



# Drug Prevention Policy in Jamaica

**OAS/CICAD Sub-Regional Seminar**

**October 28, 2014**

# Jamaica & Drug Control

- Like all international and regional efforts, Jamaica's efforts at drug control are premised on the adoption and articulation of three main United Nations Drug Control Conventions
  - Single Convention on Narcotic Drugs, 1961, modified by the Protocol of 1972;
  - Convention on Psychotropic Substances (1971);
  - Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988)

# Background

- International drug control policies and strategies have evolved in the recent past with the adoption of the Declaration on the Guiding Principles on Drug Demand Reduction and Measures to Enhance International Cooperation to Counter the World Drug Problem
  - Balanced approach between demand reduction and supply reduction, each reinforcing the other, in an integrated approach

# Conceptual Framework - National Drug Control



# Policy Framework

- Goal of National Drug Policy is to reduce the overall negative effects of drugs (whether licit or illicit) on the Jamaican society

# Guiding Principles

- **Comprehensive and Integrated Strategies -**  
The National Drug Policy recognizes the multi-dimensional context of substance use and the need for comprehensive and integrated strategies that address demand reduction, supply reduction, national and international control measures as well as the needs of individuals in a wholistic fashion.

# Guiding Principles

- **Evidence-based Approaches** – Scientific evidence must underpin the development of the National Drug Policy.
- Development, review and re-development of the Policy must be guided by evidence collection and evaluation, which is open to public scrutiny, informs periodic situational analysis of the current drug problem, and provides objective policy reviews.

# Guiding Principles

- **Public Health Approach** - focuses on health promotion, prevention of disease or injury, and reducing disability and premature mortality.
- Incorporates individual and societal health protection measures through protecting and promoting physical environments and supported social policy frameworks that maximize health and minimize individual and community harms.

# Guiding Principles

- **National Concerns** - The National Drug Policy addresses the most immediate concerns to the citizens in the context of the principal harms of drug use and abuse—serious crimes/violent crimes, public nuisances, drug-related violence, physical and mental health problems, prostitution, social and societal costs and community degradation.

# Guiding Principles

- **Partnerships** – The National Drug Policy advocates a ‘whole-of-government’ approach to addressing the national drug problem and is committed to working in partnership with like-minded organisations in government and in the non-government community (NGO) and business sectors to realize its goals.

# Guiding Principles

- **Rights** - The National Drug Policy respects human rights (in the context of the United Nations Universal Declaration on Human Rights), local judicial norms and our divergent cultural attitudes to alcohol and drug use.

# Gap Analysis – Institutional Framework

- **Lack of a broad set of policy statements**
- **Lack of a National *Policy Framework that Incorporates:***
  - An over-arching National Drug Policy
  - A Conceptual Framework for a National Supply Reduction Policy
  - A Conceptual Framework for a National Substance Abuse Treatment Policy
  - A Conceptual Framework for a National Drug Prevention Policy
  - One functional National Coordinating Body for Drug Control (both demand reduction and supply reduction) to provide sound policy direction and monitor and direct the national efforts.

# Gap Analysis – Institutional Framework

- **Unlinked Services**—there are no formal linkages that incorporate low-level mental health and substance abuse service delivery except on paper for the most part.
- **Poor institutional framework** for gathering, collating, analyzing, sharing (between demand and supply agencies) and dissemination of data and information needed, especially within the supply reduction framework, to make sound policy decisions.

# MEM Recommendations

2013-2017

- *Articulation by government of its National Drug Policy, along the guiding Principles outlined in the Political Declaration of the United Nations General Assembly Special Session (UNGASS).*
- *Development of (a) a comprehensive National Master Plans; (b) a National Drug Dependency Treatment Policy; and (c) a National Drug Prevention Policy.*

# MEM Recommendations

2013-2017

- *A significant focus on demand reduction programmes, policies and initiatives as there is presently for the supply reduction efforts (drug related law enforcement, customs and immigration initiatives, interdiction efforts, International Corporation, and dismantling the drug-crime relationship) can complement and add value to the overall desired outcome of the national drug control efforts.*

# MEM Recommendations

2013-2017

- *The establishment/appointment of one body to manage, coordinate and advise on higher level drug policy issues that incorporates demand and supply reduction—a Drug Advisory Council with reporting responsibility to the Office of the Prime Minister.*

# Mater Plan & Prevention Policy

- MP must mandate the immediate development of a comprehensive National Drug Use and Abuse Prevention Policy and Action Plan; (NCDA)
  - Introduction of stronger legislation on access to legal drugs (alcohol, tobacco and prescription drugs to minors)
  - Promoting wide public awareness; incorporating drug related issues in the school education system in a more active and targeted way; (MoE, MYSC)

# Master Plan & Prevention Policy

- Maintaining an approach to alcohol and other drug issues in Jamaica that is comprehensive, long-term and sustainable; (MoH/NCDA)
- Recognizing that there are marginalized groups (in particular children) in society that are affected by alcohol and other drug problems who face huge barriers in getting their needs met. As such, actions must be inclusive of their needs and responsive to their unique circumstances; (NCDA)
- An accompanying Communication Plan must be a key feature of this Master Plan – (MNS, all stakeholders)

# NCDA – Participation in Prevention Policy Development

- The Ministry of Education policy on dealing with substance abuse in schools
- A draft policy on substance abuse in the workplace developed by the NCDA management team which is before the NCDA Board for consideration
- Making recommendations to modernize the policy for the Mental Health programme and the Mental Health Act
- Modernizing the Spirit License Act and the government policy governing the legal age of consuming alcohol and selling alcohol.
- The development of a hemispheric policy on tobacco control (WHO/PAHO)
- The development of a hemispheric policy on preventing and treating alcohol abuse.

# National Policy for further Progress

- *Tobacco control policy consistent with the Framework Convention*
- *Alcohol policy to limit underage drinking*
- *Policy on substance use and abuse in the workplace*
- *Policy for the treatment of dual diagnosed patients (with particular emphasis on substance abuse disorder patients)*
- ***National Prevention and Treatment Policies***

# Summary

- Jamaica has a clearly outlined Master Drug Control Plan with roles and responsibilities outlined (MNS, MOH, NCDA, MOE etc)
- Gaps that still exist:
  - No overarching national policy statement;
  - No national coordinating body that coordinates, direct and monitor efforts at the national level, (with consistency and providing feedback, etc)
  - No comprehensive implementation plan guided by national prevention and treatment policies

Thank you