Barbados Drug Information System

National Drug Report

June 30, 2003
Barbados
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Executive Summary

Background

The Barbados Drug Information Network (BARDIN) is the Barbados component of the regional Caribbean Drug Information Network (CARIDIN).

CARIDIN was launched in July 2001. It is part of the Drug Epidemiology and Surveillance System Project (DAESSP) that is being implemented by the Caribbean Epidemiology Centre (CAREC). The European Union (EU) provides funding and the initiative is supported by the United Nations Office on Drugs and Crime (UNODC) and OAS/CICAD.

CARIDIN is designed to highlight the magnitude of the drug use problem and inform policy makers. It is supported by national networks that measure the impact of national anti-drug plans, access funds for implementation of programmes, improve data collection on drug use in the region, standardize data collection on drug use nationally and regionally, strengthen collaboration between demand and supply reduction efforts, unify information through cooperation, and submit relevant data to international organizations or donors.

BARDIN is Barbados’ national network that supports CARIDIN and other regional, hemispheric, and international drug information systems. BARDIN provides organisations in Barbados that are involved in drug control with the capacity to better respond to drug abuse patterns and changes. Its specific objectives are to:

- provide current epidemiological and other information on substance abuse,
- regularly update this information,
identify trends in the nature of substance abuse and drug trafficking over time, and

provide relevant information for effective planning, evaluation and management of drug control programmes.

The key stakeholders are individual agencies, government agencies and departments, private sector agencies, The Caribbean Region (CARIDIN), and the Hemisphere (OAS-CICAD).

Both BARDIN and CARIDIN are linked to Hemispheric (OAS-CICAD) and global networks.

**Summary of Drug Situation**

Barbados is not classified as a producer of drugs, although there are seizures from time to time of cannabis plants by law enforcement officers. The quantities seized are relatively small and plants are cultivated for personal consumption. Barbados is a drug consuming country and, because of its strategic geographical location between the drug producing countries in South America and major consumers in North America and Europe, is considered a major point of transshipment of drugs. Figure 1 gives an indication of the amount of drugs seized in Barbados for the years 1997 to 2000.

There is currently no data available on the national prevalence of substance use. There is however sufficient data to formulate a very plausible opinion on the current state of drug use. Recent studies as well as anecdotal evidence would suggest that for illegal substances, the order of prevalence would be marijuana and then cocaine (in declining order). Marijuana is usually smoked (as a cigarette) and cocaine is mainly consumed in its smokable form, crack-cocaine. For legal substances, the order of prevalence would be alcohol and then cigarettes. These substances are usually more costly to a country in terms of human, social and economic costs, and there is no evidence to suggest that the situation is any

Figure 1: Drugs Seized in Barbados from 1997 to 2000.

Source: Inter-American Drug Abuse Control Commission (CICAD)
A statistical summary of drug consumption is shown in figure 2, which shows the primary drugs of choice of drug users in the RAS 1\(^1\) and RAS 2\(^2\) surveys. The drugs are marijuana, preferred by 7 percent of users, alcohol preferred by 19 percent and crack-cocaine preferred by 6 percent of the sample using RAS 2 figures. The final analysis for RAS 2 was performed on a total of 267 drug users. Nearly ninety percent (89.8) of the sample was males. Respondents’ ages ranged from 17 to 65 years with an overall average of 27.8 years with 83.5 percent being educated up to 4th form.

- Some other important variables should be routinely collected when gathering drug consumption data. These include the age of first use of a substance and the frequency of use over a specific period of time. Data collected in the RAS 2 indicates that the average age of first use of substances was related to the type of substance being used.

The respondents who had ever consumed alcohol started on average 13 years of age. For marijuana users the average age of initiation rises to just under 17 years while the average for cocaine users was just under 21 years of age. Note however that these figures are the means, and the actual age of first use of a substance by the respondents will have a range of values. As an illustration, 19 percent of alcohol users initiated use before the age of ten.

Figure 3 below depicts the frequency of use in the month prior to the survey among marijuana users in the sample. It indicates that a significant proportion (69 percent) of the respondents reportedly used marijuana on a daily basis, while 13 percent used it 3 to 6 times a week. Hence the vast majority of users consumed this drug did so on a regular basis.

Figure 4 shows the lifetime prevalence of the use of certain substances among a representative sample of secondary school students. This information is taken from the Global Youth Tobacco Survey that was conducted by UNICEF in 1999. The representative sample consisted of 1712 students from 19 secondary schools in Barbados. Forms 3, 4 and 5 were sampled.

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1 Rapid Assessment Survey 1 (1998)
2 Rapid Assessment Survey 2 (2000)
Figure 3. Frequency of Marijuana Use among users in Last 30 days (RAS 2)

- No Use
- 1-3 Times in 30 days
- 1-2 Times/week
- 3-6 Times/week
- Daily

Figure 4. Lifetime Prevalence of substance use among secondary school students

<table>
<thead>
<tr>
<th>Substance Type</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illegal Drugs</td>
<td>22%</td>
<td>78%</td>
</tr>
<tr>
<td>Inhalants</td>
<td>10%</td>
<td>90%</td>
</tr>
<tr>
<td>High Content Alcohol</td>
<td>39%</td>
<td>62%</td>
</tr>
<tr>
<td>Low Content Alcohol</td>
<td>11%</td>
<td>89%</td>
</tr>
</tbody>
</table>
The percentage of students who have ever used or experimented with illegal drugs, inhalants, and alcohol is shown.

There were some definitions that were specific to this survey:

- **Low-Content Alcoholic beverages**: (beer, shandy, rum-punch, wine)
- **High-Content Alcoholic beverages**: (rum, brandy, whisky, gin)
- **Inhalants** are breathable chemical vapors that produce psychoactive (mind-altering) effects. Although people are exposed to volatile solvents and other inhalants in the home and in the workplace, many do not think of inhalable substances as drugs because most of them were never meant to be used in that way. Inhalants may be solvents, gases or nitrites. Examples include glue, paint, household chemicals, and correction fluid.
- **Illegal** Drugs were substances such as marijuana and cocaine.

Figure 5 depicts the proportion of students who were current users at the time the Global Youth Tobacco Survey was undertaken in 1999.

Table 1 shows the ages on average when the secondary school students initiated substance use.

<table>
<thead>
<tr>
<th>SUBSTANCE</th>
<th>AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOW CONTENT ALCOHOL</td>
<td>9-10</td>
</tr>
<tr>
<td>HIGH CONTENT ALCOHOL</td>
<td>11-12</td>
</tr>
<tr>
<td>INHALANT DRUGS</td>
<td>9-10</td>
</tr>
<tr>
<td>ILLEGAL DRUGS</td>
<td>11-12</td>
</tr>
</tbody>
</table>

Figure 5. Current Prevalence of substance use among secondary school students
Recommendations

The key stakeholders\(^3\) of BARDIN met in January 2003. One of the recommendations from the consultation was that a biannual “National Report on Drugs” be produced. This is the first of these proposed reports. Acknowledging that there are information gaps that will exist as the network is built and strengthened; this first report will seek to summarize the present situation within the limits of the data available. In time, as the stakeholders are able to fully contribute data to the standardized reporting questionnaires supplied by BARDIN, this report will evolve a standard format.

Recommendations were also made concerning the building and operationalization of BARDIN in order to efficiently and effectively collect data and disseminate information.

\(^3\) See appendix 1
Introduction

Country information

Geography

Barbados, the most easterly of the Caribbean islands, is situated 74.53 miles east of the Windward Islands and 285.7 miles north west of Venezuela. It is 4.5 hours from New York, 5 hours from Toronto, and 8 hours from London by air. The island is small (166 sq miles) and relatively flat with the highest point reaching 1,104 ft.

Demography

Barbados has the demographic profile of a developed country. The 2002 United Nations Development Programme (UNDP) Human Development Index (HDI) based on national income, education, and health, places Barbados 31st out of more than 150 countries surveyed. It is fourth among developing countries.

The resident population reached 270,000 persons at December 2001 of whom 48.1 percent were male and 51.9 percent were female. The dependent population comprised approximately 22 percent of the population under 15 years and 12 percent over 65 years. The elderly population (persons 60 years and over) is projected to comprise more than 17 percent of the population by the year 2010.

Barbadians of African descent make up 92 percent of the population. Those of European decent are 4 percent; those of mixed decent represent 3 percent while 1 percent is of Indian and Asian decent.

Although the population count does not include the number of tourists on the island at any given time, this consideration must be borne in mind since tourism is the islands’ leading industry. Tourists
increase the number of persons temporarily living on the island by an average of 3,750 persons every two weeks.

Governance

Barbados is an English-speaking, former British Colony that became independent since 1966. A member of the British Commonwealth, it has a bicameral legislature with separation of powers between the legislative, executive, and judiciary arms. The Constitution is based on the British style of parliamentary democracy and elections are held every 5 years. The Governor General as Head of State represents the British Monarch. Executive authority is vested in the Prime Minister and the Cabinet who are collectively responsible to parliament.

There is currently a programme of penal reform and alternative sentencing, which seeks to find creative methods to punish and rehabilitate. This is particularly important since a significant number of first-time offenders are incarcerated for minor drug associated crimes.

Socio-Economic and Cultural Context

Social Context

Education

Education is the largest item of current Government expenditure. BDS $667.2 million was allocated for the fiscal year 2000 - 2001. Barbados’ education system is modeled after the British system. It produces one of the highest standards of education in the English-speaking Caribbean with a literacy rate of 97.6 percent.

There are subsidized government nurseries, after which academic tuition is free through to tertiary level. However, only a minority pursues tertiary education. Primary and Secondary education is compulsory until age 16.

The primary and secondary schools are currently undergoing extensive physical rehabilitation through the Education Sector Enhancement Programme (EDUTECH 2000). Some schools have been provided also with Net Schools Solution. This “turn-key” educational and technological solution provides each child with a portable, lightweight Laptop or Study Pro that uses infrared wireless communication to connect the student to the Internet through the schools’ local area network (LAN).

Government has recently introduced measures to ensure that all children are certified at some level before leaving secondary school.

Health

Life expectancy at birth is 76.8 years with infant mortality being 16.7 per thousand. Although this sector has done well over the years, it is currently undergoing reform to address recent concerns of equity, quality of care, efficiency, and effectiveness in the management of the health services and its finances.

Although Barbados boasts of having the most modern health facilities in the Eastern Caribbean, Government is still heavily investing in the upgrading and maintenance of the present infrastructure. There are two major hospitals and several well-equipped clinics, health centres, and nursing homes.

Health was allocated BDS $280 million in 2000/2001 or 14 percent of total
Government expenditure. The Queen Elizabeth Hospital (QEH) which has several specialist services plus a 24-hr emergency service, the Psychiatric Hospital, the Medical Aid Scheme and the Emergency Ambulance Service accounts for 53.9 percent of the BDS $151 million of the budget. Primary Health Care Services accounted for BDS $89 million (31.8 percent). BDS $26.3 million was allotted to the pharmaceutical programme and BDS $2.1 million for the care of the disabled.

Government has committed itself to reducing the incidence of Human Immuno-deficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS) which is seen as a major threat to the country’s social and economic development. The National HIV/AIDS Commission has been set up to work with government, the private sector, NGO’s and communities, to build awareness and implement prevention and counseling programmes while strengthening treatment and health care.

Government is collaborating with the Pan-American Health Organization (PAHO)/World Health Organization (WHO) on an initiative to re-orient mental health services away from institutional care while focusing more on community-based care.

Barbados’ Special Benefit Service (SBS) provides medication free of cost through participating private pharmacies, to persons over sixty-five years, children under sixteen years, and persons suffering from hypertension, cancer, asthma and epilepsy.

Poverty
Government established a Poverty Eradication Committee (PEC) with the mandate to manage an annually replenished BDS $9 million fund in order to eradicate poverty. Funds are disbursed to NGO’s and government agencies that seek to provide financial relief to families while developing programmes for long-term empowerment.

The Urban Development Commission (UDC) and the Rural Development Commission (RDC) also address issues of poverty through housing and physical development projects in low-income communities along with providing financial and technical support to farmers and small and micro-businesses.

Law and order
During the year 2000, the general level of crime rose by 7 percent, especially in areas of firearm offences, drugs, and drug related offences. However, there was a decrease of crime against visitors, theft, and sexual offences. In addition, murders decreased marginally.

Economic context
Barbados has a market economy with both private and public sectors actively involved in determining the goods and services made available to consumers. There has been a shift from Agriculture towards services over the last four decades. The principal exports are tourism, financial services, sugar, rum, chemicals, electrical components, and light manufacturing. The principal imports are machinery, food and beverages, and construction materials. The USA, Canada, CARICOM, Japan, and the UK are Barbados’ major trading partners.

Barbados has its own currency, the “Barbados Dollar (BDS)” which is tied to the US dollar at 2:1 (BDS to US).
The Government of Barbados has set itself the goal of achieving, “a fully developed economy endowed with the productive capacity, and equipped with the institutional systems and arrangements which will enable it to take maximum advantage of opportunities which are unfolding.”

Several international economic developments are a cause for concern. These include trade liberalization, the initiatives on harmful tax competition taken by the Organization for Economic Cooperation and Development (OECD) and arrangements between the European Union (EU) and the African, Caribbean, and Pacific (ACP) States. Moreover, the slowdown in economic activity in the US has implications for the global economy.

The provisions of the Cotonou Agreement, which call for greater integration between the African Caribbean Pacific (ACP) States, could prove quite challenging. The subsequent EU initiative, which gives duty-free access to poor countries, erodes the benefits negotiated earlier.

America’s “War Against Terrorism” comes at a time when the world was already entering into a recession and will impact negatively on the country’s tourism, its main engine of growth and foreign exchange earner. Already dampened expectations of future economic growth are even more pessimistic and have been revised to take the current environment of uncertainty into account.

Barbados is a regional transport hub with non-stop daily flight services that include New York, Miami, Toronto, London, and the Caribbean. Grantley Adams International Airport is a central hub and air link for international air traffic in the Eastern Caribbean – 1.4 million passengers each year. The seaport is one of the most modern in the Eastern Caribbean, and will again be upgraded in the near future. There are regular cargo vessel sailings to North America, Europe, and the Caribbean. In addition, thousands of Cruise Ship passengers visit Barbados each month aboard a number of large luxury liners.

Unfortunately, the same factors that now drive Barbados’ thriving economy are key to drug trafficking activity. A reliable and sophisticated communications system, an advanced transportation network, and a strategic geographical location put Barbados high on the list of ideal drug transit hubs.

Cultural Context
An understanding of Barbados’ culture is key to the design and implementation of an anti-drug strategy. The dominant cultural practices are those that are derived from the island’s English colonial/African slave past combined with popular American and Jamaican culture.

Alcohol consumption is deeply interwoven in the socialization process. For the poor, the traditional “rum shop” is where older men gather to bond; discuss politics, sports, business, etc, while drinking as much alcohol as they can handle in the spirit of competition. The rum shop is where many young men pass through their “rites of passage” to become men. There are several annual festivals, the main one being the “Crop Over” Festival. Alcohol consumption is particularly open and prevalent during these activities.
The Rastafarian culture is popular among a growing number of youth. The religion traditionally promotes marijuana use as sacred while denouncing cigarette smoking and alcohol consumption. Black American and Jamaican ghetto culture is also heavily influencing the fashions, music, and drug use and abuse habits of the youth.

**History of Drug Abuse Prevention in Barbados**

Since the early 1990’s, there has been a tremendous rise in the presence, misuse, and abuse of illegal drugs in Barbados. The U.S Drug Enforcement Agency (DEA) identified the Caribbean as a probable regional trans-shipment point for international drug dealers. The possible impact on Barbados meant that a national drug plan was needed to provide a strategy for institutions that were functioning solely to reduce and eliminate these problems. The Government of Barbados acknowledged the severity of the predicament and began the process of developing a comprehensive national strategy. A new approach was required and this was to be achieved with limited funding. In 1990, the first Master Plan, “Against Drug Abuse - A National Approach” was approved as a policy document for demand reduction.

There were early substance abuse initiatives funded by the government. These included the Advisory Committee on Drugs (1985), the Psychiatric Hospital Drug Team (1986), the Drug Education Committee (1987) under the Ministry of Health, and the National Anti Narcotics Committee (1987). In 1991 the Government created the National Advisory Council on Drugs (NACD), which divided law enforcement, treatment and rehabilitation, and information and prevention strategies into sub-committees. There was a lack of capacity to implement realistic strategies, and this lead to a rethinking of the approach.

In attempting to reduce the level of legal and illegal drug abuse, the United Nations International Drug Control Programmes (UNDCP) Integrated Demand Reduction Project (IDER) was initiated within the context of Barbados’ National Drug Strategy.

The IDER approach seeks to create an efficient delivery of services to the targeted population by use of a national framework. This framework augments community empowerment as the social control that is identified often as the key link between education and treatment services. Hence, active participation of the communities in the NACD was of primary concern to develop “a comprehensive and integrated response.” IDER projects were already operating in other Caribbean Islands and would often involve communities designing diverse projects that met various community needs while tackling the drug problem both directly and indirectly.

In 1992, the Government drastically modified its previous top-down policy to reflect “community empowerment approach.” Communities were invited to submit proposals for funding and these were streamlined into policy. This was the start of active community representation.

In April 1995, the three-year project entitled “**Assistance to the National Integrated Demand Reduction Programme**”, was initiated and funded by the UNDCP and the Government of Barbados (Ministry of Home Affairs) to be managed by the NACD. This was the start of a tripartite programme of cooperation.
Project implementation and the coordination of participating organizations were executed by the National Drug Resource Centre (NDRC). The NDRC was also the secretariat of the NACD and was housed at Trents, St. James. The NACD provided guidance and the policy framework of the NDRC. Under the instruction of the Minister of Home Affairs, the Honourable David Simmons, Q.C. M.P., the NACD was subsumed by the NCSA with the passage of the National Council on Substance Abuse Act 1995-13. This transition facilitated the rapid response that is necessary for an effective system of demand reduction. The lengthy bureaucratic procedures and limited capacity of the NACD proved inefficient. In addition, there was a need for some autonomy.

Legal Context

The following legislation is in place to deal directly or indirectly with drug use and abuse and related crime.


This Act seeks to punish offenders for offences relating to importation, exportation, production, supply, possession, handling, misuse, and cultivation of controlled drugs. Section 30 goes a step further and makes it an offence for persons in Barbados to induce persons outside of the country to commit offences which would be punishable under provisions of a “corresponding law” (similar law) of that other country.

The Act has specific offences designed to protect children and young persons by making it unlawful for any person knowingly and intentionally to:

- employ, hire, use, persuade, induce, entice, coerce a child or young person to contravene any provisions of the act;
- employ, hire, use, persuade, induce, entice, coerce a child or young person to assist in avoiding detection or apprehension for any offence under the act;
- receive a controlled drug from a child or young person in contravention of any provision of the act;
- impose severe penalties for selling illegal drugs close to a school. A school is defined as any place where children congregate.

The courts have been empowered under the Act to order to be forfeited to the Crown any

- money or thing (other than premises, a ship exceeding 250 gross tons or any aircraft) which has been used in the commission of or in connection with an offence under the act;
- money or other thing received or possessed by any person as the result or product of an offence under the act.

The “Proceeds of Crime Act”, 1990, CAP.143

The principal objects of this Act are to:

- deprive persons of the proceeds of, and the benefits derived from, the commission of scheduled offences;
- provide for the forfeiture of property used in, or in connection with, or for the purpose of facilitating, the commission of scheduled offences;
provide for the forfeiture of property derived, obtained or realized directly or indirectly from the commission of scheduled offences;

provide for the making of confiscation orders in respect of property shown to have been derived, obtained or realized by a person directly or indirectly, from the commission of scheduled offences;

enable law enforcement authorities to trace such proceeds, benefits and property.

The scheduled offences are given below.

Possession of controlled drugs for the purpose of supply contrary to section 6 (3) of the Drug Abuse (Prevention and Control) Act, 1990.


Assisting another to retain the benefit of drug trafficking contrary to section 19 of the Drug Abuse (Prevention and Control) Act, 1990.

Money Laundering contrary to section 61 of the Proceeds of Crime Act.

Possession of property derived from unlawful activity contrary to section 62 of the Proceeds of Crime Act.

The Act also contains a provision that would enable the Attorney General by order to apply clause 67 of the Proceeds of Crime Act to external forfeiture order or external confiscation order made in a country designated in the Attorney General’s order. The effect of the order is to enable an application to be made to the High Court of Barbados on behalf of the Government of the designated country for the registration in Barbados of an external forfeiture or confiscation order for the making of a restraining order against property that is proceeds of crime.

The “Mutual Assistance IN (Criminal Matters) Act”, 1992, CAP 140A

This piece of legislation was enacted to facilitate mutual legal and judicial assistance between Barbados and other national jurisdictions and will facilitate the extradition to and from Barbados of persons accused of drug offences.

The Act makes detailed provisions for the mutual assistance in:

- obtaining evidence;
- locating and identifying persons;
- obtaining articles or things by search and seizure if necessary; and
- arranging attendance of persons who could give or provide evidence or assistance relevant to a criminal matter.

Other relevant legislation includes:

- National Council on Substance Abuse Act, 1995, Cap. 46
- Evidence Act, 1994, Cap.121
- Financial Institutions Act, 1996, Cap.324A
- Customs Act, 1963, Cap. 66
- Extradition Act, 1979, Cap.189
- Firearms Act, 1998
- Maritime International Cooperation Act, 1998
- Police Act, 1998, Cap.167
- Diagnostic Agriculture Other Services Act, 1997, Cap. 252A
- Factories Act, 1984, Cap.347
International Laws, Treaties, and Conventions

The Government of Barbados has signed and ratified the following:

- 1912 The International Opium Convention (the Hague Convention);
- 1925 The International Opium Convention (The Geneva Convention No. 1);
- 1931 The International Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs (the Geneva Convention No. 2);
- 1946 The Protocol on Narcotic Drugs, (Lake Success, NY);
- 1961 UN Single Convention on Narcotic Drugs;
- 1971 UN Convention on Psychotropic Substances;
- 1988 UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances;
- The Inter-American Convention against Corruption;
- The Inter-American Convention on Mutual Legal Assistance in Criminal Matters;
- The Inter-American Convention against the illicit Manufacturing of and Trafficking in Firearms, Ammunitions, Explosives, and other related materials.
Information on Drug Consumption

Survey Data

Rapid Assessment Survey II (RAS II) October 1999 – July 2000

The 1999 - 2000 RAS II is the most recent comprehensive study on the drug situation in Barbados. Its stated goal was to provide an assessment of the present situation with respect to drugs in the country. It will therefore be used as the main information source on drug indicators and trends for this first National Drug Report.

Primary Data

Primary data was obtained through in-depth interviews with the following National Key Informants: Chairman of the Child Care Board; Drug Rehabilitation Unit, Psychiatric Hospital; Division of Youth Affairs; Network Services Centre (Counsellors); Barbados Customs (Enforcement Division); Teen Challenge Barbados (Treatment and Rehabilitation); The Church; Guidance Teachers Association; The Probation Office; Ministry of Education; National Council on Substance Abuse; Criminal Investigations Division; Royal Barbados Police Force; Juvenile Liaison Scheme (RBPF); H.M. Glendairy Prison.

Community Surveys were conducted in 12 communities and targeted key community informants, drug users/pushers/ out-of-school youths and participants in community programmes. Eleven schools participated in focus groups.

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4 RAS I was completed in May 1998.
Secondary Data
The secondary sources with direct bearing on the Barbados drug situation are listed below.


Overview Of Drug Situation And Trends

Introduction

The characterization of the drug problem in Barbados is summarized in the key findings and recommendations of a second UNDCP sponsored Rapid Assessment Survey II (RAS II). These findings are presented below.

Key findings

Persons knowledgeable about the drug situation in Barbados have hypothesized about the factors contributing to the present drug abuse situation.

As trafficking activities increased, so has the local availability of drugs. Police statistics show that between 1992 and 1998, marijuana cases have tripled, and the number charged with drug related offenses more than doubled. With the increase in smuggling activity and law enforcement interdictions, these cases were made known.

Approximately ten thousand hectares of the island is under cultivation. Of this, 8.6 thousand hectares is being used for Sugar Cane. In addition, one-fifth of the land is rocky or residential land. Although the tropical climate is ideal for Marijuana cultivation, the topography and lack of large forested areas make the country easy to police. The coast, especially in the north with its secluded bays and distance from urban areas, is more difficult to monitor and is frequently used for trafficking.

These analyses have indicated several concerns, including the fact that:

- 50 percent of the participants in the community projects knew where to buy drugs; and
there was an absence of any affiliation with some type of organization by 74.1 percent of drug users and 73 percent of out of school youth.

**Nature and Extent of Drug Use**

The majority of secondary school students felt that the problem of drug use in schools was getting worse. Approximately 51.7 percent of the community-based key informants, 51.4 percent of the drug users and 72.2 percent of the out of school youth felt that drug usage in their communities had worsened over the past two years.

The primary drug of choice was still marijuana at 75 percent, alcohol at 19 percent and cocaine at 6 percent. The use of heroin and others as choice drugs proved non-existent.

An estimated 89 percent of students experimented with alcohol, and 50.7 percent of these had taken a drink within the past year. One-half of the students below the legal drinking age of 16 had drunk in the past year.

Approximately 22 percent of the students had experimented with illegal drugs at some point. There was a significant age related trend for users increasing from a low of 0.8 percent in persons 10-12 years old to 9.1 percent in persons 13-15 years old and even further to 15.8 percent in students 16 years and older. Those in the oldest group were 22 times more likely to have smoked than those in the youngest group.

On average, marijuana users spent BDS$81.00 a week on drugs as compared to BDS$140.00 in the previous RAS. The average amount spent by cocaine users was BDS$229.00, more than double the amount spent on any other drug.

The primary source for money came from salaries, followed by families and friends.

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**Age Distribution of Admissions Aggregated for Years 1996 - 1998**

- **Source:** NCSA. Rapid Situational Assessment. July 2000.
Only a small percentage admitted to using illegal means such as stealing and prostitution.

As to the reasons why persons who used drugs continued to use, it was found that the type of drug used influenced the results. Cocaine users suggested addiction, marijuana users suggested relaxation and meditation, while alcohol drinkers said they just enjoyed the feeling.

These differences were also reflected in the desire to quit. Forty-eight percent of the entire sample had no desire to quit in the past year, seven out of ten cocaine users (70 percent) continuously contemplated quitting as compared to 19.4 percent for marijuana and 39.6 percent for alcohol.

Possible influences on student usage were looked at in both the Youth Survey and Global Tobacco Survey, and a significant association was observed between parental drinking, drug use and subsequent use by the adolescents. Students with a parent who had a drug problem were 2-3 times more likely to drink and smoke.

Compared to persons who refrained, persons who smoked cigarettes were nine times more likely to have smoked marijuana, and persons who drank alcohol were ten times more likely to have smoked marijuana. This was clear evidence of the need to incorporate alcohol and cigarettes in all prevention education programmes. These programmes should commence at primary school level, when children are most likely to take their first drink.

Others identified as “at risk”, included young males and persons from those lower socio-economic areas where social factors such as selling and usage are observed on a daily basis.

**Health Impact of Drug Use**

The increasing use of alcohol and illicit drugs and their associated medical consequences has become a major threat to the health of the public. Data from the Youth Health Survey reveal that 2.2 percent of the students surveyed suffered an accident or injury because of drinking or using drugs, and 1.7 percent had suffered from some other health problem.

Information from Tamarind House, the Drug Rehabilitation Unit of the Psychiatric Hospital, stated that during the years 1996-1998, of the 1207 admissions, 36 percent was for marijuana, 28 percent for alcohol, and 10 percent for cocaine. Additionally, 27 percent were treated for poly-drug abuse. Estimates from Teen Challenge placed the percentage of admissions due to cocaine at about 70

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**Total Drug Cases Brought**

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<tr>
<td><strong>Total</strong></td>
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<td>1100</td>
<td>1300</td>
<td>1400</td>
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<tr>
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<td>600</td>
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<td><strong>Cocaine</strong></td>
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percent. The ages of persons treated at the Drug Unit ranged from mid-adolescence to 65 years. One of every two admissions (50 percent) were persons between the ages of 20-34 and 29.6 percent were in the 35-44 age ranges. The results at Tamarind House age-related to alcohol, indicated that 44 percent were between 35-44, 36 percent between 45-64; 13.4 percent were for persons less than 35.

The statistics for marijuana-related problems indicated that over two-thirds (69.5 percent) were experienced by persons between the ages of 20-34 yrs and another 14.9 percent by persons less than 20 yrs. Less than one of every ten (6 percent) marijuana-related clients were over 35 yrs. As with marijuana, two of every three (64.7 percent) admissions for cocaine-related problems were of persons aged 20-34 yrs. The second largest group (31.9 percent) was persons between the ages of 35-44 yrs.

At the Drug Unit for the period 1996-1998, 71 females were treated, 52.1 percent for alcohol, 15.5 percent for marijuana, 5.6 percent for cocaine and 26.8 percent for poly-drug use. This accounted for only 11 percent alcohol-related admissions, 2.6 percent marijuana admissions, 3.4 percent cocaine admissions and 5.9 percent poly-drug admissions.

**Impact on Crime and Criminal Justice System**

While the causal connection of drugs and alcohol to criminal behavior is complex, crimes of violence consistently show relationships with the use of these substances. Drug users report frequent fights between users and pushers; key informants report such cases as burglary, theft and shoplifting (57.1 percent), and prostitution (43.7 percent). Seventeen (1 percent) students were confronted by police for drugs and/or alcohol. Fifty-one (3 percent) students had at some time become violent while using alcohol and/or drugs.

Prison officials estimate that perennially, between 45 percent-55 percent of all admissions to the prison is the result of drug-related cases, such as possession, selling and trafficking. In addition, upon further counseling of inmates, it is believed that due to the abuse of drugs, an estimated 80 percent, or four out of every five incarcerations involve drugs in some capacity. This was supported by a 1997 study of criminal risk factors among prison inmates, where illicit drug use emerged as the single most significant correlation to criminal behaviour and imprisonment. Of those that were interviewed, 23.4 percent reported that the main reason for committing crimes was to support a drug habit, while 4.7 percent revealed that it was due to the psychoactive effect of drugs and/or alcohol. Eighty-six percent of the men in that study used illicit drugs with one-half of those being marijuana users and 42.6 percent poly-drug or cocaine users. This was expected to continue and increase without a proper system of treatment and rehabilitation.

Based on statistics from the Royal Barbados Police Force (RBPF), between 1992 and 1998 the number of drug cases more than doubled from 500 to 1094. The majority was attributed to marijuana, measuring an increase from 319 in 1992 to a maximum of 818 in 1998. Cases brought for trafficking increased by 261 percent during the same period. The number of cases that involved cocaine increased by 11 percent. The demographics indicated that males accounted for over 80 percent of all cases.
Future Directions

BARDIN

Over the next year BARDIN will seek to improve its reporting through the following activities by the NCSA:

- Meeting individually with each sector to fine-tune the data that should be collected and reported while continuing to identify constraints and working to overcome them.
- Preparing a “Needs Assessment Report.”
- Supplying technical and other non-financial assistance, as identified in the Needs Assessment Report.
- Soliciting funding from local and international organisations to assist with financial resource needs.
- Conducting a Treatment Centre Survey.
- Conducting an Emergency Room Survey.
- Conducting a Juvenile Offenders Survey.
- Compiling and analyzing all local research on substance use and abuse.

Reducing Demand

Evidence based information from the RAS II along with expert advice was used as a guide to developing the Barbados National Antidrug Plan (BNADP). This plan was developed with sector experts over a period of 18 months and crystallizes the conclusions and recommendations regarding the reduction of drug use. The same Multi-sectoral
The target audience of many of the current programmes is mainly the youth and young men in particular. Although there is need for more support for young people, organizations should be encouraged to broaden their audience to include women and older persons. Support mechanisms should also be put into place for those that are trained as peer supporters.

A more concerted effort must be made to place anti-drug materials and displays in all areas where people congregate and are at risk, e.g. Bars, nightclubs, beaches etc. Crucial to this would be the provision of funding for awareness campaigns and materials with the full understanding that quality promotions are expensive.

Advertising is a sensitive issue that will also have to be addressed. Consensus must be reached among producers and merchandisers of legally abused substances to modify their advertising and stop the use of young people in their advertisements.

The existing facilities and resources should be fully utilised while optimising the design and implementation of new programmes.

**Prevention**

**Health**

There is a need to develop a public health prevention policy that targets the entire family. This policy will also recognize addiction as a health related issue and inform the development of specific prevention programmes that emphasize health. Amongst the programmes developed should be those that are designed specifically for outreach purposes and can be included as structured activities in the schools and communities.

The existing facilities and resources should be fully utilised while optimising the design and implementation of new programmes.

**Formal Education**

A method of integrating drug prevention issues into the curriculum has to be developed. Students should be assessed based on their knowledge of drug abuse and credited accordingly.

It will be necessary to create an awareness of the issues involved by those responsible for formal training. Training programmes are especially needed for specialization in the field of substance abuse prevention for various target groups, for example, those who interact with persons at risk.

**Informal Education**

It is important to develop and provide more local, high quality, culturally appropriate material. The availability of these resources should be promoted publicly so that all stakeholders will be aware of how it can be accessed.
brochures and pamphlets. Any new material produced must also target adults and use a variety of media.

**Promoting Resistance**

The existence of uniformed groups provides an ideal environment for the delivery of drug resistance programmes. They should be utilised more in the future. Since it is not mandatory for persons to belong to these groups, participation in groups of peers should be encouraged and activities bolstered in order to make drug resistance a way of life especially amongst “high-risk groups”.

**Awareness Campaigns**

Efforts to raise awareness would be more effective if co-ordinated by an umbrella body. There are a number of drug awareness programmes that provide some moral, religious, and ethical guidance while making educational materials available. These campaigns are supported and implemented by Government, NGO’s, the corporate community, and groups of volunteers.

The current awareness campaigns are generally under financed, lacking in trained personnel, and suffer from poor communication and networking. They have also been focusing more on marijuana and cigarettes with a shift away from alcohol. However, there is insufficient information, even with this narrow focus. The base of information needs to be broadened to deal with all addictive drugs.

Future awareness initiatives should include also information on legislation.

Clearly, the provision of ongoing training to practitioners in this area, additional financing, and continuous information gathering will be key to mounting successful campaigns.

**High-Risk Groups**

High-risk groups tend to be difficult to approach, generally have little accurate knowledge about drugs and come under heavy negative peer pressure. To counter this, community programmes that target high-risk groups have been put into place, at community centres across the island. However, the community programmes often lack trained personnel and fail to attract the most “at risk” groups. The centres are not fully accessible and close at specific times. In recognition of this, Government has concrete plans to develop the community centres by extending opening hours, expanding programmes and enhancing security.

A process of identifying and working with people “at risk”, especially on a one to one basis should include the drug education officers in all schools. There should be the development of more vigorous drug awareness programmes in all institutions and the positive motivation of high-risk persons.

**Workplace Programmes**

An employee assistance programme is available to all government employees. But it is not widely advertised and, as a result, has not been fully utilised. Programmes of this type are critical because they provide help on the job and are targeted at a captive audience.

A set structure is required to facilitate training of any organization undertaking an employee’s assistance programme, and a method of evaluation should be incorporated. This would help alleviate some of the drawbacks of these programmes that include insufficient feedback from coordinators and employees, and distrust in the personnel that are responsible for implementation.
One definite area that requires more attention is the need for ongoing recreation programmes for employees.

Programmes in prison and detention centres
Despite the bureaucratic obstacles, an appropriate programme has recently been implemented. However, it will require more trained personnel to oversee the facilitation of the programme while extending it to the entire prison population. Follow-up care programmes will also be critical and should involve family and friends.

The public is not aware of these programmes and it is necessary to work with the Government Information Service (GIS) to mount appropriate public sensitization campaigns.

Street People
Street people in Barbados have not been identified as a target group and there is no programme in place for them. A proactive approach should be adopted and measures should be put in place for these persons.

Treatment and Rehabilitation

Awareness Campaign
The awareness campaign in relation to treatment and rehabilitation services is grossly inadequate in all areas and rarely reaches or involves the target groups in question. Existing programmes need strengthening and adapting to more adequately meet the needs of all the target populations – including the youth. The use of positive role models is one suggestion.

It is important that personnel be trained to create effective public service announcements.

Outreach
Churches are currently the most active in this area, and with appropriate strengthening, hold potential for success. A corps of trained personnel will be required to ensure the successful provision of outreach services. Stakeholders in the community must be identified and appropriately trained.

There is a distinct and urgent need to expand existing resources through the creation of outreach or crisis facilities at a street level. These in turn would work with medical service providers and a full network of agencies to jointly prioritize and meet the individual needs of this client group. The outreach facilities would have strong referral links to other resources along the continuum of care.

Emergency
There is access to emergency service for individuals suffering the impact of substance abuse, but this service is not coordinated nor is there reliable collaboration with service providers within the substance abuse continuum. Accessibility still needs to be improved to ensure 24-hour coverage, the facilities need upgrading, and the personnel require specialized training to collaborate with outreach and treatment services.

Assessment and Referral
There is a distinct lack of an interconnected route of referral and therefore strengthening of this network is needed. Training is a high priority as part of an overall programme to build capacity at both the professional and volunteer level.

The delivery of referral services is best carried out by an agency with some autonomy, and supplemented by the network providing information on treatment services that are available to the community. A system for adequate follow
up needs to be developed. At present, these areas are inadequate. A priority then would be the development of an assessment system for coordination of referral services and the standardization of referral instruments.

Full psychological and medical screening is only accessible for clients at the Drug Rehabilitation Unit and this vital service needs to be available at all treatment and rehabilitation facilities. It is imperative, therefore, that each client receives a full psychological and medical screening and follow-up during the assessment process.

There should be a review of the applicable policies with a view to making recommendations for policy change.

Consideration should be given to ensuring that reciprocal referrals are made at an inter-regional level.

**Insurance**
Currently there is no insurance coverage available for individuals to receive treatment for alcohol and other drugs. Policies addressing this issue and legislation for insurance coverage should be developed.

National and International Support and Funding

Some support and funding exists in certain areas but these are not sufficiently coordinated, and often not generated by a sufficient needs assessment at the local level. Existing relationships must be upgraded and developed in order to procure adequate funds.

Inadequate funding plagues all of the agencies that provide services to the substance abusing population. In order to ensure that adequate, efficient and effective programming occurs along the full continuum of care, sufficient funding is imperative.

Accreditation, evaluation methods and Minimum Standards of Care will ensure the appropriate use of funds.

**Minimum Standards of Care**
There are no set minimum standards for delivery of treatment and rehabilitation services, and this should be corrected through definitive policy and legislation. A relationship with international agencies to determine, design and adopt minimum standards of care should be forged in order to ensure public safety and to guarantee ethical treatment.

**Programme Evaluation**

Some agencies offering treatment and rehabilitation services can be credited for proactively performing internal evaluations, but this is insufficient at the national level. In order to ensure accountability and to provide a foundation of quality service provision, the development of succinct policy in this area is crucial. In order to gauge and enhance treatment efficiency and cost-effectiveness, evaluation activities must become a part of the policy driving the national standards to demonstrate that organizations within Barbados meet recognized standards. Accreditation should be sought, either utilizing an overseas body or through development at the national or regional level.

**Accreditation**
The development of policy for accreditation will present a quality guide for provider organizations, a signal of quality to consumers and purchasers, and assurance to the public that accredited rehabilitation organizations are accountable and should be supported. Such added value applies equally to the accountability of the field workers, to
persons served, and the accountability of the accrediting body to the public at large.

Accreditation should not be viewed as an end in itself. It should serve as an opportunity to reinvigorate, redesign, and engage in system change, while enhancing the organization’s development and capacity to accommodate and succeed in its ever-changing and challenging environment.

In the face of change, national accreditation can serve as a common ground for provider organizations, consumers, families, purchasers, and the community. National accreditation can in fact provide partnerships, associations, forums for common interests, and a vestige of stability and standardization in the ever-changing rehabilitation environment.

**Certification Board**
The development of a National Certification Board is of the highest priority to advance international reciprocal standards in credentialing in the alcohol and other drug treatment, prevention, and clinical supervision fields. This Board will provide competency-based credentialing products, which promote and sustain public protection.

**Inter-institutional Coordination**
Although attempts have been made to set up a broad Substance Abuse Network (SAN) spearheaded by the NCSA, there is at present no fully functioning formal structure for local inter-institutional coordination and, as a result, any coordination is informal. A coalition of treatment and rehabilitation service providers should be developed and maintained. A formal national network needs to be created and should include internet capability and a formal coalition. A Caribbean Network that shares information electronically and informally is already in existence.

**Residential Treatment**
There are a variety of flexible treatment services available that include:

- short-term residence for male clients age 16 and over as provided by the psychiatric unit;
- medium-term residence for male and female clients age 18 and over as provided by Verdun House; and
- long-term residence for male clients age 18 and over as provided by Teen Challenge.

The creation of a confidential database system for dissemination of relevant information to approved stakeholders will be useful at the various treatment and rehabilitation levels.

The provision of service for the groups below is, in some cases non-existent and in other cases insufficient. The strengthening and sustaining of specialized tracks is paramount.

**Women**
The Drug Rehabilitation Unit offers services to women in the newly renovated unit. There is a specific women’s programme at Verdun House, though capacity is limited and the existing programme should be expanded, upgraded, and strengthened. Closer collaboration where appropriate, with other providers of services to women, is necessary.

The public is not sufficiently aware of the options for women. This should be addressed through the awareness campaign.
Women have great difficulty accessing treatment, and a facility designed to include mothers with young children will not only facilitate treatment with larger capacity, but will also be an invaluable tool in breaking the cycle of substance abuse.

**Adolescents**
High priority must be given to the development of an adolescent facility, to address the holistic needs of this population by working collaboratively with all other adolescent service providers. Substance abuse tracks must also be created within the juvenile justice system.

**Outpatients**
Some capacity exists in this area but the programmes are not structured. Additional programmes are required and should include one that focuses on adolescents.

**Family members of the substance abuser**
Current provision of services for this vital group is insufficient with only minimal family group participation being offered at the treatment facilities. These programmes need to be strengthened and the appropriate training given.

**Dual Disorders**
At present, current case management of these clients often produces ineffective levels of care. A specialized unit for clients with a primary mental health disorder and a secondary diagnosis of chemical dependency needs to be developed within the psychiatric hospital.

**Elderly and/or Physically challenged**
The buildings of the agencies serving these populations need to be upgraded to ensure sufficient accessibility and specialized therapeutic tracks need to be developed.

**Offenders and survivors of interpersonal violence and/or sexual abuse**
Insufficient levels of care are afforded this significant population and existing programmes that offer therapeutic assistance to this group need to be strengthened. Adequate training must be provided to fully develop specialized programmes, and sensitization factors addressed within the community at large.

**Institutional Population**
During 2002 the programme at HM Prisons was restructured but requires strengthening and expansion. There is ongoing need for sensitization of the stakeholders.

Policy development and law reform must be implemented to ensure the provision of a Drug Treatment Court, together with the supporting treatment collaborations as a high priority, as this is a unique combination of elements in an aggressive and unified effort to use the occasion of arrest as an intervention opportunity for drug offenders. It provides unique collaborative relationships, innovative treatment design, and the elimination of conventional gaps in the referral/treatment/monitoring continuum. Further policy to introduce mandatory drug testing in the workplace is also suggested.

Reference should be made to the Therapeutic Jurisprudence Model and membership of the International Network on Therapeutic Jurisprudence should be sustained.

**Re-integration**
Clients often lack vocational and life skills and therefore the benefit of these services are not fully utilized. Strengthening client skills in order to sustain the necessary
development in these areas should be given high priority.

The clients and the public need to be made aware of these programmes and community stakeholders identified to provide assistance where appropriate. Additional training must be provided to the personnel working in the agencies and to administrators for implementation and monitoring of programmes.

There is a concern about the capacity to fully cater to the needs of the clients since the existing half-way houses need upgrading. In addition, other transitional living environments such as sober houses need to be made available.

**Training**

There are insufficient opportunities for training which, when offered, are on an inefficient ad hoc basis. This is a key issue that must be addressed with measures that should include ongoing and enhanced support for training facilities for treatment and rehabilitation staff. Training programmes need to be upgraded to meet the need of certification requirements.

**Research**

The NCSA and UWI conduct a limited amount of research specific to treatment and rehabilitation. Specialized research needs to be developed to ascertain the needs of the population, monitor outcomes and evaluate effectiveness. Dissemination of this information must then be improved.

**Research and Diagnosis**

**Rapid Assessment Studies**

Rapid Assessment Studies provide a quick methodology, can be replicated regularly, and capture a broad spectrum of data. The technical capabilities are already in place to conduct these studies. Care must be taken, however, to make people aware that the data are selective and not fully representative.

It is important to have the results of these studies disseminated to the public more rapidly. The current lengthy process involved in getting cabinet approval severely limits the speed of dissemination.

**National Council on Substance Abuse**

The NCSA’s board recognizes the importance of research. However, clear policies governing the direction of future research with specific time projections are necessary. In addition, ongoing research activities are limited because of a lack of staff, limited resources, and limited technical capability. These constraints can be partly alleviated by working with the UWI to develop general research capabilities. Additionally, regional research may be encouraged through a relationship with the Caribbean Epidemiology Centre (CAREC).

A formal mechanism needs to be created to facilitate greater communication between agencies in order to access other existing studies and data. This mechanism would form part of a proposed National Drug Information System. One of the benefits would be a reduction in the duplication of data. A critical issue that must be carefully considered is that of confidentiality.

**Multilateral Evaluation Mechanism**

The OAS/CICAD MEM is an ongoing programme that provides a summary position of the current work done on the comprehensive control of substance abuse in Barbados. In order to meet the compliance and reporting demands of the MEM, adequate research funding is required while trying to efficiently use existing funds. It is also important to use appropriate instruments.
CICAD Instruments – SIDUC and CICDAT

CICDAT is a CICAD instrument for uniform statistical systems on control of the supply area. SIDUC is the Inter-American Drug Use Data System. It collects information on demand reduction. These instruments are applicable and adaptable to the Barbados context and can facilitate a proposed National Drug Information System. Human and financial resources are needed to support a workshop or working group to implement these systems.

Reducing Supply

Anti-Money Laundering

Money laundering is the process by which criminals attempt to conceal the true origin and ownership of assets derived from criminal activities. If undertaken successfully the money can lose its criminal identity and appear to be legitimately derived. The aim of the money launderer is to place illegitimately obtained money beyond the reach of Law Enforcement by moving it through financial systems and cycling it into the economy thus making it difficult/impossible to trace.

Criminals of all types including drug traffickers, fraudsters and terrorists are involved in money laundering. Persons involved in these activities must find a way to control their profits without drawing attention to their source.

The money launderer’s goal is to:

- place the money in the financial system, without arousing suspicion;
- move the money around, within or across multiple jurisdictions, and often in a series of complex transactions, so that it becomes difficult to identify its original source;
- move the money back into the financial and business system, so that it appears as legitimate funds or assets.

If the proceeds of crime are lodged unhindered in financial institutions, criminals can gain influence over the institutions and, eventually, fully control them. The use of criminal proceeds to buy and operate legitimate businesses, result in competitors being unable to compete. They are eventually driven out of business. Left unchecked, money laundering can destabilize financial institutions, financial sectors and, in certain cases entire economies.

Efforts to combat money laundering can only be successful if the services engaged in such efforts have access to information on financial transactions and movement of money.

Legislative Framework

The following Acts and Treaties make up the anti-money laundering legislative framework:

- Drug Abuse (Prevention and Control) Act 1990
- Proceeds of Crime Act CAP 143
- Mutual Assistance in Criminal Matters Act CAP 140A
Several other bilateral treaties.

Barbados has a strong anti-money laundering regime. The Money Laundering (Prevention and Control) Act 1998-38 as amended, and the Proceeds of Crime Act 1990 must be read together to appreciate the comprehensive nature and extent of Barbados’ statutory anti-money laundering regime.

The Money Laundering (Prevention and Control) Act criminalizes money laundering thus:

“A person engages in money laundering where

- the person engages, directly or indirectly, in a transaction that involves money or other property, that is proceeds of crime; or

- the person receives, possesses, conceals, disposes of, or brings into or sends out of Barbados, any money or other property that is proceeds of crime.”

The Money Laundering (Prevention and Control) Act (the Act) is the principal Act that governs the country’s anti-money laundering programme.

This Act was proclaimed on April 15, 2000 and substantially amended in 2001 to enhance the country’s ability to deal with money laundering.

Section 5 of the Act gives the Minister power to appoint the Anti-Money Laundering Authority (the Authority) to supervise financial institutions. The Authority came into effect as of August 2000 and has the following composition:

- Chairperson
- Deputy Chairperson
- The Solicitor General or nominee
- The Commissioner of Inland Revenue or nominee
- The Commissioner of Police or nominee
- The Supervisor of Insurance or nominee
- The Comptroller of Customs or nominee
- The Registrar of Corporate Affairs and Intellectual Property or nominee
- A representative of the Central Bank of Barbados

The Financial Intelligence Unit (FIU) became operational on September 1, 2000. This is the executive arm of the Authority. The FIU is responsible for the collection, analysis and dissemination of suspicious or unusual transactions.

The Royal Barbados Police Force established a Financial Investigations Unit, which specializes in money laundering investigations and other financial crimes. The office of the Director of Public Prosecutions is responsible for prosecutions and related forfeiture or confiscation actions.

The Authority has issued anti-money laundering guidelines in conjunction with Central Bank of Barbados; Registrar of Cooperatives; Barbados Stock Exchange; Supervisor of Insurance as well as Industry and International Business, which comes under the Ministry of Economic Development. These guidelines are industry specific and covers commercial banks; offshore banks; non-
bank financial institutions; credit unions; insurance companies; international business sector; stock exchange; stockbrokers and mutual funds.

**Technical Expertise and Training**

Staff of the FIU and the police Financial Investigations Unit have been exposed to various levels of training and have participated in typology exercises.

The FIU’s staff acts as resource persons for training of other agencies both public and private. In this way, the latest trends in money laundering are communicated to the parties concerned.

The following regulatory agencies all have expertise in the area of anti-money laundering:

- The Central Bank
- Supervisor of Insurance
- Registrar of Cooperatives
- Registrar of Corporate Affairs and Intellectual Property
- Office of Industry and International Business

**Local, Regional and International Coordination**

Barbados is a member of the Caribbean Financial Action Task Force (CFATF). It was subject to a Mutual Evaluation by that organization in 1997 and given a satisfactory report. A second round examination was conducted.

Several mechanisms are in place for sharing information. The FIU under the Money Laundering (Prevention and Control) Act 1998 – 38 as amended may share information with any foreign national financial intelligence unit where the unit is located in a state that is party to any agreement with Barbados in respect of the exchange of information under this Act; and

where the unit is satisfied that the state has given appropriate undertakings for protecting the confidentiality of the information and controlling the use that will be made of it.

Another method of sharing law enforcement information is through the International Criminal Police Organisation (INTERPOL).

Under the Mutual Assistance in Criminal Matters Act, Barbados may share information or provide assistance in a criminal investigation with any country that is a signatory to the 1998 Vienna Convention. In addition, bilateral treaty arrangements provide for the sharing of information. This networking will be further developed through Barbados’ efforts to become a member of the Egmont Group.

**PUBLIC AWARENESS**

The Anti-Money Laundering Authority has developed a Strategic Plan that is being followed to ensure that Barbados’ anti-money laundering regime is completely sound. A public awareness campaign using radio programmes, and print media has been launched in conjunction with the Government Information Service. Posters and brochures have been developed and published.

**Law Enforcement Legislation**

There is an effective legal framework in place to support Law Enforcement agencies:
- Customs Officers have powers of arrest and detention;
- there are adequate provisions relating to the importation of drugs; and
- Coast Guard legislation allows for effective control of the coastal waters.

However, issues surrounding inconsistency in the sentencing of offenders, and the fact that customs declaration forms for arriving passengers are not mandatory, need to be addressed. Common links between existing legislations need to be enforced to provide for maximum penalties while avoiding duplication.

Details on Customs Declaration Form relating to currency should be retained on a database. In general, periodic revision and strengthening of the existing legislation will be necessary.

**Air and Seaport Control**

There is a need to review and enhance the total security of all ports of entry. Trained customs officers and security guards are deployed at the ports of entry. However, their performance is limited by the lack of equipment, e.g. electronic scanning equipment to X-ray large packages, and inadequate marine assets to patrol the coastline. A review of the physical lay-out of the airport aimed at avoiding illicit entry would also increase their effectiveness. More attention must be paid to the background of persons deployed in sensitive areas.

A Police canine unit is available and a good working relationship exists among Immigration, Customs, and Police Officers. A strict policy of restricting access to sterile areas is necessary.

The ability of local vessels to enter the shallow draught at the Sea Port, compromises the security of these areas. This is compounded by a lack of controls over fishing harbours and ad hoc inter-agency operations.

It is critical that inter-agency cooperation be enhanced through training and inter-agency operations. To this end, a coordinated approach that allows for intelligence driven operations at ports of entry should be developed. The implementation of currently absent outbound immigration controls would enhance the intelligence gathering process and provide a greater measure of accountability and security.

There is a lack of passenger screening at the Seaport. A facility to conduct internal checks for “stuffers” and “swallowers” is urgently required. Legislation will have to be enacted to support the taking of intimate samples where necessary.

An effort to establish carrier initiatives with airlines and shipping lines would address the present unavailability of memoranda of understanding.

**Intelligence and Information Sharing**

Enhanced detection of offenders, greater networking between agencies, and the promotion of multi-agency cooperation are the benefits of information sharing.

While no secure means of sharing information exist at the national level, there is also some unwillingness among some law enforcement agencies to share information.

Intelligence analysis is also being hindered since there is a scarcity of trained analysts. Key to addressing these issues would be the establishment of a National Joint Headquarters (NJHQ) for sharing of
information and intelligence. The principal purposes of the NJHQ are to:

- Provide inter-agency law enforcement sharing capability at the national level for the purpose of suppressing drugs and weapons trafficking along with other related transnational criminal activity;
- enhance the operational capabilities of law enforcement agencies;
- further strengthen regional cooperation by providing a single point of contact on a 24 hour, 7 day basis for the collection, analysis and dissemination of information and intelligence;
- provide a mechanism which could allow for the sharing of assets, both human and material, in our combined efforts against narcotic – trafficking and related criminal activity;
- afford an avenue for a seamless link between information gathering, surveillance and interdiction of offenders.

This unit would have to be supported by training to enhance the ability of officers to produce intelligence from raw data. It would also provide a critical feedback mechanism that is lacking at present.

**Investigative System**

Trained and experienced investigators are supported with ready sources of information. They also have the ability to access information electronically and manually, although access is not daily nor on a 24-hour basis. Other limitations include doctor/patient, lawyer/client privilege, a lack of electronic surveillance legislation and unattractive financial rewards under the Customs Act.

There is need for a reward fund under a single Law Enforcement agency and the enactment of electronic surveillance legislation that will fill critical gaps in the system. Steps should also be taken to deal with information leakage.

It is important to develop and sustain a mechanism to ensure the continued enhancement of training in joint investigations.

**Training**

Joint Project Management Office (PMO) training among regional officers, ongoing training and retraining of Law Enforcement Officers coupled with the encouragement of team-work are positive features of the current training provided. A mechanism to measure the suitability of training and the development of a national joint training plan for law enforcement officers are critical to the overall joint training initiative.

**Communication System**

Timely transmission of information and intelligence characterizes the present system. Unfortunately, a lack of standardized communications equipment, the absence of a computer linked network, and the lack of secure inter-agency telephone and fax lines hinder the optimal operation of the system. A computerized system that allows for sharing of information using databases should be set up.

**Joint Task Force**

The benefits of joint operations include:

- mutual respect and knowledge of each agency’s laws;
- better coordination, and improved success through the pooling of human and material resources;
enhanced cooperation; and

- international recognition.

One drawback that needs to be addressed is the loss of individual agency recognition for successful tasks. The next step therefore, should be the creation of a joint national task force.

**Chemical Precursor Control**

**Legislation**

The Drug Abuse (Prevention and Control) Act speaks to the control of illegal drugs and pharmaceuticals. An important step was taken with the amendment to the Evidence Act 1997 to address sampling of bulk seizures and provision of pre-trial destruction orders. Unfortunately, the legislation does not address the issue of precursor chemicals as it relates to the manufacture of illegal narcotic substances.

There is need to consider an upgrading of the Act to deal specifically with the issue of precursor chemicals and the International Narcotics Control Board’s (INCB) list of the twenty-three substances as cited in the International Legislation. Regulations relating to licensing and handling of the substances would also be necessary.

**Study to Determine Use of Chemicals**

Manufacturing concerns need to be identified with the quantities and types of chemicals used while protecting the trading practices of the agencies. There is need for legislation to support control and monitoring, especially for those chemicals categorized as precursors, but which may have a legitimate use.

**Study to Determine Use of Narcotic and Psychotropic Substances**

There is a databank based on usage patterns for pharmaceutical drugs. However, there is no comprehensive study to determine illicit use. Furthermore, there is no legislation to support the taking of intimate samples (blood, urine, etc.).

A national mechanism that facilitates the coordination of satellite studies to be incorporated into a national study should be developed.

**Institutional Framework**

Government has established a Chemical Substances Technical Working Group (CSTWG). However, their terms of reference deal mainly with the management of hazardous chemicals.

It will be necessary to establish a competent legal authority to coordinate activities that control and monitor the use, movement, and disposal of chemical precursors.

An expert umbrella group would strengthen the institutional capacity to monitor prescribed activities as set out in the legislation.

**Strengthening of Forensic Laboratories**

The Forensic Sciences Centre (FSC) benefited from the just completed three-year EU/UNDCP Caribbean Upgrading Project. The challenge now is to identify and provide all necessary forensic services to the Barbadian client base. This will be made easier with the completion of a new multipurpose facility to be completed by May 2002.

The EU has also funded the operations of the Caribbean Council of Forensic Laboratory Heads with BDS $220,000 over a period of two years. The Council’s mandate is to integrate and harmonize forensic science within the region. The
Secretariat is located within the office of the FSC.

**Control of Licit Commercial Activities**
Some legislation exists but it needs to be reviewed, updated, and enforced. The Act speaks mainly to pharmaceuticals and not chemical substances. There is no licensing regulation, no enforcing authority, and no monitoring to determine usage patterns. Steps should be taken to identify key players, gather information on the activities of the agencies concerned, and to institute control measures.

Strengthening of Customs Control Mechanism. There is legislation (The Customs Act) but it will be necessary to include Customs and Excise as a key player in the umbrella body to monitor activities. It will also be important to train the necessary personnel. Identification and modification of the present database systems should be a priority.
Conclusions and Recommendations

BARDIN

In terms of strengthening the data collection and research capacity of BARDIN, recommendations from the consultation included:

- The need for BARDIN to determine specifically what information is required from the Anti-Money Laundering Unit (AMLU) in order that the relevant legislation can be amended to facilitate reciprocal information sharing.

- The adaptation of demographics of the SIDUC/CICAD questionnaire to fit the Barbados context.

- The need for BARDIN to make a determination as to which sources of information it will use to avoid duplication since there are several sources of the same information.

- The importance of the Office of the Attorney General taking the lead in dealing with the issue of confidentiality versus information sharing for the “greater good.” However, in the mean time, other avenues such as self-reporting can be explored.

- The full utilization of the services of the Forensic Sciences Centre (FSC) since drug free workplaces cannot be achieved without testing. At the same time, it is important to let the public know that testing is not solely for prosecution.

- The need for BARDIN to be proactive.
The recognition of the importance of reciprocal arrangements between networking agencies.

The identification of focal points in various institutions.

The integration of data collection should be into existing routines.

The integration of network meetings into existing multi-sectoral meetings.

Building consensus about a core set of data that are to be submitted to BARDIN.

Clarification of the definition of pharmaceutical chemicals.

Inclusion of the Immigration department, Veterinary and Agricultural agencies in the network for data gathering.

The signing of Memoranda of Agreement (MOU) in order to facilitate information sharing or BARDIN should advocate that government develop an “across the board” policy for information sharing on drugs.

Barbados National Antidrug Plan

The Barbados National Antidrug Plan (BNADP) 2003-2008 recommends the policies and actions to reduce the demand and supply of drugs.

Recommendations

Key recommendations include:

- Training prevention specialists, promoting closer inter-institutional collaboration, and strengthening resistance promotion, in order to enhance national and community prevention programmes.

- Developing fully functioning, diverse, and well-articulated treatment and rehabilitation programme with minimum standards as set out by an accreditation and certification board.

- Ongoing upgrading of Anti-money Laundering infrastructure and training while heightening public awareness about this activity.

- Properly equipping, training, and coordinating law enforcement agencies to significantly increase drug interdictions.

- Tightening control of chemical precursors that can be used for the manufacture of illegal drugs through enhanced research, institutional capacity, and coordination.

- Fully updating legislation with a system for ongoing review in all areas.

Recommended Government Policy

The following policies and principles were recommended to Government. These guiding principles are in accordance with the Charter of the United Nations and international law. They respect human rights, fundamental freedoms, the principles of the Universal Declaration of Human Rights, and the principle of shared responsibility.

The principles:

- aim at preventing the use of drugs and at reducing the adverse consequences of drug abuse;

- provide for, and encourage active and coordinated participation of individuals at the community level,
both generally and in situations of particular risk;

- are sensitive to both culture and gender, and contribute to developing and sustaining supportive environments.

**General Demand Reduction Policies**

1. Comprehensive, systematic and periodic assessments of the nature and magnitude of drug use and abuse in Barbados is undertaken in order to identify emerging trends. Build strategies knowledge gained from scientific advances, research and past programmes. Prevention is covered in all areas from discouraging initial use to reducing the negative health and social consequences of drug abuse.

2. Forging community-wide partnerships among government, NGO’s and the private sector, parents, teachers, health professionals, youth and community organizations, employers’ organizations and workers’ organizations.

3. Integration into broader welfare and health promotion policies and preventive education programmes and forms part of a broader social policy approach that encourages multi-sectoral collaboration.

4. Focus on special needs of youth and high risk groups.

5. Alternative sentencing and close cooperation between criminal justice, health and social systems.

6. All information to be disseminated must be clear, scientifically accurate and reliable, culturally valid, timely and, where possible, tested with a target population.

7. Credibility, avoidance of sensationalism, promotion of trust and enhancing effectiveness.

Emphasis on training of policy makers, programme planners, and practitioners to facilitate participation in the implementation and ongoing design of programmes to meet the needs of participants.

**Prevention**

As a matter of policy:

1. The NCSA, as the Government’s regulatory body for substance abuse prevention, will be responsible for all national drug prevention initiatives.

2. Substance abuse and addiction will be recognized as health issues.

3. Intervention efforts of Governmental and Non-government agencies will be monitored.

4. Community-level programming will be continued in order to promote opportunities and conditions that decrease the incidence of vulnerable groups who adopt lifestyles that encourage substance abuse.

5. Programmes within the prisons and other detention centers will be properly structured.

6. Information sharing in demand reduction will be encouraged and promoted.
7. Regional and international networking in demand reduction will be promoted.

8. Established advertising guidelines will be promoted and followed.

9. International guidelines on advertising alcohol and tobacco will be recognized.

10. Drug prevention components will be included in the curriculum for the entire education system.

11. Religious, moral, and ethical studies will be re-emphasized in schools.

12. Educational material about the legal drinking age will be provided when Alcohol licenses are issued.

Alcohol will be recognized as an addictive drug and its abuse will be addressed and treated as vigorously as illegal drugs.

**Research and Diagnosis**

As a matter of policy:

1. There will be ongoing research to identify the extent of the substance abuse problem at the national level, recognizing that research and diagnosis will inform all of the areas involved in the execution of the national anti-drug plan.

2. The findings of surveys and other data collection activities related to substance abuse in Barbados will be disseminated as widely as possible using all communication channels.

3. Priority will be given to situations that impact negatively on the public, or a subset of society or institution, in such a way that urgent information is required when planning research activities.

4. Data will be collected continuously in order to monitor trends in substance abuse.

5. Ethical standards will be maintained by employing the appropriate methodology, ensuring the consent, anonymity, and confidentiality of the respondent.

6. The integrity of any agency carrying out research must be ensured.

7. All reports from the NCSA to its Ministry will be accompanied by a
synopsis that can be used to prepare a Cabinet paper.

8. The results of surveys and other data collecting activities will be available to the public upon approval by cabinet.

9. High risk groups will be targeted.

10. Periodic national household surveys will be conducted.

There will be collaboration where possible with other relevant institutions in the conduct of surveys.

**Anti-Money Laundering**

As a matter of policy:

1. Legislation will be continually reviewed by all anti-money laundering stakeholders.

2. The capacity of the regulatory agency to prevent and control money laundering activity will be continually enhanced.

**Chemical Precursor Control**

As a matter of policy:

1. Legislation will be updated and enacted, as appropriate, in keeping with international standards, to control the importation, transplantation, distribution, use and disposal of chemical and psychotropic substances.

2. A register of all transactions involving chemicals will be maintained for monitoring purposes.

3. Agencies will share relevant databases.

4. Relevant agencies will actively participate in regional and international programmes for communication.

**Law Enforcement**

As a matter of policy:

1. Stringent mechanisms will be put in place to protect Barbados from the importation and exportation of illegal drugs and firearms.

2. Mandatory customs declaration forms will be processed by customs officers after being initially vetted by immigration personnel.

3. All law enforcement officers will receive adequate training before being assigned to duty at ports of entry.

4. Joint communiqués will be issued on completion of combined exercises between law enforcement agencies.

5. Inter-agency, governmental and non-governmental co-operation and coordination at the national, regional, and international levels will be promoted.

6. Drug investigation legislation will be created, enhanced, and strengthened, in response to a changing environment.

7. First time offenders with minor charges will be separated from “hardened criminals” in order to reduce the rate of recidivism.
5. A proposed legal regulatory authority will be cognizant of and responsive to the trends in demand, supply, and use and abuse of chemical and psychotropic substances and their impact on the environment, health, and safety of the public of Barbados.

6. All studies must be validated.
References


## Appendix 1

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<tr>
<th>Name</th>
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## Appendix 2
### List of Acronyms

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<td>National Drug Resource Centre</td>
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<td>OECD</td>
<td>Organization for Economic Cooperation and Development</td>
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<td>United Nations</td>
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