

**BARDIN**

# Barbados Drug Information Network Report

An analysis of the 2011 Data



Prepared by

**The National Council on Substance Abuse**



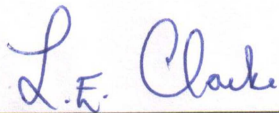
## Foreword on Barbados Drug Information Network (BARDIN)

As Chairman of the National Council on Substance Abuse, I am delighted to write after the completion of the first manually driven data collection report on drug information in Barbados. This report reflects information gathered for the period January 01, to December 31, 2011. In Barbados and the wider Caribbean region there is great concern about drug use but oft-times, agencies are engaged in their individual collection of data thereby limiting the view of the total picture.

The Barbados Drug Information Network (BARDIN) is an attempt by the National Council on Substance Abuse (NCSA) to provide factual information on drug use through the use of data collection protocols. Such protocols provide the opportunity to collect, analyze and disseminate drug related data through which more accurate information can be garnered as to the status of the drug problem in Barbados.

The BARDIN project is reflective of a culmination of efforts of various participating agencies such as, the Royal Barbados Police Force (RBPF), Her Majesty's Prisons Dodds, The Barbados Customs and Excise Department and the Government Industrial School (GIS) working in close collaboration with the NCSA's Research and Information Department. The collection of this useful data will be disseminated among stakeholders for their perusal and further planning.

I therefore take this opportunity on behalf of members of the Board of Directors and the Manager and staff of the NCSA to thank those participating agencies and the Research and Information department for this report. We do look forward to the continued support of stakeholders and the production of future BARDIN report as we fulfill our mandate of keeping all abreast of statistical information on drug use in Barbados.



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Lawrence Clarke

Chairman

National Council on Substance Abuse

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## 1. Introduction

The National Council on Substance Abuse (NCSA) was established by the NCSA Act 1995-13. The NCSA's mandate is to advise on measures to eradicate or control substance abuse through programmes and projects aimed at the prevention, elimination or control of substance abuse. The Barbados Drug Information Network (BARDIN) is the mechanism through which the NCSA collects and disseminates information on drug demand reduction and supply control activities across the island.

BARDIN forms part of a regional surveillance network to strengthen the capacity of CARIFORUM governments, technical entities and regional agencies to respond to changing patterns of drug abuse in the Caribbean. Similar networks have been established in Grenada, Jamaica, Trinidad and Bermuda under the Caribbean Drug Information Network (CARIDIN). Cumulatively, these networks will lead to a coordinated and collaborative effort with all regional and international agencies involved in drug abuse control programmes.

At the time of its inception in 2005, BARDIN was an intranet-based pilot project, the purpose of which was to facilitate the sharing of drug-related information among the relevant governmental and non-governmental agencies. During an evaluation of this pilot phase 2005-07, participating agencies highlighted the successes and challenges encountered, following which BARDIN was inactive for a period of approximately 4 years.

BARDIN was re-launched in October 2011, having taken the decision to replace the intranet based system with a more practical approach. This involves combining the use of the internet along with the manual collection of data. Using this approach data will be disseminated to participating agencies on an annual basis.

The objectives of BARDIN are:

- To strengthen the capacity of the Government and technical entities to respond to the changing drug abuse patterns and trends in Barbados;
- To provide current epidemiological and other information on substance abuse;
- To regularly update this information;
- To identify trends in the nature of substance abuse and drug trafficking over time;
- To provide relevant information for effective planning, evaluation and management of drug control programmes.

## **The Present Report**

In an effort to effectively present the baseline data on current responses to drug problems in Barbados for the period January 01 to December 31, 2011, this report will be subdivided into 2 broad sections: Demand Reduction and Supply Control. Demand Reduction encompasses the areas of Prevention and Education and Treatment and Rehabilitation; while Supply Control refers to activities pertaining to the work of the Royal Barbados Police Force, Her Majesty's Prisons Dodds, The Barbados Customs and Excise Department and the Government Industrial School. Overall, BARDIN attempts to capture pertinent drug-related information to inform policy and actionable programs. However, not all drug related data is included in this reported. For example, data on illicit drug seizures and the eradication of illicit crops (The Royal Barbados Police Force) and the purity of drugs tested (Forensics Science Laboratory) were not included. It should be noted, however, that the report begins with an overview of existing research so as to provide a wider contextual view of drug use in Barbados.

## 2. Demand Reduction

### 2.1 National Council on Substance Abuse

2.1.1 Table 1: Existing Research and Analysis

	Study Overview	Alcohol			Tobacco			Marijuana			Cocaine Powder			Crack Cocaine		
		Lifetime	Annual	Current	Lifetime	Annual	Current	Lifetime	Annual	Current	Lifetime	Annual	Current	Lifetime	Annual	Current
<b>National Primary School Survey (2009)</b>	A representative survey of 1,983 primary school students in Barbados between the ages 9-11 years.	52.9%	45.8%	-	7.2%	1.3%	-	4.8%	1.6%	-	2.8%*	1.2%*	-	-	-	-
<b>SIDUC Secondary School Survey (2007)</b>	A representative survey of 2,239 secondary school students in Barbados between the ages 13-17 years.	74.7%	54.9%	34%	21.3%	7.6%	3.5%	17.7%	10.8%	6.1%	2.0%	0.9%	0.5%	2.0%	0.7%	0.5%
<b>Barbados National Household Survey (2007)</b>	A representative survey of 2,000 Barbadians between the ages of 12-65 years.	81.9%	55.2%	39.1%	38%	13.1%	10.2%	16.3%	8.3%	6.6%	1.1%	0.4%	0.2%	0.1%	**	**

\*This study did not distinguish between cocaine powder and crack cocaine. Results based on the general category of cocaine.

\*\* No results are presented due to there being less than 25 respondents indicating annual and current use.

## **Indicators of drug use**

- ◆ *Lifetime prevalence*: percentage of target population that have used drugs at least once in their lifetime
- ◆ *Annual prevalence*: percentage of target population that have used drugs one or more times in the 12 months preceding the survey
- ◆ *Current prevalence*: percentage of target population that have used drugs one or more times in the 30 days immediately preceding the survey

## **Summary of foregoing research data**

### **Alcohol**

The research indicates that 52.9% of primary and 74.7% of secondary school students have experimented with alcohol; while 81.9% of Barbadians between the ages of 12 to 65 years have used the substance at least once during their lifetime. These statistics show that the greater the age range under examination, the greater the percentage of persons indicating lifetime use. In keeping with this realization is the finding that just over 3 out of 10 secondary school students and approximately 4 out of 10 Barbadians between 12 and 65 reported current use of alcohol.

### **Tobacco**

From Table 1, it can be seen that 7.2 % of primary school students (ages 9-11 years) and 21.3% of secondary school students admitted to smoking cigarettes during their lifetime, while 38% of Barbadians who participated in the household survey indicated having smoked cigarettes at least once in their life. Thus, in the case of tobacco use, it would also appear that as the age range of persons being studied increased, so too did the number of persons indicating lifetime use of the substance. This trend is also reflected in current use, in that 3.5% of secondary school students and 10% of participants in the household survey (ages 12-65) reported smoking cigarettes within the 30 days preceding their participation in the respective studies.

### **Marijuana**

The findings of the reviewed studies reveal that 4.8 % of primary school students (ages 9-11 years) and 17.7% of secondary school students reported smoking marijuana at least once, while 16.3% of Barbadians between the ages of 12 and 65 years indicated lifetime marijuana use. In this instance, secondary school students were more likely than persons participating in the primary school and

household surveys to have used marijuana at least once during their lifetime. Nevertheless, a similar percentage of secondary school students (6.1%) and Barbadians between the ages of 12-65 years (6.6%) indicated that they were current users of marijuana.

### **Cocaine**

A small percentage (2.8%) of primary school students (9-11 years of age) have experimented with either cocaine powder or crack cocaine. This finding corresponds with the small proportion of secondary school students (2%) and Barbadians between the ages of 12-65 years (1.1%) who reported using either cocaine powder or crack cocaine during their lifetime.

### **Age of First Use (SIDUC Secondary School Survey 2007)**

#### **Cigarettes**

Three-quarters (75%) of the students who used cigarettes had used them by the age of 13 years; while a notable proportion (14%) had smoked cigarettes by age 9.

#### **Alcohol**

Three-quarters (75%) of students who used alcohol had initiated use by age 13 and an alarming 25.6% by age 9.

#### **Marijuana**

Three-quarters (75%) of the students who used marijuana had done so by age 14 while 7.6% had used the drug by age 9.



## 2.1.2 NCSA Drug Education Programmes/Interventions

Table 2: Persons Targeted by NCSA Programs during 2011 by Age and Gender

Intervention	Age Range Targeted	No. of Males Targeted	No. of Females Targeted	Total no. of Persons Targeted
<b>Community</b>				
Edna Nicholls Centre <sup>1</sup>	11-16 years	31	1	32
Stop! Think! Choose!	11-18, 19-40 years	56	65	121
Youth Seminar	13-14 years	30	45	75
Irving Wilson – Peer Support	12-18 years	9	14	23
Project SOFT	10-12 years	23	21	44
Workplace Drug Interventions	16-65 years	116	300	416
Drug Education Sessions	5-65 years	154	222	376
I Make the Choice!	16-55 years	631	586	1217
<b>TOTAL</b>		<b>1050</b>	<b>1254</b>	<b>2304</b>
<b>Primary School</b>				
Safe & Unsafe	5-7 years	230	192	422
Jugs & Herrings	6-8 years	205	190	395
Just the Facts	7-8 years	141	143	284
Drugs & My World	8-9 years	754	523	1277
Drugs & Decisions	10-11 years	1174	943	2117
Life Education Centre (LEC)	3-11 years	2176	2181	4357
- Nursery	3-4 years	239	222	461
- Reception	4-5 years	245	246	491
- Infants A	5-6 years	282	276	558
- Infants B	6-7 years	285	253	538
- Class 1	7-8 years	316	350	666
- Class 2	8-9 years	236	226	462
- Class 3	9-10 years	269	265	534
- Class 4	10-11 years	304	343	647
<b>TOTAL</b>		<b>4680</b>	<b>4172</b>	<b>8852</b>
<b>Secondary School</b>				
Drugs Education and Life Skills	11-16 years	-	-	2741
Dance and Drama	11-16 years	-	-	60
<b>TOTAL</b>		<b>1580</b>	<b>1221</b>	<b>2801</b>

Source: NCSA

<sup>1</sup> The aim of the Edna Nicholls Out-of-School Programme is to provide rehabilitative programmes for secondary school students who have been suspended, referred or expelled from school

Table 2 above presents an overview of the number and gender distribution of persons who took part in the various NCSA drug education programmes/interventions during the year 2011. From the results, it can be seen that the primary school programmes targeted the greatest number of persons, followed by the secondary school and community programmes respectively. Although there was no great variation in the number of males and females involved in the various programmes, the total number of males outnumbered the females within the primary and secondary school programme categories. Alternately, more females than males were targeted by the community programmes.

## **2.2 Drug Abuse Resistance Education (D.A.R.E) Programme**

The Royal Barbados Police Force delivers the Drug Abuse Resistance Education (D.A.R.E.) programme throughout Barbados; and data was requested from the Force pertaining to the scope and reach of the said programme. However, the requests for this data were not met and therefore no such information is presented within the current report.

## **2.3 Drug Testing**

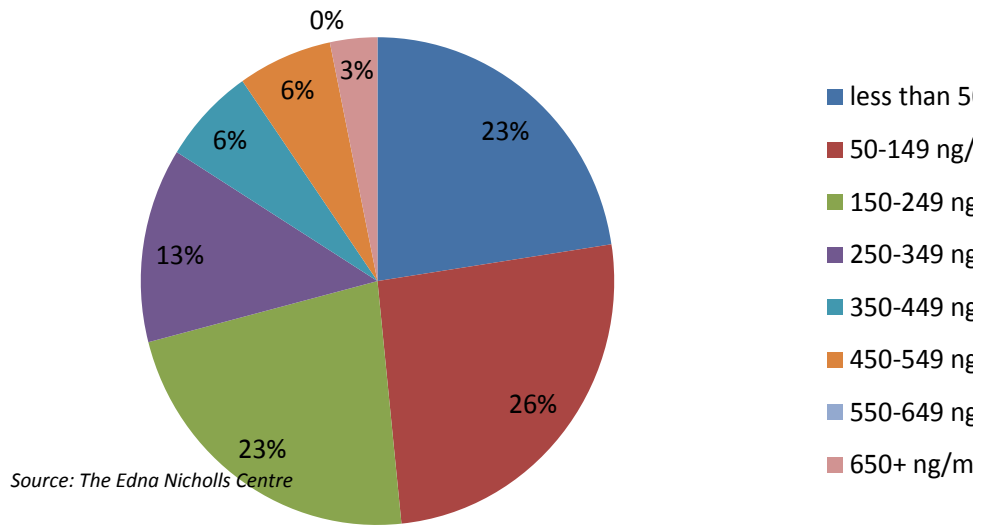
### **2.3.1 Edna Nicholls Centre**

For the year 2011, 178 students were admitted to the Edna Nicholls Centre. Of these students, 24 (13.5%) were found to have tested positive for Marijuana use (a result of 50 ng/mL or over<sup>2</sup>); while 7 (3.9%) were found to have trace amounts of the drug within their system (e.g. result of 27 ng/mL; 37 ng/mL; 49 ng/mL), thus indicating less recent use.

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<sup>2</sup> Please note that ng/mL refers to nanograms per milliliter. This is a clinical indicator of the level of THC found within a sample of urine.

**Figure 1: Marijuana Test Results for Edna Nicholls' Students**



The Marijuana test results for students of the Edna Nicholls Centre are presented in Figure 1. The percentages shown in the chart are based on those who tested positive for marijuana use during the year 2011 or were found to have trace amounts of the drug within their system (N=31). From the results, it can be seen that of those students who tested positive for marijuana use, the largest proportion had levels between between 50 and 249 ng/mL.

### 3. Treatment and Rehabilitation

#### 3.1 Psychiatric Hospital<sup>3</sup>

Figure 2: Drug Admissions by Age and Gender for January to December 2011

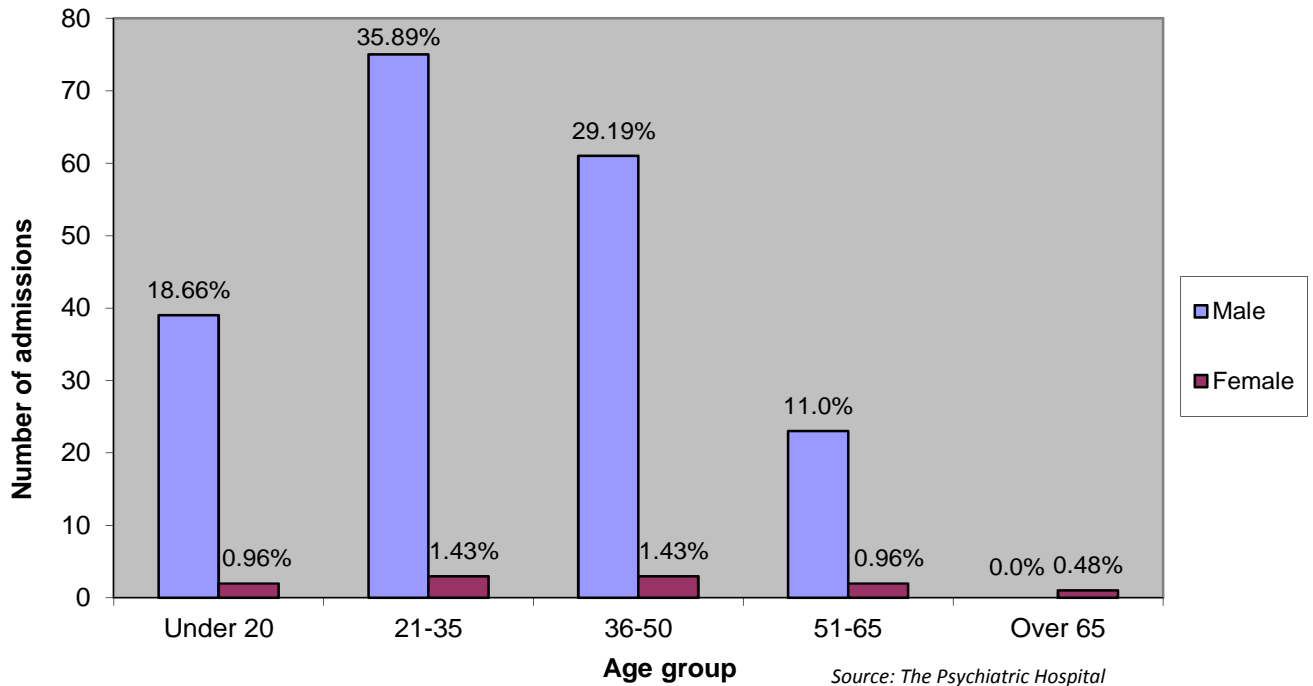


Figure 2 outlines the drug admissions to the Psychiatric Hospital for the year 2011. From the graph it can be seen that the 21-35 age group had the most admissions, followed by the 36-50, under 20, 51-65 and over 65 age groups respectively. It is also evident that the males outnumbered the females in each age category, with the exception of the over 65 age group, where there was only 1 female admission overall.

<sup>3</sup> The Psychiatric Hospital provides a day-release treatment programme for adult males and females.

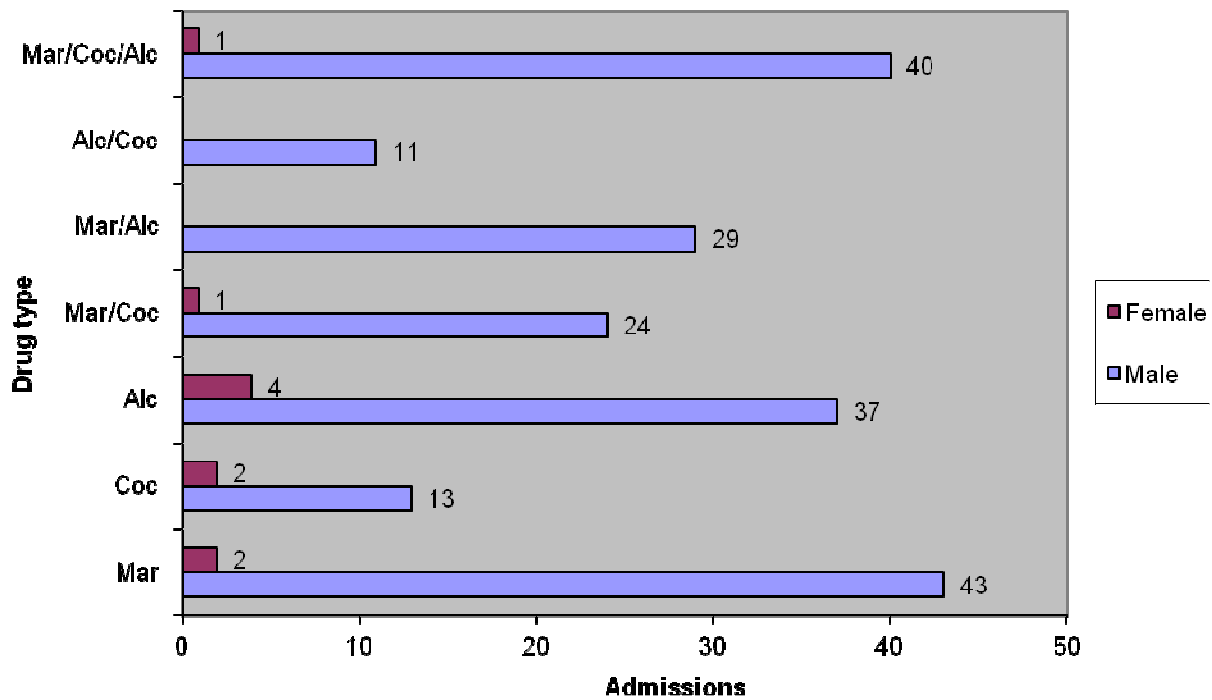
**Table 3: Drug Admissions by Age and Drug Type**

Drug	Age Group				
	Under 20	21-35	36-50	51-65	65+
<b>Marijuana</b>	20	18	7	-	-
<b>Cocaine</b>	-	6	6	3	-
<b>Alcohol</b>	1	4	22	13	1
<b>Marijuana &amp; Cocaine</b>	4	12	8	1	-
<b>Marijuana &amp; Alcohol</b>	9	16	4	-	-
<b>Alcohol &amp; Cocaine</b>	-	2	6	3	-
<b>Marijuana, Alcohol &amp; Cocaine</b>	6	20	10	5	-
<b>Other</b>	-	-	1	-	-

*Source: The Psychiatric Hospital*

An examination of the above table displaying the drug admissions to the Psychiatric Hospital by drug type reveals that the use of marijuana alone was the most common reason for admission among persons under the age of 20. Alternately, the combined use of Marijuana, Cocaine and Alcohol was the main complaint for the 21 to 35 age group; while alcohol alone was the most common reason for admission for the 36 to 50, 51-65 and 65+ age groups.

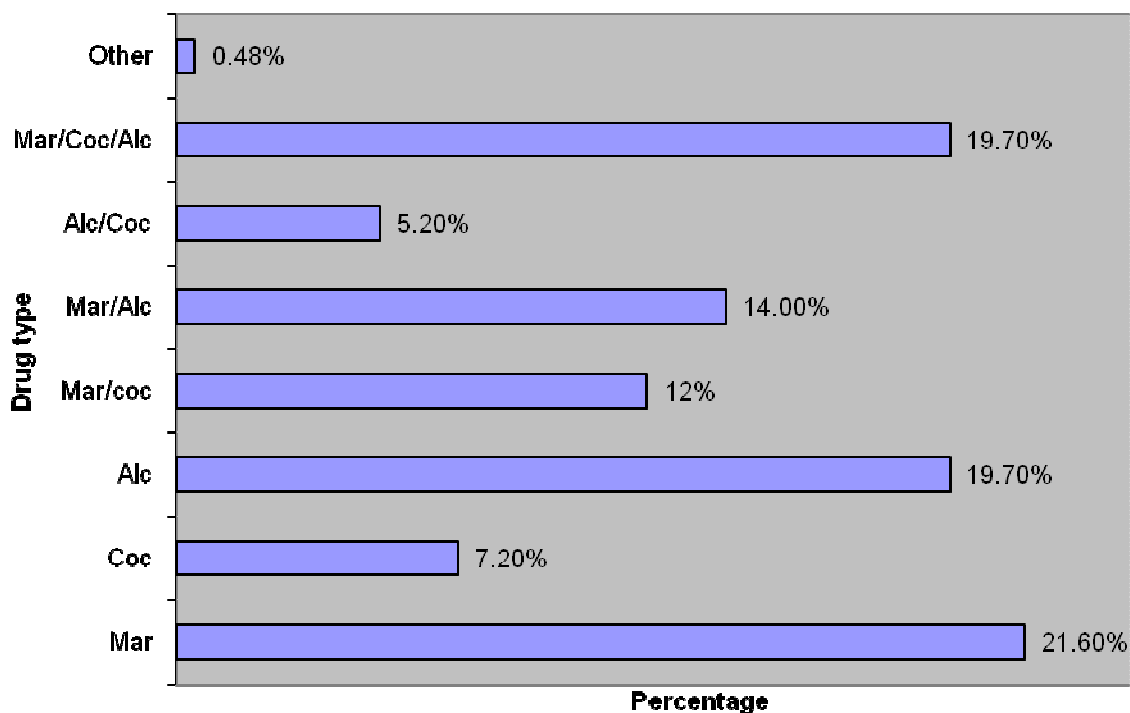
**Figure 3: Drug Admissions by Gender and Drug Type**



*Source: The Psychiatric Hospital*

Figure 3 displays the 2011 drug admissions to the Psychiatric Hospital by gender and drug type. The data presented further reveals the gender disparity of the patients at the institution, with males out-numbering the females in each category of drug use.

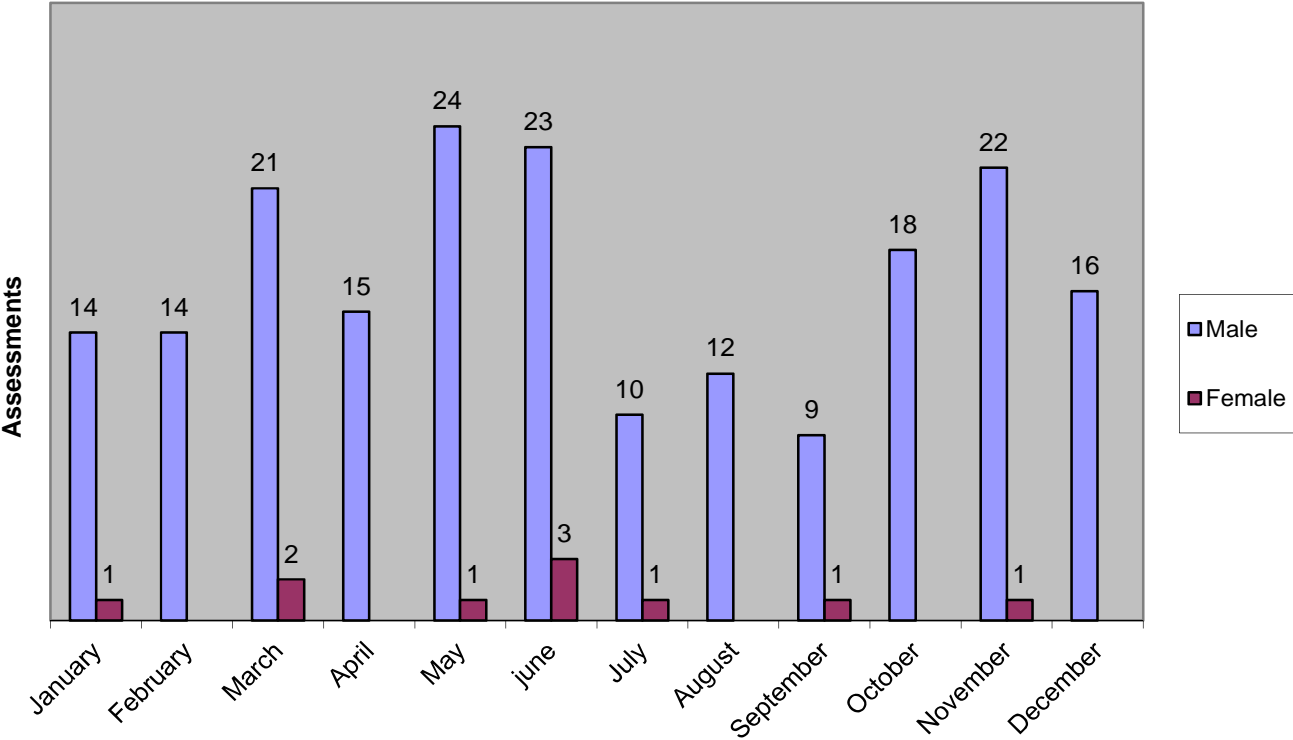
**Figure 4: Percentage of Drug Admissions by Drug Type**



*Source: The Psychiatric Hospital*

The above graph indicates that Marijuana was the drug most commonly used by persons admitted to the Psychiatric Hospital during the period under review. This statistic is followed by Alcohol, and the poly-drug combinations of Marijuana, Cocaine and Alcohol, Marijuana and Alcohol and Marijuana and Cocaine respectively. Less commonly used were Cocaine and a combination of Alcohol and Cocaine. There were also limited reports of “Other” drugs not included in the response option list.

**Figure 5: Assessments by Gender : January to December 2011**



Source: The Psychiatric Hospital

The results presented in Figure 5 indicate that the largest number of persons who were admitted to the Psychiatric Hospital for drug-related issues entered during the months of May, June, November, March, October and December. In each month of 2011, there were more males than females admitted to the institution.



**Figure 6: Referrals by Gender**

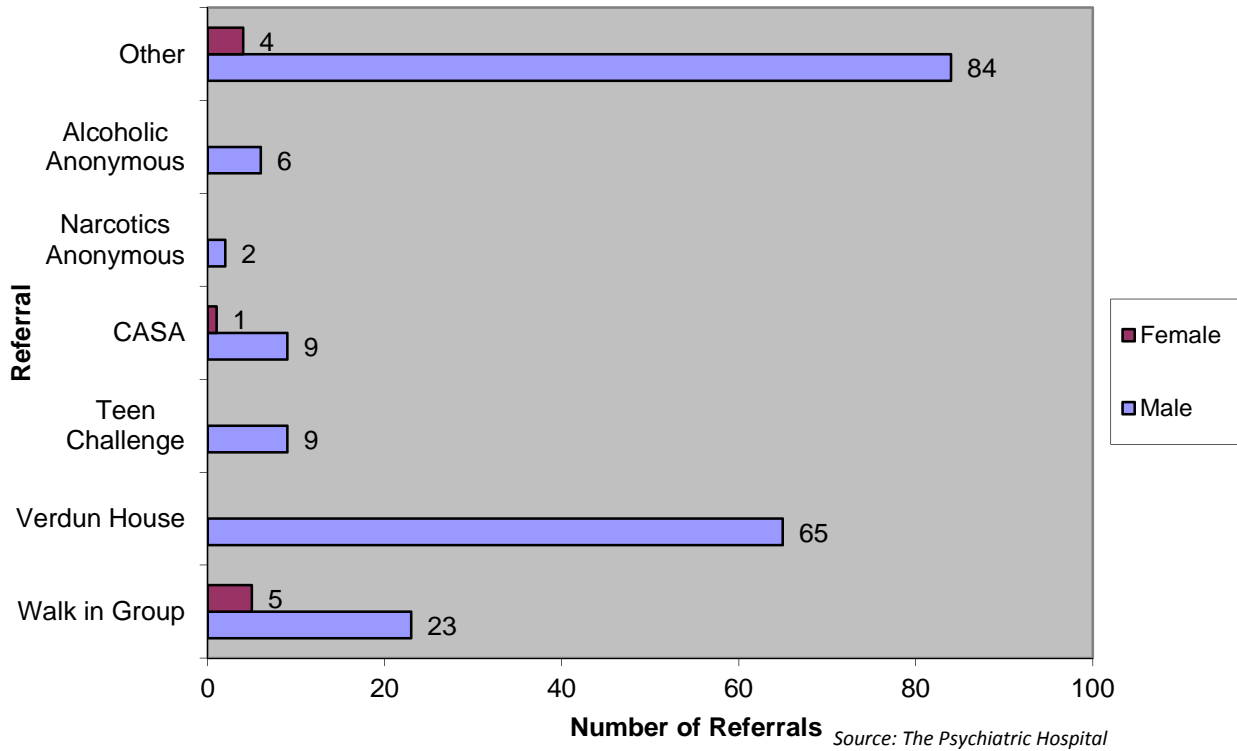


Figure 6 provides an overview of the treatment referrals provided by the Psychiatric Hospital. From the chart, the highest percentage of referrals was to Verdun House (31.25%). Fewer referrals were to the Walk-In Group<sup>4</sup> (13.46%), the Centre for Counselling Addiction Support Alternatives (CASA) (4.81%), Teen Challenge (4.33%), Alcoholics Anonymous (2.88%) and Narcotics Anonymous (0.96%). Also evident, is the large number of persons within the “Other” category (42.31%), which encompasses those persons who, for various reasons, did not receive treatment at the Psychiatric Hospital nor a referral to another institution.

<sup>4</sup> This category encompasses those persons recommended for the eight week day-release treatment programme at the Psychiatric Hospital.

## 3.2 Verdun House<sup>5</sup>

### *Demographic Profile of Persons Admitted to Verdun House during 2011*

As can be seen in Table 4, persons admitted to Verdun House during 2011 were in the under 20, 20-29 and 40-49 age groups. Furthermore, from Table 5 it can be seen that most of these individuals had a tertiary level education, were not working, were single, lived alone and had less than 3 dependents.

**Table 4: Verdun House Admissions by Age** <sup>6</sup>

<b>Age Group</b>	<b>No. of Persons</b>
<b>Under 20</b>	1
<b>20-29</b>	2
<b>30-39</b>	-
<b>40-49</b>	1
<b>50-59</b>	-
<b>60+</b>	-
<b>Total</b>	<b>4</b>

*Source: Verdun House*

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<sup>5</sup> Verdun House is the island's only private residential treatment facility. It caters to males 18 years of age and older.

<sup>6</sup> In an effort to avoid the double-counting of persons who presented for treatment at the Psychiatric Hospital and were subsequently referred to Verdun House, the decision was taken to present data in this section for only those persons who independently sought treatment at Verdun House.

**Table 5: Demographic Information for Persons Admitted to Verdun House**

<b>Demographic Variable</b>	<b>No. of Persons</b>
<b><u>Highest Level of Education</u></b>	
Primary	-
Secondary	1
Tertiary	3
<b><u>Employment Status</u></b>	
Working/Self-employed	1
Working & Studying	-
Unemployed	1
Not working, Student	1
Not working (retired, of independent means)	-
No working (other reasons)	1
<b><u>Relationship Status</u></b>	
Married	-
Divorced	-
Separated	-
Widowed	-
Living together	-
Single	4
<b><u>Living Arrangements</u></b>	
Living with friend	1
Living with family	-
Living with spouse	-
Living alone	3
<b><u>Number of Dependents</u></b>	
Under 3	4
3-5	-
6-8	-
More than 8	-

Source: Verdun House

### ***Treatment Profile of Persons Admitted to Verdun House***

Table 6 below presents information pertaining to the drugs for which treatment was sought at Verdun House by age. The results in the table indicate that, for the individuals in the under 20 and 40-49 age groups, the problem drugs were Marijuana and Alcohol respectively. Also

evident is the fact that those in the 20-29 age group sought treatment for their use of multiple drugs (poly-drug use), including cocaine.

**Table 6: Drugs for which Treatment was sought at Verdun House by Age**

Age Group	Marijuana	Cocaine	Alcohol	Poly- Drugs (with cocaine)	Poly- Drugs (without cocaine)
Under 20	1	-	-	-	-
20-29	-	-	-	2	-
30-39	-	-	-	-	-
40-49	-	-	1	-	-
50-59	-	-	-	-	-
60+	-	-	-	-	-
<b>Total</b>	<b>1</b>	<b>-</b>	<b>1</b>	<b>2</b>	<b>-</b>

*Source: Verdun House*

**Table 7: Drug Use History for Persons at Verdun House**

Drug Type	Lifetime	Annual	Current
Alcohol (low alc.% – beer, Guinness, wine)	3	1	1
Alcohol (high alc.% – vodka, whisky, gin, rum, etc.)	1	1	1
Inhalants	-	-	-
Marijuana	2	1	1
Cocaine Powder	2	-	-
Crack Cocaine	1	1	1
Heroin	-	-	-
Ecstasy	1	-	-
Other Drugs	-	-	-

*Source: Verdun House*

The drug use history of persons attending Verdun House is presented in Table 7. It can be seen that there were reports of lifetime use for most substances, with the exception of inhalants and heroin. However, the annual and current use reports were more limited, with one report for alcohol low, alcohol high, marijuana and crack cocaine in both categories.

**Table 8: Most Frequent Method of Drug Administration**

Mode of Administration	Drug Type					
	Alcohol	Marijuana	Cocaine (powder)	Crack Cocaine	Heroin	Ecstasy
Oral	2	-	-	-	-	1
Smoked	-	2	1	1	-	-
Inhaled	-	-	1	-	-	1
Injected (Intravenous/Intramuscular)	-	-	-	-	-	-
Other	-	-	-	-	-	-

*Source: Verdun House*

Reports regarding the most frequent methods of drug administration employed by persons admitted to Verdun House indicate that alcohol and ecstasy were admitted orally while marijuana, cocaine powder and crack cocaine were smoked (See Table 8). Inhalation was also reportedly used as a means of administration for Ecstasy and cocaine powder (See Table 8).

**Table 9: Family History of Drug Use**

Family Member	Drug Type					
	Marijuana	Alcohol	Alcohol/Marijuana	Alcohol/Cocaine	Marijuana/Cocaine	Other
Mother/Father	1	1	-	-	-	-
Grandparents	-	-	-	-	-	-
Sibling	-	-	-	-	-	-
Aunt/Uncle/Niece/Cousin	-	1	-	-	-	-

*Source: Verdun House*

There were few reports regarding a family history of drug use. Nevertheless, there were indications of marijuana and alcohol being used by parents as well as alcohol being used by extended family members (See Table 9).

**Table 10: Age of First Drug Use**

Drug Type	Age of First Drug Use							
	Under 10 yrs	10-14 yrs	15-19 yrs	20-24 yrs	25-29 yrs	30-34 yrs	35-39 yrs	Over 40 yrs
<b>Alcohol</b>	2	-	-	-	-	-	-	-
<b>Marijuana</b>	-	2	-	1	-	-	-	-
<b>Cocaine (powder)</b>	-	-	1	-	-	-	-	-
<b>Crack Cocaine</b>	-	-	1	-	-	-	-	-
<b>Inhalants</b>	-	-	-	-	-	-	-	-
<b>Ecstasy</b>	-	-	1	-	-	-	-	-
<b>Other</b>	-	-	-	-	-	-	-	-

Source: Verdun House

Table 10 presents the age at which persons first used various drugs. From this table, it can be seen that persons attending Verdun House typically first used alcohol at a younger age than all of the other substances under consideration, followed by marijuana. Drugs such as cocaine powder, crack cocaine and ecstasy were reportedly used for the first time during the later teenage years.

**Table 11: Most Recent Type of Treatment for Drug Abuse**

Treatment Type	In last year	In last 30 days
<b>Residential</b>	3	2
<b>Day Clinic</b>	-	-
<b>Self-help group</b>	2	-
<b>Detox unit</b>	-	1
<b>Psychiatric unit</b>	-	-

Source: Verdun House

With regards to recent treatment sought for drug abuse, residential treatment was sought most often, both within the last year and within the last 30 days (See Table 11). In addition, persons also utilized a self-help group within the last year as well as a detox unit within the last 30 days (See Table 11).

**Table 12: Number of Times Arrested**

No. of Times	No. of Persons
Under 3	2
3-5	-
6-8	-
More than 8	-

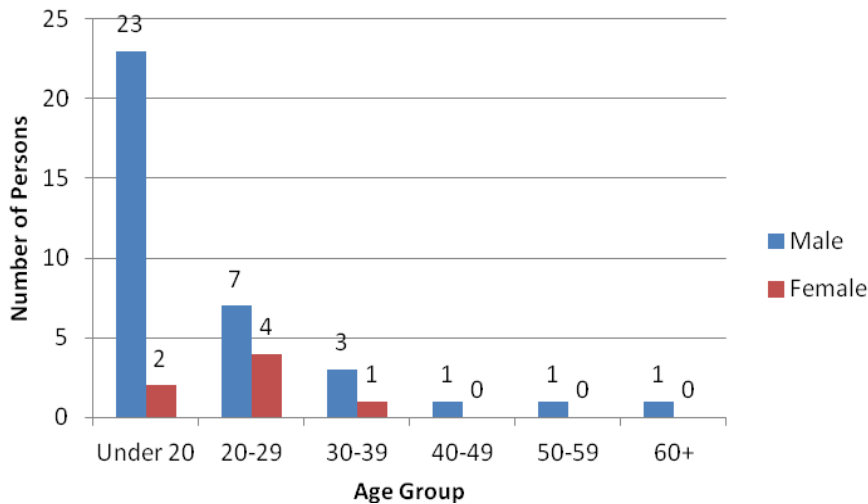
Source: Verdun House

Table 12 reveals the number of times persons attending Verdun House were arrested for the period under review. From the Table it can be seen that only 2 persons were arrested during this time, both of whom were arrested less than 3 times.

### 3.3 The Centre for Counselling Addiction Support Alternatives (CASA)<sup>7</sup>

#### *Demographic Profile of Persons Attending CASA (January-June, 2011)*

**Figure 7: Distribution by Age and Gender of Persons Attending CASA**

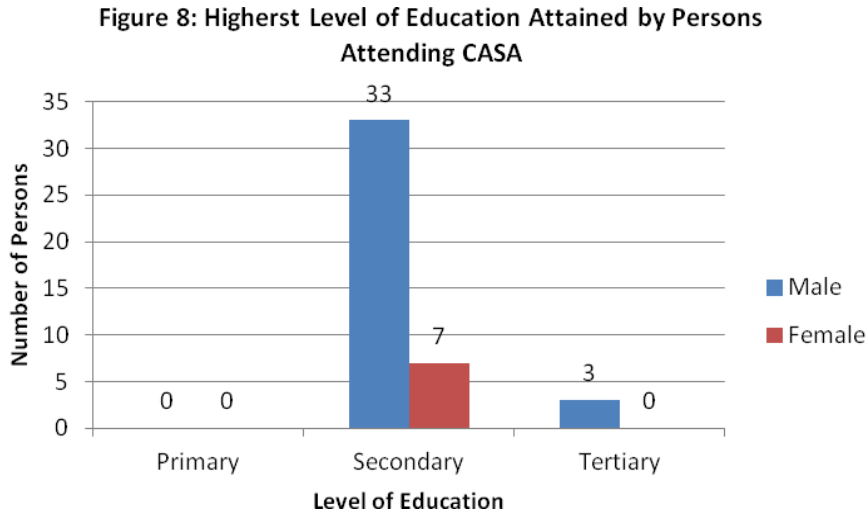


Source: CASA

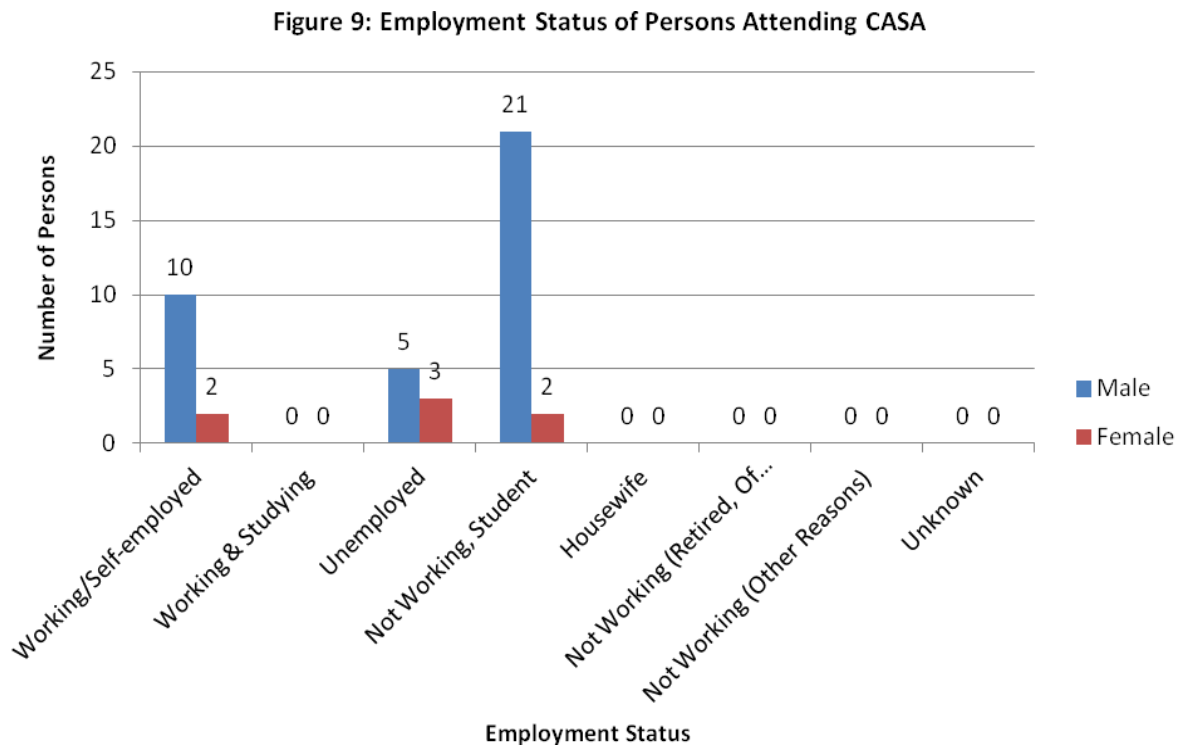
Figure 7 reveals that most persons seeking treatment at CASA between January and June, 2011, were in the Under-20 age group. From this graph, it is also apparent that more males than females presented themselves for treatment at the organization.

<sup>7</sup> CASA is a non-residential treatment facility catering to males and females 12 years of age and older. It should be noted that in an effort to avoid double-counting persons who presented for treatment at the Psychiatric Hospital and were subsequently referred to CASA, the decision was taken to present data in this section for only those persons who independently sought treatment at CASA.

Not surprisingly, given the abovementioned age distribution of clients at CASA, it was also found that the majority of persons attending the institution had thus far attained only a Secondary School Level education, and were single, not working due to the fact that they were students, had no income and lived within their family home (See figures 8, 9, 10, 11, &12).



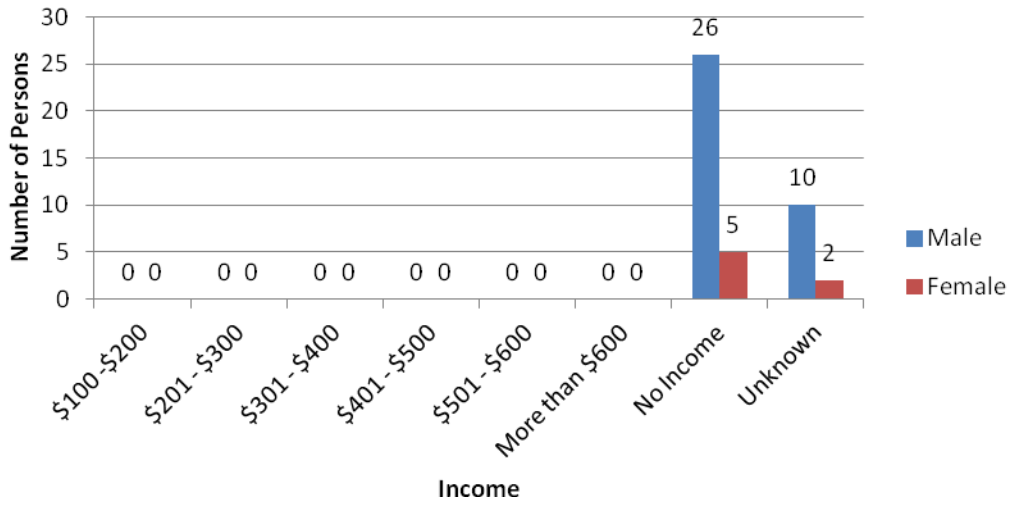
Source: CASA



Source: CASA

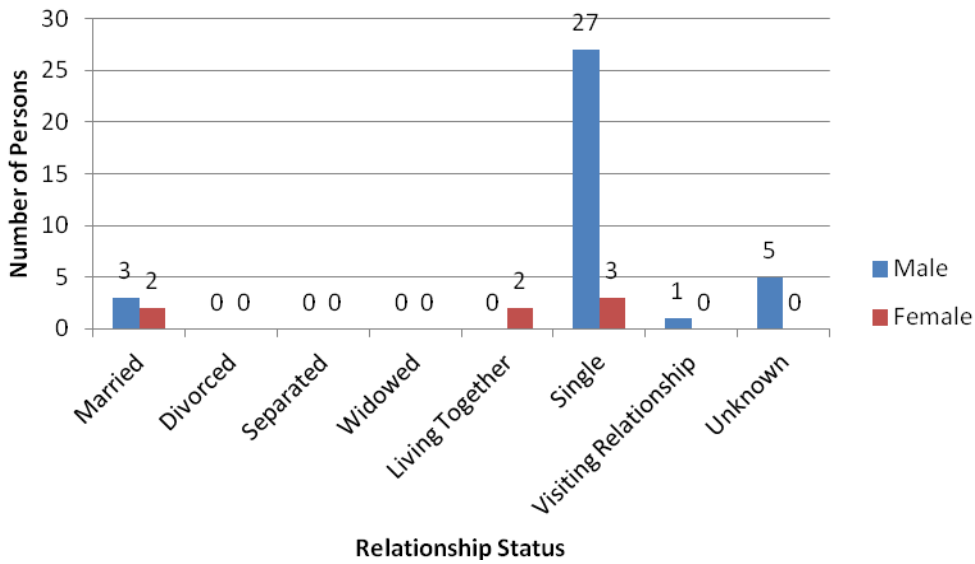


**Figure 10: Income of Persons Attending CASA**



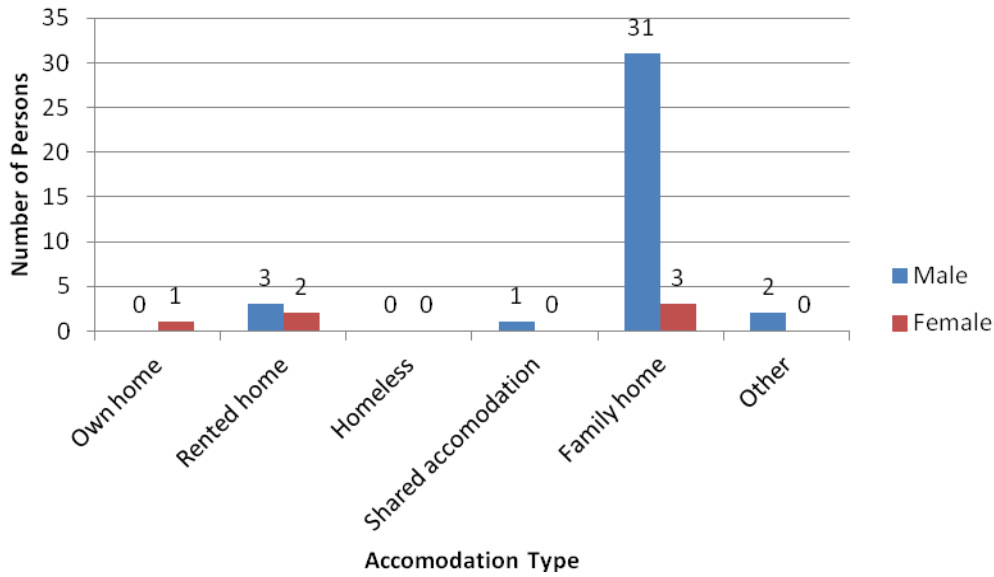
Source: CASA

**Figure 11: Relationship Status of Persons Attending CASA**



Source: CASA

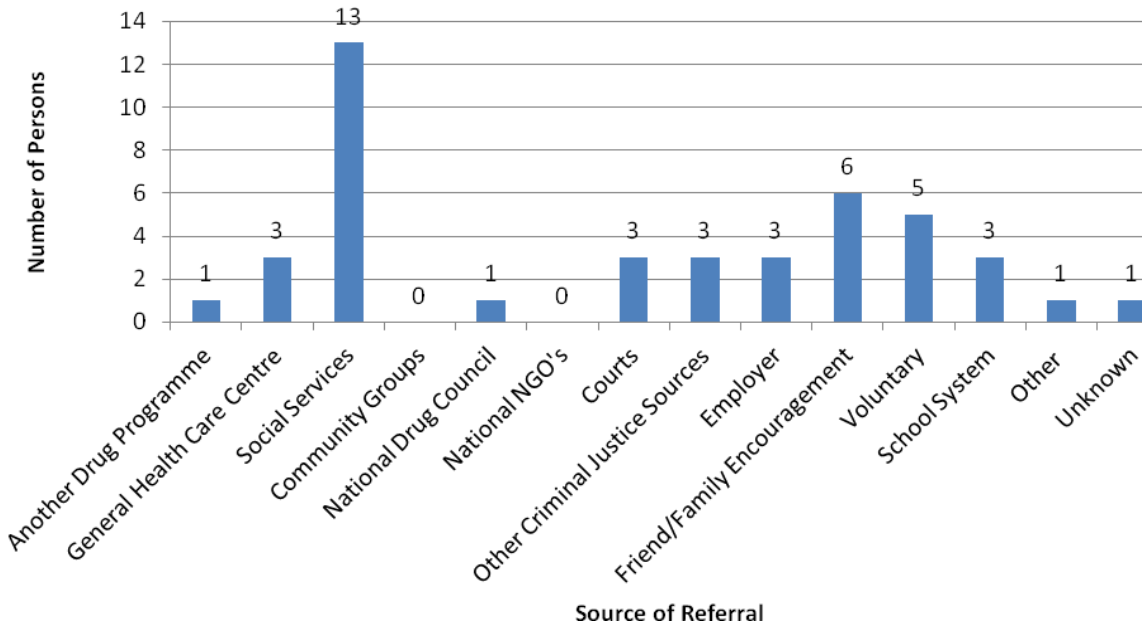
Figure 12: Type of Accommodation of Persons Attending CASA



Source: CASA

**Treatment Profile of Persons Attending CASA**

Figure 13: Method of Referral to CASA



Source: CASA

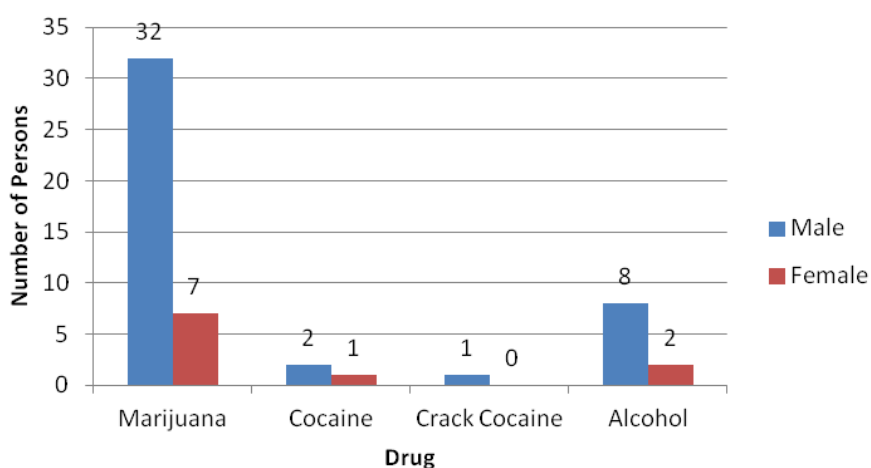
From Figure 13 it can be seen that most referrals to CASA were from Social Services (primarily the Edna Nicholls Centre, as identified by the organization). Nevertheless, referrals did come from: other drug programmes, general health care centres, the National Drug Council, the Courts and other criminal justice sources, employers, the school system and other unknown sources. Additionally, some persons did present themselves for treatment voluntarily whilst others attended due to encouragement from family and friends.

**Table 13: Drugs for Which Treatment was sought by Age Group and Gender**

Drug	Age Group											
	Under 20		20-29		30-39		40-49		50-59		60+	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Marijuana	23	3	7	3	1	1	-	-	1	-	-	-
Cocaine	-	-	-	1	1	-	1	-	-	-	-	-
Crack Cocaine	-	-	-	-	-	-	1	-	-	-	-	-
Alcohol	1	1	1	-	2	1	1	-	2	-	1	-
<b>TOTAL</b>	<b>24</b>	<b>4</b>	<b>8</b>	<b>4</b>	<b>4</b>	<b>2</b>	<b>3</b>	<b>-</b>	<b>3</b>	<b>-</b>	<b>1</b>	<b>-</b>

Source: CASA

**Figure 14: Drugs for which Treatment Sought by Gender**



Source: CASA

The results in Figure 14 and Table 13 reveal that marijuana was primarily the drug for which persons, both male and female, sought treatment at CASA. Nevertheless, other drugs such as cocaine, crack cocaine and alcohol were also abused, but mainly by persons over the age of 30 (See Table 13). Results also indicate that males outnumbered the females in the abuse of all drugs under examination (See Figure 14).

**Table 14: Age of First Use of Drugs by Persons Attending CASA**

Drug Type	Age of First Use								Unknown
	Under 10 yrs	10-14 yrs	15-19 yrs	20-24 yrs	25-29 yrs	30-34 yrs	35-39 yrs	40 + yrs	
Alcohol	-	1	1	-	1	-	2	-	4
Marijuana	-	9	4	-	-	-	1	-	23
Cocaine (Powder)	-	-	-	-	1	-	-	-	2
Crack Cocaine	-	-	-	-	1	-	-	-	1
Inhalants	-	-	-	-	-	-	-	-	-
Ecstasy	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-

Source: CASA

When considering the age at which various drugs were first used by persons attending CASA during the time period under review, it becomes apparent that marijuana and alcohol were typically first used at younger ages (10-19) than were cocaine and crack cocaine, which were reportedly first used in the 25-29 age group (See Table 14). Nevertheless, Table 14 also reveals that there were reports of individuals first trying alcohol and marijuana between the ages of 25 and 39.

**Table 15: Drug Use History of Persons Attending CASA**

Drug Type	Lifetime		Annual		Current		Unknown	
	Male	Female	Male	Female	Male	Female	Male	Female
Alcohol Low	-	-	-	-	1	-	-	-
Alcohol High	-	-	-	-	-	-	-	-
Alcohol High/Low	-	-	-	-	6	-	-	-
Inhalants	-	-	-	-	-	-	-	-
Marijuana	-	-	-	-	26	5	6	-
Cocaine Powder	-	-	-	-	1	-	1	-
Heroin	-	-	-	-	-	-	-	-
Crack Cocaine	-	-	-	-	-	-	1	-
Ecstasy	-	-	-	-	-	-	-	-
Other Drugs	-	-	-	-	-	-	-	-

*Source: CASA*

Table 15 shows the drug use history of persons attending CASA. This table reveals that no reports were received regarding the lifetime or annual use of drugs by persons; but information pertaining to current use reveals that marijuana was the primary drug used by the largest proportion of persons within the last 30 days. Other drugs used, but to a much lesser extent, were alcohol low, alcohol low/high (unknown to user whether content was high or low), cocaine and crack cocaine; all of which were reportedly used by males only.

Table 16 below speaks to the most frequent methods of drug administration by persons attending CASA. Results indicate that the oral method was used for the ingestion of alcohol only; whilst marijuana and cocaine powder were smoked. Additionally, cocaine powder was also reportedly inhaled.

**Table 16: Most Frequent Method of Drug Administration by Persons Attending CASA**

Administration	Drug Type					
	Alcohol	Marijuana	Cocaine (Powder)	Crack Cocaine	Heroin	Ecstasy
Oral	6	-	-	-	-	-
Smoked	-	34	2	-	-	-
Inhaled	-	-	1	-	-	-
Injected (Intravenous/Intramuscular)	-	-	-	-	-	-
Other	-	-	-	-	-	-

Source: CASA

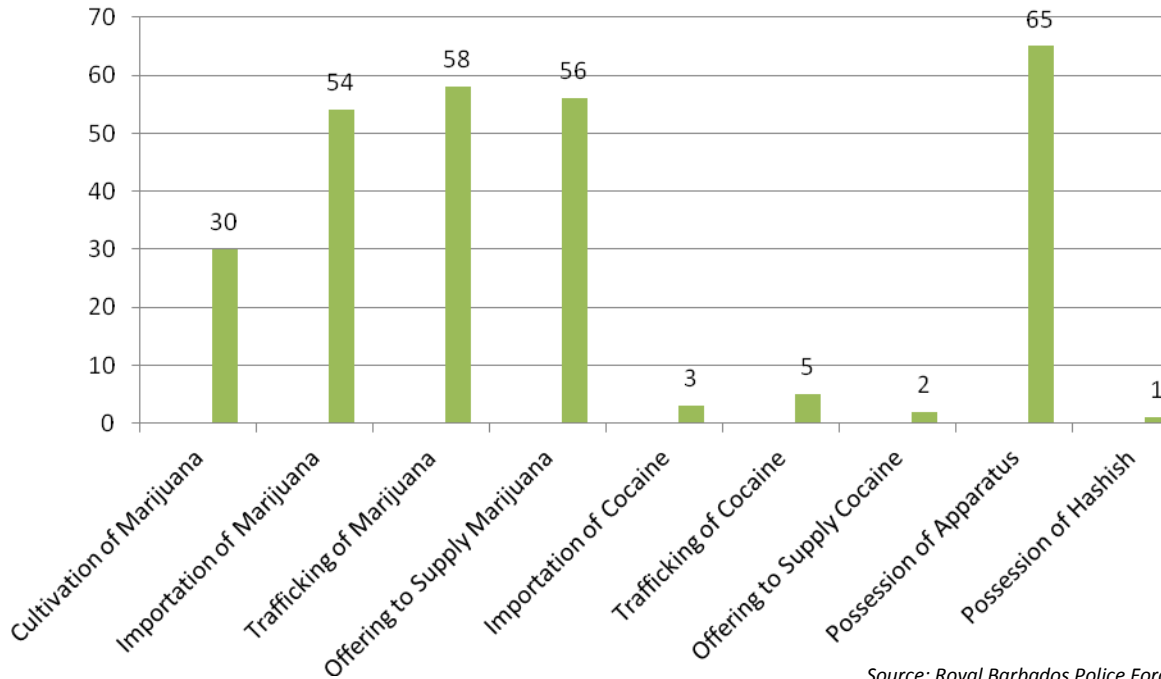
### 3.4 Teen Challenge

It should be noted that data for the year 2011 was requested from Teen Challenge, a private residential treatment facility catering to males 16 years of age and older; however, no such information was provided by the facility which has since ceased to operate.

## 4. Supply and Control

### 4.1 Royal Barbados Police Force

Figure 15: Number of Persons Charged with drug offenses: January - December 2011

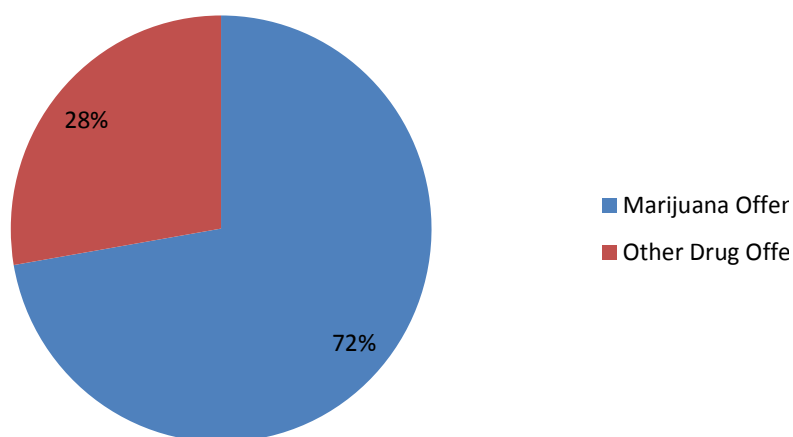


Source: Royal Barbados Police Force

Figure 15 shows the number of persons charged with various drug offenses during 2011. From this figure, it can be seen that the Possession of Apparatus, Trafficking of Marijuana, Offering to Supply Marijuana, Importation of Marijuana and Cultivation of Marijuana were the most common offenses respectively.

Figure 16 below shows the percentage of Marijuana and Other Drug Offenses. The chart reveals that Marijuana-related crimes constituted the largest proportion, almost three-quarters, of the drug offenses during the specified time period.

**Figure 16: Percentage of Marijuana vs. Other Drug Offenses**

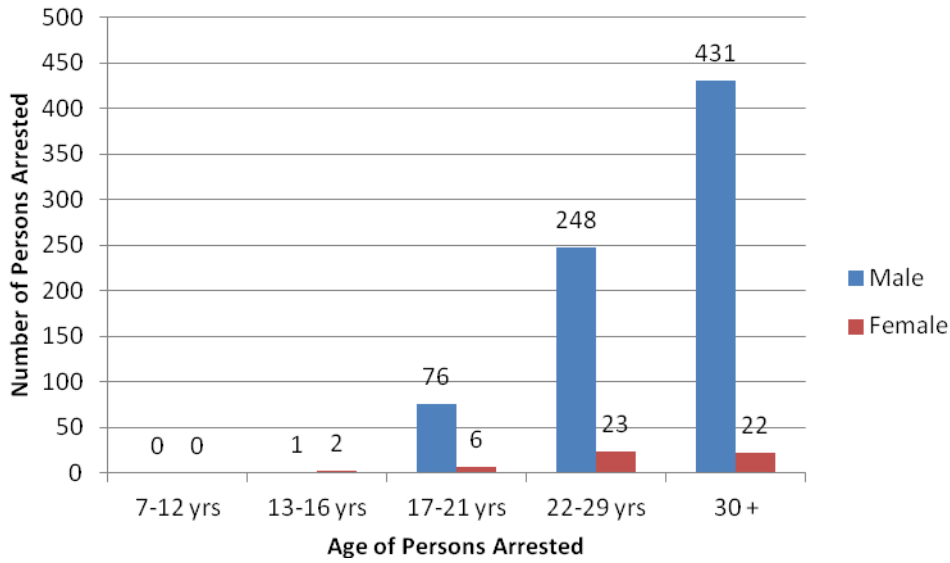


*Source: Royal Barbados Police Force*

Figure 17 below suggests that males accounted for the greatest proportion of persons arrested for Drug Possession across the age groups; with the exception of the 13-16 age category, where the females outnumbered their male counterparts. With regards to age distribution, it can be seen that the number of persons charged with Drug Possession increased with age during the time period under review; and as such, persons in the 22-29 and 30 and over age groups were charged most frequently with this offense, accounting for 33.5% and 56% of arrests respectively.



**Figure 17: Number of Persons Arrested for Drug Possession by Age and Gender**



Source: Royal Barbados Police Force

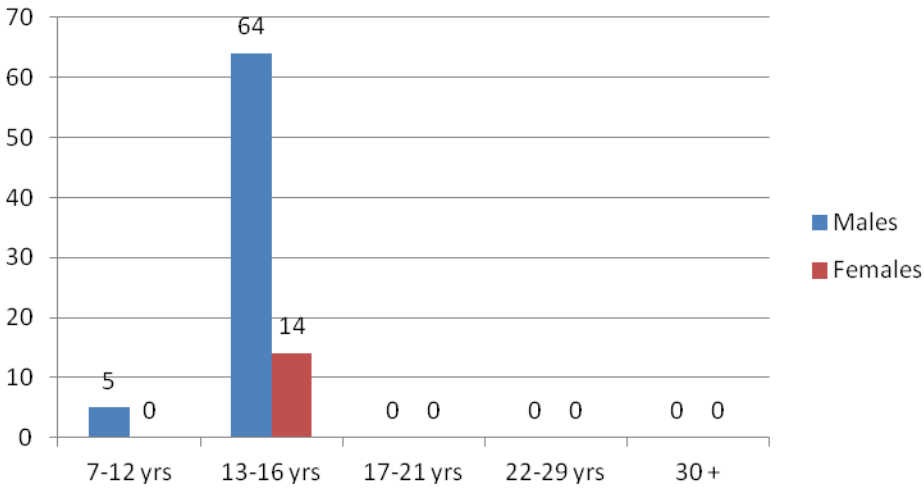
**Figure 18: Number of Persons Arrested for Drug Trafficking by Age**



Source: Royal Barbados Police Force

Figure 18 reveals that those persons charged with drug trafficking in the year 2011 were over the age of 21. More specifically, the 22-29 age group accounted for the largest proportion of persons charged with this offense, followed by the 30 and over age group.

**Figure 19: Number of Crimes Committed by Juveniles**

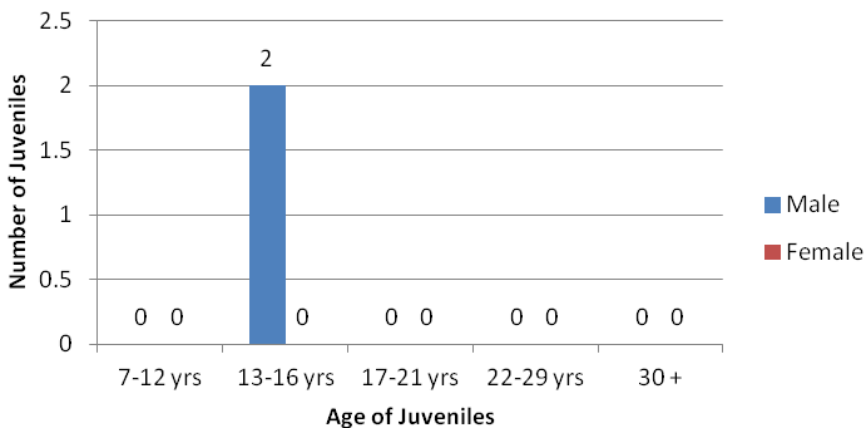


Source: Royal Barbados Police Force

From Figure 19, it can be seen that during 2011, juvenile males outnumbered juvenile females with respect to the number of crimes which they committed. Furthermore, it is apparent that the 13-16 age category accounted for the largest number of juveniles who committed a criminal offense during the said year.

With respect to drug crimes among juveniles, Figure 20 reveals that there were only 2 such arrests. Both persons charged were male and in the 13-16 age category.

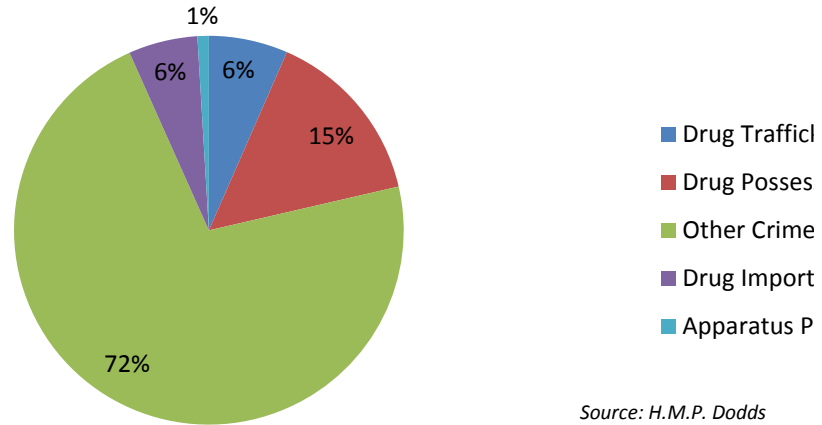
**Figure 20: Number of Juveniles Arrested for Drug-Related Crimes**



Source: Royal Barbados Police Force

## 4.2 Her Majesty's Prisons (H.M.P.) Dodds

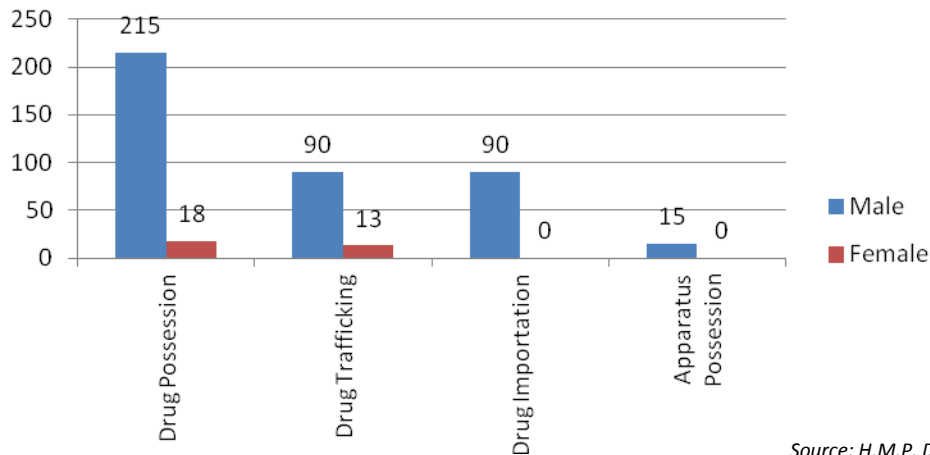
**Figure 21: Percentage of drug offenses for persons admitted to HMP Dodds in 2011**



Source: H.M.P. Dodds

Figure 21 reveals that drug offenses accounted for 18% of the crimes for which persons were admitted to HMP Dodds during the year 2011; with drug importation and drug trafficking being the 2 most common of such offenses, followed by drug possession and apparatus possession respectively.

**Figure 22: Number of Persons Admitted for Drug-related Offenses by Gender**

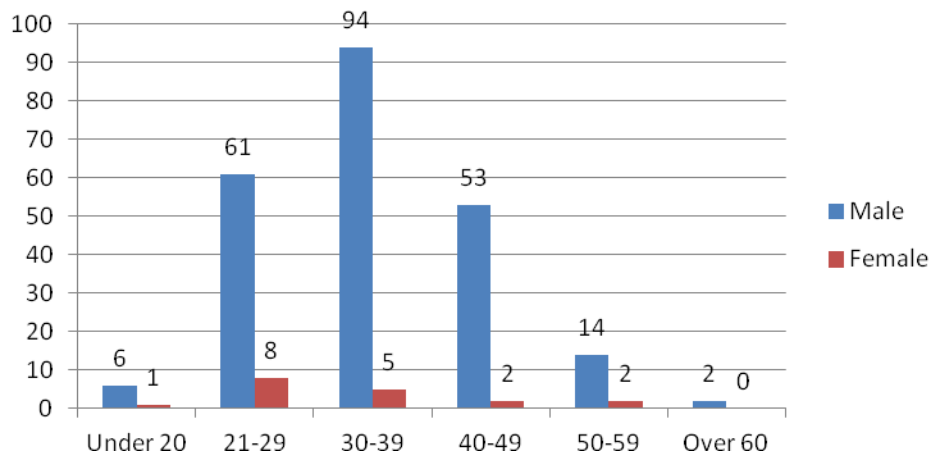


Source: H.M.P. Dodds

From Figure 22 it can be noted that Drug Possession, followed by Drug Trafficking and Drug Importation were the most common drug offenses among those admitted to the prison during

2011. It is also apparent from the graph, that males outnumbered their female counterparts with regard to every offense.

**Figure 23: Age Ranges for Persons Admitted for Drug-Related Offenses**



Source: H.M.P. Dodds

Figure 23 reveals that the largest number of persons admitted to HMP Dodds for drug offenses during the year 2011 were in the 30-39, 21-29 and 40-49 age groups respectively. In keeping with the findings in Figure 23 regarding the disproportion of males to females admitted to the prison, Figure 23 also indicates that the males admitted for drug offenses outnumbered the females in each age group.

**Table 17: Number of Repeat Offenders re: Drug Offenses for the year 2011**

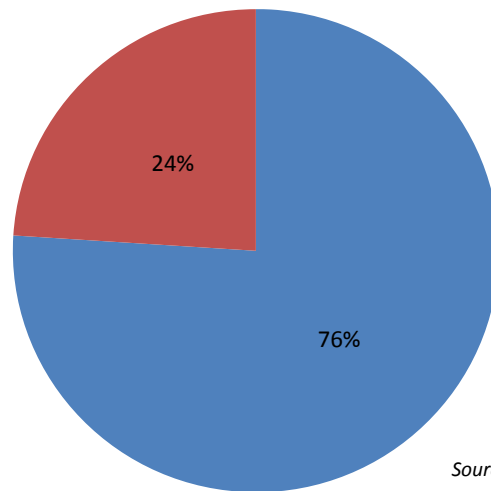
Gender	Drug Possession	Drug Trafficking	Drug Importation	Apparatus Possession
Male	6	-	-	1
Female	-	-	-	-
<b>Total</b>	6	-	-	1

Source: H.M.P. Dodds

Table 17 presents the number of repeat drug offenders who were admitted to the prison during the target period. From the table, it can be seen that all of the re-offenders were male and most were charged with drug possession. Only 1 person was charged with apparatus possession.

### 4.3 Government Industrial School<sup>8</sup>

**Figure 24: Gender distribution of persons admitted to the Governn Industrial School During 2011**



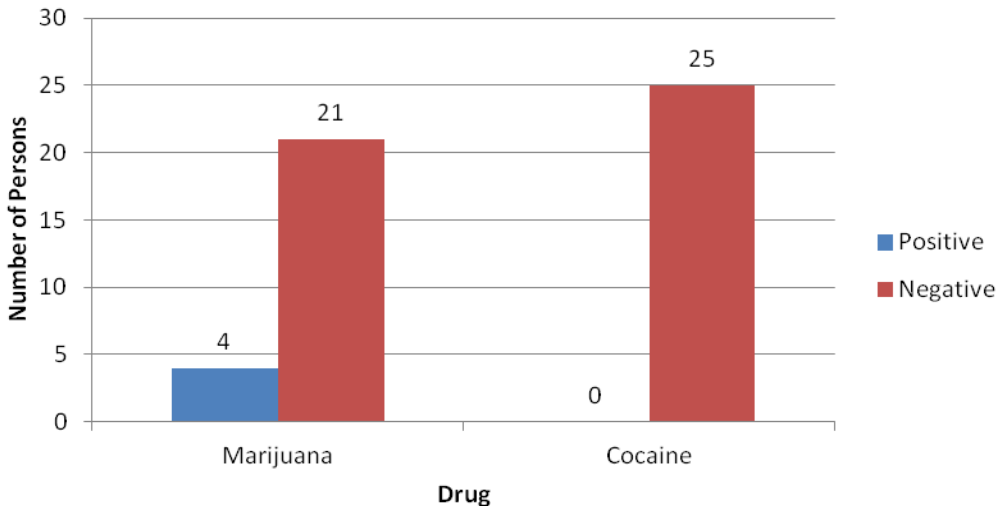
*Source: Government Industrial School*

Figure 24 presents the gender distribution of juveniles admitted to the Government Industrial School during 2011; and reveals that more males than females were admitted to the institution during the said time period. However, it should be noted that the GIS does not have the legal authority to routinely drug test all of the residents taken into custody. Further, a significant number of persons who are remanded spend less than 48 hours in custody. Therefore drug tests at this institution represent a small proportion of those pesons remanded at GIS. Usually these tests are associated with residents remanded for longer periods and who also undergo Court-orderd psychological and /or psychiatric testing.

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<sup>8</sup> The Government Industrial School is the island's lone juvenile penal facility.

**Figure 25: Drug Test Results of Persons Admitted to the Government Industrial School for 2011**

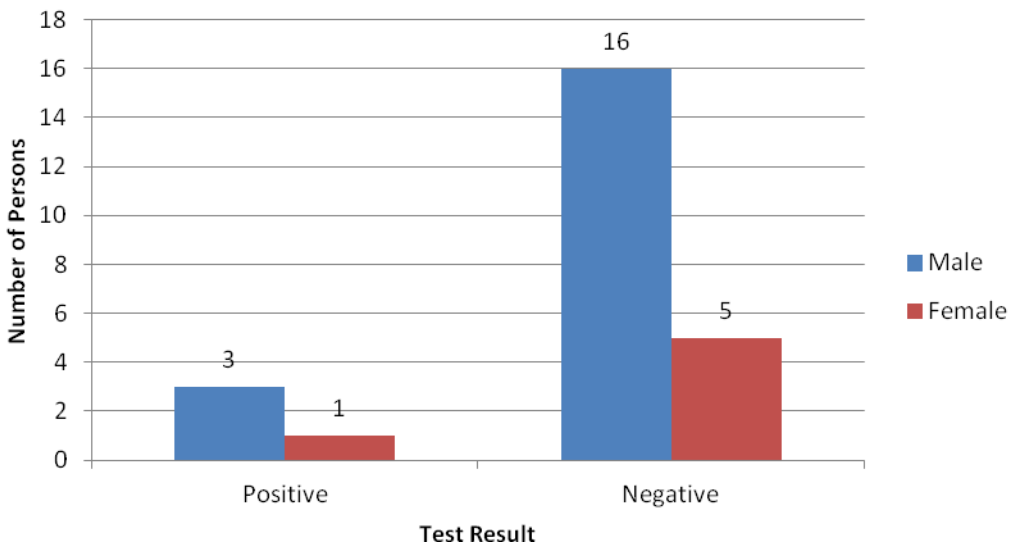


Source: Government Industrial School

From Figure 25, which presents drug test results, it can be seen that only a small number of persons admitted to the Government Industrial School during 2011 tested positive for Marijuana use. No positive results were obtained regarding Cocaine use during the said year.

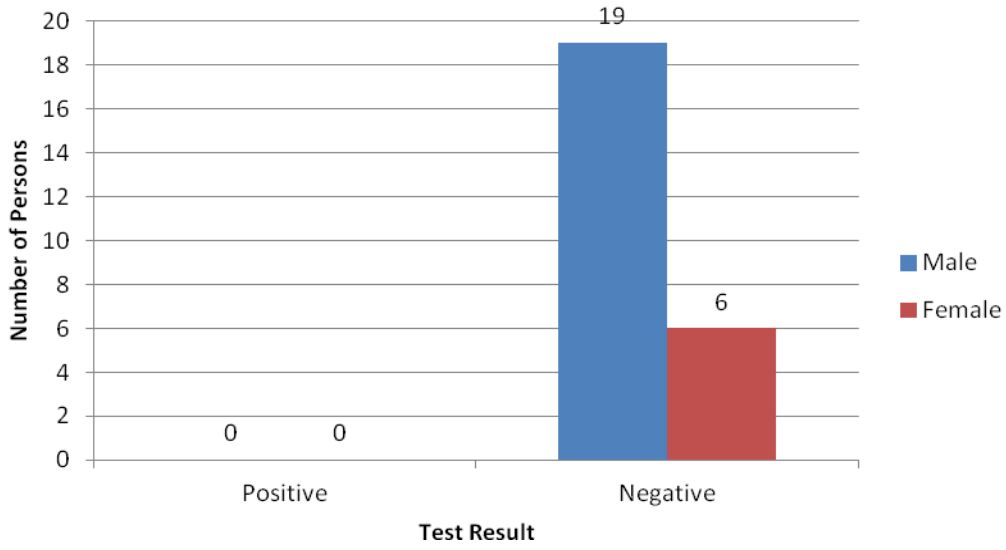
Figures 26 and 27 below display the test results by gender for both Marijuana and Cocaine; and in keeping with the gender distribution of persons admitted to the Government Industrial School, it can be seen that males outnumbered females in terms of a positive test for drug use.

**Figure 26: Marijuana use by Gender- Persons tested at the Government Industrial School in 2011**



Source: Government Industrial School

**Figure 27: Cocaine use by Gender- Persons tested at the Government Industrial School in 2011**

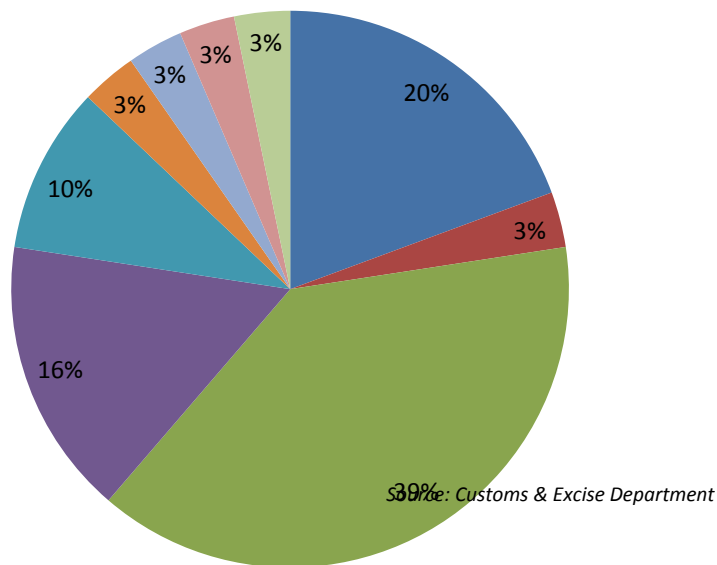


Source: Government Industrial School

#### 4.4 Customs & Excise Department

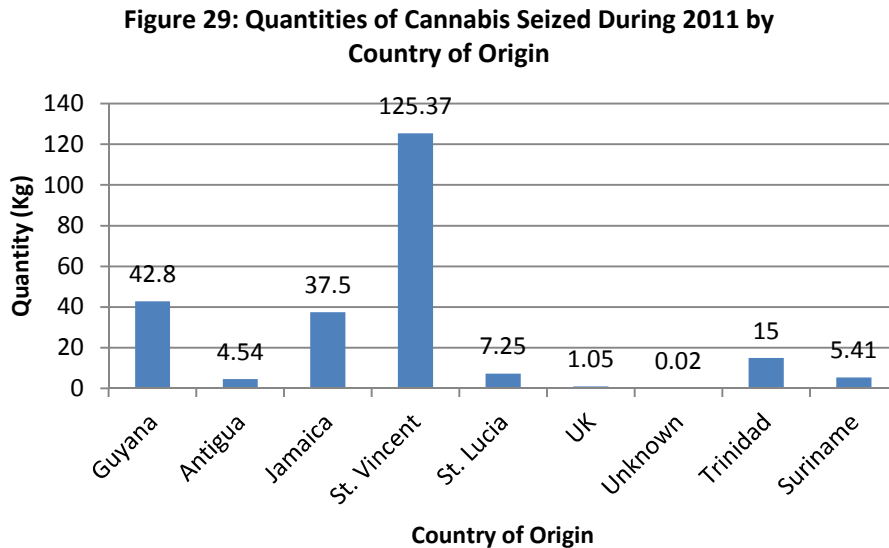
##### Cannabis

**Figure 28: 2011 Cannabis Seizures by Country of Origin**



Source: Customs & Excise Department

Figure 28 displays the distribution of the 2011 Cannabis seizures by country of origin. From the chart, it can be seen that the largest proportion of seizures which involved Cannabis originated in Jamaica, followed by Guyana, St. Vincent and St. Lucia respectively. A comparatively smaller number of seizures were made of Cannabis which originated in Antigua, Trinidad, Suriname and the United Kingdom, as well as from an unknown origin.

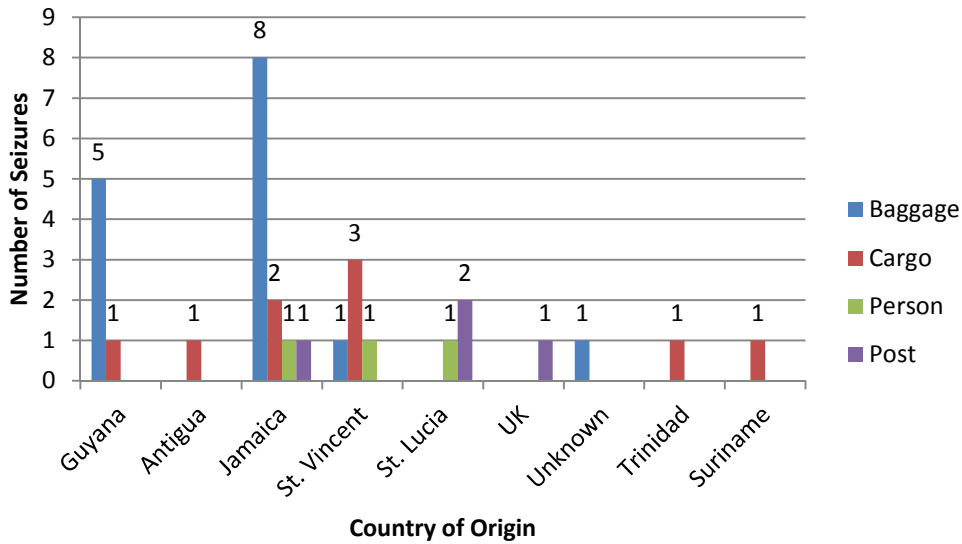


*Source: Customs & Excise Department*

From Figure 29 it is interesting to note that, while the greatest number of seizures of cannabis originated in Jamaica and Guyana, the largest quantity of cannabis seized in Barbados in 2011 came from St. Vincent. Smaller quantities from Trinidad, St. Lucia, Suriname, Antigua and the UK were also seized.



**Figure 30: Location Where Cannabis Found by Country of Origin**



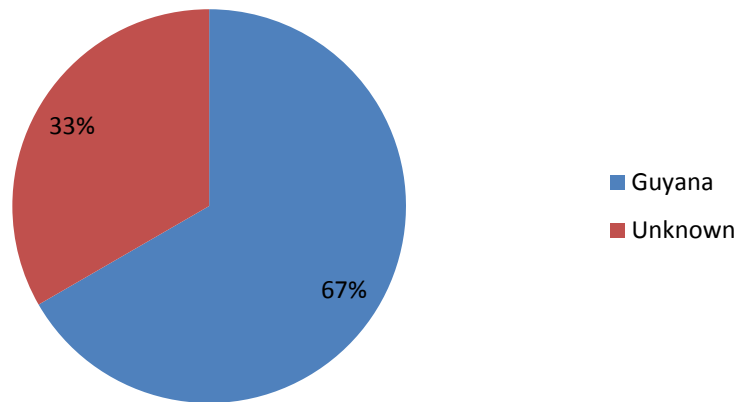
Source: Customs & Excise Department

When considering the location in which the seized Cannabis was found, customs officials indicated that cannabis which came from Jamaica and Guyana was typically found in baggage; while cargo was the main location for seizures of cannabis from St. Vincent (See Figure 30). Seizures of cannabis from various points of origin were often found in Cargo. There were also a small number of seizures where cannabis was discovered on individuals as well as in the post (See Figure 30).

### Cocaine

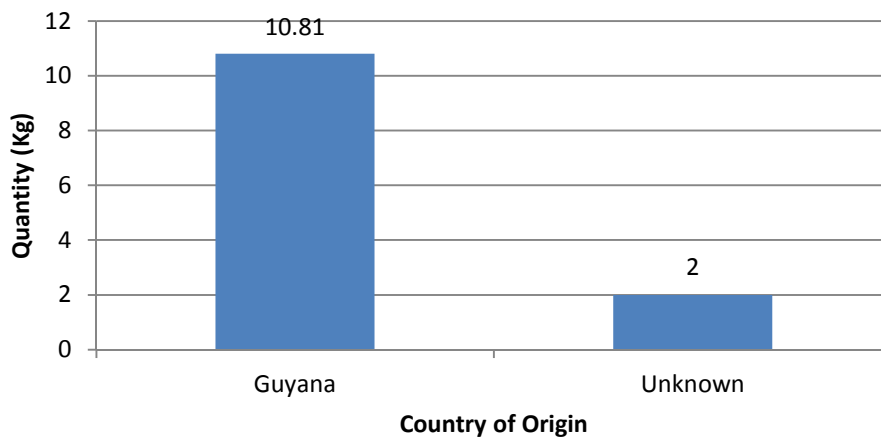
Figure 31 reveals that the greatest proportion of the 2011 cocaine seizures originated in Guyana. Guyana was also the point of origin for the largest quantity of cocaine seized during that year (See Figure 32). With regards to location of discovery, Figure 33 shows that all Cocaine seized during the period under review was discovered in baggage.

**Figure 31: 2011 Cocaine Seizures by Country of Origin**



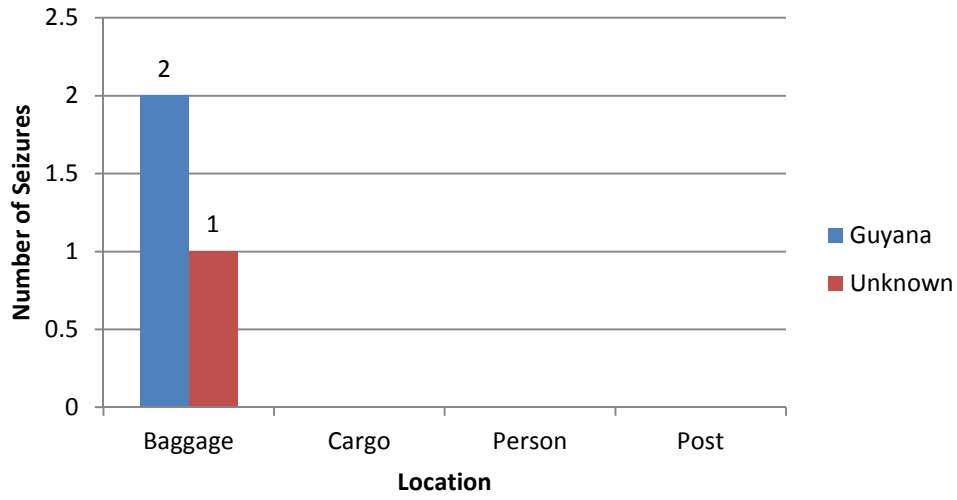
Source: Customs & Excise Department

**Figure 32: Quantities of Cocaine Seized During 2011 by Country of Origin**



Source: Customs & Excise Department

**Figure 33: Location Where Cocaine was Found by Country of Origin**



*Source: Customs & Excise Department*

## 5. Conclusion

The 2011 data indicates that marijuana is the drug driving the demand for treatment, particularly among males and persons in the under 20. This coincides with the findings of previous research which indicates that marijuana was reportedly used most often by adolescents ages 13-17 (Secondary School Survey, 2007).

Marijuana also engaged the attention of the authorities within the supply control sector during the period under review. More specifically, the trafficking and possession of marijuana dominated the drug offenses for which persons were charged by the Royal Barbados Police Force during 2011. Likewise, information from the Customs and Excise Department revealed that marijuana seizures were more numerous than cocaine seizures, and constituted the largest proportion (quantity) of drugs seized for the said year.

While marijuana is the apparent “problem” drug within the treatment and supply reduction fields, the data (both from previous surveys and for the year 2011) highlights the fact that alcohol and, to a lesser extent, tobacco are also among the substances commonly used. There is also some concern regarding poly-drug use, including the use of marijuana with other substances, particularly alcohol and cocaine.

This emphasizes the need for continued demand reduction interventions which focus on marijuana, alcohol, cocaine (cocaine powder and crack cocaine) and tobacco in an effort to reduce their consumption by the population. While cocaine is less predominant in terms of consumption in Barbados, control activities targeting this drug should not be neglected given the fact that it is a highly addictive and destructive substance.

It should be noted that drug use and abuse are most prevalent among adolescents and adults in the 21-35 age category. This suggests the need for more drug demand reduction initiatives to target this group. However, what was noticeable during the data collection process is the absence of a residential facility for women. However, it is important to note that substance abuse services are accessible to females on an outpatient basis at CASA, and a non-residential basis at the Psychiatric Hospital.