BARDIN

Barbados Drug Information Network Report

An analysis of the 2012 Data

Prepared by

The National Council on Substance Abuse

NCSA

Contents

1. Key Findings

Drug Education

- The National Council on Substance Abuse (NCSA) is the primary agency leading drug education efforts.

- The NCSA's Primary school programmes targeted the largest number of persons in 2012, followed by the Secondary school and Community programmes.

- More males than females were targeted by Primary school programmes while more females than males were targeted by Secondary school programmes.

Treatment

- Males and persons between the ages of 13 and 15 accounted for the majority of persons attending the Edna Nicholls Centre in 2012.

- Approximately one-tenth of the students attending the Edna Nicholls Centre tested positive for marijuana use or had trace amounts of the drug within their system; and half of these persons had test results in the 150-349 ng/mL range.

- Males and adults in the 21 to 35 age group were the main persons seeking treatment at the Psychiatric Hospital during 2012.

- The polydrug combination of marijuana, cocaine and alcohol was the most common motivator of persons seeking treatment at the Psychiatric Hospital, followed by the independent use of marijuana, alcohol and cocaine respectively.[1]

- Marijuana use alone was the most common motivator for persons under the age of 20 who sought substance abuse treatment at the Psychiatric Hospital while the polydrug combination of marijuana, cocaine and alcohol was most common among persons between the ages of 21 and 50.

- Most persons seeking treatment at Verdun House were single, unemployed, possessed secondary level education and had no children.

[1] N.B. The data submitted by the Psychiatric Hospital did not distinguish between powdered Cocaine and Crack Cocaine. As such, the term "Cocaine" encompasses both forms of the drug.

- Cocaine was the drug of choice for the largest proportion of persons admitted to Verdun House during 2012, followed by marijuana, alcohol and crystal meth (1 case) respectively.[2]

- Cocaine admissions dominated all age groups at Verdun House, with the exception of the 18 to 25 age group where cocaine admissions *equaled* marijuana admissions.

- Alcohol was the drug of first use for most persons seeking treatment at Verdun House.

- Males and persons under the age of 20 accounted for the largest proportion of persons seeking treatment at the Centre for Counselling Addiction Support Alternatives (CASA) during 2012.

- Most persons attending CASA were students.

- Most persons attending CASA initiated drug use between the ages of 10 and 19.

- Marijuana was the most popular drug of choice for persons seeking treatment at CASA during 2012, followed by the combined use of marijuana and alcohol and the independent use of Alcohol.

Supply Control

- Marijuana-related offenses were the most common drug offenses for which persons were charged by the Royal Barbados Police Force (RBPF) during 2012.

- Males and persons age 30 and over were those most commonly charged with drug offenses during 2012.

- Possession of cannabis was the most common drug offense reported by the RBPF for 2012.

- Compressed cannabis and cannabis plants accounted for the largest number of seizures by the Drug Squad during 2012.

- Drug Possession was the main drug offense for which persons were incarnated during 2012.

- Males accounted for almost all of the drug-related incarcerations during 2012.

- Persons incarcerated for Drug Possession were typically males between the ages of 21 and 40.

[2] N.B. The data submitted by Verdun House did not distinguish between powdered Cocaine and Crack Cocaine. As such, the term "Cocaine" encompasses both forms of the drug.

- Persons incarcerated for Drug Apparatus Possession were typically males over the age of 36.

- The Customs and Excise Department indicated that marijuana seizures outweighed (Kgs) cocaine seizures during 2012.

- Most of the marijuana seized by the Customs and Excise Department originated in Jamaica and was seized at the seaport.

- The largest proportion of cocaine seized by the Customs and Excise Department originated in Trinidad and Tobago and was seized at the airport.

2. Introduction

The Role of Drug Information Systems

The ability to monitor drug trends over time is a valuable tool for informing substance abuse interventions and general policy formulation. Thus, within the drug trend monitoring systems, there is an increasing emphasis on the need for more timely identification and reporting of drug consumption patterns as well as the general observation of new and emerging drug trends. Furthermore, an estimated 400 persons enter addiction treatment each year in Barbados, and very little is known about this population. In particular, we have no ongoing collection of descriptive information regarding basic characteristics, such as: demographics, types and amounts of substances used prior to treatment entry, or the nature and severity of addiction-related problems in the areas of health, employment, criminal activity, family relationships or psychiatric status. The lack of systematic and timely information about the population of substance –dependent individuals in our nation's treatment system has been recognized as a problem by the National Council on Substance Abuse (NCSA).

No perfect methods exist for studying trends in licit and illicit drug use, and what has emerged is a pragmatic set of approaches to a methodologically demanding topic. However, drug trend monitoring systems typically aggregate a broad spectrum of data, which provide a form of repeat 'situation analysis' from which a response can be designed, for example in the areas of public health, law enforcement and interdiction. Well known examples of Drug Monitoring Systems include the Australian Illicit Drug Reporting System (Hando, Darke & O' Brien, 1998), the Community Epidemiology Work Group in the United States of America (Sloboda & Kozel, 1999) and the South African Community Epidemiology Network on Drug Use (Parry et al., 2002). Such systems play an important role in informing policy debate, programme design and stimulating early intervention in response to emerging problems (Monteney, Stoove & Haugland, 2011).

Barbados' Data Collection

The most prominent data collection efforts aimed at assessing the drug situation in Barbados have been the National Household Survey (NCSA, 2006), the Secondary School Surveys (NCSA, 2003, 2006), the Primary School Surveys (NCSA, 2006, 2010), an investigation into the Relationship Between Drug Use and Risky Sexual Behaviour (2005) and A Survey of Drug Use and Risky Sexual Behavior in Tertiary Institutions (2007). The National Household Survey (NHS) was conducted using a representative sample of the non-institutionalized civilian population of Barbados, ages 12 and older. The NHS collected data on recency and frequency of legal and illicit drug use, as well as opinions about drugs and drug –related problems. The Secondary School Surveys (SSS) have been used to collect data on national samples of secondary school students, ages 13 to 17 years; while the Primary School Surveys collected data on national samples of primary school students ages 9 to 11 years. Like the NHS, these surveys have also collected data on the recency and frequency of legal and illicit drug use as well as opinions about drugs

and drug-related problems. The mixed methods (qualitative and quantitative) investigation into the Relationship Between Drug Use and Risky Sexual Behaviour examined a sample of person drawn from various populations including: the incarcerated, persons seeking treatment for substance abuse and persons seeking treatment for HIV. The survey among tertiary students reported on the frequency and use of legal and illicit drugs as well as the relationship between drug use and risky sexual behavior.

Other studies conducted by the NCSA include surveys that provide information about patterns of drug use among prisoners (NCSA, 2004), Arrestees (NCSA, 2002) and hospital emergency department admissions (NCSA, 2004). However, none of these studies focused on individuals seeking treatment for substance abuse, nor the interdiction efforts aimed at reducing the supply of drugs within the country. Likewise, they do not offer continuously updated data, but rather only provide a one-time snapshot of the drug situation at the time of the study. In addition, most of the available data collection systems report findings infrequently and few of these systems offer information other than basic demographics and patterns of drug use. The NCSA considers these limitations to be significant and has therefore made efforts to address them in the design of Barbados' drug monitoring system, namely the Barbados Drug Information Network (BARDIN).

BARDIN is the framework through which Barbados collects and disseminates drug-related information to stakeholders involved in drug-related activities in Barbados, such as prevention, education, treatment and rehabilitation and law enforcement activities.

The broad objectives of BARDIN are:

- To provide current epidemiological and other information on substance abuse
- To monitor drug trends over time
- To identify emerging trends in substance abuse and drug trafficking
- To provide relevant information for effective planning, evaluation and management of substance abuse.

In 2013, the NCSA published its first BARDIN report and this was based on data collected in the baseline year 2011.

The Present Report

The current report is the second in the BARDIN series and presents the relevant data for the period January 1 to December 31, 2012. It is 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 and The Barbados Customs and Excise Department.

Overall, this report, and BARDIN in general, attempts to capture pertinent drug-related information that can be used to inform policy and actionable programs. In addition, a selection of pertinent findings from a pilot study in which Barbados participated, namely the Piloting of a Standardized Drug Treatment Registration form in Barbados, Jamaica and Trinidad and Tobago, is also included in the Appendix section of this document.

The forthcoming information is presented given the recognition that timely, scientific and valid clinical information is needed to document trends in the field of substance abuse. Furthermore, early, accurate reporting on emerging drug trends enables the design and use of proactive clinical efforts as well as offers valuable information regarding the use of welfare, criminal justice, and /or mental health resources by those entering addiction treatment. Information is also captured on attempts to reduce the supply of illicit drugs within the country. As a result, individual treatment providers, law enforcement and national policy-makers will be better able to identify and evaluate the differences between programmes in communities and the law enforcement arena; and thus be able to plan more coordinated and efficient approaches to dealing with the multiple problems associated with substance abuse and the wider drug situation (Monteney, et al., 2011).

3. Demand Reduction

3.1 National Council on Substance Abuse

Table 1: Persons Targeted by NCSA Programmes by Age and Gender

Intervention	Age Range/ Population Targeted	No. of Males Targeted	No. of Females Targeted	Total no. of Persons Targeted
Primary School				
Safe & Unsafe	**5-7 years**	**456**	**358**	**814**
Jugs & Herrings	**6-8 years**	**311**	**232**	**543**
Just the Facts	**7-8 years**	**71**	**47**	**118**
Drugs & My World	**8-9 years**	**2023**	**1934**	**3957**
Drugs & Decisions	**10-11 years**	**1493**	**1428**	**2921**
Cub Scouts	**7-11 years**	**246**	**-**	**246**
Life Education Centre (LEC)	**3-11 years**	**369**	**371**	**740**
- Nursery	3-4 years	42	43	85
- Reception	4-5 years	44	50	94
- Infants A	5-6 years	31	41	72
- Infants B	6-7 years	39	46	85
- Class 1	7-8 years	59	40	99
- Class 2	8-9 years	57	54	111
- Class 3	9-10 years	52	44	96
- Class 4	10-11 years	45	53	98
TOTAL		**4969**	**4370**	**9339**
Secondary School				
Drugs Education and Life Skills	**11-16 years**	**414**	**387**	**801**
Career Showcases	**11-16 years**	**3500**	**3800**	**7300**
TOTAL		**3914**	**4187**	**8101**
Community				
Edna Nicholls Centre[3]	**11-16 years**	**156**	**54**	**210**
Stop! Think! Choose!	**18-55 years**	**19**	**35**	**54**
Youth Seminar	**13-14 years**	**-**	**-**	**86**
Irving Wilson – Peer Support	**11-18 years**	**9**	**14**	**23**
Project SOFT	**10-12 years**	**20**	**22**	**42**
Workplace Drug Interventions	**16-65 years**	**-**	**-**	**949**

[3] The aim of the Edna Nicholls Out-of-School Programme is to provide rehabilitative programmes for secondary school students who have been suspended or referred from school

Intervention	Age Range/ Population Targeted	No. of Males Targeted	No. of Females Targeted	Total no. of Persons Targeted
Community Cont'd				
Marijuana Forum	**General Public**	**-**	**-**	**300**
NCSA In De Community	**Men on the Block**	**15**	**-**	**15**
Prevention First Club: Parents	**Parents**	**3**	**32**	**35**
Drug Education Sessions[4]	**5-65 years**	**-**	**-**	**716**
I Make the Choice!	**16-55 years**	**779**	**1180**	**1959**
Mass-based Events	**7-65 years**	**-**	**-**	**11, 500***
TOTAL		**-**	**-**	**4389**

*This number was not included in the Community Intervention Total as it has the potential to artificially inflate the number of persons targeted by the Community Programmes/Activities.

Source: NCSA

Table 1 above presents an overview of the persons targeted by NCSA's Programmes and Interventions during 2012. From the Table it can be seen that the Primary School Programme targeted the largest number of persons followed by the Secondary School and Community Programmes respectively. With respect to gender differences, more males than females took part in the Primary School Programmes while more females than males were the recipients of the Secondary School interventions. Such gender differences could not be determined for the Community department as it was not always possible to record the number of persons (male or female) who took part in their programmes/interventions, especially those involving large audiences.

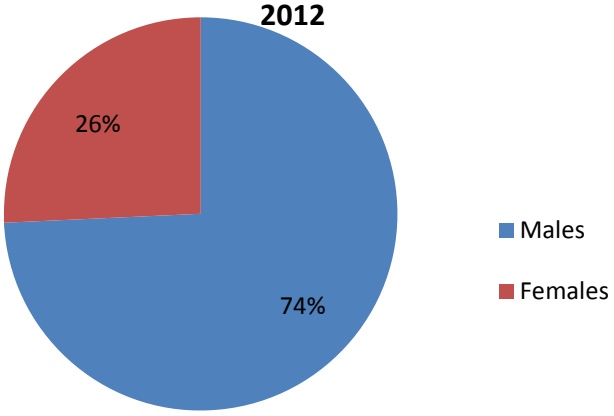
[4] N. B. In addition to the Sessions included here, there were other Sessions/Interventions for which totals were not available. As such, the number of persons reached by the Community programmes is larger than that presented.

3.2 Drug Testing

3.2.1 Edna Nicholls Centre

For the year 2012, 210 students were admitted to the Edna Nicholls Centre. Males accounted for the larger proportion of these students (74%), outnumbering females (26%) at a ratio of approximately 3:1 (See Figure 1).

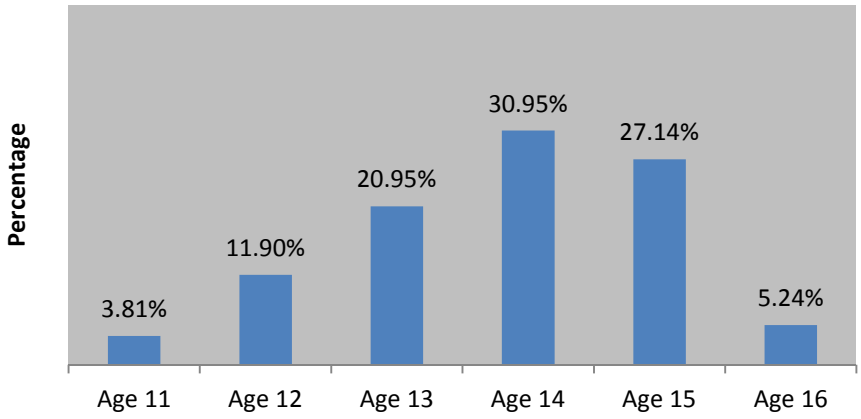
Figure 1: Enrollment at Enda Nicholls Centre by Gender: January to December 2012



Source: The Edna Nicholls Centre

With respect to age, most of the students attending the Edna Nicholls Centre during 2012 were in the 13 to 15 age group (See Figure 2). However, 11, 12 and 16 year olds were also admitted to the Centre during the year (See Figure 2).

Figure 2: Enrollment at Edna Nicholls Centre by Age: January to December 2012

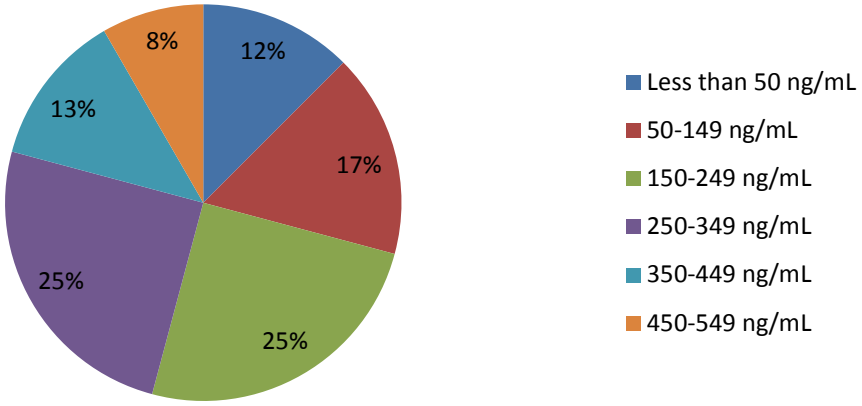


Source: The Edna Nicholls Centre

All of the students admitted to the Centre during 2012 were tested for marijuana use. Of the 210 students admitted, 21 (10%) tested positive for the use of this drug (a result of 50 ng/mL or over[5]) while 3 (1.4%) had trace amounts of the drug within their system (a results of less than 50 ng/mL), thus indicating less recent use. It should be noted that the percentage of students who tested positive for marijuana use or who had trace amounts of the drug within their system (combined total = 11.4%) represents a 6% decrease over that reported in 2011 (17.4%).

Figure 3 below provides the test results for these students (N=24). From the chart it can be seen that 50% of those who tested positive for marijuana use or had trace amounts of the drug within their system had test levels between 150 ng/mL and 349 ng/mL.

Figure 3: Marijuana Test Results for Edna Nicholls' Students Testing Positive for Drug Use: January to December 2012



Source: The Edna Nicholls Centre

[5] 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. THC is the main psychoactive chemical found in Marijuana.

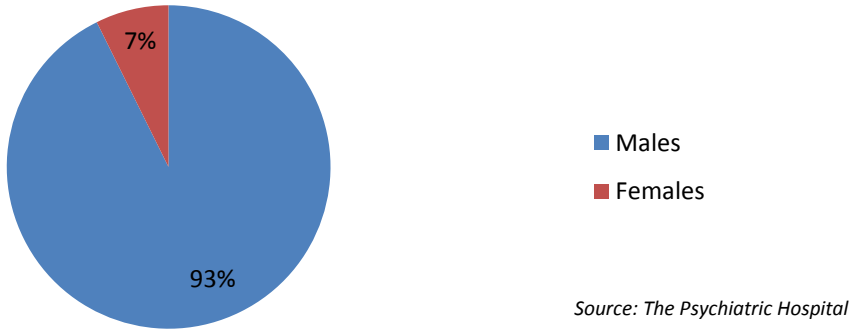
4. Treatment and Rehabilitation

4.1 Psychiatric Hospital[6]

Demographic Profile

Two-hundred and eighteen (218) persons were admitted to the Drug Rehabilitation Unit at the Psychiatric Hospital during 2012. Figure 4 shows that more males than females sought substance abuse treatment at this institution.

Figure 4: Drug Admissions to Psychiatric Hospital by Gender: January to December 2012

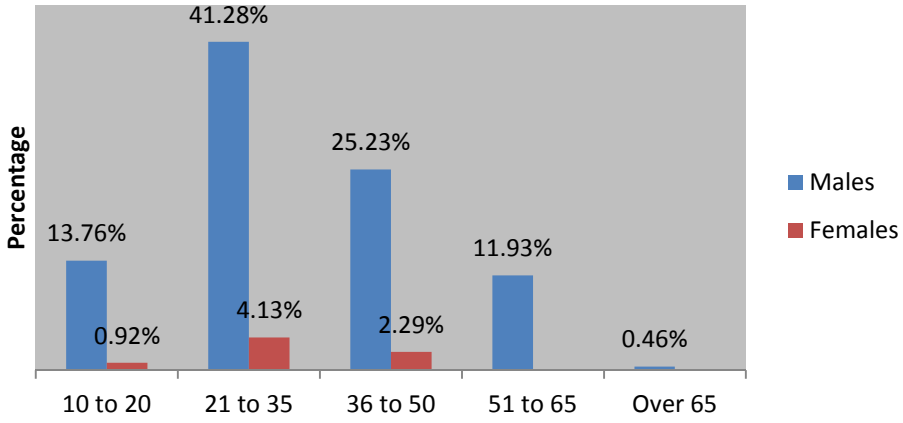


Source: The Psychiatric Hospital

Figure 5 below reveals that persons in the 21 to 35 age group were the main treatment seekers followed by persons in the 36 to 50, 10 to 20, 51 to 65 and over 65 age groups respectively.

[6] The Psychiatric Hospital provides a day-release programme to adult males and females.

Figure 5: Drug Admissions to Psychiatric Hospital by Age and Gender: January to December 2012



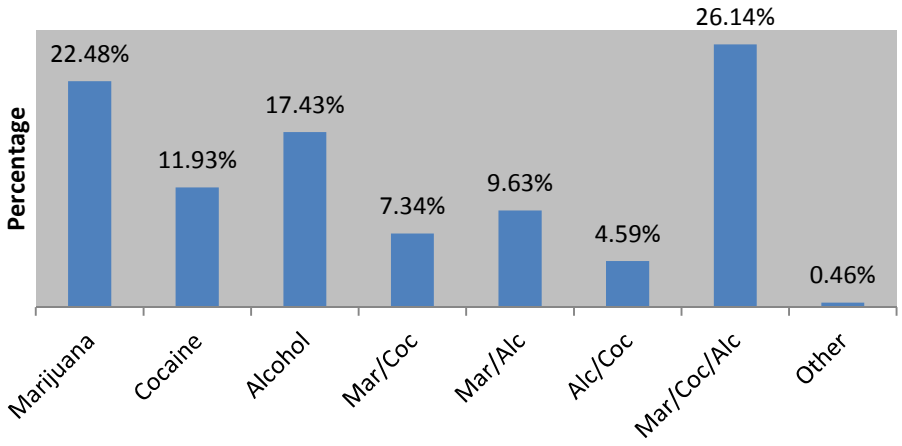
Source: The Psychiatric Hospital

Drug Use Profile

Figure 6 reveals the Psychiatric Hospital's drug admissions by drug type for 2012[7]. From this chart it can be seen that the polydrug combination of marijuana, cocaine and alcohol was the most common reason persons sought substance abuse treatment at this institution during the said year. This was followed by the independent use of marijuana, alcohol, and cocaine respectively as well as various other polydrug combinations. It should be noted that marijuana appears to have been a problem drug for many of the persons seeking substance abuse treatment at the Psychiatric Hospital. This can be said as: (1) marijuana alone was the second highest drug motivating the need for treatment among the 2012 admissions; and (2) it forms part of most polydrug combinations for which persons sought treatment.

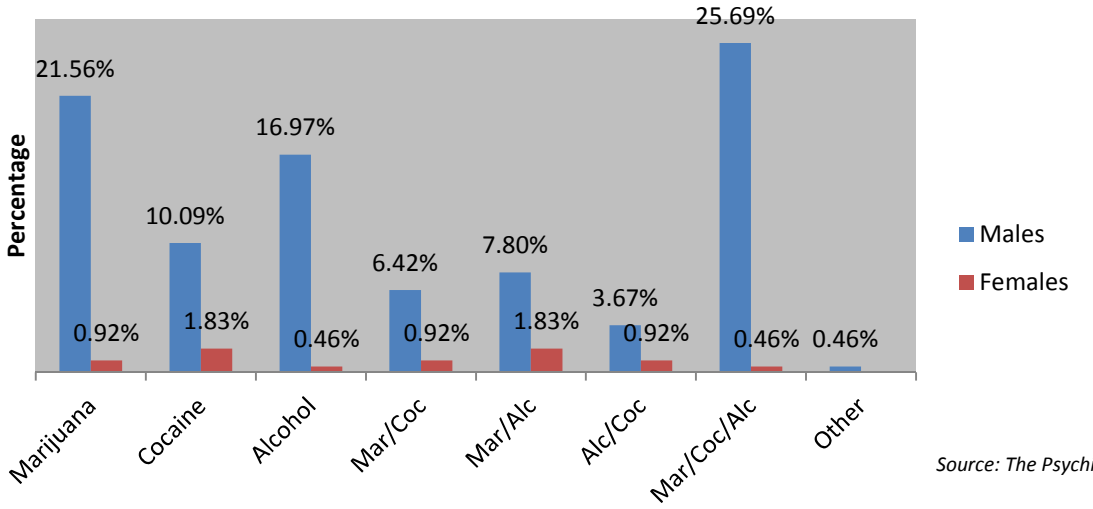
[7] N.B. The data submitted by the Psychiatric Hospital did not distinguish between powdered cocaine and crack cocaine. As such, the term "cocaine" encompasses both forms of the drug.

Figure 6: Drug Admissions by Drug Type: January to December 2012



Source: The Psychiatric Hospital

Figure 7: Drug Admissions by Gender and Drug Type: January to December 2012



Source: The Psychiatric Hospital

Figure 7 above reveals that the drug admissions by drug type profile for males was similar to that presented in Figure 6. However, this was not the case for females. Figure 7 shows that cocaine and the polydrug combination of marijuana and alcohol were the most common reasons for which females sought treatment at the Psychiatric Hospital during 2012. These were followed respectively by: marijuana, the polydrug combinations of marijuana and cocaine, alcohol and cocaine, marijuana, cocaine and alcohol and alcohol alone.

Also evident in Figure 7 is the previously mentioned gender disparity, with males outnumbering females in each category of drug use.

The reported cases of polydrug use (marijuana, cocaine and alcohol combined) in 2012 increased over that reported in 2011 (26.14% vs. 19.7%). However, the reported cases for the treatment of marijuana and alcohol abuse remained roughly the same in 2012 and 2011 (marijuana: 22.48% vs. 21.60%; alcohol: 17.43% vs. 19.70%)

Table 2: Drug Admissions by Age and Drug Type

Drug	Age Group				
	Under 20	**21-35**	**36-50**	**51-65**	**65+**
Marijuana	23	18	6	-	-
Cocaine	-	12	12	-	-
Alcohol	-	13	13	10	1
Marijuana & Cocaine	4	11	-	1	-
Marijuana & Alcohol	1	15	2	3	-
Alcohol & Cocaine	-	4	5	1	-
Marijuana, Alcohol & Cocaine	3	25	20	9	-
Other	-	1	-	-	-

Source: The Psychiatric Hospital

Table 2 above highlights the Psychiatric Hospital's drug admissions by age and drug type. From the Table it can be seen that marijuana use alone was the most common reason for admission among those in the Under 20 age category. In contrast, the polydrug combination of marijuana, alcohol and cocaine was most problematic for those in the 21 to 35 and 36 to 50 age groups; while alcohol use alone was the most common reason for admission of persons in the 51 to 65 and over 65 age groups. With respect to the 51 to 65 age group, it is important to note that alcohol use alone was followed closely by the polydrug combination of marijuana, alcohol and cocaine.

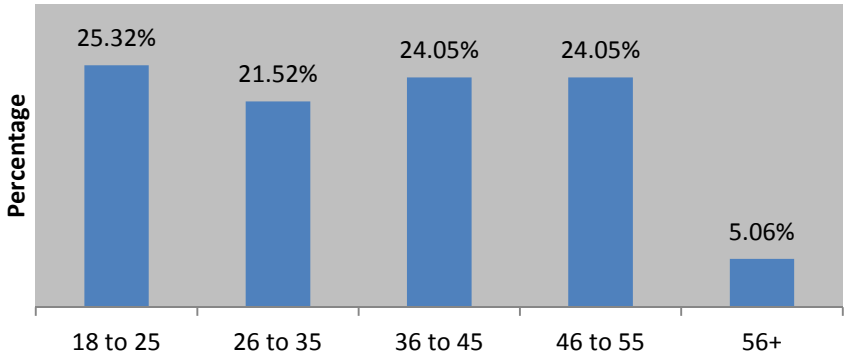
The data reported in 2012 was similar to that reported in 2011, where marijuana was the most common reason those in the Under 20 age category sought treatment while polydrug use (marijuana, cocaine, alcohol) was more prevalent in the 21 to 35 age group.

4.2 Verdun House[8]

Demographic Profile

Seventy-nine (79) persons received substance abuse treatment at Verdun House during 2012. It is important note that most of these individuals were referred from the Psychiatric Hospital. Therefore, no attempts should be made to aggregate the data from the two institutions as this would lead to double-counting and provide an over-inflated estimation of the persons who sought such treatment during 2012. In the previous report (2011), efforts were made to avoid the possibility of such double-counting. More specifically, the 2011 data presented for Verdun House included only those persons who sought treatment independently i.e. were not referred from Psychiatric Hospital. However, it was not believed that this approach would offer an adequate representation of the work conducted by Verdun House during 2012 given that only 1 person sought treatment independently during that year. As such, the decision was taken to present data on all persons who received treatment at this institution during 2012. An added benefit of this approach was the fact that it allowed for the presentation of additional demographic and drug-related information about this segment of the treatment population which was absent from that reported by the Psychiatric Hospital.

Figure 8: Age of Persons Admitted to Verdun House during 2012



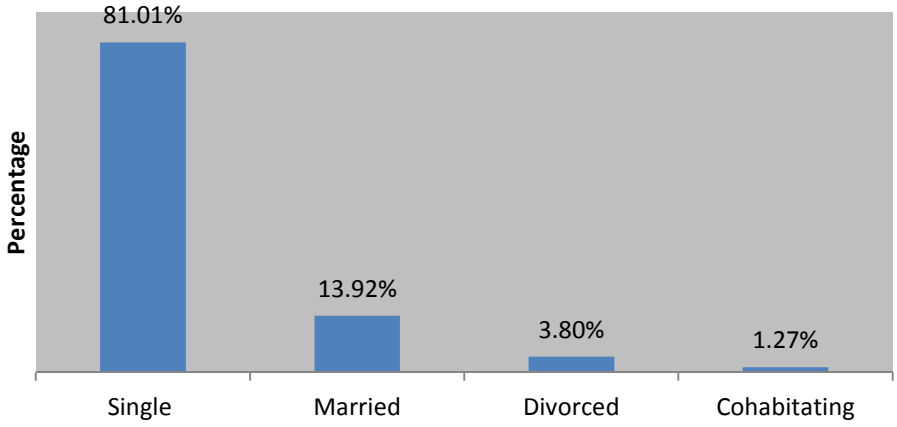
Source: Verdun House

From Figure 8 above, it can be seen that persons 18 years and older were admitted to Verdun House during 2012. Overall, there was a near even distribution of the persons admitted between the ages of 18 and 55. However, there was a smaller number of persons age 56 and older admitted to the institution during that year.

[8] Verdun House is the island's only residential treatment facility it caters to males 18 years of age and older.

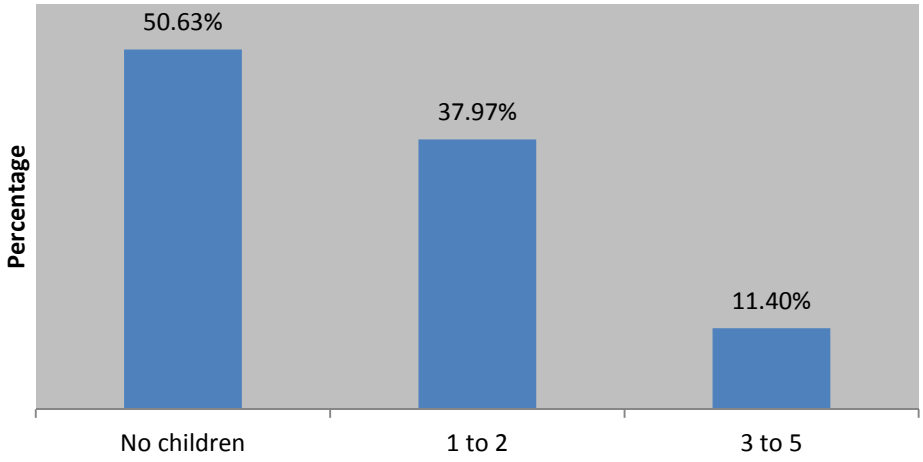
Single persons accounted for the largest proportion of persons admitted to Verdun House during 2012 (See Figure 9). Nevertheless, there were also married, divorced and cohabitating clients admitted during that year; however, these were significantly less in number (See Figure 9).

Figure 9: Relationship Status of Persons Admitted to Verdun House during 2012



Source: Verdun House

Figure 10: Number of Children Fathered by Persons Admitted to Verdun House during 2012

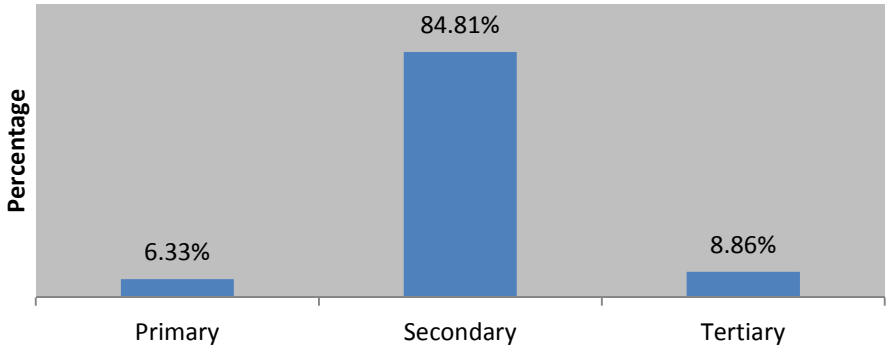


Source: Verdun House

Figure 10 above reveals that very few of the clients admitted to Verdun House during 2012 had 3 or more children. In fact, most clients had either no children or only 1 to 2 children.

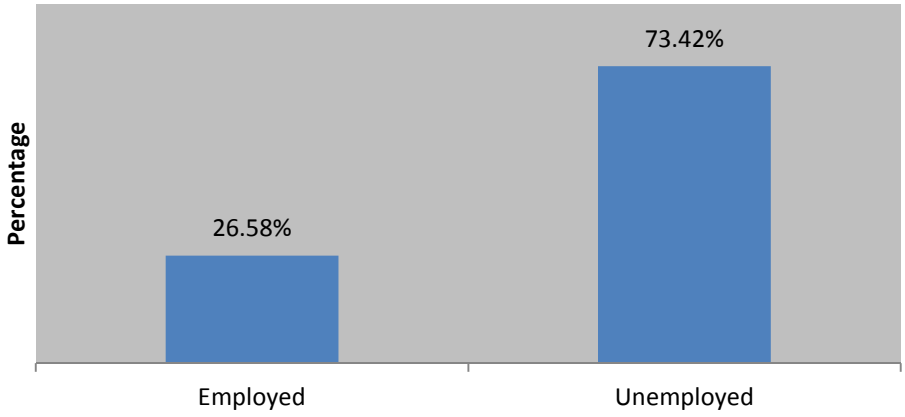
With regards to education, most persons admitted to Verdun House during 2012 had secondary level education (See Figure 11). Likewise, more unemployed than employed persons were admitted to the institution during that year (See Figure 12).

Figure 11: Highest Level of Education Attained by Persons Admitted to Verdun House during 2012



Source: Verdun House

Figure 12: Employment Status of Persons Admitted to Verdun House during 2012

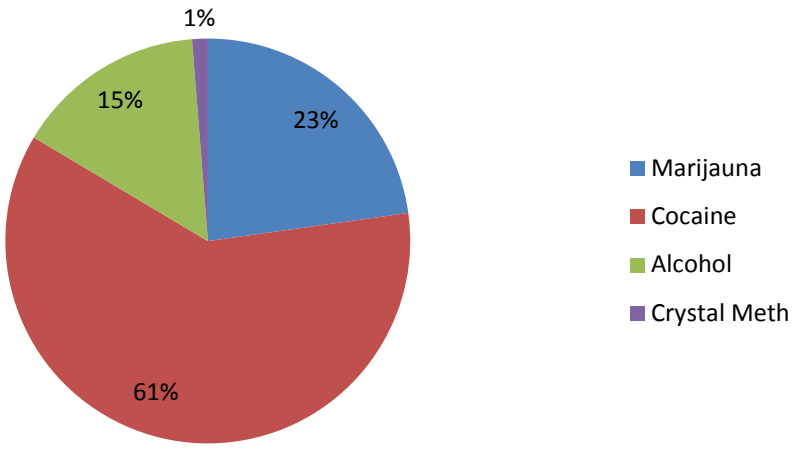


Source: Verdun House

Drug Use Profile

Cocaine was the drug of choice for the largest proportion of persons admitted to Verdun House during 2012, followed by marijuana, alcohol and crystal meth respectively (See Figure 13). [9]

Figure 13: 2012 Verdun House Admissions by Drug of Choice



Source: Verdun House

Table 3: Drug Admissions by Age and Drug Type

Drug	Age Group				
	18-25	**26-35**	**36-45**	**46-55**	**56+**
Marijuana	10	4	3	1	-
Cocaine	10	11	10	14	3
Alcohol	-	1	5	5	1
Crystal Meth	-	-	1	-	-

Source: Verdun House

[9] N.B. The data submitted by Verdun House did not distinguish between powdered Cocaine and Crack Cocaine. As such, the term "Cocaine" encompasses both forms of the drug.

Table 3 above shows the 2012 admissions to Verdun House by age and drug of choice. From the Table it can be seen that cocaine admissions predominated each age group, with the exception of the 18 to 25 age group where cocaine admissions equaled marijuana admissions. Also noteworthy is the fact that alcohol was one drug of choice for persons age 26 and over; while the lone crystal meth admission was in the 36 to 45 age group (See Table 3).

Table 4 below shows that alcohol was the drug of first use for most persons, followed somewhat closely by marijuana and polydrug use. There were only a few instances in which cocaine (crack and powder) and tobacco were the drugs first used by the persons admitted to Verdun House during 2012. The Table also shows that the majority of persons admitted began drug/substance use before the age of 20.

Table 4: First Drug Use by Age and Drug Type

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
Alcohol	12	6	10	2	1	-	-	-
Marijuana	1	13	7	-	-	-	-	-
Cocaine (powder)	-	1	-	-	-	-	-	-
Crack Cocaine	-	-	2	-	-	1	-	-
Inhalants	-	-	-	-	-	-	-	-
Ecstasy	-	-	-	-	-	-	-	-
Tobacco	-	-	2	-	-	-	-	-
Polydrug	5	5	10	-	-	-	-	-
Gambling[10]	-	-	-	1	-	-	-	-
Other	-	-	-	-	-	-	-	-

Source: Verdun House

[10] Please note that while "Gambling" is not a drug, it was included here as it represents the diversity in addiction treatment carried out by Verdun House.

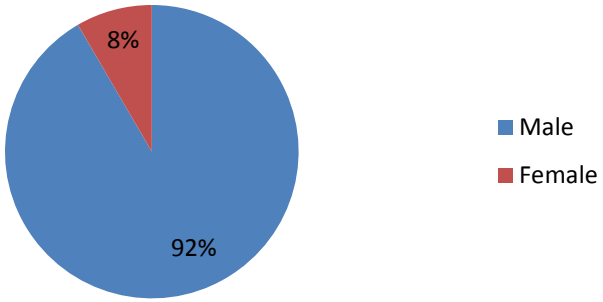
4.3 The Centre for Counselling Addiction Support Alternatives (CASA)[11]

Demographic Profile

The data revealed that 107 persons sought treatment at CASA during 2012, most of whom were male (See Figure 14). The data also indicated that CASA's clientele during 2012 was a relatively young one, as most persons who sought treatment at the organisation during that year were below the age of 20 (See Figure 15). Furthermore, as age increased, the number of treatment seeking persons within each age group decreased (See Figure 15).

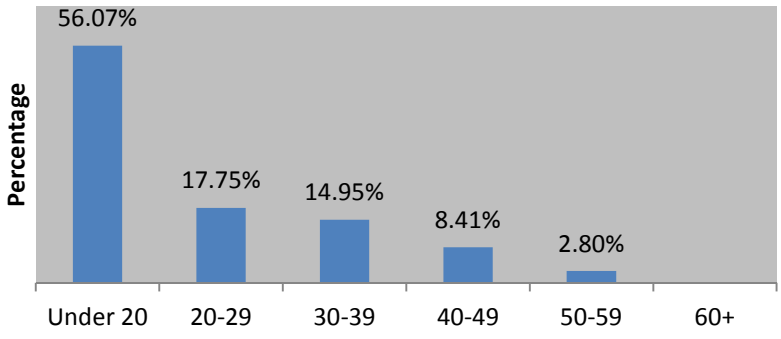
It should be noted that this data is similar to that reported in 2011, as most persons who sought treatment at CASA during that year were also in the Under 20 age category.

Figure 14: CASA Admissions by Gender



Source: CASA

Figure 15: Age Distribution of Persons Attending CASA

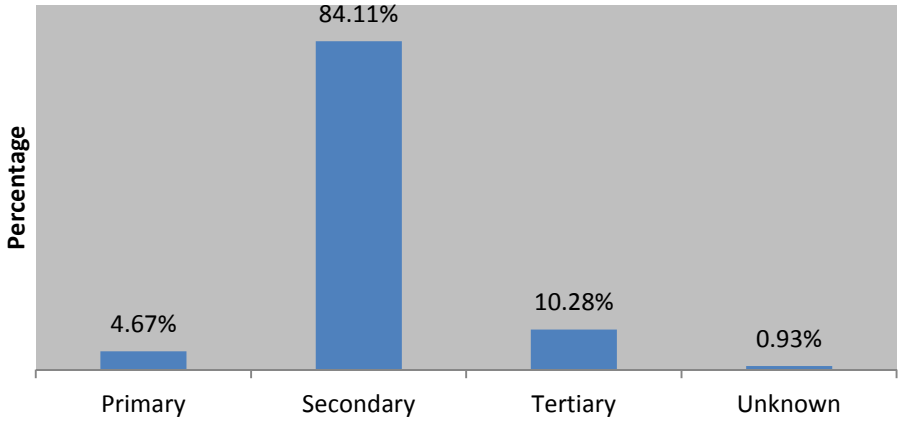


Source: CASA

[11] CASA is a non-residential treatment facility catering to males and females 12 years of age and older.

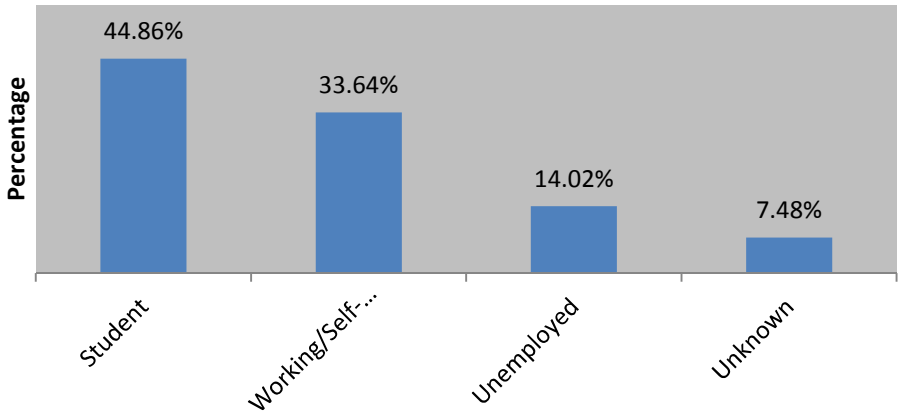
Most persons attending CASA during 2012 possessed at least secondary school education; however, a small number of the clients possessed either tertiary or primary level education (See Figure 16). With respect to employment status, "students" accounted for the largest proportion of treatment seekers, followed by those who were "working/self-employed" and "unemployed" (See Figure 17). This corresponds with the fact that most of the 2012 clients were below the age of 20. Similarly, most of the 2011 clients also possessed secondary education and were "students".

Figure 16: Education Level of Persons Attending CASA



Source: CASA

Figure 17: Employment Status of Persons Attending CASA

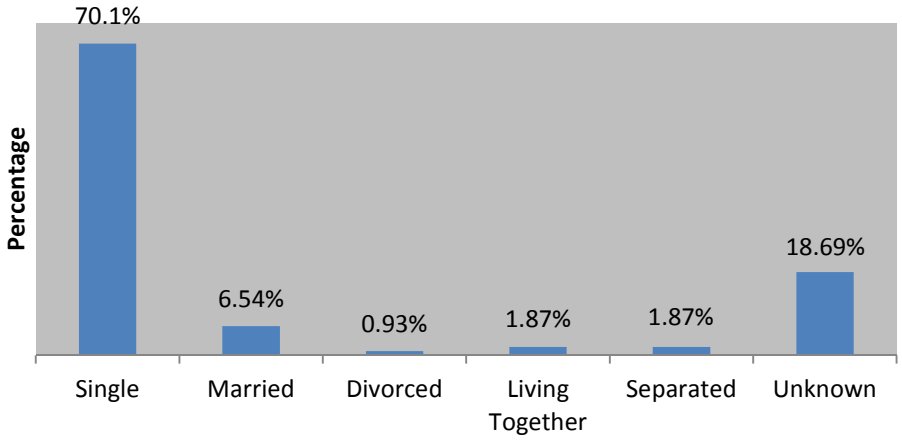


Source: CASA

The data regarding relationship status and type of accommodation for the 2012 clients also corresponds with the decidedly young age of CASA's clients. More specifically, "single" persons sought the services of

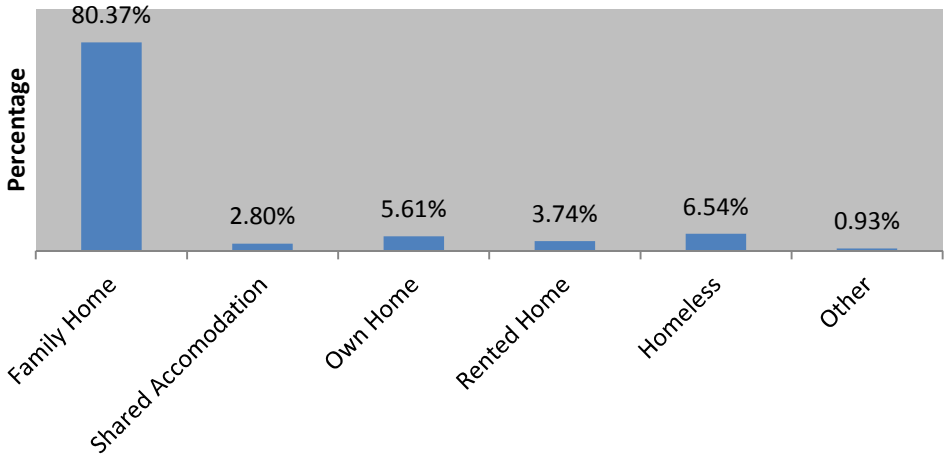
CASA most often, followed by the “married”, “living together”, “separated” and “divorced” respectively (See Figure 18). Likewise, nearly all of the clients resided within their family home (See Figure 19). Nevertheless, others stated that they: were “homeless”, lived in their “own home”, lived in a “rented home” or “shared accommodation” respectively (See Figure 19). Only 1 person identified their accommodation type as “other” (See Figure 19).

Figure 18: Relationship Status of Persons Attending CASA



Source: CASA

Figure 19: Type of Accommodation of Persons Attending CASA



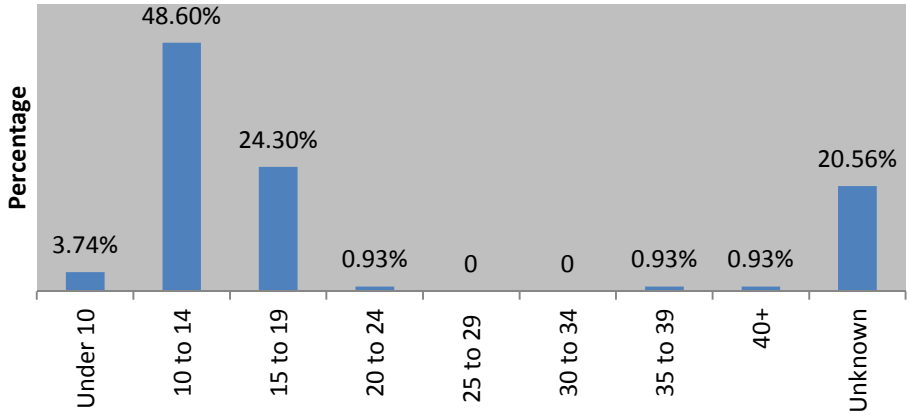
Source: CASA

Drug Use Profile

Most persons attending CASA during 2012 indicated that they first used drugs between the ages of 10 and 19, with the largest proportion of clients doing so between 10 and 14. A small number of persons stated that they began their drug use before the age of 10 while others stated that they were in the 20 to 24, 35 to 39 and 40 plus age groups at the time of the first drug use (See Figure 20). It should be noted that the age of first drug use for some clients was not known (See Figure 20).

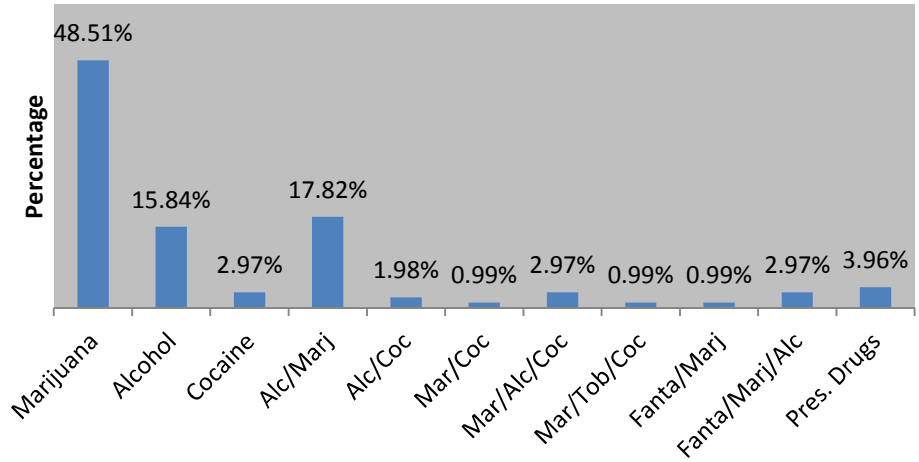
This information was similar to that reported in 2011, whereby the majority of clients seeking treatment in that year reported initiating drug use between 10 and 19 years of age.

Figure 20: Age of First Drug Use of Persons Attending CASA



Source: CASA

Figure 21: Drug of Choice

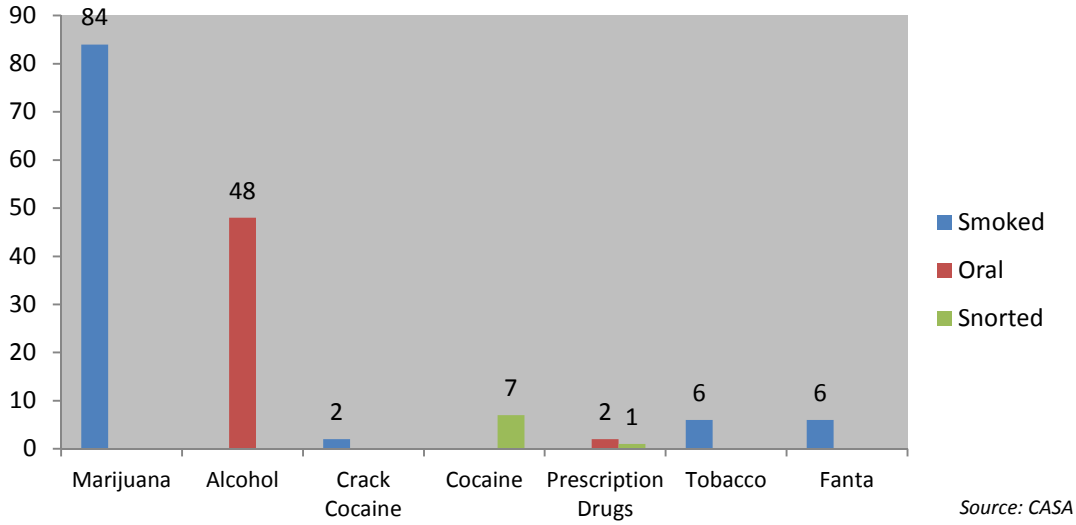


Source: CASA

Figure 21 reveals that marijuana and alcohol, both separately and in combination, were the most popular drugs of choice among the 2012 treatment group at CASA. However, it must be highlighted that marijuana was the most popular of all (See Figure 21). Cocaine was another drug of choice, though much less common, as were prescription drugs and a number of polydrug combinations (See Figure 21). Such combinations included marijuana, alcohol, tobacco, cocaine and fanta.

These findings were similar to those of 2011, as marijuana was the dominant drug motivating treatment in that year, followed by alcohol.

Figure 22: Route of Administration for Drugs



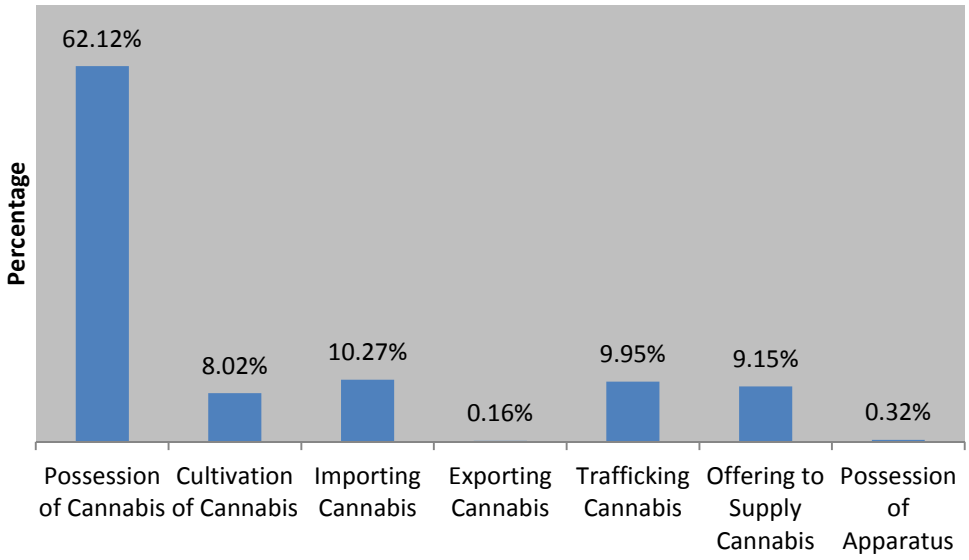
Source: CASA

With regards to drug administration, the 2012 clients at CASA indicated that they "smoked" marijuana, tobacco, fanta and crack cocaine, with marijuana being the most popularly "smoked" substance of all (See Figure 22). Alcohol and prescription drugs were administered "orally" while cocaine powder was "snorted" (See Figure 22). Figure 22 also highlights the fact that marijuana and alcohol were the most popular substances among those seeking treatment at CASA during 2012.

5. Supply and Control

5.1 Royal Barbados Police Force

Figure 23: Persons Charged with Cannabis Offences by Offence Type

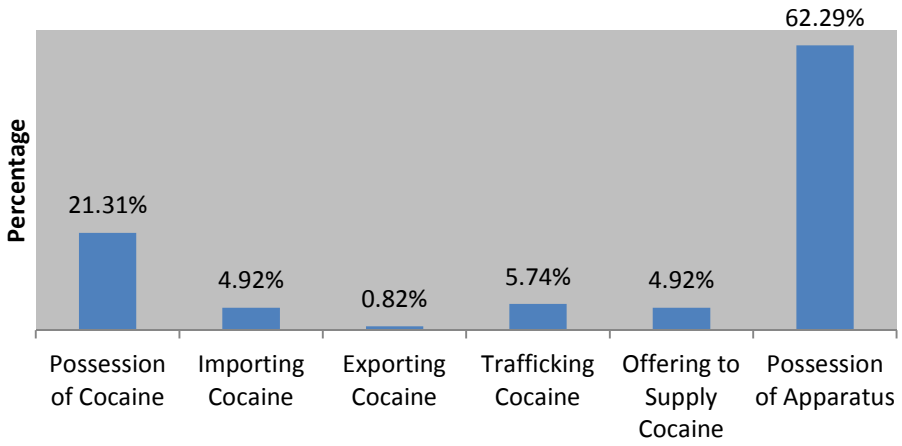


Source: Royal Barbados Police Force

Figure 23 above reveals that more persons were charged with "Possession of Cannabis" during 2012 than with any other cannabis-related offence. In fact, the number of persons charged with "Possession of Cannabis" *far exceeded* those charged with the remaining offences highlighted within the chart.

From Figure 23 it can also be seen that the number of persons charged with "Importing Cannabis", "Trafficking Cannabis", "Offering to Supply Cannabis" and "Cultivation of Cannabis" did not vary widely, ranging from 50 charges in the case of "Cultivation of Cannabis" to 64 charges in the case of "Importing Cannabis". Also evident is the fact that "Exporting Cannabis" and "Possession of Apparatus" were the least common of all offences, amounting to only 1 and 2 cases respectively.

Figure 24: Persons Charged with Cocaine Offences by Offence Type

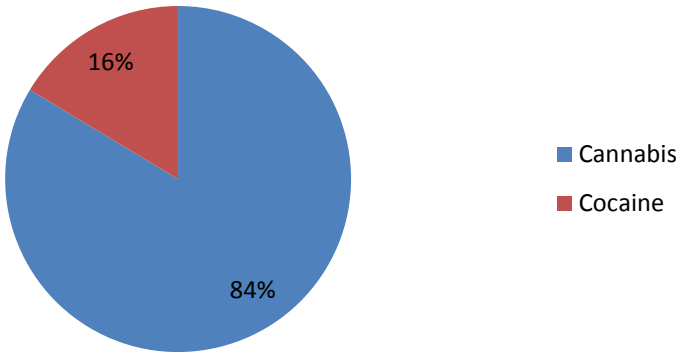


Source: Royal Barbados Police Force

Figure 24 above shows that "Possession of Apparatus" was the most common cocaine-related offence, and this far outnumbered all other cocaine offences. "Possession of Cocaine" was the second most common offence, accounting for 21.31% of all cocaine-related offences.

The numbers of persons charged with "Importing Cocaine", "Offering to Supply Cocaine" and "Trafficking Cocaine" were similar, while "Exporting Cocaine" was the least common of all cocaine-related offences (See Figure 24).

Figure 25: Cannabis vs. Cocaine Offences

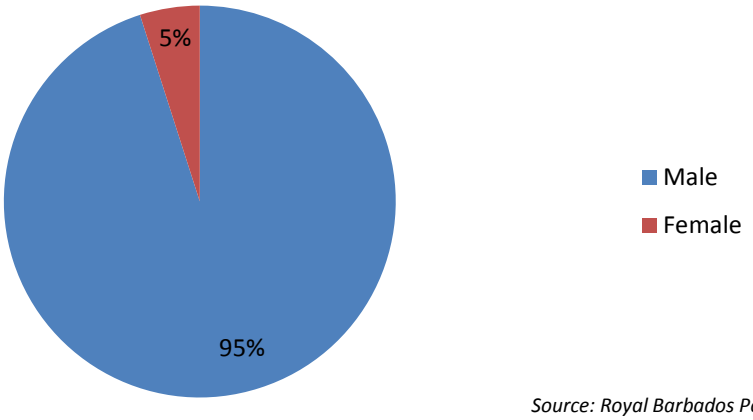


Source: Royal Barbados Police Force

During 2012, the number of persons charged with cannabis-related offences was larger than the number of persons charged with cocaine-related offences during the same period. This can be seen in Figure 25

above, which shows that when compared, cannabis-related offences accounted for 84% of the charges while cocaine-related offences accounted for the remaining 16%.

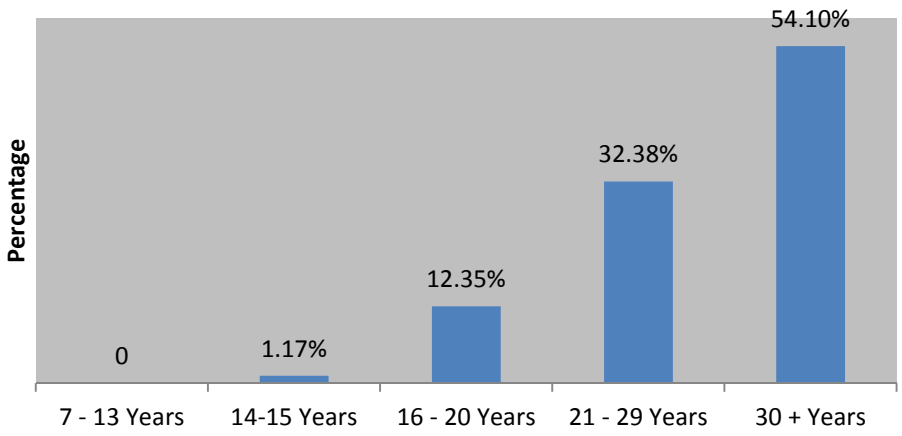
Figure 26: Persons Charges with Drug Offences by Gender



Source: Royal Barbados Police Force

When the drug-offence data was considered by gender, it was found that males accounted for the largest proportion (95%) of persons charged with drug offences during 2012 (See Figure 26).With respect to age, Figure 27 below shows that the number of persons charged with drug offences during 2012 increased with age. As such, the 30 and over age category contained the largest number of persons charged with drug offences, followed by the 21 to 29 and 16 to 20 age groups respectively. There was also a small number of drug offenders between the ages of 14 and 15. Please note that it is recommended that this finding be interpreted with caution as the age categories are not equal i.e. the "older" categories span wider age ranges than the "younger" categories, thus increasing the probability of their possessing a larger number of persons.

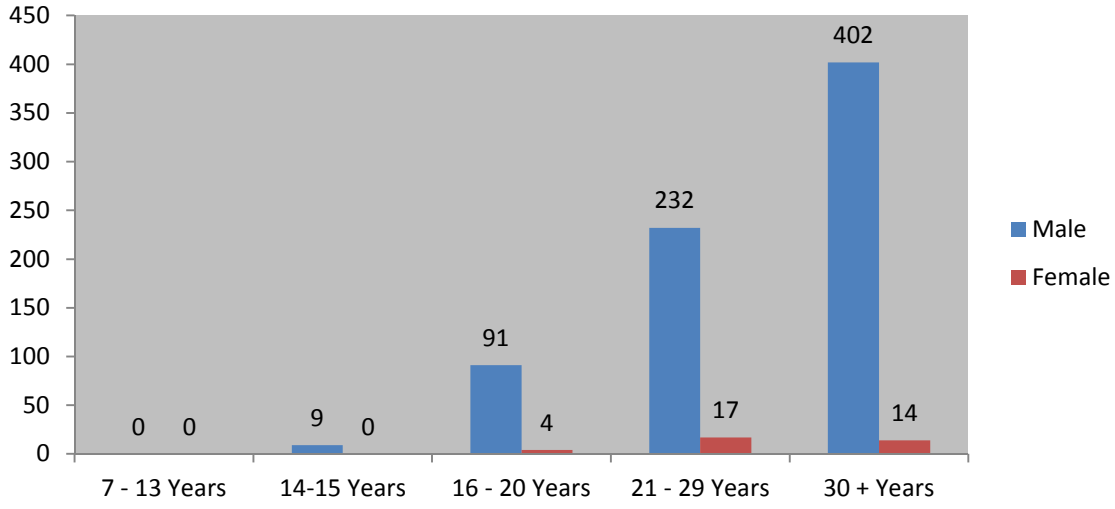
Figure 27: Persons Charged with Drug Offences by Age



Source: Royal Barbados Police Force

When examined by both age and gender, the data showed a similar pattern among the males to that presented in Figure 27 above. More specifically, Figure 28 below also confirms that the number of males charged with drug offences increased with age. However, this was not so for the females as the 21 to 29 age group contained the largest number of females charged with a drug offence (See Figure 28). While this was the case, it should be highlighted that the difference between the number of females in the 21 to 29 and the 30 and over age groups was very small.

Figure 28: Persons Charged with Drug Offences by Age and Gender



Source: Royal Barbados Police Force

Table 5: 2012 Seizures at the Airport and Across the Coastal Areas of Barbados

Substance	Quantity
Cannabis (Compressed)	4587.606 (kgs)
Cocaine	19.426 (kgs)
Cannabis Plants	21, 030
Ecstasy	1
Heroin	0.002 (kgs)

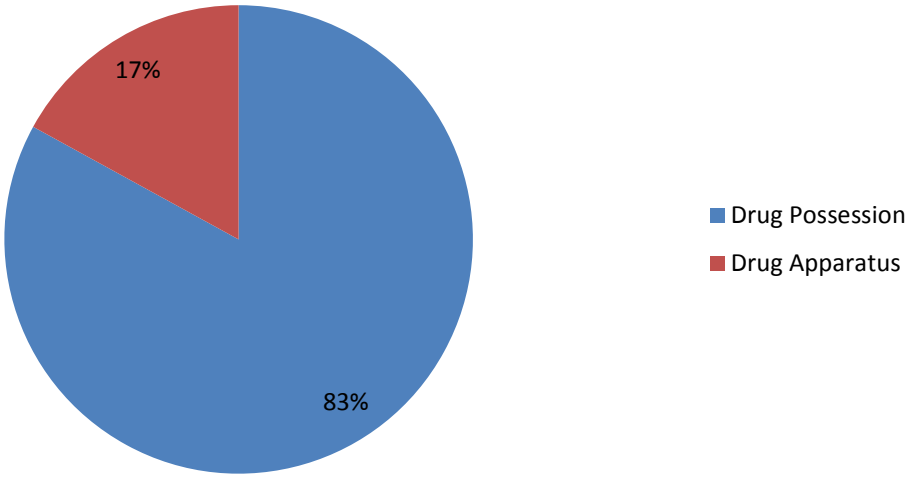
Source: Royal Barbados Police Force

From Table 5 above, it can be seen that a number of substances were seized at both the airport and across the coastal areas of Barbados. Of these, compressed cannabis and cannabis plants were seized most frequently. Also noteworthy is the number of arrests associated with the above seizures. These totaled 246 for the year 2012

5.2 H.M.P. DODDS

One thousand three-hundred and ninety-nine (1399) persons were admitted to H.M.P. Dodds during the year 2012, 235 of whom were incarcerated for drug offences. Drug Possession and Drug Apparatus were the only two drug offences reported for the period. Figure 29 below shows that Drug Possession incarcerations outnumbered those for Drug Apparatus.

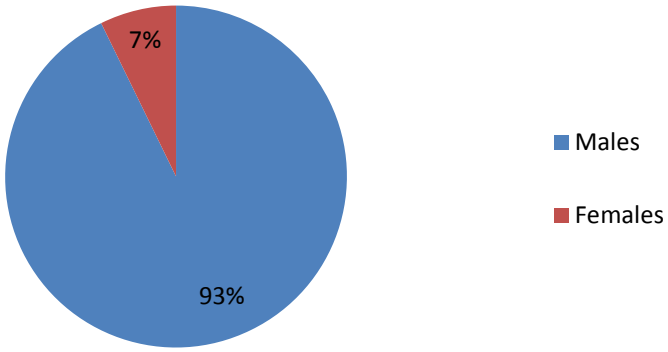
Figure 29: Distribution of Drug Offences for 2012



Source: H.M.P. Dodds

With respect to gender differences in the drug-related incarcerations, Figure 30 below shows a large disparity in the number of males and females jailed for such offences. From this figure, it can be seen that males accounted for 93% of the drug-related incarcerations while females accounted for the remaining 7%.

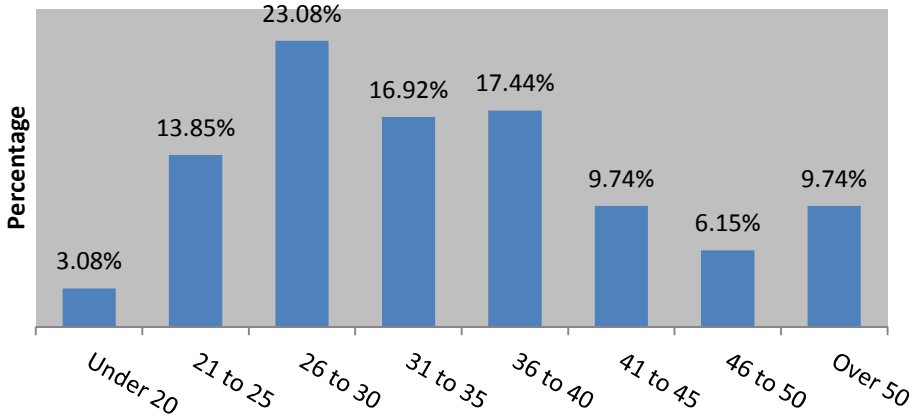
Figure 30: Gender Distribution of Persons Admitted to HMP Dodds for Drug Offences: January - December 2012



Source: H.M.P. Dodds

One hundred and ninety-five (195) persons were incarcerated for Drug Possession during 2012; and of these, most were between the ages of 21 and 40 (See Figure 31). While this was the case, persons under the age of 20 as well as persons ages 41 and over were also incarcerated for this offense (See Figure 31).

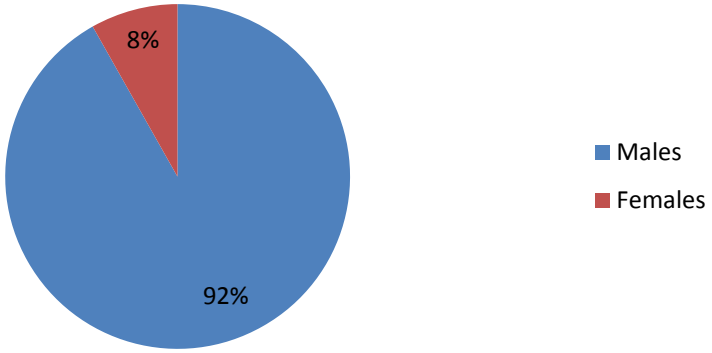
Figure 31: 2012 Drug Possession Admissions by Age



Source: H.M.P. Dodds

As in the case of the overall drug offenses, males accounted for the largest proportion of persons incarcerated for Drug Possession (92%) (See Figure 32).

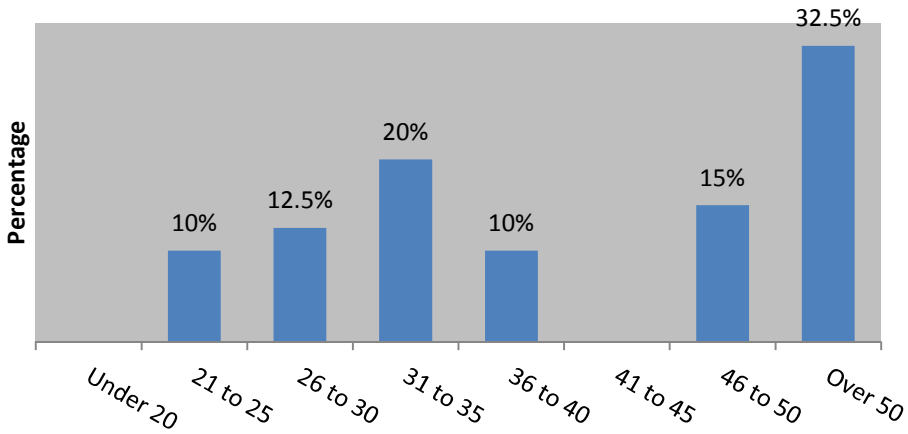
Figure 32: 2012 Drug Possession Admissions by Gender



Source: H.M.P. Dodds

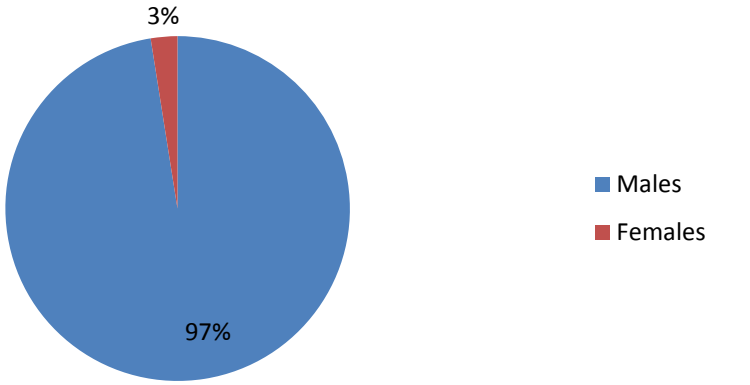
Possession of Drug Apparatus was found to be a more common offense among person ages 36 and over, and more particularly those ages 50 and over (See Figure 33). Likewise, there were more males than females admitted to the prison for Apparatus Possession (See Figure 34). Please note that the percentages presented in the below pie charts should be interpreted with caution as they are based on a small number of persons (n=40).

Figure 33: 2012 Drug Apparatus Admissions by Age



Source: H.M.P. Dodds

Figure 34: 2012 Drug Apparatus Admissions by Gender

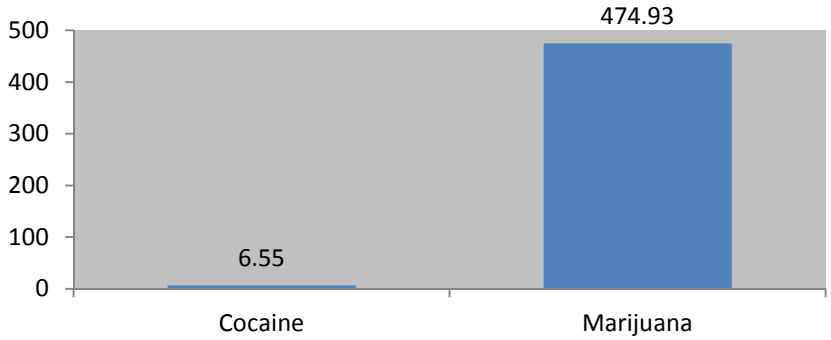


Source: H.M.P. Dodds

5.3 Customs and Excise Department

Figure 35 below shows that marijuana seizures outweighed cocaine seizures during 2012. More specifically a larger amount of marijuana was seized during the year (See Figure 35).

Figure 35: Quantity (kg) of Marijuana & Cocaine Seizures during 2012

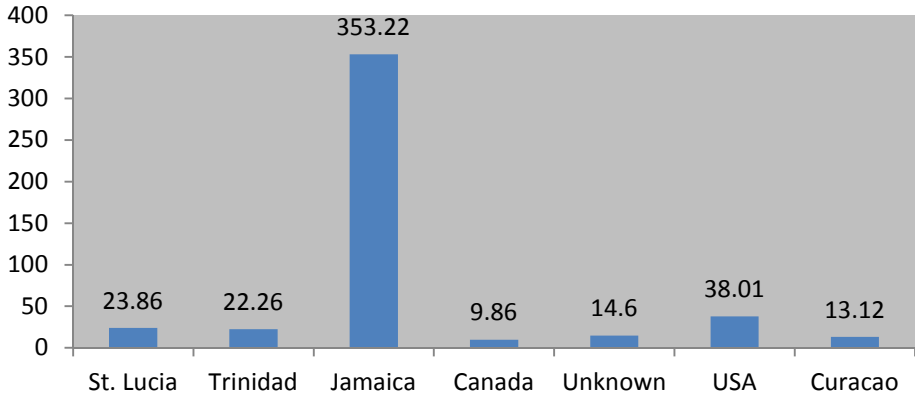


Source: Customs & Excise Department

Marijuana

Figure 38 below shows that most of the marijuana which was seized during 2012 originated in Jamaica. While this was the case, there were also seizures of marijuana originating in the United States of America, St. Lucia, Trinidad, Curacao and Canada (See Figure 36). A small amount of marijuana of unknown origin was also seized during the year (See Figure 36).

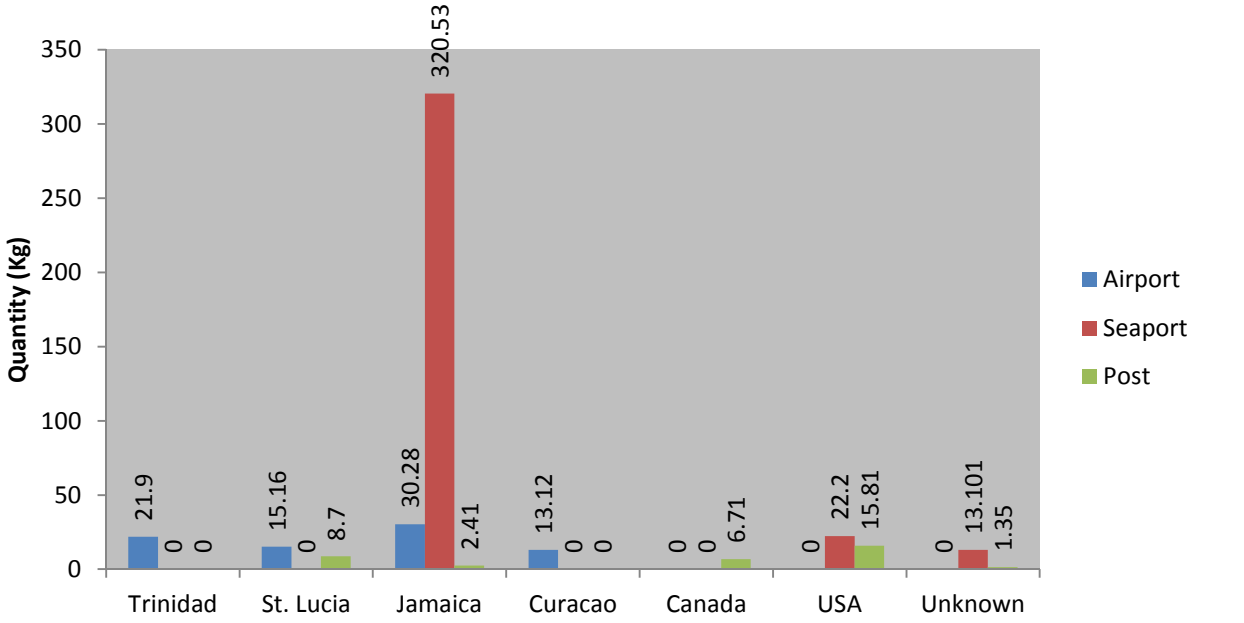
Figure 36: Quantity (kg) of Marijuana Seized during 2012 by Country of Origin



Source: Customs & Excise Department

Figure 37 below shows that most of the marijuana seized during 2012 was held in the seaport, particularly that which originated in Jamaica. However, there were instances in which marijuana was seized at the airport and in the post (See Figure 37).

Figure 37: Quantity (kg) of Marijuana Seized during 2012 by Location and Country of Origin

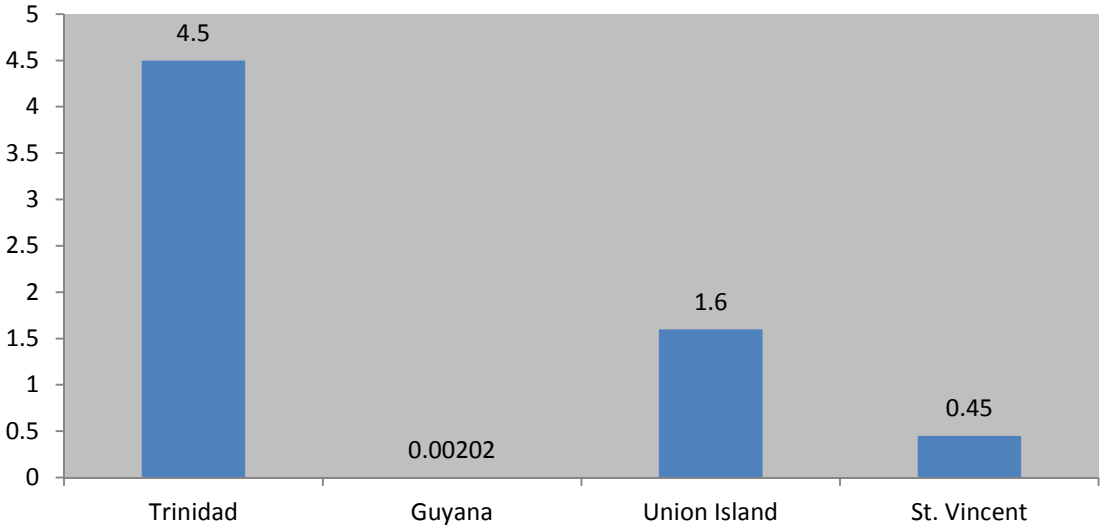


Source: Customs & Excise Department

Cocaine

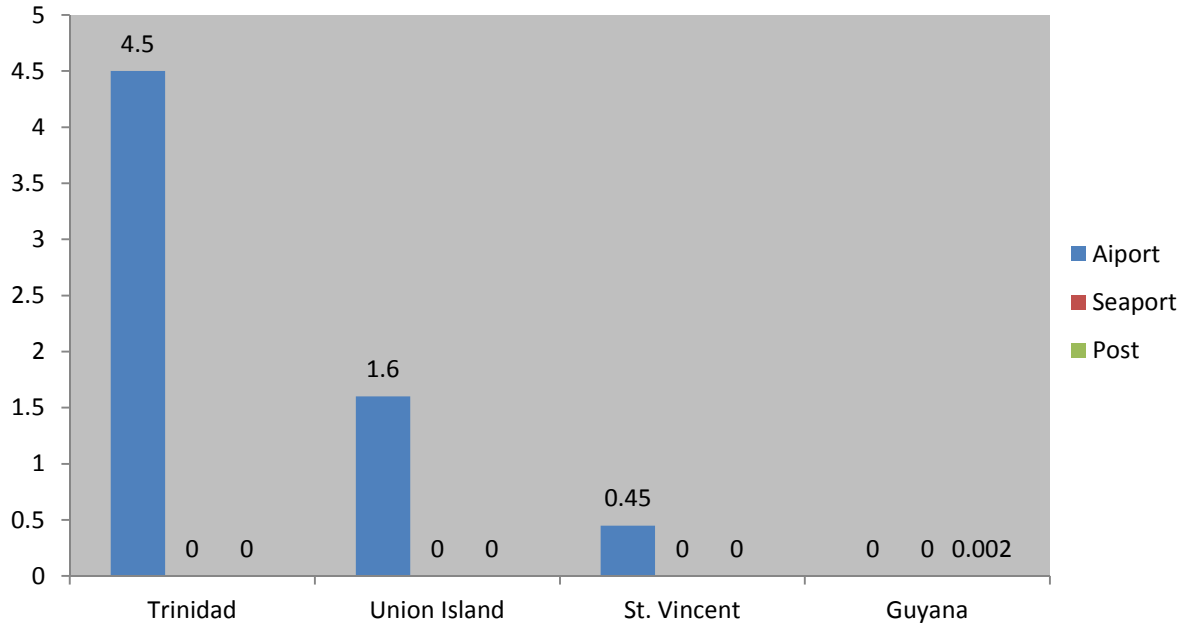
Figure 38 below shows that the largest proportion of cocaine seized during 2012 originated in Trinidad and Tobago. There were also seizures of cocaine which originated in Union Island, St. Vincent and Guyana. Figure 39 shows that almost all of the cocaine which was seized was intercepted at the airport. However, it should be noted that the cocaine originating in Guyana was intercepted in the Post (See Figure 39).

Figure 38: Quantities of Cocaine Seized during 2012 by Country of Origin



Source: Customs & Excise Department

Figure 39: Quantities (kg) of Cocaine Seizured during 2012 by Location and Country of Origin



Source: Customs & Excise Department

6. Discussion and Conclusion

Treatment

The 2012 data indicates that polydrug use (marijuana, cocaine and alcohol combined) as well as the individual use of marijuana and alcohol were the main motivating factors for substance abuse treatment at the Psychiatric Hospital, particularly among males in the 21 to 35 age group. A similar situation existed in 2011, where males between the ages of 21 and 35 were the dominant group admitted for the treatment of polydrug use as well as marijuana and alcohol use. However, it should be noted that in 2012 there was an approximate 10% increase in drug admissions among the 21 to 35 age group (2012: 45.4% vs. 2011: 35.8%). As in the case of the Psychiatric Hospital, the 2012 client population at CASA remained similar to that in 2011, as most persons seeking treatment at this facility continued to be students under the age of 20. At the Edna Nicholls Centre, there was an increase in the number persons admitted to this out-of-school rehabilitative programme for secondary school students who have been suspended or referred from school due to behavioural or other issues. Despite the overall increase in the number of students admitted to this institution, there was a decrease in those who tested positive for marijuana use (2012: 11.4% vs 2011: 17.4%).

With regards to data emerging from the Treatment Centre Pilot (See Appendix 7.2 for select results), it can be concluded that no new information was uncovered in relation to drugs used. In fact, the routes of administration reported were similar to those presented in the 2011 BARDIN report and the 2012 data offered by CASA, with smoking and oral administration being the most common. These modes of administration are consistent with the current report which indicates that marijuana and alcohol are the two most frequently used illicit and legal substances in Barbados.

What is however noticeable, is the possible link between substance abuse and psychiatric disorders among those who sought treatment during the pilot project period. More specifically, 19.3% of the 122 respondents reported having been previously treated for a psychiatric disorder; but without further diagnosis it may be difficult to determine if the psychiatric illness preceded substance abuse or was the result of substance abuse. Nevertheless, the fact that psychiatric disorders are reported among possible drug-dependent persons widens the treatment agenda, and suggests the need to incorporate mental illness in the treatment of substance abuse. A similar concern is associated with the reported prevalence, albeit small (6%), of persons within the pilot study testing positive for Hepatitis C. Hepatitis C is linked to blood borne diseases associated with injecting drug users and may suggest the possibility of this

phenomenon occurring within Barbados. However, further research is required to determine if this finding is representative of the wider treatment population; and if so, to investigate the causes of Hepatitis C in this population.

Supply Control

In 2012, marijuana was the dominant drug that engaged the attention of the authorities within the Supply Control sector. More specifically, the number of marijuana-related charges meted out by the Royal Barbados Police Force largely outnumbered cocaine-related charges (84% vs 16%), with possession of marijuana being the most common drug offence. This mirrors that which occurred in 2011, as marijuana-related offences were also the leading type of drug offences for which persons were charged during that year. With regard to the profiles of offenders, there is also some measure of similarity in the 2011 and 2012 data. In 2011, persons charged for marijuana offences were primarily male and over the age of 30; and in 2012, most persons charged for drug offences were also males over the age of 30 (N.B. no data was available regarding the profiles of those charged with marijuana possession). The predominance of marijuana-related charges is in accordance with the data regarding drug seizures, as marijuana was the main drug seized in 2012 and 2011.

Drug Education

National responses to the drug problem also included efforts to prevent and educate persons on the use and abuse of legal and illicit drugs. The primary agency leading this effort is the National Council on Substance Abuse (NCSA), whose interventions largely target school students. However, activities are also carried out at the community level. Interventions in the schools generally focus on providing information about drugs and the consequences of using such substances. Some interventions also focus on building young people's personal and social skills in an effort to help them resist peer pressure, especially that which encourages the use of drugs. Such interventions can reduce or delay school students' initiation of drug use (See Appendix 7.1).

Conclusion

While marijuana is the apparent "problem" drug within the Treatment and Supply Control fields, the current report suggests a growing concern for polydrug use (combinations of marijuana, 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 continue to be most prevalent among male adolescents and adults in the 21-35 age category. This suggests the need for more drug demand reduction initiatives that target these groups. On the other hand, an older (over 30) rather than younger population are more likely to be arrested for drug-related offences, with the possession of cannabis being the most common drug offense in 2012. In this context, some consideration should be given to examining the reasons why older men as opposed to other groups (younger persons, females) appear to be involved in illicit drugs either as consumers or traders.

Finally, the appearance of psychiatric disorders and Hepatitis C among persons seeking treatment for substance abuse suggests the need for research on the link between substance abuse and various mental and medical illnesses.

7. Appendix

7.1 Description of NCSA's Programmes

7.1.1 Primary School Programmes

(a) Safe & Unsafe

Age group: 5-7 year olds

Goals: (i) To demonstrate the use of decision making skills among Primary School Children in Barbados (ii) To enhance knowledge of good health practices

Objectives: (i) Identify one (1) graphic and one (1) written warning label found on household substances (ii) Demonstrate ability to choose randomly selected household items and decide if they are safe for oral consumption (iii) Explain how to keep safe around unknown substances (iv) Identify two (2) trusted adults that can help them keep safe (v) Increase awareness of the dangers associated with putting unknown substances in the mouth

(b) Jugs & Herrings

Age group: 6-8 year olds

Aim: To assess children's prior knowledge and attitudes to drugs and drug taking

Objective: To assess the appropriate starting point for drug education for pupils in the group

(c) Just the Facts

Age group: 7-8 year olds

Goal: (i) To enhance knowledge of HIV/AIDS and drug use among Primary School Children in Barbados (ii) To demonstrate the expression of ideas through the arts

Objectives: (i) Increase knowledge, by 25%, of HIV/AIDS & Drug use by 20% among Class 1 students (ii) Identify two reasons why people use drugs and two situations likely to expose people to HIV/AIDS (iii) To develop one prevention message using knowledge gained from the Just the Facts programme

(d) Drugs & My World

Age group: 8-9 year olds

Goals: (i) To increase awareness of the impact of substance use on the individual and wider society (ii) To increase awareness of self-development and maintaining healthy practices

Objectives: (i) Increase by 10%, knowledge of health risks associated with drug use among Class 2 students (ii) Identify 2 ways in which alcohol use affects the user and 2 ways drug use affects others in the community (iii) Express ideas and opinions on the topic of drugs through speech and artistic performances

(e) Facts & Issues

Age group: 9- 10 year olds

Goal: (i) To enhance knowledge of HIV/AIDS and drug use among Primary School Children in Barbados (ii)To demonstrate the expression of ideas through the arts (iii)To demonstrate the ability to share information with peers

Objectives: (i) Increase knowledge, by 25%, of HIV/AIDS & Drug use by 20% among Class 3 students (ii) Identify 3 reasons why people use drugs and 3 myths about HIV/AIDS (iii) Explain 2 situations likely to expose people to HIV/AIDS and drug use (iv)To develop at least 2 edutainment messages for school peers using knowledge gained from the Facts & Issues programme

(f) Drugs & Decisions

Age group: 10-11 year olds

Goals: (i) To enhance decision making skills of Primary School Children in Barbados (ii) To reduce initial drug use among Primary School Children

Objectives: (i) Increase awareness of positive and negative consequences of a decision (ii) Increase awareness of steps taken in making a decision (iii) Improve drug refusal, peer resistance and goal setting skills

(g) LEC Nursery

Age group: 3-4 year olds

Objectives: A. To give the children the opportunity to: (i) Explore the body: how it works; what it needs; how to look after it (ii) Begin to understand the need for personal responsibility towards body and health with an emphasis on personal hygiene (iii) Begin to explore attitudes towards themselves, their bodies and other people

B. To provide an opportunity to (i) Promote extra-curricular and alternative supervised activities (ii) Value and promote positive relationships with family and others

(h) LEC Reception

Age group: 4-5 year olds

Objectives: A. To give the children the opportunity to (i) Explore the body: how it works; what it needs; how to look after it (ii) Discuss medicines; why we use them; safety issues; who can help with medicines (iii) Begin to understand the need for personal responsibility towards body and health (iv) Recognise, name and deal with feelings in a positive way

B. To provide an opportunity to: (i) Promote extra-curricular and alternative supervised activities (ii) Value and promote positive relationships with family and others

(i) LEC Infants A

Age group: 5-6 year olds

Objectives: A. To give the children the opportunity to: (i) Explore the body: how it works; what it needs; how to look after it; focus on balanced diet, medicine safety and personal hygiene (ii) Deepen understanding of the concept of choice and the effects of choices on health, especially on what we put into our body (iii) Explore attitudes towards themselves, their bodies and other people (iv) Explore relationships, feelings within relationships and the effects of teasing and name-calling

B. To provide an opportunity to: (i) Promote extra-curricular and alternative supervised activities (ii) Value and promote positive relationships with family and others and also promote individual achievements

(j) LEC Infants B

Age group: 6-7 year olds

Objectives: To give the children the opportunity to: (i) Explore the body: how it works; what it needs (ii) Understand why we use medicines; how to follow simple safety instructions; when and how to get help from adults (iii) Recognise, name and begin to understand how to deal with feelings (iv) Understand that there are different types of teasing and bullying; that bullying is unacceptable; how to get help (v) Discuss the importance of relationships especially within the peer group (vi) Explore attitudes towards themselves, their bodies and other people

(k) LEC Class 1

Age group: 7-8 year olds

Objectives: To give the children the opportunity to: (i) Explore the body: how it works; what it needs; functions of the brain and nervous system (ii) Understand that medicines are drugs; safety issues for medicine use (iii) Understand that nicotine and alcohol are drugs and begin to explore their effects on the body (iv) Reflect on and value friendship; understand that their actions affect others; understand and begin to develop skills needed to be effective in relationships with peers (v) Explore attitudes towards themselves, their bodies, personality, individuality, other people, choices and decisions

(l) LEC Class 2

Age group: 8-9 year olds

Objectives: To give the children the opportunity to: (i) Explore the body: how it works; what it needs; functions of the digestive, nervous, circulatory systems (ii) Understand that all medicines are drugs but not all drugs are medicines; there are different types of drugs; discussion of cigarettes and alcohol, their effects and associated risks (iii) Identify risks; identify and understand peer influences; identify and practice decision-making in relation to health (iv) Explore attitudes towards themselves, their bodies and other people; the use of alcohol and cigarettes (v) Recognise the need to take responsibility for their own safety and behavior

(m)LEC Class 3

Age group: 9-10 year olds

Objectives: To give the children the opportunity to: (i) Explore the body: how it works; what it needs; functions of the digestive, nervous, circulatory systems (ii) Deepen their knowledge about cigarettes and alcohol: their effects and associated risks (iii) Explore attitudes towards themselves, their bodies and other people; the use of cigarettes and alcohol (iv) Practise identifying risks; identifying and understanding peer influence (v) Understand assertiveness and apply it to situations related to drug use (vi) Recognise emotional as well as physical needs, including the need to take responsibility for their own safety and behaviour

(n) LEC Class 4

Age group: 10 -11 year olds

Objectives: To give the children the opportunity to: (i) Explore the body: how it works; what it needs; functions of the digestive, respiratory, circulatory and nervous systems (ii) Deepen knowledge of legal and illegal drugs, in particular cigarettes, alcohol, cannabis and volatile substances; reasons why people use them, their effects and associated risks (iii) Explore attitudes towards themselves, their bodies, different drugs and why people might choose to use them (iv) Develop an understanding of group dynamics and discuss skills needed to function more effectively in peer-group situations (v) Recognise emotional as well as physical needs, including the need to take responsibility for their own safety and behaviour

(o) Cub Scouts

Age group: 7-11 year olds

Objectives: To assist participants in achieving the requirements for the substance abuse badge as determined by the Barbados Boy Scouts Association

7.1.2 Secondary School Programmes

(a) Drug Education & Life Skills

Age group: 11 – 16 year olds

Goal: To help students to make healthy choices

Objectives:

(b) Career Showcases

Age group: 11 – 16 year olds

7.1.3 Community Programmes

(a) Edna Nicholls Centre

Age group: 11-16 year olds

Objectives: (i) To empower students of the Centre to refuse negative peer pressure especially as it relates to drug use (ii) To increase the knowledge of students as it relates to drugs and its effects

(b) Irving Wilson School

Age group: 11-18 year olds

Goal: To increase the knowledge of 18 hearing impaired youth and 3 blind youth about their bodies and the negative impact of drug use and HIV on their bodies.

Objectives: (i) To ascertain from 18 hearing impaired youth and 3 blind youth on their level of knowledge on Drugs, HIV and their bodies (ii) To increase the knowledge of 18 hearing impaired youth and 3 blind youth about drugs, HIV and their bodies (iii) To increase the knowledge of 18 hearing impaired youth and 3 blind youth about the effects of drugs on the body (internal organs) (iv) To increase the knowledge of 18 hearing impaired youth and 3 blind youth about how HIV gets into the body and the ways it is spread.

(c) NCSA in the Community

Goal: To provide drug education and awareness to all members of the selected communities.

Objectives: (i) To increase the knowledge of HIV among men on the block by 2% over one year (ii) To increase knowledge of men on the block about their bodies over one year (iii) To demonstrate the correct use and storage of condoms among men on the block over one year (iv) To increase the knowledge and clarify about the effects of drug use and abuse among men on the block

(d) Prevention First Club

(Children's group)

Objectives: (i) Help children understand, appreciate and respect differences in people (ii) instil values of self-worth (iii) Help strengthen self-confidence in their ability to use their personal power (iv) Develop skills to make independent, logical decisions (v) Increase identity awareness and self-esteem (vi) Learn the difference between healthy and unhealthy relationships (vii) Develop a cadre of young persons to act as resource persons within the schools (viii) Develop skills within the family to cope with the psychosocial needs of the adolescent.

(Parents' Group)

Objectives: (i) To empower parents with knowledge and skills to effectively deal with challenges they may encounter with their teenagers (ii) To educate parents about the impact of drugs on their children and their families (iii) To train parents to effectively communicate with their adolescents.

(e) Project Safeguarding Our Future Today (Project SOFT)

Age group: 11 year olds

Objectives: (i) To sensitise participants to the multiple factors that places them at risk for deviance (ii) To introduce alternative activities to drug use and deviant behaviour (iii) To educate participants about the dangers associated with the use and abuse of alcohol, tobacco and illegal drugs (iv) To introduce participants to information that would teach them how to cope with stress, conflict and to resist negative peer pressure (v) To

sensitize participants to the dynamics of secondary school (vi) To educate the participants about their bodies and the importance of a healthy lifestyle (vii) To provide the participants with an opportunity to express their ideas and opinions in a therapeutic and caring environment.

(f) STOP! THINK! CHOOSE!

Age group: 18-55 year olds

Goal: To empower Hearing Impaired and Deaf **adult** persons to protect themselves from HIV and abstain from drug use and substance abuse.

Objectives: (i) To solicit feedback from 50 Hearing Impaired **adults** based on their level of knowledge of HIV/AIDS and drug abuse (ii) To increase the knowledge of 50 Hearing Impaired **adults** about HIV/AIDS and its correlation with drugs over one year (iii) To demonstrate the correct use of condoms among 50 Hearing Impaired **adults** over one year (iv) To educate 50 Hearing Impaired **adults** about the dangers of substance use and abuse over one year.

(g) Youth Seminar

Age group: 13-14 year olds

Objectives: (i) To educate youth in a practical way of the dangers and impact (ii) To educate youth about risky behaviour that can lead to someone contracting HIV or a Sexually Transmitted Infection of drugs (iii) To solicit feedback from youth based on their level of knowledge of drugs, drug abuse and HIV/AIDS.

(h) Workplace Drug Interventions

Age group: 16-65 year olds

Goal: To orient and educate workers within the public and private sectors on the importance of establishing a workplace drug policy.

Objectives: (i) To identify the legal and illegal drugs most commonly used in Barbados (ii) To explain drug definitions (iii) To examine laws governing alcohol (iv)To outline the impact of these drugs on the individual and the workplace

(i) I Make the Choice! (BCC; UWI; BYS)

Age group: BCC & UWI - 16-40 year olds
BYS – 16-22 year olds

Goal: To reinforce Drug & HIV education amongst students of the Barbados Community College the University of the West Indies and trainees of the Barbados Youth Service to promote development of decision-making & life skills regarding their personal and sexual health.

Objectives: (i) To identify the link between Drugs & HIV **(ii)** To identify various health and social issues which may result from risky sexual behaviour **(iii)** To identify ways to personally prevent these issues from impacting their lives **(iv)** To identify life-skills, coping skills and ways to live healthy, drug-free lifestyles

(j) I Make the Choice! (BDF)

Age group: 18-55 year olds

Goal: To orient and educate military personnel across all ranks of the BARBADOS DEFENCE FORCE to holistic Health, Drug & HIV education; in an effort to assist them in making informed choices regarding their personal & sexual health.

Objectives: (i) To identify the link between Drugs & HIV (ii) To identify various health and social issues which may result from risky sexual behaviour (iii) To identify ways to prevent Drugs & HIV from adversely impacting their lives (iv) To identify life-skills, coping skills and ways to live healthy, drug-free lifestyles

(k) I Make the Choice! BDF Sports Programme

Age group: 16-25 year olds

Goal: To educate military and civilian personnel participating in the BARBADOS DEFENCE FORCE SPORTS PROGRAMME of the effects and consequences associated with the use of *Drugs in SPORT*. The education module is designed to assist athletes in making informed decisions and practicing healthy, drug-free lifestyles.

Objectives: (i) To educate about anti – doping regulations (ii) To identify various health consequences associated with the use of Drugs in Sport (iii) To identify ways to use facts to make informed choices re: healthy, drug-free lifestyles (iv) To promote the principles of 'fair play' in sport.

(l) I Make the Choice! Black Rock Polyclinic Adolescent Health Programme

Age group: 11-18 year olds

Goal: To orient and educate adolescent Youth from the catchment of the Black Rock Polyclinic and their Parents, to holistic drug and health education; in an effort to empower them in making informed decisions regarding drug use and their sexual health.

Objectives: (i) To identify various drugs and the effects they have on the adolescent body (ii) To identify ways to prevent drugs, social and health issues from impacting on the adolescent (iii) To identify life-skills, coping skills and ways to live healthy, drug-free lifestyles (iv) To identify the features of adolescence (v) To identify challenges associated with adolescence (vi) To identify social and health issues which may impact on the adolescent (vii) To identify ways of coping with specific adolescent issues

(m) Drug Education Sessions

Age group: 5-65 year olds

Objectives: (i) To provide awareness to youth and adults on legal & illegal drugs commonly used in Barbados (ii) To enlighten youth and adults on the destructive impact of drugs (iii) To reinforce knowledge conveyed through NCSA School & Community education programmes (iv)To help youth and adults identify risk and protective factors (v) To help youth and adults identify ways to resist and refuse drugs; alternatives to drug activity; live healthy drug-free lifestyles

7.2 Treatment Centre Pilot: Key Findings

In an effort to facilitate the gathering of useful information from treatment centres throughout the Caribbean, the Organization of American States (OAS), through its Inter-American Drug Abuse Control Commission (CICAD) piloted a standardized data collection form in Barbados, Trinidad and Jamaica. The said form, which is to be administered to each client at the point of in-take, was designed to capture a range of information including, but not limited to: socio-demographic data, current substance use, criminal justice and psychiatric treatment history, contagious disease history, placement after assessment, etc.

The three main treatment centres in Barbados participated in the pilot which took place during the period November 2012 to April 2013. As such, the participating centres included: The Psychiatric Hospital, Verdun House and the Centre for Counselling Addiction Support Alternatives (CASA). During the pilot period, a total of 122 in-take assessments were conducted at these centres using the proposed form.

In addition to identifying areas for improvement on the form, the pilot also gathered valuable information about persons entering the treatment centres during the specified period, some of which is presented below. Please note that while these findings are based on a different group of treatment seekers than that presented within the Treatment section of the present report, the information still offers insight into the wider treatment population in Barbados.

Table 6: Sources of Referral for Treatment

Source	Percentage
From another treatment programme	3.3%
From a general health centre	13.2%
From social services	5.0%
From National Drug Council (NCSA)	-
From prison or juvenile detention	0.8%
From the justice system	33.1%
From employer	3.3%
From friend's encouragement	9.9%
Voluntarily (self-referral)	19.0%
From the school system	5.8%
Other sources	3.3%
No response	3.3%

From Table 6 it can be seen that the most common avenues through which persons entered into treatment during the pilot project were: referral from the justice system; self-referral; referral from a general health centre and encouragement from a friend respectively.

With regards to the age of first drug use, Table 7 below shows that most treatment seekers had begun using the substance which motivated their need for treatment on or before their 24th birthday.

Table 7: Age of First Use for Drug motivating the Need for Treatment

Age Group	Percentage
Under 20	59.8%
20-24	13.1%
25-29	5.7%
30-34	2.5%
35-39	1.6%
40-44	-
45 plus	0.8%

Table 8: Routes of Administration

Route	Percentage
Oral	23.3%
Smoked	64.2%
Inhaled	6.7%
Injected	-
Other	5.8%
Not reported	-

Table 8 above reveals the commonly used routes of administration for drug use. The data reveals that smoking and oral administration were the two most common methods followed by inhalation. “Other” unspecified routes were also reportedly used by a small percentage of the sample.

Table 9: Prevalence of Arrest

Age Group	Lifetime	Last Year
Total	70.1%	35.9%
Under 20	12.2%	10.8%
20-24	25.6%	35.1%
25-29	19.5%	13.5%
30-34	9.8%	13.5%
35-39	2.4%	2.7%
40-44	8.5%	5.4%
45-49	13.4%	16.2%
50-54	4.9%	2.7%
55-59	3.7%	-
60 plus	-	-

The data pertaining to Criminal Justice history revealed that 70.1% of persons seeking treatment during the pilot project had been arrested at some point in their lifetime, while 35.9% had been arrested within the past year. Of those arrested, most persons were below the age of 35 (See Table 9). Also noteworthy is the fact that the lifetime and past year arrest rates were highest in the 20 to 24 age group.

Table 10: Prevalence of Psychiatric Disorders

Age Group	Percentage
Under 20	9.1%
20-24	22.7%
25-29	13.6%
30-34	13.6%
35-39	-
40-44	9.1%
45-49	13.6%
50-54	13.6%
55-59	-
60 plus	4.5%

The data presented in Table 10 above reveals that a psychiatric history was more common among the treatment seekers in the 20-24 age group (22.7%) (See Table 10). The distribution among the remaining age groups was relatively equal, with the exception of the 35-39 and 55-59 age groups, as no-one in these groups indicated having a psychiatric history (See Table 10).

Table 11: Contagious Disease History

Disease	Percentage
HIV	8%
Sexually Transmitted Infections	12%
Hepatitis B	-
Hepatitis C	5.9%
Tuberculosis	-

Table 11 presents data regarding the percentage of persons who have tested positive for various contagious diseases. From this Table, it can be seen that Sexually Transmitted Diseases, HIV and Hepatitis C were the only 3 diseases which persons reported contracting.

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