



***St. Vincent and the Grenadines
National Drug Information
System***

Annual National Report 2002

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St. Vincent and the Grenadines**

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For access to further information and resources on drug information systems, visit the UNODC Global Assessment Programme on Drug Abuse (GAP) website at www.undcp.org, email gap@undcp.org, or contact: Demand Reduction Section, UNODC, P.O. Box 500, A-1400 Vienna, Austria.

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Preface

National Report

There is a need to communicate to society at large of the importance of collecting data to give a national picture of the severity of the drug problem in the country. Also the fact that this will aid long term planning and programme implementation. However, it has been recognized that lack of awareness of the magnitude of the drug problem, mistrust and lack of interagency communication, inappropriate communication and inadequate personnel and technological capacity are all barriers to the communication process. Institutional strengthening and technological improvements are avenues for improving communication, hence the importance of the formation of a National Drug Information Network. It is hoped that National Annual Reports will emanate from this network, which should involve multiple agencies.

The purposes of National Report include:

- To provide a detailed analysis of the drug situation in the country
- A means to raise awareness for drug-related problems
- To guide the development of prevention and treatment programs and policies
- To stimulate discussion on drug demand policies
- An important instrument of an integrated drug information system

The advantages of the National Report are that it:

- Involves multiple agencies and stimulates discussion among them
- Has been used successfully in other countries
- It is not costly and once they have been produced, easily updated
- Takes advantage of many level of expertise

There is a standard format of National Reports in the Caribbean Region in order to;

- Increase comparability of information related to use and abuse of drugs between countries
- Facilitate the easy production of regional reports
- Further promote national reports as a standard document in the region.

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Ministry of Health and the Environment
The St. Vincent and the Grenadines Royal Police Force
Ministry of Social Development and Family Services
Ministry of Legal Affairs
Ministry of Education
Central Planning Unit
Her Majesty's Prisons
Liberty Lodge
Marion House
Ministries in Action

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Executive summary

Knowledge of the scale of illicit drug use is insufficient and understanding of the patterns and trends is limited. The Government of St. Vincent and the Grenadines needs data about when, where and why people use illicit drugs in order to provide effective policies to reduce drug abuse. Systematic data is needed to monitor and evaluate progress towards these goals of reducing the supply and demand for illicit drugs.

Policy makers dealing with drug problems need accurate data for sensible decision-making. Data related to drug use and abuse is vital where relevant health decisions have to be made. To obtain a thorough understanding of drug use it is vital to develop a multi-source system that can provide insight into the different aspects of the problem.

In 1984, the Heads of Government of the Caribbean approved a Regional Programme on Drug Abuse Abatement and Control in which Epidemiology constituted one of its six components. The Barbados Plan of Action (1996) at recommendations 45-49 and 53 highlighted the need for improved drug abuse data collection. The Santo Domingo Declaration (1997) also emphasized the need for an epidemiological and surveillance system for substance abuse in the CARIFORUM countries. The CARIFORUM members allocated 1.00 million Euros from the Caribbean Regional Indicative Programme of the 8th EDF to the Drug Abuse Epidemiological and Surveillance System Project (DAESSP).

Under the DAESSP, The Caribbean Drug Information Network (CARIDIN) was launched in 2001. The Regional Network extends to the 15 CARIFORUM countries and the Dutch and British Caribbean Overseas Countries and Territories. Information on both licit and illicit substances is collected from various sources. Each island, through its National Drug Councils establishes a National Drug Information Network, which collects information that feeds into CARIDIN. Both the regional and national network seeks to collect and disseminate information so as to inform policy makers and the general public. The network, which is made up of all institutions that collect information on substances, will play a major role in the demand and supply reduction efforts of the Caribbean.

Establishment of a Drug Information Network in St. Vincent and the Grenadines

The first Network Meeting to sensitise stakeholders of the importance of capacity building activities within St. Vincent and the Grenadines took place on the 28th November 2002. The general objective of that meeting was to bring together institutions and individuals working in the area of drug prevention/education and control/law enforcement and to begin the process to get them to exchange drug-related information and data with the long term goal of establishing a National Drug Information Network.

This interactive Network has been formed and is called DINSAG- Drug Information Network, St. Vincent and the Grenadines. It comprises of professionals with access to existing data on drug use and supply in the country. The goal of the Network is to improve recording, exchange and comparability of data between agencies with the purpose of eliminating or reducing drug abuse and its health and social consequences, and the development of effective prevention strategies built on sound evidence base. Short-term

follow-up actions identified were the need for the sensitisation within different facilities/departments in regard to data collection on drug use, the need to appoint focal points in the various institutions, to make presentations at following meetings on available data and to identify topics for focus assessment study.

Summary of drug situation

The most recent surveys conducted in St. Vincent and the Grenadines suggest that among young people the most prevalent drug of choice is alcohol followed by marijuana. The Adolescent Health Survey (2001) revealed lifetime prevalence rates for alcohol at 56%, marijuana 8% cigarettes 7% and inhalants 11%. The Global Youth Tobacco Survey (2001) showed that 24% of the students currently used some form of tobacco and 15% currently smoke cigarettes. Of the 23 boys at Liberty Lodge 17 had drunk beer more than once, 14 had smoked cigarettes more than once and 9 had smoked marijuana more than once. The use of these substances by students is causing concern.

Most of the arrests in St. Vincent and the Grenadines are for marijuana. The majority of the individuals are male in the age group of 20-29 years followed by the 30-39 year old age group. There was an increase in the number of drug cases reported, persons arrested for cannabis and cocaine and persons convicted from the year 2001 to 2002. The number of cannabis plants destroyed almost doubled from the year 2001 to 2002 whereas the seizures of cocaine and cocaine rock decreased significantly. There was a slight decrease in the number of cannabis sticks and cannabis (kg) seized in the year 2001 to 2002. It is hoped that these changes reflect the efforts of the joint forces in the fight to decrease the supply of illegal drugs.

Imprisonment for 'dangerous drugs' has been one of the two leading causes for incarceration during the 2000-2002 year period. Sixty-three percent of the inmates incarcerated for drug related offences in the year 2002 were in the 15-19 years age group. Among the 255 drug users incarcerated in 2002, the majority (31.4%) were in the age range of 30-39 years followed by 23.5% in the range of 20-29 years. The 20-39 year age group appears to be at risk for drug abuse and related activities.

The number of drug abusers admitted to the Mental Health Centre has increased yearly over the period of 1997-2002. The substance most frequently abused is marijuana followed by alcohol. Poly-substance abuse continues to be a problem with the highest percentage of patients using marijuana, alcohol and cocaine simultaneously recorded in the year 2002. Just like the prison population the majority for both male and females were in the age group of 30-39 years old, followed by the 20-29 year age group. There was an increase in new substance abuse admissions from 10% in 2001 to 19% in 2002.

Most of the admissions for mental and behavioural disorders due to drug use were in the 25-44 year age group (61%) followed by the 45-64 year age group (22%). Ninety four percent of these admissions were due to use of alcohol. The majority (40%) of the 15 patients admitted for alcohol related medical problems were in the 25-44 years age group. The principal cause of death in the 15-44 years age group was HIV/AIDS.

Recommendations

The importance of a National Drug Council to coordinate the activities of an approved National Anti-Drug Plan has to be highlighted. The National Drug Information Network would be expected to work with the Drug Council and other data collection agencies including the Statistical Office and the Health Planning and Information Unit. DINSAG members should strive to greater responsibility in making available to the Network complete, reliable and timely data. Policy makers and Heads of Departments and Institutions are urged to endorse these collaborative efforts and to facilitate the necessary research activities by strengthening the infrastructure of institutions with the necessary human and technological resources. It is hoped that some action will be taken with regard to implementation of programmes and establishment of the necessary legal framework.

Prevention and treatment programmes need to target not only the youth but also other at risk groups. Data seem to suggest that the 15-19 year old age group may have a propensity to engage in drug related offences. Also the 20-39 year old and the 25-44 year old age groups are being admitted to the Mental Health Centre and Milton Cato Memorial Hospital respectively for psychiatric and medical complications of substance use and abuse. These age groups, especially the males, represent an important part of the workforce but they are spending time in hospital and losing productive workdays. The cross analysis of this data is important in order to make the findings useful in addressing these issues and developing strategies to reduce the demand for drugs.

Introduction

Country information

St. Vincent and the Grenadines is an archipelago in the Windward Islands to the southeastern end of the Caribbean island chain. St. Vincent and the Grenadines is comprised of thirty-two (32) islands, islets, rocks and cays only nine (9) of which are inhabited. The islands are mostly volcanic, rugged in terrain and difficult to access in many areas.

The population of St. Vincent and the Grenadines for the year 2001 was 109,022, of these 55,456 were males and 53,566 were females. Thirty seven percent were less than 15 years, 67% were 29yrs and under, 24% were 30-59 yrs and 9% were 60 yrs and over. Ninety (90%) of the population is of African descent; the other ten percent (10%) are of East Indians, European and Indigenous people.

St. Vincent and the Grenadines attained political independence in 1979 from Great Britain and has inherited and maintained a Westminster style government. Legislative power is vested in Parliament. This is comprised of a House of Assembly with 22 representatives, elected by the people in general election, 6 senators appointed by the Governor General, 4 on the advice of the Prime Minister and 2 on the advice of the leader of the Opposition. The Governor General, who represents the British Sovereign, is appointed on the advice of the Prime Minister. The Cabinet is the Executive body of the Government. The Prime Minister is the Chairman of this Executive body and the Ministers appointed by the head of state are the other members.

Its currency is the Eastern Caribbean dollars (EC\$). St. Vincent and the Grenadines economically pursues a strategy of economic diversification with agriculture (bananas and other crops) being its lead sector. Agriculture is traditionally the mainstay of the economy, accounting for approximately twenty three percent (23%) of GDP. As a small open economy it also has a growing services sector including tourism, telemarketing, and a small offshore financial center. Real GDP grew by a modest ¼ percent in 2001 well below the 4 percent average for the previous three years largely due to the harsh effects of a drought on agriculture and the fall-off in stopover tourists associated with the September 11 attacks and the sluggish global economy. Preliminary estimates for 2002 indicate about a pick up in real GDP growth to around 1 percent due to a strong rebound in agriculture prior to tropical storm Lili in late September, and construction activity as public sector projects were implemented.

The public sector overall balance reversed from a ¼ percent of GDP surplus in 2000 to a deficit of 1½ percent of GDP in 2001, and 6 percent of GDP in 2002. This reflected a drop in public sector savings to around 4 percent in 2001 and 2002 from an average of above 8 percent of GDP in previous years. Public investment expanded from 7 percent in 2000 to 9 percent in 2001 and around 12 percent of GDP in 2002, largely financed by grants and commercial borrowings.

The external current account deficit remains broadly unchanged at 11¾ percent of GDP in 2002 largely financed by official capital inflows and foreign direct investment. Export receipts from bananas, despite an increase in volume, will remain flat because of lower international prices. Tourist receipts are expected to be

somewhat lower than 2001 reflecting significant declines in excursionists, yacht, and cruise passenger arrivals.

Inflation was around 1 percent in 2001 and 2002, and unemployment is reported to remain high but government's counter cyclical policy helped to avoid a recession and mitigate further loss of employment. The government has made significant progress due to monitoring of public sector enterprise performance on a quarterly basis; regular consultation with civil society on economic matters, including a wage freeze in the public sector and restructuring the banana industry. Overall public sector savings improved through better enterprise performance, reduced tax exemptions, and improved tax collections. Poverty reduction remains a priority of the government's economic strategy.

Evolution of the drug problem in St. Vincent and the Grenadines

St. Vincent and the Grenadines is also a producer of marijuana, much of which is cultivated in the rugged and fertile foothills of the La Soufriere Volcano to the north west of St. Vincent, which is inaccessible by road. The fertility of this area is such that it reportedly supports four crops of marijuana per year. St. Vincent and the Grenadines are in the transit zone between source countries for cocaine that have access markets in North America and Europe.

The cultivation of marijuana as a commercial crop started in the 1980s. Approximately 3000 acres of land throughout St. Vincent and the Grenadines are cultivated with marijuana. The North Leeward area is the most established and organized, followed by the South Leeward including Lowmans and the North Windward including Georgetown and Sandy Bay. This has affected the forest cover, which has declined from 50% of land area in the year 1945 to 15.4% of land area in the year 2000. There are about 2,500 marijuana farmers, most of them being between the ages of 15 and 45 years of age.

Marijuana growers take great risk and most times do not realize the benefits since usually they are not the real businessmen. Violence and the disappearance of individuals seem to revolve around the trafficking of marijuana. Individuals from other OECS countries also come to live in St. Vincent to grow and traffic marijuana.

Indications are that about 90% of the marijuana grown in St. Vincent and the Grenadines, and 95% of the total imported volume of cocaine is consigned to foreign destinations. The methods of transportation may involve private airplanes, fishing and commercial boats, yachts, automobiles and trucks, by mail and by individual couriers. Transportation routes are from Colombia and Venezuela to Trinidad, shipped through St. Vincent and the Grenadines towards St. Lucia and Martinique with final destination for North American or Europe. There are several bays and coves in outlying and uninhabited areas that are used by drug smugglers.

In the mid 1980's the Royal St. Vincent and the Grenadines Police Force created a Drug Squad. The Coast Guard has two boats operating and a first fast-speed vessel, procured with a USA grant, which started operations in mid-October 1994. The St. Vincent and the Grenadines Royal Police Force also collaborates with UNODC/INTERPOL in establishing a regional police telecommunications network. The Joint Operations involving the police, customs and coastguards facilitates

implementation of policies and joint operational activities. Other units such as the National Joint Headquarters, the National Financial Intelligence Unit and the Customs Intelligence have all been established to increase the effectiveness of surveillance of drug and its related activities like money laundering.

The 1988 Law “Drugs (Prevention of Misuse) Act” attributed the national drug coordination to the Ministry of Health and the Environment. The same Act envisaged the creation of the National Advisory Council on the Misuse of Drugs (NACMD) to advise the Minister of Health on all aspects of drug abuse, prevention and control. The NACMD met for the first time in 1992. Members include representatives from government and non-governmental organizations. The Council is an Advisory body to the Minister of Health and the Environment; therefore its role in policy implementation or in a more comprehensive anti drug approach is limited.

The Ministry of Health and the Environment is the executive branch of the Government responsible for national health policies. The policies and programmes of the Ministry of Health and the Environment are implemented through a number of specialty assigned departments. The Health Education Unit is responsible for the implementation of information, education and communication activities. The Mental Health Centre, the Milton Cato Memorial Hospital and Marion House are the institutions presently involved in the treatment of substance abusers

St. Vincent and the Grenadines will not accept a society reigned by drugs, violence, lawlessness or crime. Traditional tolerance of the society with regard to cannabis use and cultivation is diminishing. The economic and social impacts of cocaine trafficking are significant. The country is aware of the negative international image of drug abuse and drug related business that can affect tourism and foreign investment. The need for a comprehensive and multisectoral approach to the general drug problem and been realized and is being pursued. St. Vincent and the Grenadines has identified that both prevention and control of drug abuse are important components of its National Anti-Drug strategy.

Background to Integrated Drug Information Network

It was envisaged that the Drug Information Network would also support the development of the Caribbean Drug Information Network (CARIDIN) as part of the Drug Abuse Epidemiological and Surveillance System Project (DAESSP). The main objective of the DAESSP project is to strengthen the capacity of the CARIFORUM governments, technical entities and communities to better respond to changing drug abuse patterns and trends among people of the Caribbean and to contribute to the abatement of abuse in the region.

The specific objectives of the Network are to:

- Identify existing drug abuse patterns within the defined geographic areas and periods of times covered by the data.
- Identify changes in drug abuse patterns over defined periods of time including types of drugs, modes of administration and characteristics of drug users.

- Monitor these changes to determine if they represent an emergent drug problem.
- Harmonize information for other needs such as the UNODC Annual Report Questionnaire (ARQ) and the OAS/CICAD Multilateral Evaluation Mechanism (MEM).
- Disseminate information to community agencies and interested professional groups.
- Engage in dialogue with policy makers on its implications for programming.

Structure of network

Organizations and Departments actively involved in the Drug Information Network include:

Ministry of Health
 Mental Health Centre
 Epidemiologist
 Drug Inspector
 Coordinator; Family Planning Unit
 Health Education Unit
 Medical Records; Milton Cato Memorial Hospital

Law Enforcement

Customs and Excise Department
 Drug Abuse Resistance Programme

Ministry of Social Development and Family Services

Ministry of Legal Affairs

Ministry of Education

Central Planning Unit

Her Majesty's Prisons

Liberty Lodge

Non-Governmental Organizations

-Marion House
 -Ministries in Action

Information on drug consumption

Existing data sources

St. Vincent and the Grenadines Royal Police Force

Information:

Arrests, seizures, price and purity

Number of persons arrested and convicted for cannabis and cocaine possession

Number of drug cases reported by year

Number of cannabis plants destroyed

Quantity of cannabis, cocaine and cocaine rocks seized (kg)

Limitations:

Purity of drug is not usually stipulated

No specification of whether arrests were for possession for personal use or trafficking.

Her Majesty's Prisons

Type of facility: Her Majesty's Prisons

Information:

- Number of drug users among inmates by age group and gender
- Number of drug users by primary drug of use and gender
- Number of inmates imprisoned for drug related offences by age group and gender

Limitations:

- Terminology used for type of offence is antiquated and may cause confusion and double counting

Treatment data

Mental Health Centre (MHC)

Type of facility:

Government Inpatient Mental Health Treatment Facility. The Mental Health Centre (MHC) is a 160-bed capacity hospital, but total admissions range from 165 to 179. The Centre caters for acute and chronic patients of both sexes with an inpatient ratio of 3:1 male: female. There were approximately 10 admissions per week, with an average length of stay of 4 weeks.

Information:

- Number of patients primarily treated for alcohol, marijuana, crack/cocaine, poly-substance abuse (marijuana and cocaine, marijuana and alcohol, cocaine and alcohol, marijuana, alcohol and cocaine), psychiatric disorders and dual diagnosis by gender and age group, new admission and readmission.

Limitations:

- Lack of information on social indicators relating to marital status, employment status and method of referral.

Milton Cato Memorial Hospital (MCMH)

Type of facility: Government General Hospital

Information:

- Number of patients admitted as a result of alcohol, marijuana and crack/cocaine use by age and sex and average length of stay.
- Number of patients treated for substance abuse at the psychiatric out-patient clinic at the MCMH.

Limitations:

- It was not indicated whether only the primary drug of use was documented and it was not clear if polysubstance abuse was also being recorded by attending physicians on the wards.
- Substance abusers seen at the MCMH Out-patient Psychiatric Clinic not categorized in reporting as to type of drug, age, sex and as to whether patient is being seen for the first time.

Marion House

Type of facility: Non-governmental Social Service Centre

Information:

- Number of persons in Youth Assistance Programme
- Number of substance abusers seen by sex and age

Limitations:

- Incomplete data with regard to age and sex in some instances

Other existing data

The Statistical Office

The Statistical Office carries out all censuses and surveys on behalf of the government of St. Vincent and the Grenadines. However other departments can seek permission from the Statistical Office to conduct surveys. Apart from surveys data is collected from administrative records, from a third source of data and from regional agencies. Administrative records include customs from where data is imported and exported via a telephone line, vital statistics with regard to death, birth and marriage from the registry, information from hospital records and immigration data. Other government departments such as Ministry of Education, Ministry of Health and the Environment, Prisons, Police Department and Magistracy supply the third source data. Regional agencies include Eastern Caribbean Central Bank, Caribbean Development Bank, World Bank and the International Monetary Fund. These data are to be supplied on

an annual basis to the Statistical Office and compiled into a yearly Statistical Digest produced by the Central Planning Unit.

Health Planning and Information Unit

This Unit was established in 1984 in the Ministry of Health and the Environment to process data collected from all reporting sources and to provide relevant, accurate and timely information. Its information system includes:

- Mortality, vital statistics
- Non -Communicable Disease
- Communicable Disease
- Maternal and Child Health/Family Planning
- Public Health Laboratory Information System

Reports to International Organizations

Reports to National Narcotics Board

The duty of the Drug Inspector is to monitor the compliance with laws concerning the quality and types of pharmaceuticals entering the country and to make sure that legal narcotics and psychotropics are not diverted elsewhere. An achievement for St. Vincent and the Grenadines was the fact that the Precursor (drugs used to produce illegal drugs) Act was passed in January 2003. The Pharmacy Act was also passed in December 2002.

St. Vincent and the Grenadines has signed all the Conventions related to controlled drugs, that is the UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988), the Single Convention on Narcotic Drugs (1961) and the Convention on Psychotropic Substances (1971). Reports to the International Narcotics Control Board (Vienna) are made quarterly on the statistics of imports and exports of narcotic drugs and annually on substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances.

Annual Report Questionnaire (ARQ)

Mandates for the submission of the ARQ are stated in the Single Convention on Narcotic Drugs, 1961 and the 1972 Convention on Psychotropic Substances. UN Member States are obligated by treaty to submit their response to the Commission on Narcotic Drugs (CND). The ARQ is used to compile the global illicit drug trends.

Multilateral Evaluation Mechanism (MEM)

The MEM is a system within the Organization of American States (OAS) in which governmental experts compile and evaluate reports from governments in the region on their application of 83 parameters in the area of drug enforcement and prevention. The MEM is a unique and objective governmental evaluation process with a multilateral character to follow individual and collective progress of hemispheric efforts in the fight against drugs. Information is collected for 2-year cycles.

Survey data

Adolescent Health Survey - 2001

This survey got prevalence estimates of drug use in the adolescent population as part of the general survey that did not explicitly look at drugs. The most commonly used substance among the sample of 850 school students in St. Vincent and the Grenadines was alcohol with a lifetime prevalence of (56%). Other substances used were inhalants, marijuana and cigarettes with lifetime prevalence rates of (11%), (8%) and (7%) respectively. The use of crack/cocaine was not indicated by any of the students. Four percent of the students were somewhat worried and 2.4 % were worried a lot about their own drinking and drug taking. The use of alcohol (56%) and inhalants (11%) in that adolescent sample was cause of concern.

Six percent of the students almost always had thoughts of hurting or killing someone and 7.9% had experienced suicidal tendencies at least once and 3.2% more than once. Of these 3.2% had tried during the last 6 months and 2.9% had tried during the past year. Females showed a greater inclination to suicide than males. A lot of worry caused through the presence of violence in the home was indicated by 9.5% of the students.

Global Youth Tobacco Survey (GYTS) – 2001

The St. Vincent and the Grenadines GYTS was a school-based survey of 1511 students in grades 7-8 and forms 1-3, conducted in 2001. A two-stage cluster sample design was used to produce representative data for all of St. Vincent and the Grenadines. The school response rate was 100%, the student response rate was 78.4%, and the overall response rate was 78.4%.

Highlights from the survey were:

- 24% of students currently use some form of tobacco; 15% currently smoke cigarettes; 15% use other forms of tobacco.
- Environmental Tobacco Smoke is high; 1 in 3 students live in homes where others smoke; 6 in 10 are exposed to smoke in public places.
- 7 in 10 students think smoking should be banned in public places.
- Almost 7 in 10 students think smoke from others is harmful to them.
- Almost 8 in 10 smokers want to stop.
- Almost 8 in 10 students saw anti-smoking media messages in the past 30 days; 2 in 3 saw pro-cigarette ads in the past 30 days.

Other Surveys

The following surveys have been mentioned in the Information, Needs and Resources Analysis (INRA) prepared by UNDCP Regional Office Barbados in March 2002. However, these documents were not available for perusal in the preparation of this report.

- Qualitative information on the drug abuse situation in St. Vincent and the Grenadines with reference to youth at risk reported in 1994.

- Study on drug use among prisoners, the Mental Health Centre and the General Hospital in 1993.
- Drug Survey conducted in 1993 by the Caribbean Epidemiology Centre (CAREC) of 1,428 students in primary and secondary schools. Lifetime prevalence for marijuana and cocaine powder was 11.6% and 0.9% respectively.

There is no record that general population surveys or focussed surveys have been done in St. Vincent and the Grenadines. Also qualitative data through key informant surveys, focus groups, in-depth interviews and ethnographic studies are lacking. Recently a National Drug School Survey using the SIDUC methodology was conducted and data is currently being analysed for reporting.

Overview of drug situation and trends

Summary of main trends

Illicit Supply and Control of Drugs

The problem of substance abuse is now presenting a challenge to the Caribbean countries. Crime has also increased in the quest for individuals to secure their supply of drugs or in order to obtain money to purchase drugs. Therefore an increasing number of individuals who are involved in these activities come into contact with the legal system and may be sentenced to prison for a period of time. Dangerous drugs has maintained between the two leading causes of imprisonment for the period 2000-2002.

Data on the number of drug cases reported and the number of persons arrested and convicted by year for cannabis and cocaine during the years 1997-2002 are presented in Table 1. A total of 2, 967 cases have been reported during that period, 2,314 persons were arrested for cannabis, 332 persons were arrested for cocaine and a total of 1, 755 persons were convicted. Most of the arrests were for marijuana. One hundred and thirty eight (5.2%) of the arrestees were foreigners. The arrestees among the other OECS countries were predominantly St. Lucian, followed by Grenadians and others to a less extent.

Table 1: Police statistics collected during the years 1997-2002

YEAR	NO. OF CASES REPORTED	NO. OF PERSONS ARRESTED	NO. OF FOREIGNERS ARRESTED	NO. OF PERSONS CONVICTED	NO. OF ARRESTS FOR CANNABIS	NO. OF ARRESTS FOR COCAINE
2002	533	458	23	335	392	66
2001	455	376	15	222	320	56
2000	535	490	19	321	433	57
1999	551	501	32	321	441	60
1998	375	335	24	210	293	42
1997	518	486	25	346	435	51
Total	2967	2646	138	1755	2314	332

Source: St. Vincent and the Grenadines Royal Police Force

The number of persons arrested for drugs fluctuated during the years 1997-2002 (Table 2). In 1997, 486 persons were arrested, in 1998, 335 persons, in 1999, 501 persons, in 2000, 490 persons, in 2001, 376 persons and in 2002, 458 persons. Males were always in the majority. The most arrests in every year were in the age group 20-29 yrs, followed by the age group 30-39 yrs.

Data for the year 2001 (Table 1) show that 455 drug cases were reported, 320 persons were arrested for cannabis and 56 were arrested for cocaine, 222 persons were convicted. There was an increase in the year 2002; 533 drug cases were reported, 392 persons were arrested for cannabis and 66 were arrested for cocaine, 335 persons were convicted.

Table 2: Number of persons arrested by sex during the years 1997-2002

YEAR	MALES ARRESTED	FEMALES ARRESTED
2002	432	26
2001	341	24
2000	451	39
1999	467	34
1998	320	15
1997	457	29

Source: St. Vincent and the Grenadines Royal Police Force

During the period 1997-2002 (Table 3) a total of 23,897,821 cannabis trees were destroyed, 13,820,147 kg of cannabis were seized, 216 cannabis sticks were seized, 357,073 kg of cocaine were seized and 2,221 cocaine rocks were seized. The year 1999 dominated with regard to cannabis trees destroyed, 4,760,739 and cannabis seized 7,188,000 kg. Fifty cannabis sticks were seized in 1999 only surpassed by the amount seized in 1997, which were 55. The greatest cocaine seizure was in the year 2001, 262,575 kg and the maximum cocaine rocks seized were 636 in 1999.

Table 3: Amounts of marijuana and cocaine seized during the years 1997-2002

YEAR	CANNABIS PLANTS DESTROYED	CANNABIS (gr.) SEIZED	CANNABIS CIGARETTE SEIZED	COCAINE (gr.) SEIZED	COCAINE ROCKS SEIZED
2002	62,403	1,111,344	20	15,279	201
2001	31,794	1,963,448	40	262,575	477
2000	28,375	1,708,597	21	50,463	319
1999	4,760,739	7,188,000	50	15,300	636
1998	1,543,009	1,321,403	30	13,104	331
1997	18,586	527,355	55	352	257
Total	23,897,821	13,820,147	216	357,073	2,221

Source: St. Vincent and the Grenadines Royal Police Force

In the year 2001 (Table 3) a total of 31,794 cannabis plants were destroyed, 1,963,448 grammes of cannabis were seized, 40 cannabis sticks were seized, 262,575 grammes of cocaine were seized and 477 cocaine rocks were seized. In the year 2002 a total of 62,403 cannabis plants were destroyed, 1,111,344 grammes of cannabis were seized, 20 cannabis sticks were seized, 15,279 grammes of cocaine were seized and 201 cocaine rocks were seized. The number of cannabis plants destroyed almost doubled from 2001 to 2002 whereas seizure of cocaine and cocaine rocks decreased significantly. One might speculate that surveillance has increased resulting in detection of marijuana fields and the slowing down in the trafficking of cocaine.

Changes in seizure statistics have to be interpreted with caution. They may indicate trends in trafficking apart from increase in law enforcement activities. Between 1999 and 2000, there was a significant increase in cannabis trafficking worldwide. There was a global increase in cannabis use with 2% (75,441 kg) of the cannabis herb seized in the Caribbean. Global seizures of cocaine declined between 1999 and 2000. This could reflect declining production. In the year 2000, 3% (9,278 kg) of the seizures of cocaine were in the Caribbean region. The reverse was recorded in St. Vincent and the Grenadines, seizures of cannabis decreased from 7,188,000 grammes in 1999 to

1,708,597 in 2000. Seizures of cocaine increased from 15,300 grammes in 1999 to 50,463 grammes in 2000.

Looking at imprisonment by offence for the period 2000-2002: in the year 2000, the imprisonment was highest for ‘dangerous drugs’ (128 persons) followed by ‘disorder, assault, indecent language and other offences’ (109). In the year 2001, the imprisonment was highest for ‘disorder, assault, indecent language and other offences’ (223) followed by ‘dangerous drugs’ (98). In the year 2002, the imprisonment was highest for dangerous drugs (137; 21.8%) followed by burglary (107; 16.5%). There was no reference as to whether the ‘disorder, assault, indecent language and other offences’ were drug related.

During the years 2000 - 2002 the majority of prisoners were serving sentences for more than 6 months and less than 12 months: 182 for the year 2000, 185 for the year 2001 and 245 for the year 2002. The age group and type of offence, for example whether it was a drug related offence were not stipulated. For the year 2000, 138 had no previous convictions and 174 had three or more convictions. In 2001, 164 had no previous convictions and 83 had three or more convictions.

Table 4 shows the number of drug users among inmates by age group and gender. The majority of the 255 drug users are in the age range of 30-39 years (31.4%) followed by the 20-29 years age group (23.5%).

Table 4: Number of drug users among inmates by age group and gender for the year 2002

Age Group	Male	Female	Total
<15	nil	nil	Nil
15-19	30	“	30
20-29	60	“	60
30-39	80	“	80
40-49	56	2	58
50-59	25	nil	25
60 and above	02	nil	02
Total	253	2	255

Source: Her Majesty’s Prison

Table 5 shows that the drug most used among prisoners is tobacco followed by alcohol, marijuana and crack respectively. The use of marijuana by inmates while in the prisons is a concern of prison authorities.

Table 5: Number of drug users by primary drug of use and gender for the year 2002

Drug	Male	Female	Total
Alcohol	201	5	206
Tobacco	290	2	292
Marijuana	186	2	188
Crack	69	1	70

Source: Her Majesty's Prison

Fifty inmates in the 15-19 age group were incarcerated for drug related offences; these are crimes resulting from the use of drugs such as theft and burglary (Table 6). That group represented 63% of the total of 79 individuals incarcerated for drug related offences. Of the foreigners incarcerated all except one were for drug related offences.

Table 6: Number of inmates imprisoned for drug related offences by age group and gender - 2002

Age group	Male	Female	Total
<15	nil	nil	nil
15-19	50	"	50
20-29	8	"	8
30-39	10	"	10
40-49	10	"	10
50-59	1	"	1
60 and above	nil	"	nil
Total	79		79

Source: Her Majesty's Prison

Eradication Efforts

The Special Services Unit (SSU) in St. Vincent and the Grenadines are assisted by the United States in the eradication exercises in the inaccessible mountainous terrain. Members of the SSU carry out the smaller scale eradication exercises every 3-4 months. The Narcotics Drug Squad executes search warrants and raids almost daily at random, or acting upon information received from local intelligence.

In order to boost local sales and to spread the use of cocaine, blends of marijuana and cocaine are being sold. It is not unusual for local dealers or pushers to be paid with a mixture of cash, cocaine to be retailed at the local market, illegal weapons and other commodities. Alternative crops or alternative jobs to bring in satisfactory incomes need to be provided for marijuana farmers in order to increase the effectiveness of the eradication exercises. The increasing demand in North America and Europe for marijuana is a challenge to the sustainability of eradication projects. However, St. Vincent and the Grenadines continues to pursue the strengthening of its coordinated supply reduction mechanisms at both the national, regional and international level.

Drug use and abuse

Cannabis usually has a significantly lower proportion in treatment demand than cocaine. An average of 15% of all treatment demand at the global level is for cannabis. However, the increase in consumption and the higher tetrahydrocannabinol levels of marijuana available on the global market have resulted in rising treatment demands for cannabis.

Looking at data on the admissions to the Mental Health Centre presented in Table 7, there has been an increasing trend in the number of substance abusers. Repeat admissions are high suggestive of the revolving door syndrome. In 2002, 78% of the admissions were repeat admissions.

Table 7: Admissions to the Mental Health Centre during 1997-2002

YEAR	TOTAL ADMISSIONS	NEW ADMISSIONS	REPEAT ADMISSIONS	SUBSTANCE ABUSERS
1997	376	43	333	167
1998	459	43	416	185
1999	476	45	431	178
2000	597	87	510	221
2001	567	61	506	225
2002	548	120	428	330

Source: Mental Health Centre

The substance most abused is marijuana followed by alcohol (Table 8). Some patients were poly-substance abusers with the percentage abusing marijuana cocaine and alcohol ranging from 3% to 12.7%, the latter being recorded in the year 2002. The male have always predominated the females (Table 9) and the majority of substance abusers are in the age group of 30-39 years, followed by the 20-29 year age group (Table 10).

Table 8: Number of admissions by substance abused for the period 1997 to 2002

YEAR	Marijuana	Cocaine	Alcohol	Marijuana & Cocaine	Marijuana & Alcohol	Marijuana, Cocaine & Alcohol	Cocaine & Alcohol
1997	87	27	28	1	10	10	4
1998	116	5	27	16	15	6	0
1999	92	21	27	13	15	10	0
2000	126	6	31	16	30	7	5
2001	116	18	25	21	21	21	3
2002	144	40	71	10	20	42	3

Source: Mental Health Centre

Table 9: Number of substance abusers by sex for the period 1997-2002

YEAR	MALE ABUSERS	SUBSTANCE	FEMALE ABUSERS	SUBSTANCE	TOTAL
1997	158		9		167
1998	174		11		185
1999	167		11		178
2000	214		7		221
2001	213		12		225
2002	297		33		330

Source: Mental Health Centre

Table 10: Number of substance abusers by age group for the period 1997-2002

YEAR	15-19	20-29	30-39	40-49	50-59	60+	TOTAL
1997	15	47	65	26	11	3	167
1998	11	41	77	39	7	0	175
1999	14	49	60	42	10	3	178
2000	26	82	71	32	8	2	221
2001	21	63	73	45	18	0	220
2002	33	71	93	69	45	19	330

Source: Mental Health Centre

At the Mental Health Centre for the year 2001, 567 persons were admitted, 10% new, 90% re-admissions and 85% were males, among whom the major disorders were schizophrenia and drug-related disorders. Alcohol, marijuana, and crack cocaine were abused by 40% of the persons admitted. Admissions for drug-related problems totalled 225 highest among the 20-39 year age group and included drug-induced psychosis and complications of alcohol use.

The number of patients admitted to the Mental Health Centre during the year 2002 according to age range by substance of abuse and presence or not of other psychiatric diagnosis is presented in Table 11. Three hundred and thirty patients abused substances and 226 were dually diagnosed. The majority of the substance abusers for both sexes were in the age range of 30-39 years. The most abused substances were marijuana (144 persons; 43.6%) and alcohol (71; 21.5%). Of the 330 patients who abused substances 63 (19%) were new admissions.

For the year 2002, in the community clinics conducted by a mental health medical practitioner at the Levi Latham Health Centre and Georgetown Hospital 4 (2 for alcohol, 2 for marijuana) and 47 (2 for alcohol and 45 for marijuana) individuals were treated for substance abuse problems respectively. Forty (3.6%) of the 1120 patients seen at the MCMH Out-patient Psychiatric Clinic in 2002 were treated for substance abuse problems, compared to 89 (8.6%) of the 1029 patients that were seen in the year 2001.

The number of patients admitted to the Milton Cato Memorial Hospital as a result of drug use by type, age and sex for the year 2002 is presented in table 12. The most admissions for mental and behavioural disorders due to drug use, that is 70 patients (67 males, 3 females) were in the age group of 25-44 years old and predominantly male. Of a total of 114 admissions for mental and behavioural disorders due to substance use (12 females, 102 males), 107 patients were admitted for mental and behavioural disorders due to the use of alcohol, 6 patients were admitted for mental and behavioural disorders due to the use of marijuana and one patient was admitted for mental and behavioural disorders due to the use of cocaine. Eleven (11) males and 4 females were admitted for alcohol related medical problems, the majority being in the age groups 25-44 and 45-64 respectively.

Table 12: Number of patients admitted to MCMH for substance use related disorders by type, age and sex for the year 2002

Type	Sex	15-24	25-44	45-64	65+	Unknown	Total
Mental and behavioural disorders due to alcohol use	Male	1	62	21	8	3	95
	Female	2	3	4	3	-	12
	Total	3	65	25	11	3	107
Mental and behavioural disorders due to use of marijuana	Male	2	4	-	-	-	6
	Female	-	-	-	-	-	
	Total	2	4	-	-	-	6
Mental and behavioural disorders due to cocaine	Male	-	1	-	-	-	1
	Female	-	-	-	-	-	-
	Total	-	1	-	-	-	1
Alcohol related medical problems	Male	1	4	3	2	1	11
	Female	-	2	2	-	-	4
	Total	1	6	5	2	1	15

Source: Milton Cato Memorial Hospital

The total patient days and average length of stay for patients admitted for mental and behavioural problems as a result of drug use for the year 2002 are illustrated in table 13. Total patient days for alcohol, marijuana and cocaine were 336, 14 and 1 day respectively. The average length of stay for alcohol, marijuana and cocaine were 3, 2 and 1 day respectively.

Table 13: Total patient days and average length of stay for patients admitted to MCMH for mental and behavioural problems as a result of drug use for 2002

Type	15-24	25-44	45-64	65+	Unknown age	Total patient days	Average length of stay
Alcohol	4	180	71	72	9	336	3
Marijuana	3	11	-	-	-	14	2
Cocaine	-	1	-	-	-	1	1

Source: Milton Cato Memorial Hospital

Individuals in the age group 25-44 were in the majority with regard to mental and behavioural and medical problems related to drug use. This group may seem to be at risk for substance related disorders.

Marion House coordinates and implements a Youth Assistance Programme for out-of-school youth in Georgetown. The programme caters for 30 students between the ages of 15-19 years and is the fifth cycle in the Georgetown area. In the year 2002, a total of 17 (16 males, 1 female) substance abusers with ages ranging from 15-54 years

were seen at Marion House. Four of them were referred from the prisons and one from the court. One individual was referred to St. Lucia for treatment.

The National Anti-Drug Plan envisages detoxification, treatment and rehabilitation services for substance abusers. The importance of preventative measures cannot be ignored. Therefore demand reduction programmes including prevention programmes in the Prisons, training of drug prevention practitioners, educational and community activities and treatment and rehabilitation are all-important components in the strategy to combat the use of drugs in St. Vincent and the Grenadines.

Other factors impacting on drug situation

Morbidity and mortality

The Health Planning and Information Unit has recorded the crude birth rate as 18 per 1000 population, the crude death rate as 6.9 per 1000 population, the total fertility rate as 2.8 and the life expectancy as 73yrs for the year 2001.

The total number of deaths in the year 2001 was 750. Four hundred and fourteen (55.2%) were male and 336 (44.8%) were female. One hundred and fifteen (15.3%) of the deaths were in the age group 15-44 years. The principal cause of death in this age group 15-44 years was HIV/AIDS (8 females; 13 males). In reference to registered deaths, 16 were from homicide, 10 were from suicide, and 5 were from transport injuries. Twenty-four males and 10 females died of HIV. No record was made as to whether any of these individual were substance abusers.

Liberty Lodge

Liberty Lodge, a correctional centre for young boys presently has 23 young male of ages ranging from 8-15 years old. One is 8 yrs old, one is 10 years old, 5 are 12 years old, 8 are 13 years old, 5 are 14 years old and 3 are 15 years old. The age range for admittance is 7 to 16 years. These boys are usually referred from Marion House, Social Welfare and more recently directly from Family Court. Ten of the 23 boys go to school away from the centre and the others are given classes at Liberty Lodge. After 2 years the boys usually go back to their parents, the majority being from single parent homes. Presently there is no social worker or counsellor at Liberty Lodge.

A questionnaire was used to obtain basic information on drug use. Among all the boys 7 (30.4%) boys had never smoked cigarettes, 12 (52.2%) boys had never smoked marijuana and 3 (13%) boys had never drunk alcohol. Fourteen (60.87%) boys had smoked cigarettes more than once, 9 (39.13%) boys had smoked marijuana more than once and 17 (73.9%) boys had drunk beer more than once. Parents of 21 (91.3%) of the boys were known to use either drugs or alcohol and 22 (95.6%) of the boys had been sent to collect or buy either drugs or alcohol.

Drug Prevention

The Drug Abuse Resistance Education Programme implemented by the Police during the year 2002 targeted 8911 primary school children ages 9-12 yrs on a national level. Ninety percent of the primary schools were involved.

The Health and Family Life Educators in schools cover Drug Abuse topics in the schools and in the Parent Education programme. Ten secondary schools and 10 primary schools are involved in the Youth Guidance Programmes. Eight Parent Education Programmes are ongoing. There is greater participation of females in these programmes. No data was presented as to drug related problems among these target audience.

Social Welfare and family Services

Table 14 shows the reports of child abuse made at the Family Services Department. There was no indication as to whether there was drug abuse among these individuals or their caregivers.

Table 14: Reports of child abuse during the years 1997-2002

Form of abuse	1997	1998	1999	2000	2001	2002
Sex	37	23	22	20	23	51
Physical	44	51	46	36	26	55
Neglect	75	121	107	78	51	112
Abandonment	53	38	51	30	29	22

Source: Social Welfare and Family Services

This data is merely descriptive and cannot lend itself to any reference with regard to substance abuse. However, it is an issue that should be enquired about in cases of child abuse.

Future directions

Priority areas for future development

National Drug Council

A National Drug Council (NDC) needs to be established for the coordination of Drug Control and to be responsible for defining, promoting and coordinating the policy of the Government for the control of drug abuse and trafficking. This Council should be supported by a Secretariat for the implementation of the policy established by the Council and the day-to-day coordination of the Government's action embodied in an approved National Anti-Drug Plan.

The NDC would also be responsible for ensuring that the requirements of the international conventions are effectively fulfilled by the Government of St. Vincent and the Grenadines, both at the national level and in its relations with other States and intentional bodies in charge of drug control, as well as in the implementation, at the national and the international level, of the drug control machinery.

Data Collection

The Statistical Office should put in place a scheme for collaboration among departments. There is the need to train individuals involved in data collection. This training can be done locally in collaboration with the Training Division In-Service Department. Working with a regional institution to get the training accredited can certify the training.

The Statistical Office is geared to economical development and needs to give more attention to social development. That Central Planning Unit focuses on National Accounts and Balance of Payments and social statistics should be addressed. The Social Indicators and Millennium Development Goals Committee is a step in that direction and it must be given the necessary support.

There is a need for a data collection unit in the Police Department equipped with computers. The existence of specialized units for example the National Joint Headquarters, the National Financial Intelligence Unit and the Customs Intelligence unit makes the existence of a Data Collection Unit even more important.

Identification of sustainable activities of the network

Recently in St. Vincent and the Grenadines and the Caribbean at large it is believed that deportees are responsible for crimes being committed. Therefore when recording persons arrested for possession of marijuana or cocaine, it should also be noted when any of these individuals are deportees. Representatives of the Police Department and Central Planning and the Prisons are exploring this. This view was also expressed during the meeting of the Social Indicators and Millennium Development Goals Committee.

There is a need to improve on the quality of data collected. For example with regard to data submitted by the MCMH there was uncertainty as to whether poly-substance use would have been documented if it existed or it was just the main substance of use that was recorded. It was thought that this could and should be reflected adequately in the Hospital Summary Sheet. However, it will be necessary to get the cooperation of the surgical, medical and accident and emergency doctors in capturing and recording information on drug use/abuse. Therefore DINSAG members will need to communicate and collaborate with other levels of staff in their respective departments in order to ensure the reliability and integrity of data collected.

There is concern about the lack of information with regard to drug use among children in foster care, and children and their parents brought before the family court or social and probation services. DINSAG members in these areas will need to look at possible mechanisms for collecting this information.

St. Vincent and the Grenadines lacks documented and available qualitative research information on the drug situation. Therefore, in acknowledgement of the need for evidence based prevention programmes consideration should be given to focus assessment studies and research investigating the following subjects:

- Addiction and Crime
- In and out-of-school youth
- Deportees
- Addiction in the prison
- Follow-up of alcohol study in schools

Identification of needs in order to address priority areas

Network members recognized the manpower constraints facing departments and that collation and analysis of data is time consuming. Manual collection of data can become stressful if a system is not in place so that data collected can be presented appropriately to Heads of Departments or other relevant institutions. Therefore the need for Departments to be equipped with computers and appropriate data collection instruments must be emphasised. Designating specific individuals with that responsibility can ensure consistency and timeliness in data collection. Therefore human and technological resources need strengthening.

Policy implications for drug demand reduction activities

A mechanism must be put in place for dissemination of research findings to stakeholders and policymakers. There is no reason why reports on surveys of treatment facilities should not be available at such institutions or the Ministry of Health and the Environment.

The difficulty in enacting and monitoring the few existing laws for alcohol, especially among the youth is a cause for concern. Laws controlling alcohol are not incorporated in the Pharmaceutical Act and come under the Ministry of Trade. There is a need for more laws controlling the sale of alcohol (e.g. sale in only registered places) and cigarettes. The Legislature and policy makers must also address the

subject of Alternative Sentencing Programmes/Drug Courts. The young population are in jail for drug related offences, among these the 15-19 year olds.

Research can drive policy and the implementation of evidence- based prevention programmes. For example research has proven that drug treatment programs in prisons can succeed in preventing patients' return to criminal behaviour, particularly if they are linked to community-based programs that continue treatment when the client leaves prison ¹ and thereby reducing the costs to society due to crime. Taking into consideration data previously presented for the different institutions, it is in the interest of St. Vincent and the Grenadines to become engaged in substance abuse research including general population surveys and to implement appropriate drug prevention and treatment programmes. These programmes should target the youth and at risk groups, parents and the general communities.

¹ “Unravelling What works for Offenders in Substance Abuse Treatment Services” . Fay Taxman, *National Drug Court Institute Review*, Vol. II, 2.
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Conclusion

The challenge ahead for St. Vincent and the Grenadines is to get a real view of the drug situation and to address it appropriately and relentlessly. It has been recognized that there is a lack of relevant information but also the fact that the information available is many times not disseminated to the key stakeholders and the population at large. The National Drug Information Network is a first step. It has facilitated the sharing of information and the production of a National Report.

The continued support of the participating Ministries and non-governmental organizations is vital. Documentation of information, collection of data and conducting research are valuable exercises. One may ask 'to what end?' Unless this information is translated into something meaningful for policymakers it may become just another document in an office.

Future directions have been defined and certainly the efforts and cooperation of all stakeholders will determine its success. The deficient human and technological resources cannot be ignored. Institutions that are involved in the delivery of drug prevention and treatment programmes must be strengthened. Likewise the national institutions and law enforcement agencies to counter the trade and use of controlled substances and other illegal activities. The legal framework for monitoring the demand and supply of drugs will have to be reviewed and updated regularly taking into consideration drug trends.

Individuals will suffer from some of the consequences of drug abuse despite the existing preventative measures. Treatment that is accessible and addresses the needs of the substance abuser is essential. There is no one treatment that is suitable for every substance abuser. There are individuals who will need rehabilitation that at first glance may seem costly, but in the long run beneficial to society at large when these individuals are able to make meaningful contributions. The road ahead may seem a 'tall order' but certainly a road that will have to be walked in combating the drug problem.

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Appendices

List of Acronyms

ARQ	Annual Reports Questionnaire
CAREC	Caribbean Research and Epidemiological Centre
CARICOM	Caribbean Community
CARIDIN	Caribbean Drug Information Network
CARIFORUM	Caribbean Forum of African, Caribbean and Pacific States
CICAD	Inter-American Drug Abuse Control Commission
CND	Commission on Narcotic Drugs
DAESSP	Drug Abuse Epidemiological Surveillance System Project
DINSAG	Drug Information Network-St. Vincent and the Grenadines
EDF	European Development Fund
EU	European Union
GDP	Gross Domestic Product
GYTS	Global Youth Tobacco Survey
INRA	Information, needs and resources analysis
INTERPOL	International Police Organization
MCMH	Milton Cato Memorial Hospital
MEM	Multilateral Evaluation Mechanism
MHC	Mental Health Centre
MOH & E	Ministry of Health and the Environment
NDC	National Drug Council
NACMD	National Advisory Council on the Misuse of Drugs
OAS	Organization of American States
GAP	Global Assessment Programme
SIDUC	Uniform Drug Use Data System
SSU	Special Services Unit
UN	United Nations
UNODC	United Nations Office on Crime and Drugs

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