

→ *Information,
Needs and
Resources
Analysis*

Curaçao

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PREFACE

In the Political Declaration adopted at the 1998 Special Session of the UN General Assembly on Drugs, Member States agreed to eliminate or significantly reduce the supply and demand for illicit drugs by the year 2008. This is the first time that the international community has agreed on such specific drug control objectives. However, reliable and systematic data to monitor and evaluate the progress towards achieving these goals are presently not available. For this reason, the UN General Assembly requested the United Nations International Drug Control Programme (UNDCP) to provide Member States with the assistance necessary to compile reliable and internationally comparable data. Furthermore, UNDCP was asked to collect, summarise and analyse these data and report to the UN Commission on Narcotic Drugs on global trends in drug production and abuse.

To respond to this request, UNDCP has developed *two global programmes*: first a *global programme to monitor the cultivation of illicit crops* and second, a *global programme to assess the magnitude and patterns of drug abuse*. Both programmes, will hence be at the core of a credible international follow-up to the Political Declaration of Member States to reduce the production and abuse of illicit drugs.

The main objective of the **Global Assessment Programme on Drug Abuse (GAP)** is to develop and establish one global and nine regional systems to collect reliable and internationally comparable drug abuse data and assess the magnitude and patterns of drug abuse at country, regional and global levels.

At the *global level*, the programme will develop a set of internationally accepted indicators on drug abuse and develop practical and cost-efficient methods of collecting and assessing data on drug abuse. The global support sub-programme will further be responsible for the synthesis of national and regional data and aggregate them globally in order to report on global trends of drug abuse to the UN Commission on Narcotic Drugs.

At the *regional level*, the programme will adapt data collection methods to the respective regional, cultural, and social environments, strengthen existing regional institutions, and promote a regional network for drug abuse analysis, thereby supporting sound policy formation.

At the *country level*, the programme will develop and establish national capacities to collect, assess and report on drug abuse data for the development of national demand reduction policies and programmes.

GAP will deliver an improved and timelier understanding of the extent and patterns of the global drug abuse problem. Information will be available from developing countries that are increasingly severely affected by illicit drug problems. Standardization of indicators and the wider adoption of sound methods for data collection will result in an enhanced analysis of trends in drug abuse in both the industrialized and developing world.

Within the Caribbean region GAP supports the Caribbean Drug Information Network (CARIDIN). CARIDIN currently includes 14 CARIFORUM countries. Curaçao and Aruba are not officially part of the network, but do have observatory status at the CARIDIN meetings. CARIDIN was launched in July, 2001 and is part of the Drug Abuse Epidemiology Surveillance and System Project implemented by the Caribbean Epidemiology Centre (CAREC) and supported by GAP/UNDCP and OAS/CICAD.

The information contained in the current report will be used to assist with the development of an integrated drug information system in Curaçao .

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The following institutions participated in site visits and/or contributed information to the report:

- Fundashon Maneho Adikshon (FMA);
- Dr David Capriles Kliniek, Psychiatric Hospital;
- Brasami, Mandatory treatment facility;
- New Start, Rehabilitation Centre for men;
- Dios Yudami, Walk-in Centre;
- Sunrise Motivational Centre;
- Nos Tei Pa Otro, Rehabilitation Centre for women;
- Geneeskundige & Gezondheidsdienst (GGD) –Health department of the island;
- Bon Futuro Prison;
- University of the Netherlands Antilles, Curaçao Institute for Social and Economic Studies, CURISES;
- Customs Office Curaçao.

ABBREVIATIONS

ARQ	Annual Report Questionnaire
CAP	Client Management Computer Programme
CARIDIN	Caribbean Drug Information Network
CAREC	Caribbean Epidemiology Centre
CARIFORUM	Caribbean Forum (Group of 15 independent Caribbean States)
CICAD	Inter-American Drug Control Commission
CURISES	Curaçao Institute for Social and Economic Studies
FMA	Fundashon Maneho Adikshon
GAP	Global Assessment Programme
INRA	Information Needs and Resource Analysis
NGO	Non-Governmental Organisation
OAS	Organisation of American States
RSA	Rapid Assessment Study
UNDCP	United Nations International Drug Control Programme

EXECUTIVE SUMMARY

The purpose of this report is to serve as a resource for discussion when developing an information system on drug abuse among the Caribbean countries. The data sources and resources reported are *not* exhaustive and are intended only to provide a starting point, directing the reader toward potential data that can be used to monitor drug abuse.

This Information, Needs and Resources Analysis (INRA) in the Caribbean was conducted by the UNDCP Global Assessment Programme on Drug Abuse (GAP) to establish the country capacity for collecting information on drug abuse. The report provides an audit of existing information on drug abuse and resources available to support data collection activities. Key development “needs” to initiate a drug information system are identified, and a strategy for development of an integrated drug information system is suggested. The information contained for Curaçao was obtained through communication with relevant individuals and institutions in the countries.

INFORMATION

Most of the information gathering takes place at the Fundashon Maneho Adikshon (FMA) and the customs office Curaçao. Some of the treatment institutions are planning to gather information electronically, however the appropriate instruments, software and hardware or human resources are lacking.

Survey data

One quantitative survey on drug use has been conducted recently by the Institute for Social and Economic Studies (CURISES). The survey confirms the general observation from treatment facilities that the most common drug used in Curaçao is crack followed by marijuana and cocaine powder.

Indicator Data

The most comprehensive data source is the Fundashon Maneho Adikshon (FMA), which collects data at treatment admission through a computerized data gathering system. Apart from FMA, the customs office in Curaçao compiles data (drug seizures) on a regular basis at the central computer office of the Curaçao Detective Division and at the Customs Intelligence Centre.

Other potential sources of data include other treatment facilities in Curaçao, including those who are linked to the FMA (i.e. prison and psychiatric hospital).

At the moment, there is no comprehensive centralized data system in Curaçao, although the FMA works towards a centralized data system for all treatment centres.

Qualitative Data

Personnel working in the various institutions in Curaçao are able to provide information on the type, pattern of drug use and socio-demographic background of their clients.

No qualitative research on drug use has been conducted in Curaçao.

RESOURCES

The Fundashon Maneho Adikshon (FMA – Addiction Foundation) is the key institution involved in data collection and in the promotion of such efforts. The FMA uses a computerized data management system to gather their client information. Other treatment institutions collect their data on files but have the human resources to use a computerized system once training is provided. The Curaçao Institute for Social and Economic Studies (CURISES) and the Ministry of Health have expertise to conduct quantitative and qualitative research.

NEEDS

The main needs in Curaçao in order to improve data collection efforts include raising awareness for the purpose of compiling data, training in computerized data collection systems and in the analysis of data. Apart from software for data entry and analysis, some institutions are also lacking hardware. There is also a need for standardization of existing information for those institutions that already engage in data collection efforts. Due to the small size of the island and its associated lack of anonymity among its population, there is a need for a centralized data collection system that guarantees complete confidentiality and anonymity.

CONCLUSION

The main illicit drugs abused in Curaçao according to the information available are crack-cocaine, marijuana and cocaine. Currently no prevalence or incidence estimates for illicit drugs exist in Curaçao.

Only the FMA and the Customs office are currently in a position to report on their data collection activities. Although reporting does not take place at all other institutions there is a great potential for the development of treatment data reporting and also data collection in non-treatment facilities.

Essentially, the development of drug abuse epidemiology in Curaçao requires a centralized data collection system, which is partly being developed through the Client Management Computer Programme (CAP) operated by FMA.

1. INTRODUCTION

1.1. Background

The purpose of this report is to serve as a resource for discussion when developing an information system on drug abuse. The report is intended to help establish a sound information base, as the first step in establishing ongoing drug abuse surveillance. The data sources and resources reported are not exhaustive, and are intended only to provide a starting point, directing the reader toward potential data that can be used to monitor drug abuse.

Information, needs and resources analyses (INRAs) are being conducted under the UNDCP Global Assessment Programme on Drug Abuse. The purpose of the INRA is to establish the country capacity for collecting information on drug abuse. The INRA involves auditing existing information on drug abuse, auditing infrastructure and resources available to support data collection activities, and identifying key “needs” for development of a drug information system. The INRA also suggests a strategy for developing a drug information system, including short-term, medium-term and long-term goals.

The INRA for Curaçao was a pilot project for the Caribbean Region.

The activities of GAP, including INRAs, are coordinated with, and support, other UNDCP initiatives and local regional initiatives. In the Caribbean Region, GAP supports the Drug Abuse Epidemiology Surveillance and System Project (DAESSP) that is implemented by the Caribbean Epidemiology Centre (CAREC) through close coordination of activities and information sharing.

1.2. Country information

The island of Curaçao is 63 km long 30 km wide at its broadest; with an area of 171 sq miles (444 sq km) it is situated off the coast of Venezuela. Curaçao forms together with four other islands the Netherlands Antilles (population 240.000), which together with Aruba and the Netherlands form the Kingdom of the Netherlands. The Netherlands Antilles is a dependency of the Kingdom of the Netherlands but has full autonomy in internal government. An INRA covering the entire Netherlands Antilles was proven difficult to implement and meaningfully involve all island agencies to develop an integrated drug information system. Curaçao has a population of 130.000 - 140.000 inhabitants. The population of Curaçao is of African descent, mixed African and European descent and Dutch. Languages spoken in Curaçao are

Papiamentu, Dutch and some English and Spanish. Illiteracy rate in the Netherlands Antilles is 3.5%. According to the Central Bureau of Statistics and the Bureau of Economic Affairs and Central Bank of the Netherlands Antilles, the GDP in 1995 was 1.63 million US\$, unemployment rate 13.1% and inflation 2.8%. Major industries are oil refining, tourism, offshore banking and phosphates. Major trading partners are the USA, EU, Venezuela.

1.3. INRA for Curaçao

The information contained in the current report was compiled by the UNDCP Regional Epidemiological Adviser for the Caribbean during a two-day mission to Curaçao. The mission was organized through the Fundashon Maneho Adikshon (FMA), Curaçao. During the visit, the UNDCP Regional Epidemiological Adviser and a representative from FMA met with personnel at key institutions (see below). The nature of drug abuse in Curaçao was discussed, and information was obtained on any data collection methods utilized by the institution. Data collection forms and statistics on drug abuse were obtained where available. Selected information obtained during the meetings has been collated and presented in this report.

Following is a list of the institutions that were consulted:

- Fundashon Maneho Adikshon (FMA);
- Dr David Capriles Kliniek, Psychiatric Hospital;
- Brasami, Mandatory treatment facility;
- New Start, Rehabilitation Centre;
- Dios Yudami, Walk-in Centre;
- Sunrise Motivational Centre;
- Nos Tei Pa Otro, Rehabilitation Centre;
- Geneeskundige & Gezondheidsdienst (GGD) –Health department of the island;
- Bon Futuro Prison;
- University of the Netherlands Antilles, Curaçao Institute for Social and Economic Studies, CURISES;
- Customs Office Curaçao.

2. INFORMATION ON DRUG ABUSE

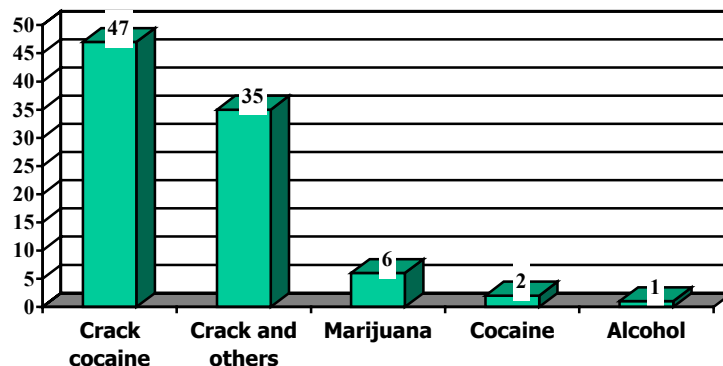
Curaçao is a major trafficking point for the transportation of cocaine emanating from South America and destined to North America and Europe. In addition heroin destined for North America passes through Curaçao. Being a transshipment point for cocaine trafficking, illicit drugs used in Curaçao include cocaine, crack-cocaine and also marijuana and amphetamine. Ecstasy from mainly the Netherlands reaches the island through its air traffic link with Europe. The following sections outline the information sources on drug abuse available in Curaçao by data type. Sample data available from these sources are also presented to give an impression of drug abuse trends in Curaçao.

2.1. Survey data

The most recent study on drug use was conducted by the Curaçao Institute for Social and Economic Studies in 1998 (CURISES). The capture-recapture method was applied to estimate the minimum number of chronic drug users in Curaçao. A total of 1212 homeless chronic drug users located in various areas (not all areas in Curaçao were covered) in Curaçao were interviewed. The number of “elite cholers” (drug addicts receiving shelter from family members) was estimated to be around 300. In addition, a total number of 1200 “stable addicts” (addicts with own housing) was estimated. Based on these estimations, a total number of 2712 drug users live in Curaçao.

Among those addicts who were interviewed (n = 1212), 84% were male and 16% were female. Sixteen percent had been in contact with the justice system. When asked about the types of crimes committed, selling drugs, stealing drugs or money, prostitution and stealing were the most common replies. The majority of addicts reported that they currently use “Base” (=crack cocaine) followed by “Base in combination with other drugs” and Marijuana (see figure 1).

Figure 1: Current drug use (%) among homeless drug users in Curaçao (n=1212)



In terms of infectious diseases, two thirds of the interviewees perceived themselves as being in no danger with respect to HIV/AIDS. When asked about the reasons the majority reported that they were “careful” and that they “had only one partner”. Seven percent stated that they saw no risks due to the fact that they do not inject drugs.

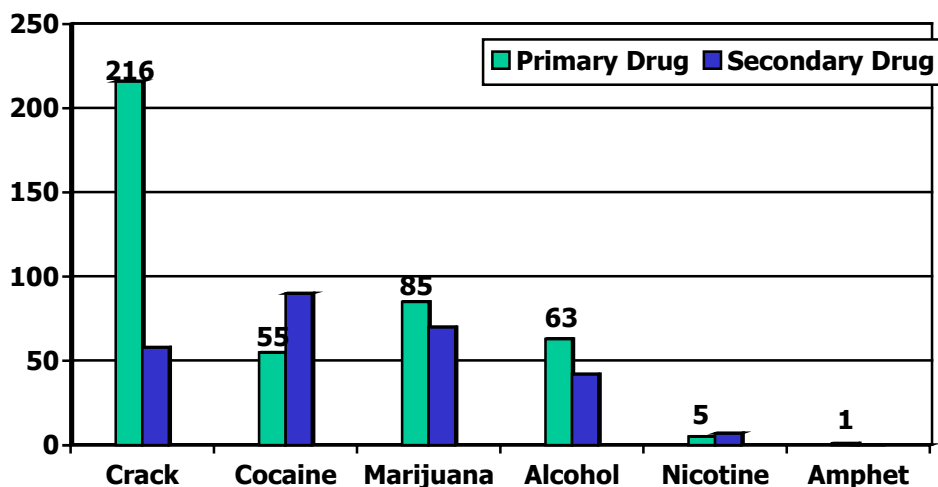
2.2. Treatment data

The Fundashon Maneho Adikshon (FMA) consists of 4 units, the prevention bureau, the central intake and screening unit, the point of entry for all cure-programmes, a counselling unit and a street-corner work facility. Three rehabilitation facilities are linked to FMA, however they are not technical units of FMA. They are run by separate foundations with their own staff, who receive funding from FMA and work within the guidelines set by FMA through management contracts.

There are currently four treatment centres in Curaçao. None collect data systematically on a computerized data collection form.

Reports from treatment professionals suggest that most clients seek treatment for cocaine- crack - addiction. Data from the FMA suggests that between January and November 2001, 216 clients named crack cocaine as their primary drug of use. For other primary drugs of use see figure 2.

Figure 1: Primary and secondary drug use among clients in contact with FMA between January and November 2001 (n=468)



Client data is gathered at the FMA through the recently installed Client Management (computer) programme (CAP) (See Annex 1 for information with respect to drug use included in CAP). The Programme is supposed to be used in all centres linked to the FMA (New Start Rehabilitation Centre a male facility with 42 beds, Sunrise Rehabilitation Centre a male facility with 14 beds and Nos Tei pa Otro, a female facility with 14 beds). The Mandatory Treatment Facility, Brasami is also linked to the system and will soon commence its use.

The programme is currently running as a DOS application but will be rewritten in Windows. No other data could be obtained from any other treatment facility due to the fact that they only record data in writing and/or do not produce any reports.

2.3. Psychiatric hospital data

The Dr David Capriles Kliniek serves the entire island, with 190 beds. Data from all patients is gathered at the admission by the general administration of the hospital. The data is used for internal purposes only and not routinely reported. A staff member stated that often the insurance company would not pay for treatment of addiction and this was a reason why data recording with regard to substance use is biased at the hospital.

According to a staff member substance related problems increased over the past 5 years at the hospital. In particular, the use of marijuana and cocaine/crack is frequent among (chronic) psychiatric patients. The psychiatric hospital consists of several units; one of them is the Department Pico Plata – a twenty bed residential unit that treats persons (males and females) with dual diagnosis. Currently it hosts 18 patients with mainly crack cocaine problems. At the Department Pico Plata itself no data is recorded.

2.4. Mandatory treatment facility (Brasami)

The mandatory treatment facility Brasami is a residential program responsible for the involuntary treatment of drug users. Brasami has 63 beds. Currently, 35 clients (including 3 women) occupy the centre with 6 staff members. Brasami currently does not collect data on drug, but intends to be linked to the CAP system that is operated by FMA. The main drug used by clients according to staff members at Brasami is crack cocaine.

2.5. Law enforcement data

2.5.1. Drug seizures

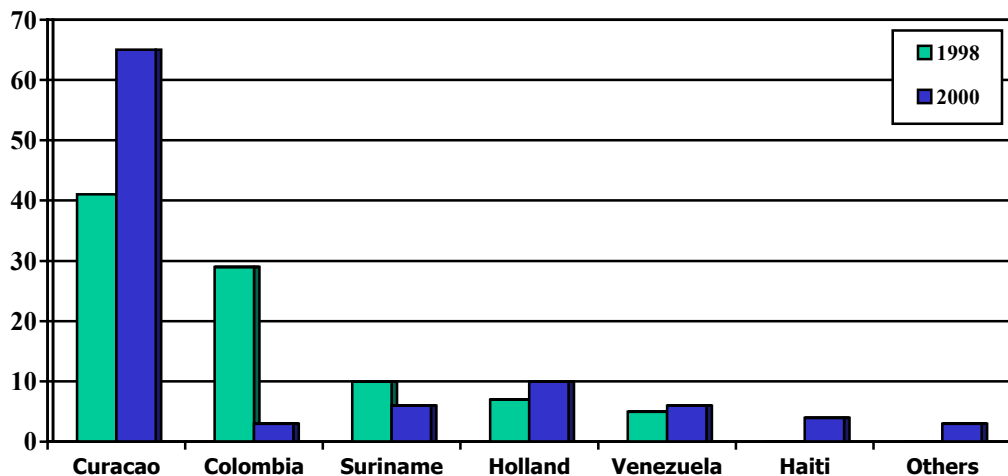
Data on the quantity of drugs seized in Curaçao show that the most common drug seized in 2000 is marijuana, with 1117kg. Cocaine/Crack cocaine was the second most common drug seized with 843kg in 2000. Also seized were 6 kg of heroin in 2000 and 39.294 tablets containing ecstasy. Between January and November 2001 alone 543 people were arrested trying to smuggle drugs.

Among drugs seized between January and November 2001, were 971.146 kg of cocaine, 803.71 kg of marijuana.

The circumstances that contribute to trafficking and consumption of cocaine include the proximity of Curaçao to Venezuela and Colombia, payment in kind for trafficking services, low prices of cocaine and the fact that retail trade of cocaine is an important source of income ("easy money") due to high unemployment and economic recession.

A study from the Police Department concerning persons who smuggle cocaine by swallowing ("bolita swallows") the substance showed that in 2000, 65% of them originate from Curaçao, while in 1998 only 41% came from Curaçao (see figure 3)

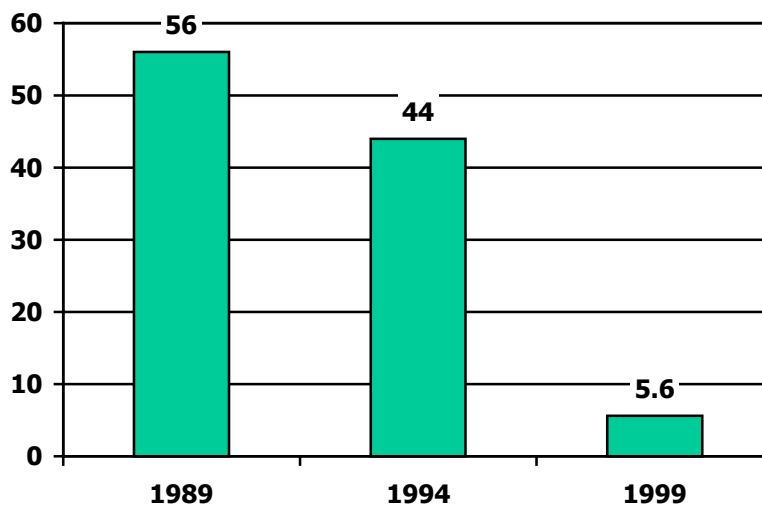
Figure 2: Nationality of "Bolita swallows" (%) 1998 and 2000



2.5.2. Purity/Price

Street prices for cocaine decreased considerably over the past 10 years (see figure 4). In comparison to the prices in Netherlands, cocaine is far less expensive in Curaçao. For example, in 1999 one kg of cocaine had a price of USD 2779 in Curaçao while in the Netherlands, 1 kg of cocaine was USD 27.778 . Purity of cocaine in Curaçao is around 40-70%.

Figure 3: Price development in Curaçao for 1 gram 1989, 1994 & 1999



2.6. Specialized studies and other data

No specialized studies have been conducted in Curaçao.

2.7. Prison data

The prison system in Curaçao houses approximately 650 people of which 70 are women. Prisoners diagnosed with a psychiatric disorder or drug/alcohol problem are admitted to the Department FOBA, with currently 21 inmates. According to staff members, 80% of inmates at the FOBA have a drug problem. No data on drug use, pattern of drug use, drug offences is currently recorded at neither the overall prison administration or at the FOBA in particular. In the past there was an attempt to collect data on a SPSS data sheet, however it was never used.

3. RESOURCES

Curaçao has a potential infrastructure for data collection. The majority of institutions have access to computers, but not all have database software. Although some of the staff members at the various institutions are acquainted with data collection, training in data entry and basic data analysis is needed.

Curaçao has several institutions that could support drug abuse data collection and contribute to a drug abuse epidemiology network. Those institutions that are already linked or will be linked with Fundashon Maneho Adikshon through the Client Management Computer Programme as well as Brasami, the mandatory treatment facility could provide an initial centralized data collection network. Other institutions might join this system or provide a minimum set of data with regards to drug use to an island network. Overall, institutions who could contribute to a drug abuse epidemiology network are:

1. Fundashon Maneho Adikshon (FMA);
2. Island Health Department;
3. Treatment Institutions:
 - Brasami, Mandatory treatment facility;
 - New Start, Rehabilitation Centre;
 - Dios Yudami, Walk-in Centre;
 - Sunrise Motivational Centre;
 - Nos Tei Pa Otro, Rehabilitation Centre.
4. Dr David Capriles Kliniek, Psychiatric Hospital;
5. Bon Futuro Prison;
6. Customs Office.

Expertise with regard to drug abuse epidemiology is available in the following areas:

1. Curaçao Institute for Social and Economic Studies, CURISES;
2. Department of Epidemiology;
3. Central Bureau of Statistics.

The priority for Curaçao should be to enhance the development of a network among the treatment institutions and improve data collection strategies within the agencies. Expertise in the field of epidemiology should also be enhanced, however currently no course exists which could take up this task.

4. NEEDS

The main resources needed to be developed in Curaçao are the centralized data collection system by FMA and the development of a network involving all relevant agencies. Data on substance use is not readily available in Curaçao from other agencies apart from FMA and the Customs Office. The treatment centres need assistance either to link to the CAP system or to initiate their own data collection strategy (i.e. prison and psychiatric hospital). A set of mutually agreed standardized core indicators could then be exchanged between all agencies. The following priority areas are suggested:

1. Establishment of a coordinated network of professionals in the drug and alcohol field who meet regularly and discuss the development of drug abuse epidemiology. This network should encompass the institutions outlined under "Resources". The network needs to develop a methodology for dissemination of information on drug abuse to contributors and other health professionals. The initial purpose of the network would be to discuss a set of core data submitted by all agencies and that would be satisfactory to all institutions with respect to meeting all necessary standards of confidentiality.
2. Development of treatment reporting among all treatment centres in Curaçao and the exchange of core indicators that would be analysed centrally.

In addition, the following two potential data sources should be developed in order to be able to contribute to a centralized data system:

➤ **Prison**

Data from the prison and especially from the Department FOBA would be an important source of information on the population of drug users not in contact with treatment facilities. The prison expressed their interest in data collection but would need hardware, software as well as assistance in the development of a data collection form.

➤ **Law enforcement data**

Data on drug seizures are compiled once per month at the central computer office of the Customs Detective Division and also at the Customs Intelligence Centre using an Excel table. All information are compiled twice a year and analysed with a risk assessment program. Information from the customs service would be an important source of information that could contribute to a centralized data system.

➤ **Qualitative Data**

Qualitative reports from treatment professionals and outreach workers could be used as an inexpensive means of detecting emergency trends through an island network. Interest to conduct qualitative research on vulnerable populations (i.e. young people and ecstasy use) was expressed by the island Health Department, which could provide further details on the pattern of drug use in Curaçao.

5. STRATEGIC ANALYSIS

The strategic analysis of information gained through the INRA is divided into three parts. First, available data sources on drug abuse are analysed individually to assess their utility. Second, information from the analysis of data sources is assimilated with information on available network resources to form a framework for a drug information system. Third, strategic goals are set to develop the proposed drug information system.

5.1. Analysis of data sources

Data Source	TREATMENT
Current development	Data collection is medium developed at an agency level, but only tentatively collated centrally
Coverage	Potentially 100%
ARQ Compatibility	Drug categories need to be consistent with ARQ drug categories.
Development potential	Medium term
Priority	High
Sustainability	High
Training and support needs	Development of core indicators, data definitions, which could be used among all treatment facilities. Support in collating data centrally. The CAP would need to be adopted to be consistent with the ARQ
Infrastructure needs	Database software (Windows)
Key institutions	Fundashon Maneho Adikshon and all treatment centres
Proposed development strategy	Assist with modifying the existing client management computer programme (CAP) to include standard indicators of drug use and abuse and develop and install the collection of core indicators at other treatment facilities and promote the exchange of these among all treatment centres.

Data Source	Psychiatric data
Current development	Data collection is developed at the general administration level but not at the specialized units.
Coverage	Potentially 100%
ARQ Compatibility	Low
Development potential	Medium term
Priority	High
Sustainability	High
Training and support needs	Development of core indicators, data definitions, and a standard form for data collection.
Infrastructure needs	Hardware for the specialized unit Pico Plata within the psychiatric hospital.
Key institutions	Dr David Capriles Kliniek Psychiatric Hospital
Proposed development strategy	Review data collection at general level and assist with development of standardized data collection form at the Department Pico Plata Provide training on completion of the standardized data collection form, and data definitions. Provide database software and training in data entry and analysis.

Data Source	PRISON
Current development	Data collection is not developed
Coverage	Potentially 100%
ARQ Compatibility	Drug categories need to be made compatible with the ARQ once a data collection form is in place.
Development potential	Long term
Priority	High
Sustainability	High
Training and support needs	Training needs to be provided to staff in order to be able to use a computerized data system
Infrastructure needs	Computers and database software
Key institutions	Prison " Bon Futuro"
Proposed development strategy	Nominate key persons within the prison to organize data collection and regular data analysis and contribute to a drug information system.

Data Source	Seizures
Current development	Data on drug seizures are compiled once per month at the central computer office of the Customs Detective Division and also at the Customs Intelligence Centre
Coverage	Potentially 100%
ARQ Compatibility	High, According to information from the customs intelligence centre, definitions for drugs are compatible with the ARQ
Development potential	Medium term
Priority	Medium
Sustainability	High
Training and support needs	No short-term training needs could be identified.
Infrastructure needs	No infrastructure needs could be identified
Key institutions	Customs Intelligence Centre, Curaçao
Proposed development strategy	Nominate a key person within the customs office to share data on a regular basis with a centralized island drug information system.

5.2. Epidemiological network

A preliminary epidemiological network among treatment facilities is currently underway, however other institutions would need to be linked to an island network. Although some facilities do collect already information, others would need to establish data collection within their system. The small size and population of Curaçao would allow for island coverage once all related institutions have their data collection put in place. An island network should be established to initiate a centralized data collection.

The network should include the representatives from the following institutions:

- 1) All treatment facilities
- 2) FMA
- 3) Prison
- 4) Police department
- 5) Customs office and coast guard
- 6) General Hospital
- 7) Psychiatric Hospital
- 8) CURISES
- 9) Health Department of the island
- 10) Outreach service

The coordination of the network could be provided through the FMA. All agencies could report their data on a regular basis to the FMA.

5.3. Proposal for strategic development

The establishment of an island network in order to discuss a centralized data collection strategy is a first priority in Curaçao. Network members would need to be trained in the analysis and presentation of statistics as well as discuss the exchange of data. A steering committee could be formed to oversee the implementation of the network.

5.3.1. Short-term goals

1. Establishment of an island drug information network to support an integrated Drug Information System. Data included in this network would be:
 - a. Treatment data: Number of admissions, type of drug used, frequency and quantity
 - b. Number of admissions to the psychiatric hospital with drug related psychiatric disorders by drug type
 - c. Number of police arrests and seizures related to drugs, drug prices and purity
 - d. Number of drug users in contact with outreach service, pattern of drug use
 - e. Number of inmates admitted to FOBA Department at the Prison with a their primary problem related to drug use

2. Ensure regular network meetings and the steering committee to oversee the development of the network and to undertake the administration of the network, coordination of data collection, data analysis and data dissemination.

5.3.2. Medium term goals

1. Assist in the development of data collection among institutions that do not collect data so far
2. Training of network staff in the analysis and presentation of data

5.3.3 Long-term goals

1. Increase the involvement of FMA, CURISES, island Health Department in conducting specialized quantitative and qualitative research (on i.e. young people and ecstasy use) island school surveys and to support the inclusion of drug use indicators into future island surveys.
2. Promote the inclusion of drug epidemiology into existing courses at CURISES

6. CONCLUSION

The main illicit drugs abused in Curaçao according to the information available are crack-cocaine, marijuana and cocaine. Although there are verbal recordings and data on seizures of tablets containing ecstasy, no accurate estimation of the number of ecstasy/ amphetamine is currently available.

Currently no prevalence or incidence estimates for illicit drugs exists in Curaçao.

Due to the geographic location of the island, Curaçao is a major transshipment point for cocaine emanating from Colombia. As a consequence, high availability and low prices for cocaine increased consumption on the island.

Only the FMA and the Customs office are currently in a position to report on their data collection activities. Although this is lacking from all other institutions there is a great potential for the development of treatment data reporting and also data collection in non-treatment facilities due to their willingness for cooperation. What is needed is training in data collection, assistance in installing the adequate software as well as the nomination of key persons from each of the agencies to act as a focal point for data collection.

Essentially, the development of drug abuse epidemiology in Curaçao requires a centralized data collection system, which is partly being developed through the CAP operated by FMA. The systems would need to be put in operation in all treatment facilities and other non-treatment facilities would need to be engaged in sharing a core set of standardized indicators.

APPENDIX 1: LIST OF INSTITUTIONS

Name	Organization	Contact details
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APPENDIX 2:

CLIENT MANAGEMENT DATA SYSTEM

Data with regard to the use and abuse collected through the Client Management Data System

- Primary problem
- Alcohol
 - Amphetamines
 - Anorexia nervosa
 - Crack cocaine
 - Bulimia
 - Cocaine
 - Ecstasy
 - Gambling
 - Hallucinogens
 - Glue/gasoline
 - LSD
 - Marijuana
 - Medicine
 - Nicotine
 - Sex

- Secondary problem
- Alcohol
 - Amphetamines
 - Anorexia nervosa
 - Base
 - Bulimia
 - Cocaine
 - Ecstasy
 - Gambling
 - Hallucinogens
 - Glue/gasoline
 - LSD
 - Marijuana
 - Medicine
 - Nicotine
 - Sex

Frequency

- Several times per day
- Daily
- Several times per week
- Weekly
- Irregularly
- Unknown

Juridical status

Date of beginning of present juridical status

Number of detentions/custodies

Duration of detentions/custodies

Type of offences

- None
- Homicide
- Fraud
- Violence
- Violence involving other people
- Trafficking of illicit drugs
- Theft
- "Zedendelicten" (moral offences)

Previous treatments

Facility _____
Beginning _____
End _____