug dependence and the rehabilitation process.
- To provide Public Information Campaigns and Drug Education Programmes in general and particularly relevant to the people of the Sister Islands.
- To sensitize employers and supervisors of the rehabilitation process.

- To reduce the stigma associated with drug dependence/rehabilitation process by the wider community.
- To ensure coordination and participation in drug education initiatives by schools, churches and service clubs.

Strategy III: To guarantee the delivery of treatment and rehabilitation services that meets the needs of the individual.

The treatment objectives support innovative approaches to treating and rehabilitating those with drug addiction who pose a risk to themselves and the community.

- To develop culturally appropriate and nationally specific minimum standards for the provision of treatment and rehabilitation services.
- To provide a system of accreditation for institutions and professional staff involved in treatment and rehabilitation.
- To develop and implement population specific and targeted services:
 - Drug dependent women/men
 - Adolescents
 - Young offenders
 - Identified substance abusers in the school population
 - Elderly
- Prisoners To provide a continuum of treatment services that offer drug users the means to improve the quality of his/her life. Including but not limited to:
 - Early intervention / detoxification
 - Street based interventions
 - Outpatient / Day / Residential treatment
 - Individual / Group / Family therapy
 - Access to safe housing
 - Employment / Education opportunities

- To provide services as required by the Drug Treatment Court.
- To assist in the development of an alcohol and drug certification programme locally.
- To provide a therapeutic environment at the prisons and ensure treatment and rehabilitation services for the substance abuse inmates.
- To provide the best possible healthcare to support treatment and rehabilitation in the community.
- To provide outpatient and residential facilities for treatment & rehabilitation of substance abuse clients in the Sister Islands.
- To review and amend laws applicable to minors/juveniles convicted of drugs-related offences.
- To ensure Drug Court and Alternative Sentencing options are available to adult drug offenders in the Sister Islands.

Strategy IV: To support the supply reduction efforts of law enforcement and interdiction agencies.

The Enforcement and interdiction objectives bolster law enforcement efforts to investigate and prosecute drug crimes. It will increase law enforcement's capacity to combat street drug use, drug trafficking and seizures and distribution operations.

- To continue to delineate, coordinate and communicate the efforts, responsibilities and roles of Police, Customs and the Joint Drugs Task Force and Forensic Laboratory.
- To increase public awareness of the systems in place to receive and review complaints of dissatisfaction of internal investigation and trust of law enforcement agencies with an independent body.
- To improve the overall communications system particularly with a view to ensuring confidentiality.

- To enhance the present system of preventing and detecting the importation of illicit drugs and weapons in the Cayman Islands.
- To monitor and identify abused substances and ensure that they are added to the appropriate legislation and disseminate to the public.
- To provide adequate funds to pay informants and amend the relevant laws for seized assets and monies to be used especially towards drug interdiction purposes by law enforcement agencies.
- To acquire resources and human capital for law enforcement officers to effectively reduce the supply of drugs and weapons.
- To acquire adequate resources for law enforcement officers to effectively reduce the supply of drugs.
- To establish a joint Police and Customs marine unit.
- To acquire additional human capital for Police and Customs in Cayman Brac.
- To enhance the present system of preventing and detecting the importation of illicit drugs and weapons.
- To secure a long range patrol vessel that will be based in the Sister Islands.
- To provide air patrol services for the Sister Islands.

Strategy V: To develop a culture and practice of data collection and dissemination in relation to substance abuse

- To continuously monitor and maintain a national database of information on drug and alcohol abuse in the Cayman Islands in order to assess and evaluate the effectiveness of our programmes and services.
- To conduct studies and otherwise gather information to determine the nature and extent of substance abuse in the Cayman Islands.
- To establish, maintain and operate information systems and facilities to encourage and support the exchange of information related to substance abuse.

- To conduct training workshops for stakeholder agencies to collect information and evaluate their own programmes.
- To initiate, support and publish studies, reports and other documentation on drug abuse.
- To conduct a confidential survey of drug use/abuse for students 9-18 years of age.
- To ensure the National Drug Council continues to collect data on the frequency of drug use in the Sister Islands.

Strategy VI: Provide clear indications about the merit and worth of current actions and activities at the local level

- Ensure that actions implemented under the NADS are evaluated
- Provide reliable information on all aspects of the drug situation with appropriate short, medium and long-term analysis and projections.

Strategy VII: Encourage multi-agency cooperation and the involvement of civil society and the private sector and the international community

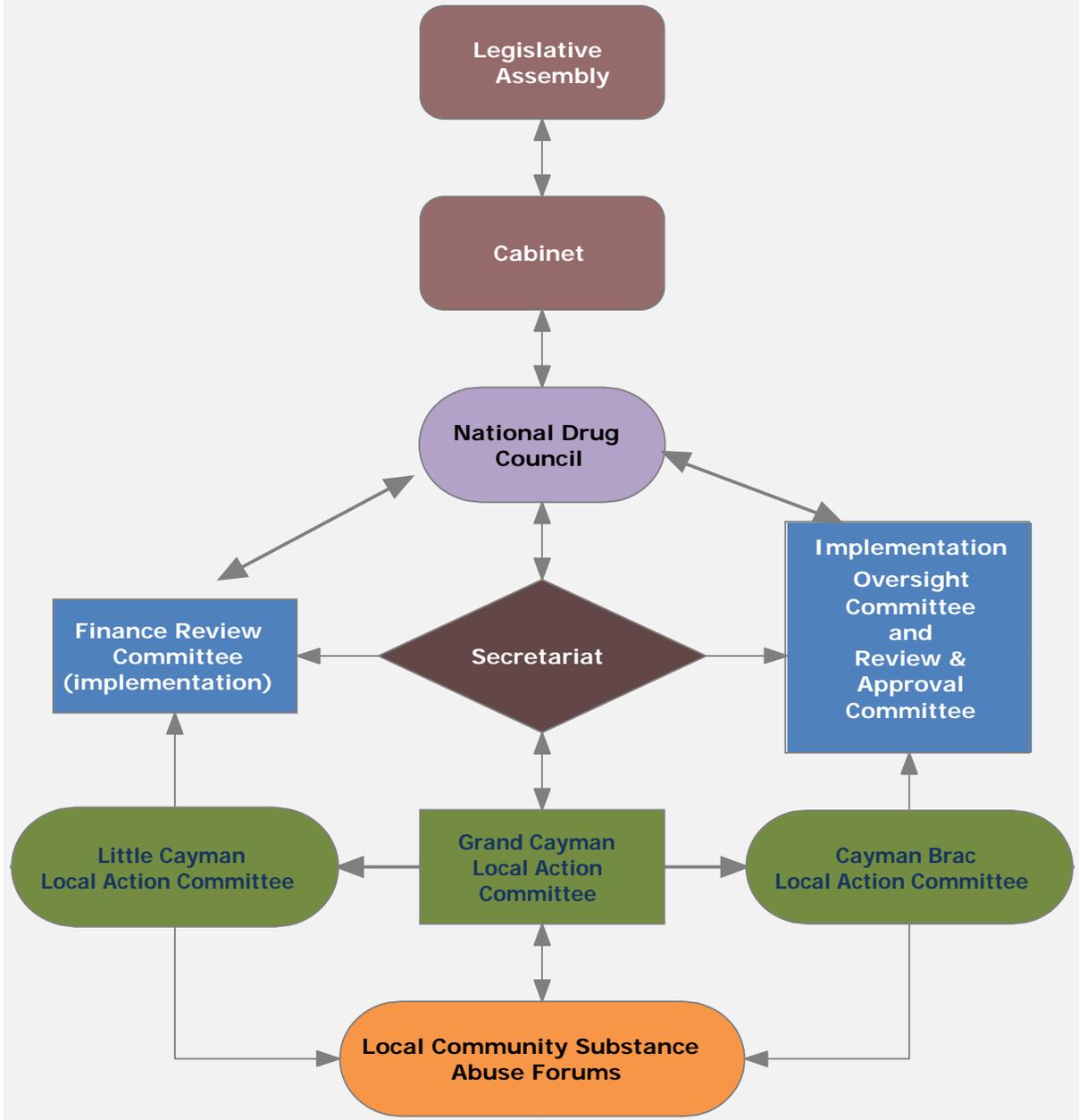
- Establish strategy for effective cooperation with civil society and community organizations and groups most affected by the problem of drug abuse
- Develop and maintain regular forum for stakeholder involvement (LACs and SAFs)
- Foster regional, multilateral and international cooperation complementary to those at the regional level
- Ensure that a balanced multi-disciplinary approach is taken in the implementation of the Master Plan

Orientation Principles (Plans for Implementation)

The main proposals for action in support of these objectives are to:

1. Maintain and strengthen the National Drug Council with an appropriate budget, resources and management infrastructure which will:-
 - a. Be independent
 - b. Answer to the Legislative Assembly
 - c. Oversee and monitor the implementation of the National Anti-Drug Strategy
2. Strengthen and adequately resource the Secretariat of the National Drug Council to oversee the administration of the National Anti-Drug Strategy
3. Facilitate the establishment of Local Action Committees (LACs) in each of the three islands (composition of the committee to be determined, but must include governmental, non-governmental and civil society representatives), that will:-
 - a. Liaise with the National Drug Council via the Secretariat at all times
 - b. Facilitate and monitor the implementation of the National Anti-Drug Strategy and the uniform spread of information and policies in all three islands
4. Establish local substance abuse forum (SAFs) in each island consisting of a wide cross-section of stakeholders (stakeholders identified in this document that have participated in the consultative process or others identified through the LACs), that will provide the basis for continued discussion, identification and prioritization of the substance abuse problem that needs addressing.

Schematic Representation of the Implementation and Reporting Structure



Composition and Functions of the National Drug Council, Secretariat, Implementation and Oversight Committees, Local Action Committees (LACs), and the Substance Abuse Forums (SAFs).

The proposed framework outlines the key composition, functions and implementation orientation of each of the bodies identified in the implementation and reporting structure above.

A. NATIONAL DRUG COUNCIL

Composition

The composition should be as prescribed in the legislation or as from time to time revised and recommended by the Secretariat, Implementation Committee, LACs or SAF members. *It is strongly recommended that a Policy Analyst with social programme implementation experience be added to the Board or Implementation Committees in order to support the overall evaluative and decision-making process during implementation of the National Anti-Drug Strategy.*

Functions

Once Cabinet has approved the Plan, the primary function of the National Drug Council will be to monitor its implementation. To facilitate the integration of different government departments on the issue of substance abuse, such a body should be answerable to the Legislative Assembly. It will, however, liaise and interact both with LACs and the community SAFs.

In addition to those functions described in the legislation and without intentions of overlap, the primary functions of the National Drug Council with regards the National Anti-Drug Strategy will include:

- a. Overseeing and monitoring the implementation of the Master Plan

- b.** Facilitating and encouraging the coordination of programmes
- c.** Facilitating the rationalization and coordination of existing resources and monitoring their effective use
- d.** Encouraging government departments and the private sector to draw up plans in collaboration with the Secretariat to address drug abuse in line with the National Anti-Drug Strategy
- e.** Facilitating the initiation and promotion of measures, including legislation, to combat the misuse of drugs
- f.** Reviewing and commenting on drug-related policies and programmes developed locally, regionally and internationally
- g.** Establishing and maintaining a national information system that will support the implementation, evaluation and ongoing development of a national Master Plan
- h.** Submitting annual reports to the Legislative Assembly that will set out comprehensive description of the national efforts relating to the drug problem
- i.** Acting as a authoritative advisor to Government on policies and programmes in the field of drug abuse and trafficking
- j.** Reviewing the Master Plan on a five-year basis and amending it where necessary
- k.** Oversee the development and implementation of the National Drug Information Network (NDIN).

It is further proposed that two committees of the Board be established to support the implementation of the Master Plan. A review and approval committee comprising Board members of human resource expertise, finance expertise, public policy expertise and a community representative should be established.

This committee will be specifically responsible for the review and approval of all programme grants to be used by the National Drug Council or to be given to a LAC

or any other stakeholder in the carrying out of initiatives proposed in the National Anti-Drug Strategy. This approval process should be scheduled on a quarterly basis and be dependent on sufficient progress reports in the case of continuity grants. This would also include such expenditures related to the establishment of the LACs and SAFs.

The alternative structure to the establishment of this committee would be for the Secretariat to receive, review and make recommendation to the Board on a quarterly basis on initiatives to be supported by funding at that community or stakeholder levels.

The second committee to be established shall be an Implementation and Oversight committee. This may be comprised of any member of the Board with special interest in a related field or area that is being implemented. The composition is by consensus. This oversight committee's responsibility is to advocate for and support the programme implementers at the LAC level in order to ensure that programmes and initiatives are implemented in a timely and in a successful manner.

Implementation of the Master Plan

It is proposed that the National Drug Council implement the Master Plan in the following manner:

- a. **Immediate** – identify existing resources and ask Cabinet and government departments concerned to earmark further resources where required; facilitate the establishment of LACs and SAFs structures; work with government departments and public sector organizations to draw up anti-drug programmes in line with the goals of the Master Plan and monitor existing actions already being implemented

- b. **Intermediate** – monitor and facilitate the implementation of the Master Plan and support the work of the Secretariat, its implementation and oversight committees and the LACs and SAFs
- c. **Long-term** – draw final conclusions on successes, failures, and overall effectiveness of the 2009-2013 Master Plan; and draft the next five-year Master Plan

B. SECRETARIAT

Composition and Functions

The present Secretariat should be strengthened to drive the implementation of the Master Plan. The present composition lacks the total complement of programme competencies to effectively manage the administrative and technical implementation of the National Anti-Drug Strategy as proposed.

It is strongly recommended that the staffing complement be strengthened to adequately provide technical oversight in the areas of prevention and community education and coordination of treatment services overall. As such the following is proposed¹⁰:

The National Drugs Coordinator (Executive Director) will provide overall management and oversight and administrative responsibility for the Secretariat and assume responsibility for the successful implementation of all actions and initiatives proposed in the implementation of the National Anti-Drug Strategy under the direction of the Board.

The Programme Manager ([proposed new post](#)) will be responsible for the day-to-day management and implementation of all programme, initiatives,

¹⁰ Based on previous recommendations contained in the Organizational Review of the National Drug Council/Secretariat (2006)

workshops, campaigns etc that the National Drug Council will be implementing under the approved Strategy (2009-2013).

The Administrative/Finance officer will be responsible for providing administrative and financial support to the National Drug Council and its Secretariat in relation to disbursements, expenditures and management of funding for partners and programmes.

The Treatment Officer ([proposed new post](#)) and Prevention Officers will be responsible for providing technical oversight and expertise to partners and stakeholders as they seek to implement the various prevention and treatment initiatives under the Strategy.

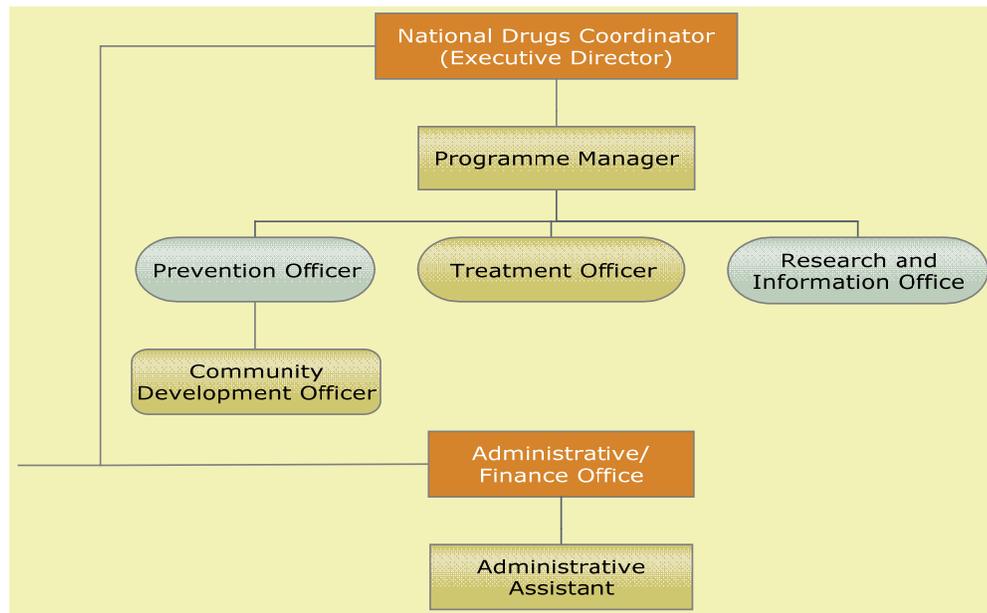
The Information and Research Officer will facilitate the gathering, analysis and dissemination of information to shape programmes and public policies.

The Community Development Officer ([proposed new post](#)) will provide linkages between the community level programmes, the prevention initiatives, the media, the school system, the private sector and civil society, and all other stakeholders that will from time to time be involved in the national drug control efforts.

The Secretary/receptionist post [should be upgraded to that of an administrative assistant post](#) that provides clerical, secretarial and executive level administrative support to the Secretariat in particular and the Board in general.

Implementation

The work of the Secretariat shall be implementation in accordance with the terms of reference and job descriptions developed or reviewed and approved by the Board, and geared towards implementation of the Master Plan. See proposed structure following:



LOCAL ACTIONS COMMITTEES (LACS)

Composition

It is recommended that these committees be established on each island and the composition should be made up of representatives of Departments/Agencies and other noted community structures and individuals, which will ensure representation of all segments of the community. The committees themselves can co-opt additional members with special skills, commitments, expertise or interest if, and when needed. Minimum resources will be required for the infrastructure of these committees (with regards meetings, reports, visits, consultations, etc.) and this should be coordinated through the Secretariat.

Functions

The LACs will ensure local actions on the Master Plan in each island and will inform and be kept informed. Each island's committee will be charged with the task of

- a. Liaising with the National Drug Council via the Secretariat at all times
- b. Facilitating and monitoring the implementation of the National Anti-Drug Strategy and the uniform spread of information and policies in all three islands
- c. Helping to inform the implementation of the priority measures identified in the Master Plan for each of the islands
- d. Implementing, encouraging and or advocate for the implementation of actions by civil society, non-governmental organizations or government departments.

Implementation

Funds should be identified by the Secretariat to support the implementation of programmes by civil society or non-governmental organizations that would be directed by the LACs. They should also play an important part in knowing and monitoring what government departments are implementing and be involved in incorporating the results of the implementation progress in their required reporting structure. The following are more definitive functions of the LACs:

- a. Give regular updates to the Secretariat concerning its actions, the progress and problems and other drug-related events in its area
- b. Provide information that the National Drug Council may from time to time require
- c. Formally report to the National Drug Council on a yearly basis (a template standardized reporting structure should be developed and approved by the National Drug Council for use by the LACs)

D. SUBSTANCE ABUSE FORUMS

Composition

It is proposed that substance abuse forums be established in each island consisting of a wide cross-section of stakeholders concerned in the field of education, community development, legislation, law-enforcement, policy making, drug abuse prevention, and drug abuse treatment. In addition, the business community and any other body interested in addressing substance abuse can be involved.

Functions and Implementation

The main function of the SAFs is to strengthen member organizations in carrying out their functions related directly or indirectly to addressing substance abuse, and to keep substance abuse high on the public and political agenda.

In addition, the SAFs role is to encourage networking and the effective flow of information between members of the forum especially in light of the development of the national drug information network.

With regards to the master plan implementation, they would also work to broadly assist the LACs in the execution of their tasks and formally report to the Secretariat on a yearly basis (a template standardized reporting structure should be developed and approved by the National Drug Council for use by the SAFs).

The management of the drug problem in society requires:

- The elaboration of scientifically well-founded outcomes
- A uniform and comprehensive management of prevention, therapy, risk
- reducing instruments and supply reduction through the instruments of criminal law,
- Allocating the necessary funding,

- Raising social awareness with respect to the drug problem and its management, and
- Active participation on the part of citizens and their organizations.

To this end, the Government intends to facilitate a consensus-based drug control and prevention activity conducted in the framework of extensive social co-operation, the exploitation of effective means of prevention, the continued development and maintenance of the treatment structure, the application of tightened legal regulations, and the development of mechanisms in line with the principles of supply reduction, all reconciled with one another, with a view to curbing drug availability (trafficking and illegal consumption).

Institutional Strengthening

Funding

The successful implementation of the National Anti-Drug Strategy will require adequate and sustained funding at all levels. In general, there needs to be a balance between demand and supply reduction. Increasing collaboration between Government and private and voluntary sectors is required. Where common goals exist among agencies, efforts must be made to consolidate and share resources.

Prevention programmes need more careful planning and execution to parallel the programming and expenditure of treatment and rehabilitation. More importantly, measures must be put in place to ensure that implemented actions produce efficient outputs and effective outcomes.

SECTION FOUR

THE DEMAND AND SUPPLY REDUCTION INDICATOR MATRIX

DEMAND REDUCTION STRATEGIC FRAMEWORK MATRIX

Based on the assessment of drug distribution within the country we recognize the threat of a wider variety of patterns of drug abuse particularly among young people, along with the need to enhance our response. Following the endorsement of this strategy by the Government, work will immediately commence on the development of an action plan that will establish the tasks and activities required to deliver the strategic demand reduction objectives.

We have highlighted (Section 1) the need to ensure that the national anti-drug strategy is comprehensive and we have also identified the need for the strategic objectives to build upon and link with a number of other strategies, for example, in the field of health and social policy, including: the National AIDS Programme; integration of the National Programme for Treatment and Prevention.

The following matrix will serve as a guide to the development of the immediate, intermediate and long-term actions for demand reduction that are in keeping with the strategies outlined in section 3.

This edition (2009-2013) of the NADS differs from the earlier one in some significant respects. The current one incorporates an implementation plan to ensure that responsible organizations and individuals appropriately tackle all issues raised in the NADS. This edition also deals with prioritized outputs/key results that have been decided based on consensus of stakeholders and partners involved in addressing the current problem facing the islands. It is envisaged that the changes and improvements in content to this edition will accommodate the new challenges in the drug dynamics presently operating in the Cayman Islands.

Demand Reductions Strategy/Objective/Output

Strategy	Specific objectives	Possible Outputs
<p>To strengthen and assist families and communities affected by drug abuse.</p>	<p>Restrict drug use through the provision of effective treatment and prevention</p>	<ul style="list-style-type: none"> ● Decrease/ prevent the increase of the number of new drug addicts
<p>To provide a national policy framework for the delivery of a comprehensive drug education programme.</p>		<ul style="list-style-type: none"> ● Reduction in the abuse of illegal drugs
<p>To guarantee the delivery of treatment and rehabilitation services that meets the needs of the individual.</p>		<ul style="list-style-type: none"> ● Decreased social isolation and social deprivation of high-risk groups
<p>To develop a culture and practice of data collection and dissemination in relation to substance abuse</p>		<ul style="list-style-type: none"> ● Reduction in the spread among drug abusers of diseases which have an impact on society
<p>Provide clear indications about the merit and worth of current actions and activities at the local level</p>		<ul style="list-style-type: none"> ● More employment access for drug abusers with the mediation of employment agencies through a process of social and community development ● develop a system of efficient and varied treatment programmes ● Easier access to efficient treatment programmes. Greater demand for treatment programmes ● Introduce best practices for prevention, treatment, rehabilitation and harm reduction ● Implemented programmes for social rehabilitation and reintegration ● Enhanced national level co-operation and research activities to the benefit of the national anti-drugs strategy ● Monitoring and assessment results in the area of demand reduction

SUPPLY REDUCTION STRATEGIC FRAMEWORK MATRIX

It is necessary to transform the efforts of individual competent agencies into a firm barrier to drug trafficking and crime. The existing threat is significant and our response, supported by the international means, needs to be adequate to the gravity and scale of the problem.

A detailed and comprehensive action plan will be developed following the adoption of this strategy. A number of activities are being carried out in support of supply reduction activities presently but needs to be harmonized and coordinated with the current strategy and the objectives set out by it.

The following matrix will serve as a guide to the development of the immediate, intermediate and long-term actions for supply reduction that are in keeping with the strategies outlined in section 3.

Supply Reductions Strategy/Objective/Output

Strategy	Specific objective	Possible Outputs
<p>To support the supply reduction efforts of law enforcement and interdiction agencies.</p>	<p>Reduce the supply of illegal drugs through increasing the efficiency of law enforcement and interdiction</p>	<ul style="list-style-type: none"> ● Optimized border control ● Establish legislative changes/ and improved legislation in the field of drugs ● Reduced the “spill out effect” (diversion of drugs from international traffic towards inside the country) within the country ● Reduced the number of drug related crimes ● Widened and improved co-operation among law enforcement bodies at national, regional and international level ● Monitoring and assessment report of the of results in the area of supply reduction

MONITORING AND EVALUATION STRATEGIC FRAMEWORK MATRIX

M&E and International Cooperation Strategy/Objective/Output

Strategy	Specific objective	Possible Outputs
<p>Provide clear indications about the merit and worth of current actions and activities at the local level</p> <p>To develop a culture and practice of data collection and dissemination in relation to substance abuse</p> <p>Encourage multi-agency cooperation and the involvement of civil society, the private sector and the international community</p>	<p>Provide effective drugs policy co-ordination and management and establish efficient information systems</p>	<ul style="list-style-type: none"> ● Visible policy that regards supply and demand reduction as equally important and interrelated; ● Evidence of strengthened countermeasures against illegal drug ● Improved interaction and co-operation among national institutions involved in the fight against drugs; ● Efficient interaction and co-operation established and visible working among institutions, private businesses, NGOs and civil society ● Wide public awareness of the current drug situation ● Increased co-operation with international organisations and other countries involved in training and information sharing

A Case for Demand Reduction (Prevention and Treatment) and Supply Reduction

Having said all that we have said, and proposed all that we have proposed, it now begs the question –are there any universally acceptable principles, rationale, guidelines (apart from those outlined in the Guiding Principles of the Political Declaration) upon which these proposed actions are based; and how should we approach this monumental task of delivering these actions?

The answers lie in two key practical resources with respect to Demand Reduction and one key set of recommendations with respect to Supply Reduction. The Centre for Substance Abuse Treatment (CSAT)¹¹ of the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Government's Department of Health and Human Services has provided us with practical guidelines and rationale for the treatment side.

The National Institute of Drug Abuse (NIDA)¹² of the U.S. National Institute of Health has provided guidelines and rationale for the Prevention side. The Commission on Narcotic Drugs (CND) resolution 51/4 and the International Narcotics Control Board (INCB) provides guidelines for Supply Reduction. These principles, rationale and guidelines are presented here to guide the planning and delivery process for all actions proposed in the context of national level demand and supply reduction.

¹¹ Changing the Conversation (2000) - Improving Substance Abuse Treatment. The National Treatment Plan Initiative (NTPI). U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Centre for Substance Abuse Treatment (CSAT).

¹² Preventing Drug Use Among Children and Adolescents - Applying Prevention Principles to Drug Abuse Prevention Programs. The National Institute of Drug Abuse (NIDA). U.S. National Institute of Health.

Substance Abuse Treatment

The guiding philosophy underlying substance abuse:

- Alcoholism and drug dependence are treatable illnesses
- Each individual in need of alcohol or drug treatment is unique.
- Clients and their families reflect the diversity of the population, including differences in race, ethnicity, socioeconomic status, education, religion, geographic location, age, sexual orientation, disability, and gender
- Treatment benefits the individual client and his or her family, but also the public health, the public safety, and the public purse
- Treatment should be timely, affordable, and of sufficient intensity and duration to be effective
- It should be provided in a safe, flexible, and accessible environment
- At times some individuals suffering from alcoholism or drug dependence may engage in improper or illegal behavior. Although such behavior may result from, or may be a symptom of the underlying illness, the illness does not excuse it. However, it is essential to recognize that the illness itself is a medical condition and a public health problem, for which effective treatments are available
- Treatment should adhere to a high standard of quality.

Guidelines and Recommendations

- ✓ INVEST FOR RESULTS: The wise use of resources require investment in treatment and services that in turn must produce the desired results.
- ✓ “NO WRONG DOOR” TO TREATMENT: Effective systems must ensure that an individual needing treatment will be identified and assessed and will receive treatment, either directly or through appropriate referral, no matter where he or she enters the realm of services.

- ✓ **COMMIT TO QUALITY:** Effective treatment and the wise use of resources depend upon ongoing improvement in the quality of care.
- ✓ **CHANGE ATTITUDES:** Significant reduction in stigma and changes in attitudes will require a concerted effort based on systematic research.
- ✓ **BUILD PARTNERSHIPS:** Effective efforts by individuals and organizations throughout the substance abuse treatment field to work with each other and with the many other people and groups throughout society who share a concern to improve substance abuse treatment will require specific encouragement and support.

Substance Abuse Prevention

Core Prevention Principles

These principles are intended to help parents, educators, and community leaders think about, plan for, and deliver research-based drug abuse prevention programs at the community level.

Risk factors and protective factors

PRINCIPLE 1 - Prevention programs should enhance protective factors and reverse or reduce risk factors. The risk of becoming a drug abuser involves the relationship among the number and type of risk factors (e.g., deviant attitudes and behaviours) and protective factors (e.g., parental support). The potential impact of specific risk and protective factors change with age. For example, risk factors within the family have greater impact on a younger child, while association with drug-abusing peers may be a more significant risk factor for an adolescent. Early intervention with risk factors (e.g., aggressive behaviour and poor self-control) often has a greater impact than later intervention by changing a child's life path (trajectory) away from problems and toward positive behaviours. While risk and protective factors can affect people of all groups, these factors can have a different effect depending on a person's age, gender, ethnicity, culture, and environment.

PRINCIPLE 2 - Prevention programs should address all forms of drug abuse, alone or in combination, including the underage use of legal drugs (e.g., tobacco or alcohol); the use of illegal drugs (e.g., marijuana or heroin); and the inappropriate use of legally obtained substances e.g., inhalants), prescription medications, or over-the-counter drugs.

PRINCIPLE 3 - Prevention programs should address the type of drug abuse problem in the local community, target modifiable risk factors, and strengthen identified protective factors.

PRINCIPLE 4 - Prevention programs should be tailored to address risks specific to population or audience characteristics, such as age, gender, and ethnicity, to improve program effectiveness.

Prevention planning - Family Programs

PRINCIPLE 5 - Family-based prevention programs should enhance family bonding and relationships and include parenting skills; practice in developing, discussing, and enforcing family policies on substance abuse; and training in drug education and information. Family bonding is the bedrock of the relationship between parents and children. Bonding can be strengthened through skills training on parent supportiveness of children, parent-child communication, and parental involvement. Parental monitoring and supervision are critical for drug abuse prevention. These skills can be enhanced with training on rule-setting; techniques for monitoring activities; praise for appropriate behaviour; and moderate, consistent discipline that enforces defined family rules. Drug education and information for parents or caregivers reinforce what children are learning about the harmful effects of drugs and opens opportunities for family discussions about the abuse of legal and illegal substances. Brief, family-focused interventions for the general population can positively change specific parenting behaviour that can reduce later risks of drug abuse.

School Programs

PRINCIPLE 6 - Prevention programs can be designed to intervene as early as preschool to address risk factors for drug abuse, such as aggressive behaviour, poor social skills, and academic difficulties.

PRINCIPLE 7 - Prevention programs for elementary school children should target improving academic and social-emotional learning to address risk factors for drug

abuse, such as early aggression, academic failure, and school dropout. Education should focus on the following skills:

- self-control;
- emotional awareness;
- communication;
- social problem-solving; and
- academic support, especially in reading.

PRINCIPLE 8 - Prevention programs for middle or junior high and high school students should increase academic and social competence with the following skills:

- study habits and academic support;
- communication;
- peer relationships;
- self-efficacy and assertiveness;
- drug resistance skills;
- reinforcement of anti-drug attitudes; and
- strengthening of personal commitments against drug abuse

Community Programs

PRINCIPLE 9 - Prevention programs aimed at general populations at key transition points, such as the transition to middle school, can produce beneficial effects even among high-risk families and children. Such interventions do not single out risk populations and, therefore, reduce labeling and promote bonding to school and community.

PRINCIPLE 10 - Community prevention programs that combine two or more effective programs, such as family-based and school-based programs, can be more effective than a single program.

PRINCIPLE 11 - Community prevention programs reaching populations in multiple settings—for example, schools, clubs, faith-based organizations, and the media—are most effective when they present consistent, community-wide messages in each setting.

Prevention programme delivery

PRINCIPLE 12 - When communities adapt programs to match their needs, community norms, or differing cultural requirements, they should retain core elements of the original research-based intervention which include:

- Structure (how the program is organized and constructed);
- Content (the information, skills, and strategies of the program); and

- Delivery (how the program is adapted, implemented, and evaluated).

PRINCIPLE 13 - Prevention programs should be long-term with repeated interventions (i.e., booster programs) to reinforce the original prevention goals. Research shows that the benefits from middle school prevention programs diminish without follow-up programs in high school.

PRINCIPLE 14 - Prevention programs should include teacher training on good classroom management practices, such as rewarding appropriate student behaviour. Such techniques help to foster students' positive behaviour, achievement, academic motivation, and school bonding.

PRINCIPLE 15 - Prevention programs are most effective when they employ interactive techniques, such as peer discussion groups and parent role-playing, that allow for active involvement in learning about drug abuse and reinforcing skills.

PRINCIPLE 16 - Research-based prevention programs can be cost-effective. Similar to earlier research, recent research shows that for each dollar invested in prevention, a savings in treatment for alcohol or other substance abuse can be seen.

The Nexus of Prevention - Risk Factors and Protective Factors

What are risk factors and protective factors?

Research over the past two decades has tried to determine how drug abuse begins and how it progresses. Many factors can add to a person's risk for drug abuse. **Risk factors** can increase a person's chances for drug abuse, while **protective factors** can reduce the risk. Please note, however, that most individuals at risk for drug abuse do not start using drugs or become addicted. Also, a risk factor for one person may not be the same for another.

Risk and protective factors can affect children at different stages of their lives. At each stage, risks occur that can be changed through prevention intervention. Early childhood risks, such as aggressive behaviour, can be changed or prevented with family, school, and community interventions that focus on helping children develop appropriate, positive behaviours. If not addressed, negative behaviours can lead to more risks, such as academic failure and social difficulties, which put children at further risk for later drug abuse.

Research-based prevention programs focus on intervening early in a child's development to strengthen protective factors before problem behaviours develop.

The table below describes how risk and protective factors affect people in five domains, or settings, where interventions can take place.

Risk Factors	Domain	Protective Factors
Early Aggressive Behavior	Individual	Self-Control
Lack of Parental Supervision	Family	Parental Monitoring
Substance Abuse	Peer	Academic Competence
Drug Availability	School	Anti-drug Use Policies
Poverty	Community	Strong Neighborhood Attachment

Risk factors can influence drug abuse in several ways. The more risks a child is exposed to, the more likely the child will abuse drugs. Some risk factors may be more powerful than others at certain stages in development, such as peer pressure during the teenage years; just as some protective factors, such as a strong parent-child bond, can have a greater impact on reducing risks during the early years. An important goal of prevention is to change the balance between risk and protective factors so that protective factors outweigh risk factors.

Applying Prevention Principles to Drug Abuse Prevention Programmes

[How are risk and protective factors addressed in prevention programmes?](#)

The risk and protective factors are the primary targets of effective prevention programmes used in family, school, and community settings. The goal of these programmes is to build new and strengthen existing protective factors and reverse or reduce risk factors in youth.

Prevention programmes are usually designed to reach target populations in their primary setting. However, in recent years it has become more common to find programmes for any given target group in a variety of settings, such as holding a family-based programme in a school or a church.

In addition to reaching targets in their primary setting, prevention programmes can also be described by the audience for which they are designed:

- Universal programmes are designed for the general population, such as all students in a school.
- Selective programmes target groups at risk or subsets of the general population, such as poor school achievers or children of drug abusers.
- Indicated programmes are designed for people already experimenting with drugs.

In the Family - Prevention programmes can strengthen protective factors among young children by teaching parents better family communication skills, appropriate discipline styles, firm and consistent rule enforcement, and other family management approaches. Research confirms the benefits of parents providing consistent rules and discipline, talking to children about drugs, monitoring their activities, getting to know their friends, understanding their problems and concerns, and being involved in their learning. The importance of the parent-child relationship continues through adolescence and beyond.

In School - Prevention programmes in schools focus on children's social and academic skills, including enhancing peer relationships, self-control, coping, and drug-refusal skills. If possible, school-based prevention programmes should be integrated into the school's academic programme, because school failure is strongly associated with drug abuse.

Integrated programmes strengthen students' bonding to school and reduce their likelihood of dropping out. Most school prevention materials include information about correcting the misperception that many students are abusing drugs. Other types of interventions include school-wide programmes that affect the school environment as a whole. All of these activities can serve to strengthen protective factors.

Supply Reduction

Pursuant to the Commission on Narcotic Drugs resolution 51/4, the International Narcotics Control Board (INCB) decided, to provide views on the five topics for discussion, namely (a) drug demand reduction, (b) supply reduction (manufacture and trafficking), (c) countering money laundering and promoting judicial cooperation, (d) international cooperation on the eradication of illicit drug crops and on alternative development, and (e) control of precursors and of amphetamine type stimulants.

These paragraphs reflect the views of the Board on the topic of supply reduction.

- States are obliged to address the illicit supply of drugs under the international drug control conventions. Article 35 of the Single Convention on Narcotic Drugs, 1961, and Article 21 of the Convention on Psychotropic Substances, 1971, stipulate that Parties shall, inter alia: “Make arrangements at the national level for coordination of preventive and repressive action against the illicit traffic; to this end they may usefully designate an appropriate agency responsible for such coordination.”
- The United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988, targets the illicit supply of controlled substances in a comprehensive manner, providing the international community with tools to combat drug trafficking, including the control of precursor chemicals, mutual legal assistance in investigation and prosecution of drug-related crime, as well as action against the laundering of money derived from illicit drug trafficking.

Further Recommendations

- Governments without a supply reduction policy should adopt one and ensure that an appropriate agency is designated or established to coordinate efforts in this area. Governments should improve cooperation between agencies involved in drug control, both at the national and international levels. States should explore ways of ensuring effective and sustained international and regional cooperation in addressing drug trafficking issues, either through multilateral forums or on a bilateral basis.
- Governments should ensure that appropriate procedural and substantive laws are introduced at the national level to deal with crimes committed in an electronic environment. The unauthorized offering for sale of narcotic drugs, psychotropic substances should be a prosecutable offence in the jurisdiction of any State that is a party to the international drug control treaties. Governments should require online pharmacies to be licensed wherever they operate or deliver prescription drugs, and should set up a system of oversight for such activities.
- Governments should develop programmes of action at the national and international levels that will have as its objective the prevention of drug-related high-tech crime. Drug law enforcement agencies should set up operational and functional networks at the global level. Assistance should be provided to developing countries considered at risk from such exploitation.
- Consideration might be given to the development of a United Nations convention against cyber-crime. Such a convention would provide a global classification and definition for high-tech and computer-related crime and a framework for legislative harmonization and international cooperation in the investigation and prosecution of cross-border crime committed or facilitated by electronic means. It could also include a section on drug-related crime,

with a reminder to Governments that any form of advertisement for narcotic drugs or psychotropic substances must be prohibited. The convention would have to balance concerns of security and protection from crime with concerns for civil liberties, dignity and privacy.

- Governments should coordinate supply reduction with demand reduction strategies. Efforts among government ministries and agencies responsible for law enforcement, health, education, social issues and economic development activities should be integrated into a complementary strategy. A central national authority, with a balanced representation of agencies focused on supply and demand reduction, should coordinate efforts and prioritize the distribution of financial and other resources.
- Governments should ensure that diversion of controlled substances from domestic distribution channels to illicit markets is prevented. Efforts should be made to enhance legislation on the domestic distribution of controlled substances, which should include provisions targeting drug-related crimes in an electronic environment as well as manufacture of and trafficking in counterfeit drugs.
- Governments should adequately monitor the licit manufacture and distribution of precursor chemicals used in the illicit manufacture of drugs, in addition to their controls over international trade, in accordance with article 12, paragraph 8, of the 1988 Convention. Where appropriate, States should further aim to control pharmaceutical preparations containing scheduled substances under the 1988 Convention in the same way that they control the scheduled substances contained in those preparations.

Appendices

Appendix 1

Political, Economic and Socio-cultural Overview and Impact

Political System

The Cayman Islands' political system is very stable, bolstered by a tradition of restrained civil governance, sustained economic prosperity, and its relative isolation from foreign policy concerns by virtue of its colonial relationship with the United Kingdom. Public discussion revolves around public sector expenditure and social services, the pace of additional economic development, and the status of the large foreign national community on the islands.

Trade and links to North America and Europe

The advent of modern transportation and telecommunications in the 1950s led to the emergence of what are now considered the Cayman Islands ' "twin pillars" of economic development: international finance and tourism. In 2004, there were more than 70,000 companies registered in the Cayman Islands, including 446 banks and trust companies. Forty of the world's largest banks are present in the Cayman Islands.

Although the United Kingdom is responsible for the Cayman Islands' defense and external affairs, important bilateral issues are often resolved by negotiations between the Cayman Government and foreign governments, including the United States. Despite close historic and political links to the U.K. and Jamaica, geography and the rise of tourism and international finance in the Cayman Islands' economy has made the United States its most important foreign economic partner. Following a dip in tourists from the United States after September 11, 2001, over 200,000 U.S. citizens traveled by air to the Cayman Islands in 2004; some 4,761 Americans were resident there as of 2005.

With the rise in international narcotics trafficking, the Cayman Government entered into the Narcotics Agreement of 1984 and the Mutual Legal Assistance Treaty of 1986 with the United States in order to reduce the use of its facilities for money laundering operations. In June 2000, The Cayman Islands was listed by multilateral organizations as a tax haven and a non-cooperative territory in fighting money laundering. The country's swift response in enacting laws limiting banking secrecy, introducing requirements for customer identification and record keeping, and for banks to cooperate with foreign investigators led to its removal from the list of non-cooperative territories in June 2001

Economy

Indicators for first half of 2007 suggest that the Cayman Islands economy is on a growth path to achieving real GDP growth of approximately 3.8%. The government's primary source of income is indirect taxation - there is no income tax or capital gains tax or corporation tax. An import duty of 5% to 20% is levied against goods imported into the islands. The government charges licensing fees to financial institutions that operate in the islands as well as work permit fees for expatriate employees. With no direct taxation, the islands are a thriving offshore financial center.

Tourism

Tourism accounts for 70-75% of the annual GDP of the Cayman Islands. Of the millions of tourists that visit the islands annually, 99% visit Grand Cayman. George Town also serves as a major cruise ship port, which brings in 4,000 to 22,000 tourists a day, five days a week, depending on the number of ships in port. Total visitor arrivals for the first half of 2007 recorded an increase of 3.3% over comparative period of 2006. Air arrivals grew 8.4% (163,086 visitors in 2007) while cruise arrivals (1,080,121 visitors in 2007) strengthened by 2.6%.

Economic Impact and Socio-cultural Impact of Substance Use/Trafficking

The negative consequences of substance use, misuse, abuse and trafficking affect not only individuals who use or abuse drugs but also their families and friends, businesses, government resources and the stability of the country on a whole. Although many of these effects cannot be quantified, the economic and social cost of substance abuse to the Cayman Islands in terms of lost wages, illness, crime and violence should not be set aside. Increased crime (including drug related), increase in diseases such as HIV/AIDS and the increased risk of illegal employment in drug trafficking, as more individuals pursue opportunities for "getting rich quick," puts significant demand on our Country's resources.

Surveys such as the Cayman Islands Student Drug Use Survey contribute to a better understanding of both current and changing rates of substance use. The statistical data on substance use amongst our youth indicates the following:

- Inhalant use is higher in 2006 compared to 1998.
- Any illicit drug use, including ganja but excluding inhalants, is higher in 2006 compared to 1998.
- The percentage of students reporting *no* substance use at all (including alcohol and tobacco) is lower in 2006 compared to all previous survey years.
- The perceived risk associated with trying cocaine has declined in 2006 compared to 1998.
- The disapproval of trying cocaine has declined in 2006 compared to 1998.

Furthermore the Workplace survey conducted in 2004 reveals the following information:

- About 42% of respondents who reported that they have or had a spouse or partner with a history of drugs or alcohol use had used ganja at least once in their lifetime.
- About 13% of respondents who reported that they have or had a parent with a history of drugs or alcohol use had used cocaine at least once in their lifetime.

- Only 48 persons (6.4%) indicated the likely source of the illegal drug they had previously used. For the most part these drugs came from friends (37 of 48) or partners/spouses (6/48).

- The sectors whose workers were more likely to report approval for smoking during breaks were: finance/business (35%), wholesale/retail (17%), real estate/construction (13%) and telecommunication/utilities (11%).
- In terms of approval of drinking during lunch hour, the majority of employees who approved were also from the finance/business sector (60%). Small proportion of respondents in the real estate/construction (9%), telecommunication/utilities (7%) and transportation sector (7%) also said they approved of this. The sectors whose workers were more likely to report approval for taking 1-2 drinks before coming to work were: finance/business (38%), wholesale/retail (14%), real estate/construction (10%) and tourism/entertainment (10%).

The Cayman Islands in recognising the implications of such data should therefore be vigilant in ensuring that demand and supply control efforts are developed. This will assist in reducing and eliminating the impacts of substance abuse issues on the social and economic fabric of our Country.

The impact of drug abuse and trafficking on our economy and our society does warrant research to assist in determining the full extent of its impact. Further analysis would allow us to have a better understanding of the relationship which illicit substance use, misuse and abuse has on; employment, illness, crime/violence as well as our economy.

Appendix 2

Strategic Alignment (national level strategies for the Sister Islands)

During the strategic update in 2006 concerns were expressed about the unique situations facing the Sister Islands. Concerned groups and citizens from the Sister Islands made contact with the NDC to solicit help and support in strategic planning for the drug use and abuse problem facing their communities.

In June 2006, the H.M. Customs Enforcement Unit of Cayman Brac coordinated a meeting between all relevant agencies and organizations to discuss the topic of drug use in the Sister Islands. The NDC was invited and were able to get first hand information from a wide cross-section of the community. Each group presented a brief summary detailing concerns pertaining to substance misuse/use/abuse in the Sister Islands. This consultation resulted in the articulation of strategic objectives with respect to the uniqueness of the Sister Islands and these are presented below and have been incorporated in the NADS. It is important that the LACs and SAFs incorporate and translate these objectives into credible actions at the local community levels to ensure that sufficient efforts are made to address the identified issues.

Strategy - to strengthen and protect our families and communities from the ill-effects of drug abuse.

1. To encourage churches and service clubs to work together in unity for the common good of our community.
2. To encourage fathers to participate in family roles through the National Parenting Programme.
3. To improve the quality and frequency of public service campaigns on the dangers associated with drugs, tobacco, and alcohol.
4. To encourage development of more employment opportunities for the Sister Islands.

Strategy - to provide a youth anti-drug campaign that promotes healthy lifestyle alternatives.

1. To enforce penalties on all local establishments which serve and sell alcohol and tobacco products to underage youth.
2. To develop a National ID card system to address the issue of purchasing alcohol and tobacco products by underage youth.
3. To improve community based activities that focus on drug prevention and sex education for youth.
4. To develop apprenticeship programmes for technical and vocational jobs to build positive self esteem.

Strategy – to provide a national policy framework for the delivery of a comprehensive anti-drug education programme.

1. To provide Public Information Campaigns and Drug Education Programmes relevant to the people of the Sister Islands.
2. To sensitize employers and supervisors to the rehabilitation process.
3. To reduce the stigma associated with drug dependence/rehabilitation process by the wider community.
4. To ensure coordination and participation in drug education initiatives by schools, churches and service clubs.

Strategy – to coordinate the delivery of prevention, treatment and rehabilitation services that meet specific needs of the individual.

1. To provide outpatient and residential facilities for treatment & rehabilitation of substance abuse clients in the Sister Islands.
2. To review and amend laws applicable to convicted drug-related offences.
3. To ensure Drug Court and Alternative Sentencing options are available to adult drug offenders in the Sister Islands.

Strategy – to coordinate supply reduction efforts with respect to all controlled substances in our islands.

1. To acquire adequate resources for law enforcement officers to effectively reduce the supply of drugs.

Strategy – to continuously monitor and maintain a database of information on drug abuse in the islands.

1. To provide specific reports on drug misuse, use and abuse for the Sister Islands.

Appendix 3

Summary Issues and Concerns – 2008 NADS Planning Meeting

General Comments and Feedback

1. There needs to be balance between supply and demand reduction and this should not be mistaken with equality nor does it suggest 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 a 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 this has resulted in frustration among 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 programmes 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 programmes address rehabilitation; they do not, however, utilise organisations for prevention activities, such as Cadet Corps, 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 programmes 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).

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 harmful it is. 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 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 its laws.

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 programme.
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, not in other youth groups/forums, 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.
16. The National Youth Strategy should be complementary to the NADS

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 and 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.

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 delivering the curriculum early in the child's life at school 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 programmes 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 programmes 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 programmes and funding for after school activities in the Brac.
3. Dialogue needs to happen at a policy level.

Appendix 4

Excerpts from the Guiding Principles on Demand Reduction

The United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances was adopted in Vienna on 19 December 1988. In this Convention the Signatory Parties state that

"...the magnitude of and rising trend in the illicit production of, demand for and traffic in narcotic drugs and psychotropic substances (.....) poses a serious threat to the health and welfare of human beings and adversely affects the economic, cultural and political foundations of society."

The Parties are also deeply concerned "by the steadily increasing inroads into various social groups made by illicit traffic in narcotic drugs and psychotropic substances, and particularly by the fact that children are used in many parts of the world as an illicit drug consumers market and for purposes of illicit production, distribution and trade in narcotic drugs and psychotropic substances, which entails a danger of incalculable gravity".

The Parties recognise "the links between illicit traffic and other related organised criminal activities which undermine the legitimate economies and threaten the stability, security and sovereignty of States"

The Parties further recognise that "illicit traffic is an international criminal activity, the suppression of which demands urgent attention and the highest priority."

The Parties are aware that "illicit traffic generates large financial profits and wealth enabling transnational criminal organisations to penetrate, contaminate and corrupt the structures of government, legitimate commercial and financial business, and society at all its levels."

The Political Declaration of the session of the General Assembly of the United Nations Organization dealing with how to jointly overcome drug problems (New York, June 1998) states:

“Drugs destroy lives and communities, undermine sustainable human development and generate crime. Drugs affect all sectors of society in all countries; in particular, drug abuse affects the freedom and development of young people, the world's most valuable asset. Drugs are a grave threat to the health and well-being of all mankind, the independence of States, democracy, the stability of nations, the structure of all societies, and the dignity and hope of millions of people and their families.”

...We the States Members of the United Nations... “pledge a sustained political, social, health and educational commitment to investing in demand reduction programmes that will contribute towards reducing public health problems, improving individual health and well-being, promoting social and economic integration, reinforcing family systems and making communities safer;”“the States Members agree to promote, in a balanced way, interregional and international co-operation in order to control supply and reduce demand;”

Appendix 5

Glossary

SUBSTANCE ABUSE

The term substance abuse includes the misuse and abuse of legal substances such as nicotine, alcohol, over-the-counter drugs, prescribed drugs, alcohol concoctions, indigenous plants, solvents, inhalants, as well as the use of illicit drugs.

DEMAND REDUCTION

A general term used to describe policies or programmes directed at reducing the consumer demand for psychoactive drugs. It is applied primarily to illicit drugs, particularly with reference to education, treatment, and rehabilitation strategies, as opposed to law-enforcement strategies that aim to interdict the production and distribution of drugs.

SUPPLY REDUCTION

A general term used to describe policies or programmes aiming to interdict the production and distribution of drugs, particularly law-enforcement strategies for reducing the supply of illicit drugs.

PREVENTION

Prevention is the proactive process that empowers individuals and systems to meet the challenges of life's events and transitions by creating and reinforcing conditions that promote healthy behaviours and lifestyles. It generally requires three levels of actions: primary prevention (focuses on altering the individual and the environment in such a way as to reduce the initial risk of developing substance abuse); secondary prevention (focuses on early identification of persons who are at risk of developing substance abuse and intervening in such a way as to arrest progress); tertiary prevention (focuses on treatment of the person who has developed a drug dependency).

TREATMENT

Treatment is a process aimed at promoting the quality of life of the drug dependant and his/her system with the help of a multi-professional team.

DRUG CONTROL

The regulation, by a system of laws and agencies, of the production, distribution, sale and use of specific psychoactive drugs locally, regionally and internationally. It is the aggregate of policies designed to affect the supply and or demand for illicit drugs, including education, treatment, control and other programmes and policies.

DRUG MASTER PLAN

A Master Plan is a single document, adopted by Government, outlining all national concerns in drug control.