BARDIN

Barbados Drug Information Network Report

An Analysis of the 2017 Data

Prepared by

The National Council on Substance Abuse

NCSA

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1. Executive Summary of the 2017 Barbados Drug Information Network Report

The 2017 Barbados Drug Information Network Report provides an overview of the local drug situation for the period January 1 to December 31, 2017. It covers the island's demand reduction and supply reduction activities and presents secondary data from seven key agencies, namely: the National Council on Substance Abuse (NCSA), the Edna Nicholls Centre, the Substance Abuse Foundation (SAF), the Centre for Counselling Addiction Support Alternatives (CASA), the Barbados Prison Service, the Royal Barbados Police Force (RBPF) and the Financial Intelligence Unit (FIU). The report also includes select trend analysis, covering 3- and 5-year periods where possible.

Prevention and Treatment

The NCSA is the lead agency responsible for drug education across the island; and during 2017, the Council reached persons between the ages of 4 and 65 years. The Secondary School Programme accounted for the largest number of persons reached by the NCSA, closely followed by the Primary School and Community Programmes respectively. The Counselling Programme is facilitated by one full-time Counsellor and involves the delivery of treatment services on an individual basis. As such, it had the smallest reach of all NCSA programmes in 2017.

The Edna Nicholls Centre is an Out-of-School Programme designed to provide rehabilitative programmes for secondary school students (11 to 16 years) who have been suspended, referred or expelled. All students admitted to the Centre are tested for marijuana and cocaine use. During 2017, 93 students were admitted, 22.6% of whom tested positive for marijuana use. The majority of those testing positive were males (90%) between the ages of 13 and 15 years (90%). No students tested positive for cocaine use in 2017.

The SAF, CASA, NCSA and the Barbados Prison Service's Inmate Drug Rehabilitation and Counselling (IDRC) programme deliver substance abuse treatment to various segments of the country's population. Overall, the 2017 data from these agencies suggest that marijuana, alcohol and crack cocaine continue to be the main drugs motivating the need for such treatment across the island.

During the period under review, CASA and the NCSA primarily catered to persons 20 years of age and under. Marijuana was the main substance for which their clients sought treatment. In contrast, most clients (60%) at the SAF were between the ages of 21 and 40, and required treatment for the abuse of crack cocaine. The IDRC client profile was somewhat similar to that of the SAF, as just under two-thirds (64.9%) of the inmates treated were also between 21 and 40 years of age. Crack cocaine and marijuana were the chief substances motivating the need for treatment within this population. It should be noted that males far outnumbered females seeking treatment at all four treatment centres.

Age-related analysis of the treatment data suggest that marijuana was most problematic among younger persons, particularly those under the age of 40, while alcohol and crack cocaine was mainly an issue for those over 40.

Supply Reduction

With regards to law enforcement, the data showed that approximately one-fifth (19%) of all offences recorded by the RBPF during 2017 were drug-related. Males (91%) and persons between 20 and 39 years (70.1%) accounted for the majority of persons charged with such offences. With respect to nationality, most persons (88.9%) charged with drug offenses were Barbadian.

Marijuana continued to command the attention of the RBPF, accounting for the majority of drug offences (90%) and drug seizures during 2017. "Possession of Cannabis" was the most common cannabis-related offence followed by "Trafficking" and "Intent to Supply". Other cannabis-related offenses were far less numerous. It should be noted that "Possession" is the predicate offence which is then followed by "Trafficking" and" Intent to Supply". The latter two are automatically applied if the quantity of cannabis seized weighs more than 15 grams.

While cannabis, both in plant (16, 067 plants) and compressed form (2402.1 kg), was the main substance seized during the period, there were also seizures of cocaine (126.2 kg), ecstasy pills (2000 pills) and methamphetamine (1.6 kg). The seizures of ecstasy and methamphetamine are noteworthy as such are relatively uncommon on the island.

In 2017, Barbados received 32 deportees. Of these, 8 were deported for drug-related offences, 3 of whom were sent back to Barbados from within the Caribbean while 5 were deported from extra-regional countries, namely: Canada, the USA and England.

At the HMP Dodds, drug-related offences accounted for 19% of persons incarcerated during 2017, most (88.1%) of whom were male. "Drug Possession" (61%) was the most common drug-related offence for which persons were incarcerated followed by "Possession of Drug Apparatus" (21%), "Drug Trafficking" (8%), "Drug Cultivation" (6%) and "Drug Importation" (4%) respectively.

The Financial Intelligence Unit received 278 Suspicious Transaction Reports (STRs) during 2017. Seventeen (6.1%) of these were related to drugs. There was also a large proportion of STRs (149 or 53.6%) for which *"a predicate offence could not be easily identified"*. These are of importance as law enforcement investigations may reveal a drug-related link to a portion of these at a later time.

Select trend analysis was conducted for the NCSA, the Edna Nicholls Centre and the RBPF. For the NCSA, it was found that the Primary School Programme had the greatest reach of all NCSA's programmes between 2013 and 2016; but in 2017, there was a near equal distribution of persons reached by the Community, Primary and Secondary School Programmes.

For the Edna Nicholls Centre, trend analysis showed that students testing positive for marijuana use were consistently males (2013-2017) between the ages of 13 and 15 years (2015-2017).

Data from the RBPF showed that males between 20 and 39 years accounted for the majority of persons charged with drug offences between 2015 and 2017. Between 2013 and 2017, Cannabis-related offences far outranked all other drug offences. "Possession of Cannabis" accounted for the majority of cannabis-related cases recorded

between 2013 and 2015; but conversely, in 2016 and 2017, the combined total of all other cannabis-related offences outranked "Possession of Cannabis". As "Possession of Cannabis" cases decreased between 2013 and 2017, "Trafficking" and "Intent to Supply" cases increased, accounting for much of the observed change in distribution.

Overall, alcohol, marijuana and cocaine continue to be the most problematic substances in Barbados. However, the drug situation is slowly diversifying to include non-traditional substances. This development requires close monitoring by personnel in the prevention, treatment and law enforcement sectors so as to ensure timely and appropriate responses. To this end, monitoring tools such as BARDIN and the newly formed Early Warning System will prove useful.

Given that young males continue to dominate the local drug scene, treatment and prevention specialists should pay special attention to this group. However, females should not be neglected and efforts should also be made to identify and address the barriers to treatment which are hindering their access to treatment services.

2. Key Findings

2.1 National Council on Substance Abuse: Drug Prevention Programming

- The National Council on Substance Abuse (NCSA) is the lead agency responsible for drug education across the island.
- During 2017, NCSA programming reached persons between the ages of 4 and 65 years.
- The Secondary School Programme accounted for the largest number of persons reached by the NCSA, closely followed by the Primary School and Community Programmes respectively.
- The Counselling Programme is facilitated by one full-time Counsellor and involves the delivery of treatment services on an individual basis. As such, it had the smallest reach of all NCSA programmes in 2017.

2.2 Edna Nicholls Centre

- Males accounted for almost two-thirds (63%) of the 93 students admitted to the Edna Nicholls Centre in 2017.
- Twenty-one students (22.6%) tested positive for marijuana use.
- The majority of students testing positive for marijuana use were males between the ages of 13 and 15 years.

2.3 Treatment

Substance Abuse Foundation

- Sixty-five persons were treated at the Substance Abuse Foundation in 2017, 71% of whom were males.
- The majority (64.6%) of persons treated at the SAF were between the ages of 26 and 45 years.
- Crack cocaine was the main substance for which treatment was sought at the SAF in 2017 notwithstanding age and sex.
- Clients either sought treatment voluntarily (37%) or were referred by: (1) the justice system/police department (40%) or (2) the Psychiatric Hospital (23%).
- Clients who used drugs during the 30 days preceding treatment were most likely to report polydrug use during this time period.
- Reports of lifetime drug use mainly included the use of alcohol, marijuana and crack cocaine.

Centre for Counselling Addiction Support Alternatives

- Eighty-seven persons were treated at the Centre for Counselling Addiction Support Alternatives (CASA) in 2017, the majority (74.8%) of whom were males, 30 years of age and younger.
- Just over half (54.2%) of CASA's clients were 20 years and younger.
- The justice system/police department was the single largest source of treatment referrals received by CASA in 2017.
- Marijuana was the most common drug among for which treatment was sought.
- Marijuana was the drug most commonly used by clients during their lifetime and in the 30 days preceding treatment.

National Council on Substance Abuse

- Twenty-one persons were treated at the NCSA in 2017, most of whom were males between the ages of 11 and 25.
- The Edna Nicholls Centre was the single largest referral source for persons receiving substance abuse treatment at NCSA in 2017.
- Marijuana was the main drug for which persons received treatment.
- Marijuana was the drug most commonly used by clients during their lifetime as well as in the 12 months and 30 days prior to entering treatment.

Inmate Drug Rehabilitation and Counselling Programme

- Ninety-four persons were admitted to the Inmate Drug Rehabilitation and Counselling (IDRC) Programme at HMP Dodds in 2017, the majority of whom were males between the ages of 21 and 45.
- Most admissions (91%) were court-ordered.
- Marijuana and crack cocaine were the main substances for which treatment was sought in the IDRC.
- Marijuana was the primary drug for which treatment was sought by inmates between the ages of 16 and 40 while crack cocaine was the main treatment motivator for those 41 and over.
- Reports of lifetime drug use mainly included crack cocaine and marijuana.

2.4 Supply Control

Royal Barbados Police Force

- Drug offences accounted for 19% of all offences recorded by the RBPF during 2017.
- Most persons charged with drug offences were male and between the ages of 20 and 39.
- Approximately 9 out of every 10 persons (88.9%) charged with drug offences were Barbadian.
- Ninety percent (90%) of drug offences were cannabis-related.
- The remaining drug offences involved cocaine (9.5%) and crystal meth/ecstasy (0.4%).
- The most common cannabis-related offences were "Possession of Cannabis", "Trafficking Cannabis" and "Intent to Supply" (20.3%).
- Cannabis, in plant and compressed form, was the primary drug seized by the RBPF.
- Eight (25%) of the 32 deportees returned to Barbados in 2017 were deported for drug-related offences.
- Seven of the 8 drug-related deportees were male.
- Five of the 8 drug-related deportees were deported from extra-regional countries, namely: England, Canada and the USA.
- The RBPF recorded 5 arrests for money laundering in 2017.

Barbados Prison Service (Incarcerations)

- Drug Offences accounted for just under one-fifth (19%) of the incarcerations at HMP Dodds in 2017.
- The majority of persons (88.1%) incarcerated for drug offences were male.
- "Drug Possession" was the most common drug-related offence for which persons were incarcerated.

- Persons were also incarcerated for "Possession of Drug Apparatus", "Drug Cultivation", "Drug Importation" and "Drug Trafficking".
- Just over two-thirds (67.6%) of persons incarcerated for "Drug Possession" between the ages of 20 and 39 years while just over half (55.2%) were between 20 and 34 years.
- Incarcerations for "Drug Trafficking" were most common among persons ages 30 to 44.
- Persons admitted for "Drug Importation" ranged from 20 to 49 years of age.
- Only males were incarcerated for "Drug Cultivation", half of whom were between 20 and 24 years of age.

Financial Intelligence Unit

- Of the 278 Suspicious Transaction Reports (STRs) received, 6.1% were drug-related.
- A predicate offence could not be easily identified for 53.6% of the STRs received and attention should be paid to these as law enforcement investigations may later reveal a drug-related link.

2.5 Trend Analysis

- The Primary School Programme had the greatest reach of all NCSA's programmes between 2013 and 2016; but in 2017, there was a near equal distribution of persons reached by the Community, Primary and Secondary School Programmes.
- Students testing positive for marijuana use at the Edna Nicholls Centre were consistently found to be male (2013-2017) and between the ages of 13 and 15 years (2015-2017).
- Males between 20 and 39 years accounted for the majority of persons charged with drug offences between 2015 and 2017.
- Cannabis-related offences far outranked all other drug offences between 2013 and 2017.
- "Possession of Cannabis" accounted for the majority of cannabis-related cases recorded between 2013 and 2015; but conversely, in 2016 and 2017, the combined total of all other cannabis-related offences outranked "Possession of Cannabis".
- As "Possession of Cannabis" cases decreased between 2013 and 2017, "Trafficking" and "Intent to Supply" cases increased, accounting for much of the observed change in distribution.

2.6 Recommendations to Improve National Response to Drug Situation

- Treatment providers and drug prevention education specialists should offer specialized programmes and interventions which cater to the needs of young males.
- Research should be conducted to determine the impact of the cannabis-related legislative changes and this should include the immediate conduct of baseline surveys to determine current attitudes and prevalence rates for later comparison.
- Public education campaigns should be designed and implemented to:
  - Raise awareness of the differences between medicinal and recreational marijuana use as well as the harms associated with recreational marijuana use
  - Raise awareness of the upcoming changes to the Liquor License Act and the implementation of the Breathalyzer Test.
- Once the breathalyzer is implemented, frequent, widespread, visible roadside checks should be carried out and punishments meted out for driving under the influence of alcohol.

3. Introduction

The Barbados Drug Information Network (BARDIN) is the mechanism through which the National Council on Substance Abuse (NCSA) collects and disseminates information on the drug situation in Barbados. Reports are published on an annual basis and include information on demand reduction and supply control efforts across the island.

The objectives of BARDIN are as follows:
- To strengthen the capacity of Barbados to respond to changing drug use trends
- To provide current epidemiological and other information on substance abuse
- To regularly update this information
- To identify trends in drug consumption and offences related to illicit drugs
- To provide relevant information for the planning, evaluation and management of drug control programmes

The current report is the 7th in the BARDIN series and covers the period January 1 to December 31, 2017. Like previous editions, it is based on *secondary data[1]* submitted by stakeholder agencies, namely: The National Council on Substance Abuse; the Edna Nicholls Centre; the Substance Abuse Foundation; the Centre for Counselling Addiction Support Alternatives; the Royal Barbados Police Force; the Barbados Prison Service and the Financial Intelligence Unit (FIU).

This edition marks the first appearance of data from the FIU in a BARDIN report. The FIU was added through a pilot project with the Inter-American Drug Abuse Control Commission (CICAD). In an effort to standardize the data collected throughout the region and facilitate cross-country comparisons, CICAD designed and published a set of Standardized Indicators for Drug Information Networks (DINs) in the Caribbean. Barbados was one of five countries selected to pilot the indicators.

Inclusion in the pilot project offered the NCSA the opportunity to expand BARDIN, both in terms of the number of contributing agencies as well as the scope of data collected and presented within reports. Therefore, readers will note that, in addition to the introduction of the FIU, the current report also presents more extensive data from long-standing contributors, particularly treatment providers and the Royal Barbados Police Force.

Other notable changes in this edition include: increased similarity in the type of data presented for the various treatment centres; and the inclusion of NCSA's Counselling Programme within the Treatment and Rehabilitation section.

Overall, the newly enhanced BARDIN will provide a greater understanding of the local drug problem thereby paving the way for the development of appropriate responses. Despite changes in the content, the format of the report remains the same to that used in previous years, with data being presented in three broad sections, namely: Demand Reduction, Treatment and Rehabilitation and Supply Control.

It should be noted that while most data is presented through the use of percentages, raw numbers are used in some instances due to small numbers in some of the reporting categories.

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[1] Secondary data is data that was collected by an individual or agency other than the user.

4. Demand Reduction

4.1 National Council on Substance Abuse

Drug Prevention Programming

The distribution of persons reached by the NCSA during 2017 is presented by programme area in Figure 1. The chart shows that the Secondary School Programme reached the largest number of persons, very closely followed by the Primary School and Community Programmes (See Figure 1). The Counselling Programme is the newest addition to the NCSA's portfolio. Officially launched in 2016, it is the Council's smallest programme and this is due to its very nature which primarily involves the delivery of treatment services on an individual basis by a single Counsellor. Therefore, it is not surprising that this programme accounted for the smallest number of persons reached by the NCSA during the target period (See Figure 1).

Figure 1: Number of Persons Reached by the NCSA in 2017 by Programme Area
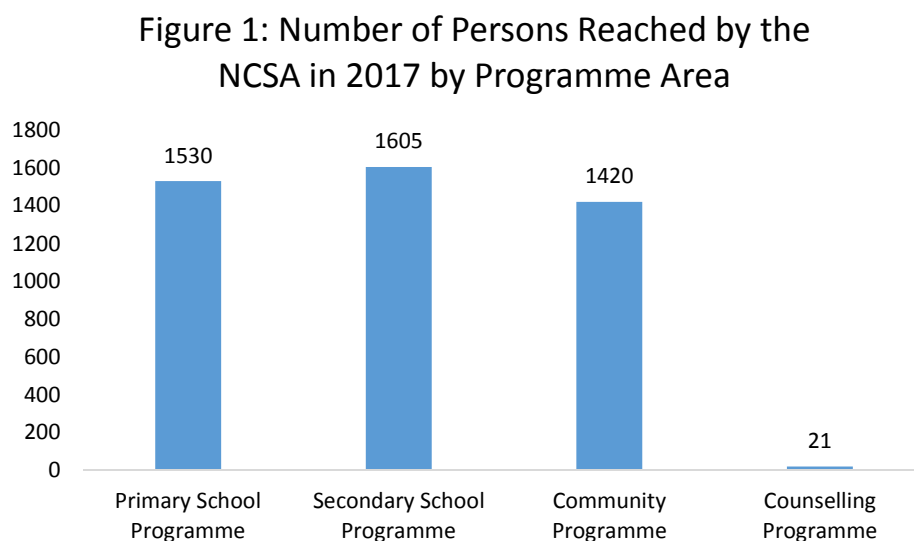
Source: The National Council on Substance Abuse

Detailed data outlining the number, as well as the age and sex, of persons taking part in the Council's programmes in 2017 is presented in Table 1. The data therein shows that the Council reached both males and females of varying ages, ranging from 4 to 65 years (See Table 1).

It should be noted that the totals presented for each programme within the Table do not include mass-based events[2]. These were excluded given their potential to artificially inflate the number of persons reached by the Council.

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[2] Mass-based events include unstructured presentations and booth displays at large events such as health fairs, career showcases and open days at various organizations.

Table 1: Persons Targeted by NCSA's Programmes/Interventions during 2017 by Age and Sex

Intervention	Age Range/ Population Targeted	No. of Males Targeted	No. of Females Targeted	Total no. of Persons Targeted
Primary School Programme				
Safe & Unsafe	**5-7 years**	**205**	**189**	**394**
Jugs & Herrings	**6-8 years**	**124**	**101**	**225**
Drugs & My World	**8-9 years**	**134**	**131**	**265**
Drugs & Decisions	**10-11 years**	**139**	**121**	**260**
Games 4 Life	**10-11 years**	**102**	**113**	**215**
Cub Scouts, Beaver Scouts & Blossoms	**4-11 years**	**123**	**48**	**171**
TOTAL		**827**	**703**	**1530**
Secondary School Programme				
General Drug Education	11-18 years	**64**	**-**	**64**
Drugs & Life Skills Awareness Programme	11-14 years	**-**	**-**	**132**
Drug Awareness & Life Skills Presentations	11-16 years	**-**	**-**	**1360**
Drug Education within Government Skills Training Programme	Various ages	**-**	**-**	**49**
Mass-based Events	Various ages	**-**	**-**	**approx. 3400***
TOTAL				**1605**
Community Programme				
Edna Nicholls Centre[3]	**11-16 years**	**59**	**34**	**93**
Irving Wilson – School Teachers	**Various ages**	**-**	**-**	**10**
Project SOFT Residential Camp	**11 years**	**16**	**16**	**32**
STOP! THINK! CHOOSE!	**Various ages**	**5**	**7**	**12**
Drug Education Sessions	**Various ages**	**-**	**-**	**603**
Workplace Drug Interventions	**16-65 years**	**190**	**360**	**550**
SPORTS – Not Drugs Programme	**21-65 years**	**20**	**10**	**30**
Barbados Youth Service Drug Education Programme	**16-22 years**	**40**	**40**	**80**
Mass-based Events	**10-60 years**	**-**	**-**	**606***
TOTAL				**1410**
Counselling Programme				
Counselling	**11-50 years**	**20**	**1**	**21**
TOTAL		**20**	**1**	**21**

* Mass-based events not included in totals as these have the potential to artificially inflate the totals.

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

4.2 Edna Nicholls Centre

Ninety-three students were admitted to the Edna Nicholls Centre during the period January 1 to December 31, 2017. The distribution of student admissions by Academic Term is presented in Table 2. It should be noted that no students were admitted during Term 1 of the Academic Year 2017-2018 (September to December 2017) as the Centre was closed for renovations during this time.

Table 2: Admissions to the Edna Nicholls Centre between January 1 and December 31, 2017

Term	Academic Year	Number of Students
2 (January to April, 2017)	2016/2017	63
3 (May to July, 2017)	2016/2017	30
1 (September to December 2017)	2017/2018	0
TOTAL		**93**

Source: The Edna Nicholls Centre

Of the 93 students admitted during the calendar year, just under two-thirds (63%) were male (See Figure 2). With regards to age, the majority of students admitted were between the ages of 12 and 15 years (See Figure 3).

Figure 2: Students Admitted to the Edna Nicholls Centre in 2017 by Sex

■ Males ■ Females
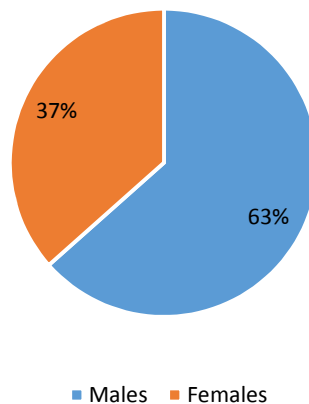
Source: The Edna Nicholls Centre

Figure 3: Students Admitted to the Edna Nicholls Centre in 2017 by Age

2%
4%
19%
24%
22%
29%

■ 11 years ■ 12 years ■ 13 years ■ 14 years ■ 15 years ■ 16 years
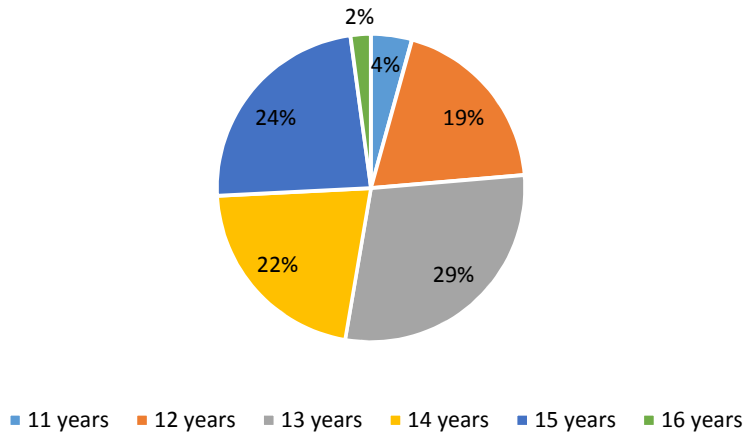
Source: The Edna Nicholls Centre

Drug Testing

All students admitted to the Edna Nicholls Centre are tested for marijuana and cocaine use. No students tested positive for cocaine use during 2017. However, 21 of the 93 students (22.6%) tested positive for marijuana use. The majority of these students were males between the ages of 13 and 15 years (See Figures 4 and 5).

Figure 4: Students Testing Positive for Marijuana Use by Sex

10%
90%

■ Males ■ Females

Source: The Edna Nicholls Centre

11
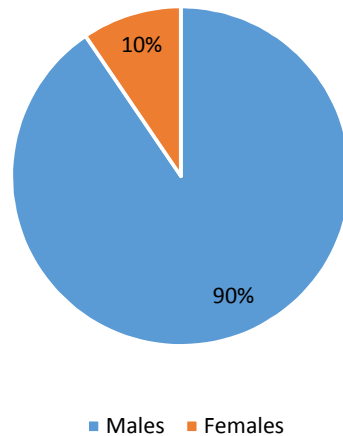
Figure 5: Students Testing Positive for Marijuana Use by Age

■ 12 years ■ 13 years ■ 14 years ■ 15 years ■ 16 years
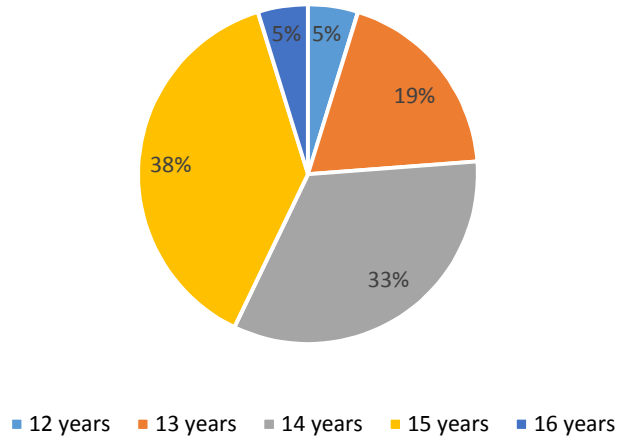
The results for those testing positive for marijuana use are presented in Figure 6.
One third of the students were shown to have trace amounts of the drug in their systems (less than 50 ng/ml) while the remaining 67% had results ranging from 50 to over 550 ng/ml (See Figure 6).

**Figure 6: Marijuana Test Results for Students Testing Positive
for Marijuana Use during 2017**

N=21

■ Less than 50 ng/ml
■ 50 - 149 ng/ml
■ 150 - 249 ng/ml
■ 250 - 349 ng/ml
■ 350 - 449 ng/ml
■ 450 - 549 ng/ml
■ 550+ ng/ml
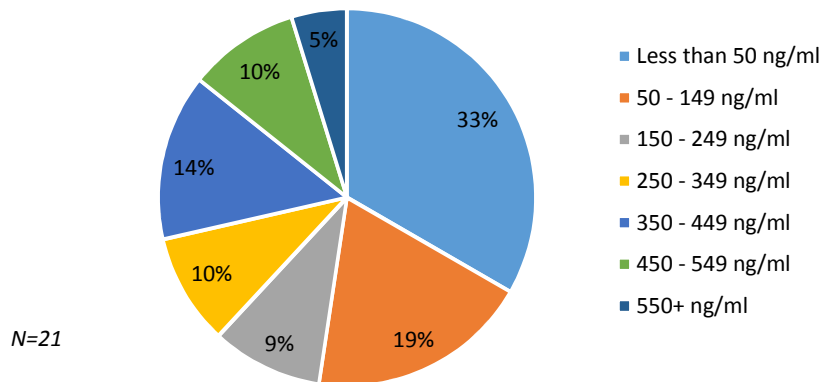
5. Treatment and Rehabilitation

5.1 Substance Abuse Foundation

Demographic Profile of Clients

Sixty-five persons were admitted[4] to the Substance Abuse Foundation (SAF)[5] between January 1 and December 31, 2017, three of whom had one repeat admission each, thereby resulting in a total of 68 admissions for the year. As their profiles remained the same at the time of re-admission, the reported data will focus on the number of *persons* admitted during the year rather than the number of *admissions* i.e. 65 versus 68.

From Figure 7 it can be seen that male clients receiving treatment at the SAF during 2017 far outnumbered their female counterparts. With respect to age, just under two-thirds (64.6%) of those admitted to the SAF in 2017 were between the ages of 26 and 45 (See Figure 8). Also evident from the chart is the fact that the admission rates continually increased with age, peaking in the 36 to 40 age group and declining thereafter (See Figure 8).

Figure 7: Distribution of Persons Admitted to the Substance Abuse Foundation in 2017 by Sex

29%

71%

■ Males   ■ Females
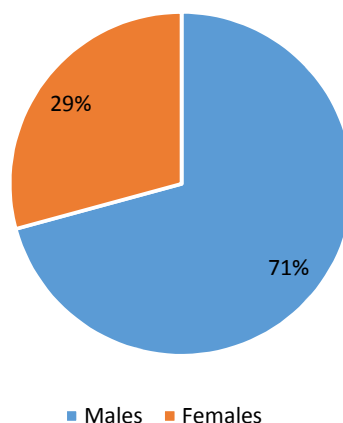
Source: Substance Abuse Foundation Inc.

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[4] For all treatment centres (residential and non-residential) highlighted in this Report, the term "admitted' refers to "being accepted into the substance abuse treatment programme and starting treatment".
[5] The Substance Abuse Foundation Inc. comprises of 2 treatment facilities: Verdun House and Marina House. Verdun House caters to males 18 years of age and older while Marina House caters to females 18 years and over.

Figure 8: Age Distribution of Clients Admitted to the Substance Abuse Foundation during 2017
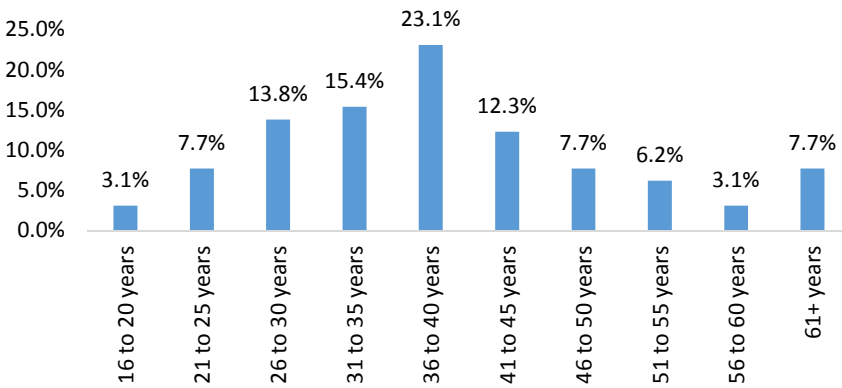
With respect to family life, the vast majority of SAF clients in 2017 were single, had no dependents, and lived either in the family home or in "other" unspecified locations (See Figures 9, 10, 11). In the areas of education and employment, most persons had completed secondary school and were unemployed (See Figures 12, 13).

Figure 9: Relationship Status of Persons Admitted to the Substance Abuse Foundation in 2017
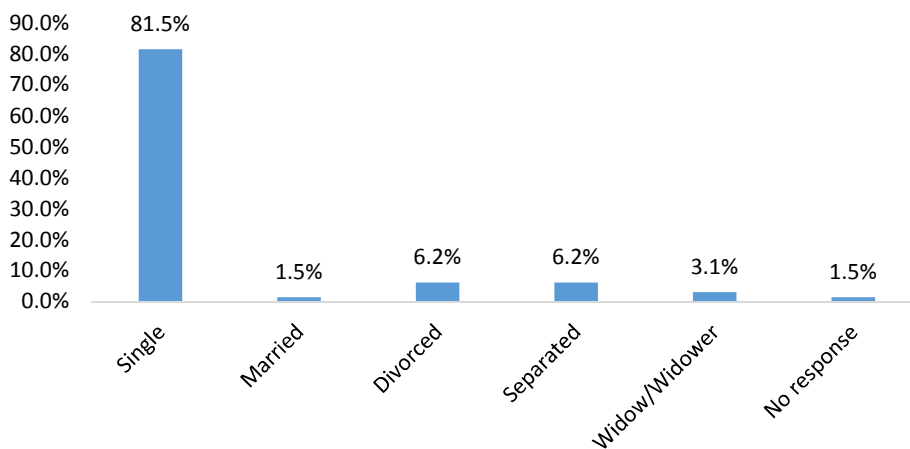
Figure 10: Distribution of Persons Admitted to the Substance Abuse Foundation in 2017 by Dependent Status

11%

89%

■ Dependents ■ No Dependents
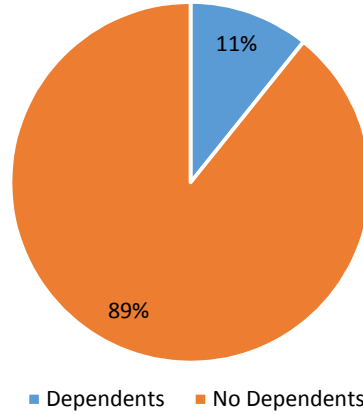
Figure 11: Living Arrangements of Persons Admitted to the Substance Abuse Foundation in 2017

Family home	32.3%
Own home	15.4%
Rental house/flat	7.7%
Rooming/boarding house	1.5%
Homeless	7.7%
Other(Unspecified)	35.4%

15
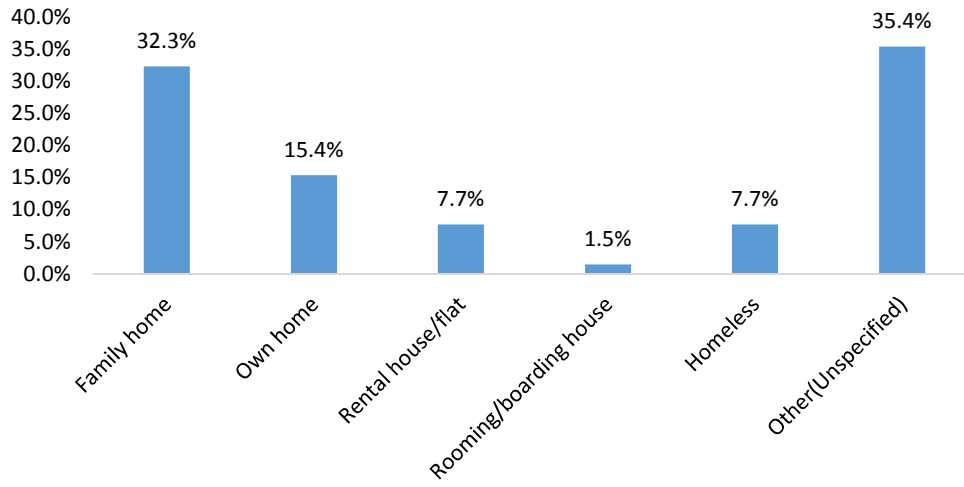
Figure 12: Employment Status of Persons Admitted to the Substance Abuse Foundation in 2017

- Working
- Unemployed (looking for work)
- Retired

38%
60%
2%
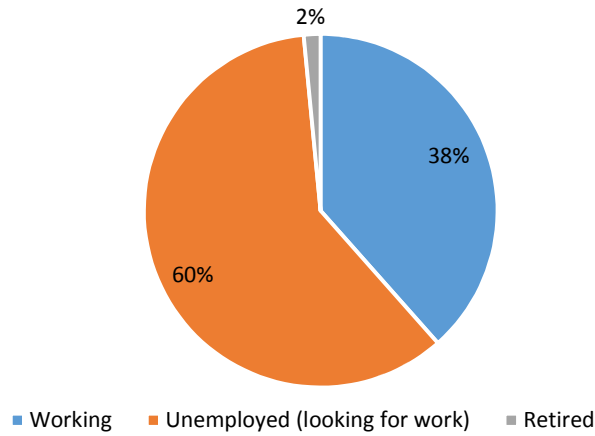
Figure 13: Educational Profile of Persons Admitted to the Substance Abuse Foundation in 2017

Complete Primary	Complete Secondary	Complete Tertiary
6.2%	80.0%	13.8%
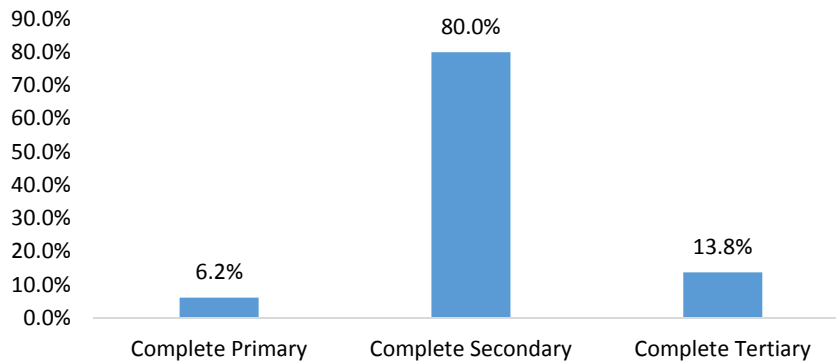
Treatment Referral

Most persons receiving treatment at the SAF in 2017 were either referred by the justice system/police department (40%) or sought treatment voluntarily (37%) (See Figure 14). Just under one quarter (23%) of persons were referred from the Psychiatric Hospital (See Figure 14).

**Figure 14: Sources of Referral for Persons Admitted to the
Substance Abuse Foundation in 2017**

- Referral from Psychiatric Hospital
- Referral from Justice System/Police Department
- Voluntarily (Self-referral)
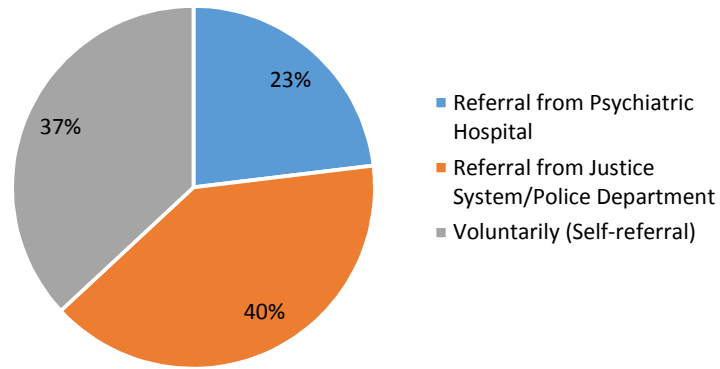
Source: Substance Abuse Foundation Inc.

Drug Profile

Crack cocaine was the most common substance for which persons sought treatment at the SAF in 2017, accounting for approximately half (50.8%) of all admissions (See Figure 15). This was distantly followed by alcohol, cocaine powder, marijuana and tobacco cigarettes respectively (See Figure 15).

**Figure 15: Primary Drug For Which Persons Sought Treatment
at the Substance Abuse Foundation in 2017**
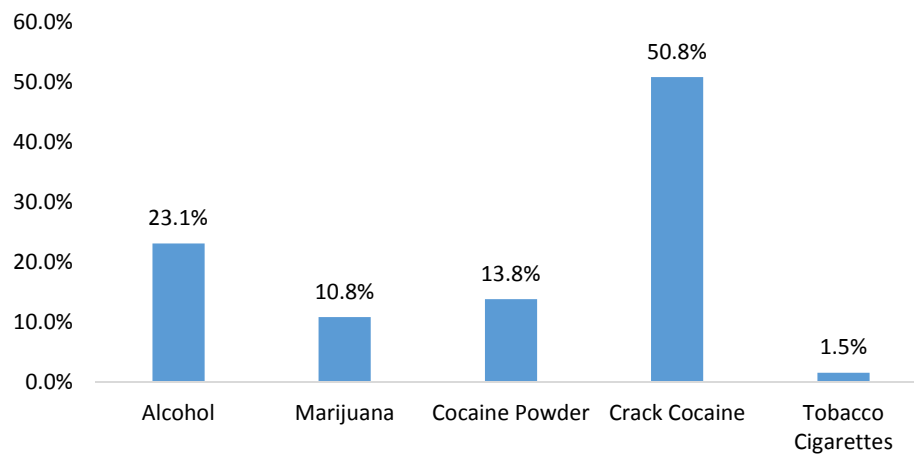
Source: Substance Abuse Foundation Inc.

When this data was analysed by sex, crack cocaine remained the most common drug for which males sought treatment (See Figure 16). However, in the case of females, alcohol was the main motivator for treatment, closely followed by crack cocaine, cocaine powder and tobacco cigarettes (See Figure 16).

Figure 16: Primary Drug for which Treatment was Sought at the Substance Abuse Foundation in 2017 by Sex

	Alcohol	Marijuana	Cocaine Powder	Crack Cocaine	Tobacco Cigarettes
Male	7	7	6	26	0
Female	8	0	3	7	1
Total	15	7	9	33	1
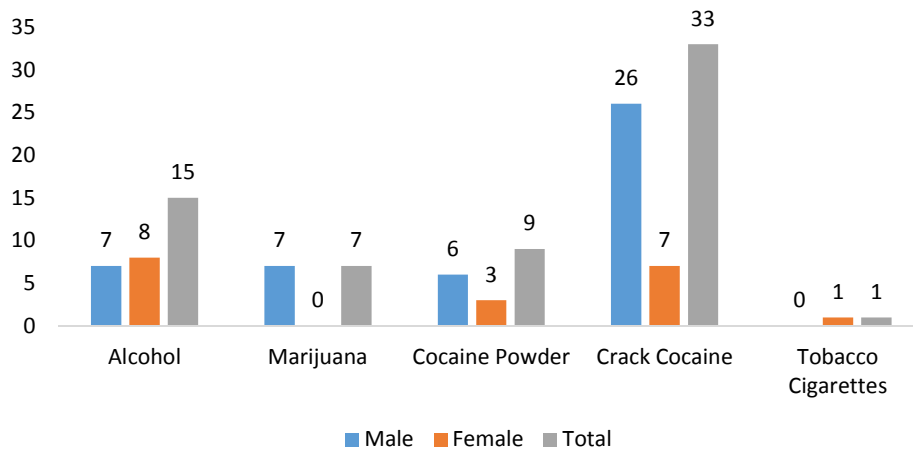
Source: Substance Abuse Foundation Inc.

When consideration was given to age, crack cocaine remained the most common drug for which treatment was sought by persons in both the 16 to 40 and 41 and over age categories (See Figure 17).

Figure 17: Primary Drug for Which Treatment was Sought at the Substance Abuse Foundation in 2017 by Age

	Alcohol	Marijuana	Cocaine Powder	Crack Cocaine	Tobacco Cigarettes
16 to 40 years	7	6	7	21	0
41+ years	8	1	2	12	1
Total	15	7	9	33	1
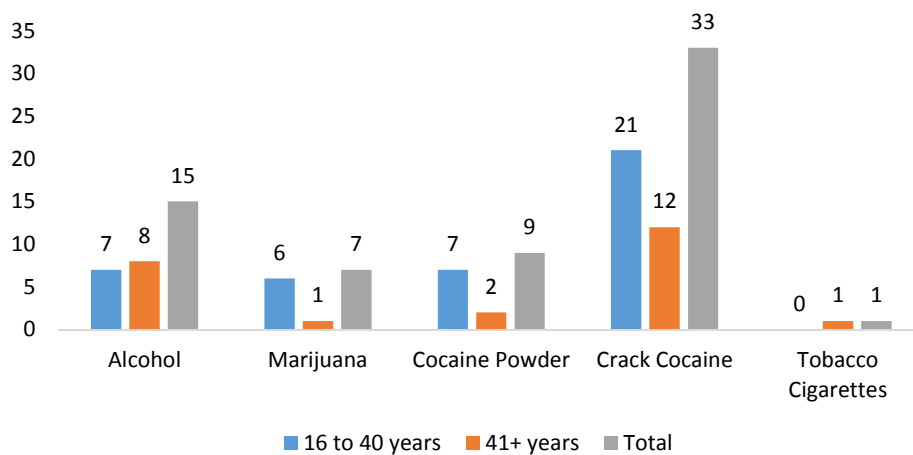
Source: Substance Abuse Foundation Inc.

When clients were asked about drug use in the 30 days preceding treatment, most persons either indicated using various polydrug[6] combinations or no drugs at all (See Figure 18). It should be noted that while a large number polydrug combinations were reported, these mainly included the following: alcohol, cocaine powder, crack cocaine, marijuana, fanta, tobacco cigarettes and blackies[7].

The use of single drugs was much less common, with few persons reporting such. In these cases, crack cocaine was the most popular followed by alcohol, cocaine powder, marijuana and tobacco cigarettes respectively (See Figure 18). One individual also reported using blackies (See Figure 18).

Figure 18: Drugs Used in the Past 30 Days by Persons Admitted to the Substance Abuse Foundation in 2017
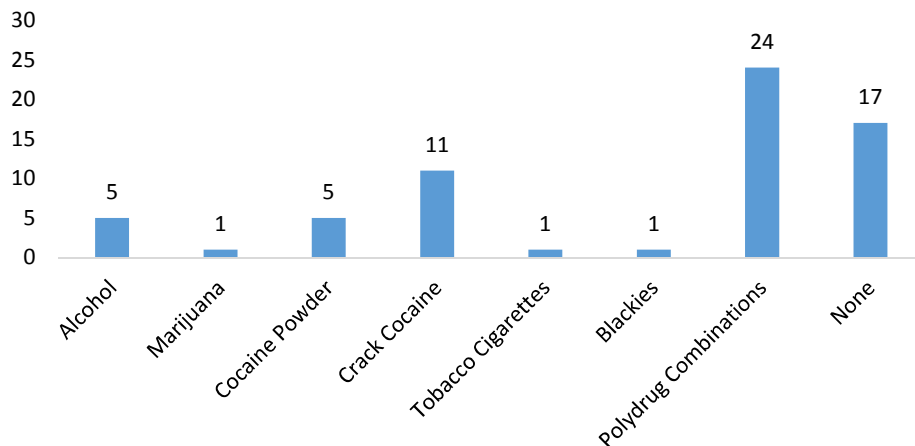
Source: Substance Abuse Foundation Inc.

Figure 19 presents the data on lifetime drug use. From the chart it can be seen that marijuana, alcohol and crack cocaine were the most commonly reported substances, distantly followed by tobacco cigarettes, cocaine powder, ecstasy and blackies respectively. There was also one report surrounding the use of contact cement.

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[6] The term 'polydrug use' is used to describe the use of more than one drug or type of drug by an individual either at the same time or sequentially. It encompasses use of both illicit drugs and legal substances, such as alcohol and medicines (European Monitoring Centre for Drugs & Drug Addiction, n.d.).
[7] Blackies: A rolled cigarette which includes a combination of marijuana and cocaine.

Figure 19: Drugs Used During Lifetime by Persons Admitted to the Substance Abuse Foundation in 2017
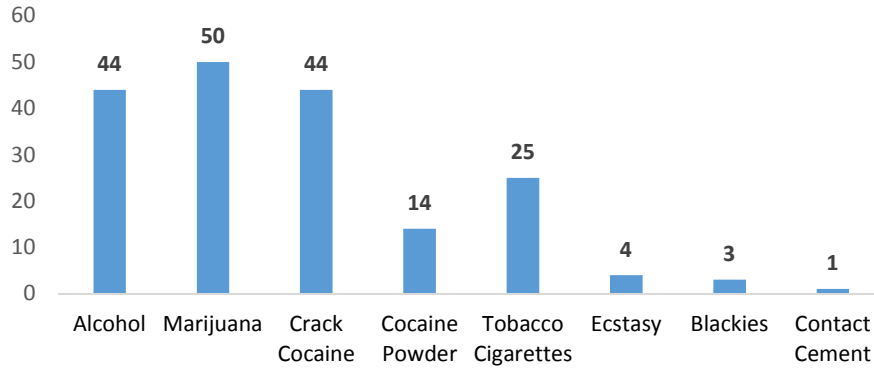
Treatment Prior to Admission

Prior to being admitted to the SAF in 2017, just over one third (35%) of clients received residential treatment for substance abuse while 11% received psychiatric counselling (See Figure 20). No information was available for the remaining 54% (See Figure 20).

Figure 20: Most Recent Type of Treatment Sought Prior to Admission at the Substance Abuse Foundation in 2017

■ Residential   ■ Psychiatric Counselling   ■ No Response
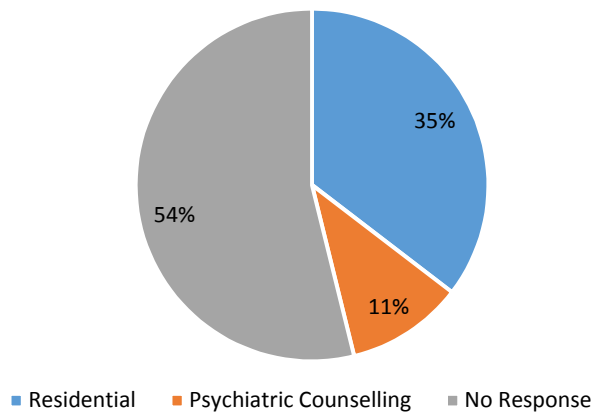
5.2 Centre for Counselling Addiction Support Alternatives

Demographic Profile of Clients

Eighty-seven persons were admitted to the Centre for Counselling Addiction Support Alternatives (CASA) between January 1 and December 31, 2017. Figure 21 shows that male clients were the most numerous, accounting for 94% of the admissions during the year.

Figure 21: Distribution of Persons Admitted to CASA during 2017 by Sex

■ Males ■ Femals
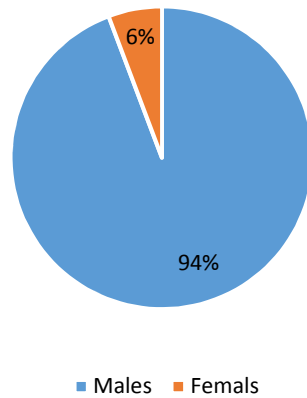
Source: Centre for Counselling Addiction Support Alternatives

With respect to age, Figure 22 shows that CASA primarily catered to younger persons in 2017. The majority of clients (74.8%) were 30 years and younger. Just over half (54.2%) were 20 and under (See Figure 22). The chart also shows a continual decrease in clients over the age of 15.

Figure 22: Age Distribution of Persons Admitted to CASA in 2017

Source: Centre for Counselling Addiction Support Alternatives

21
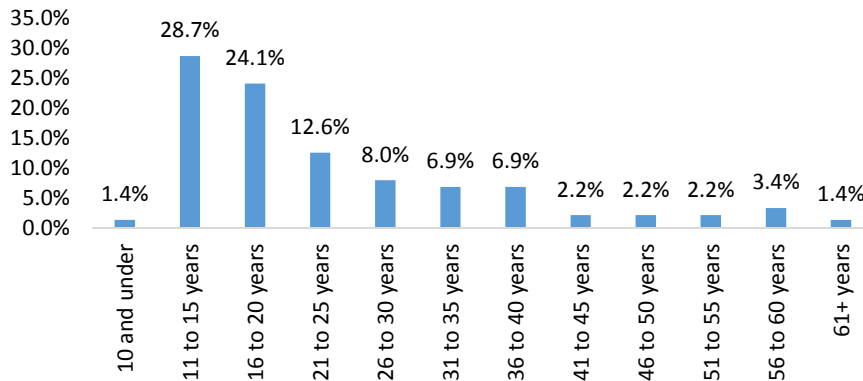
In the area of family life, most of CASA's clients were single, with no dependents and lived in their family home (See Figures 23, 24, 25).

Figure 23: Relationship Status of Persons Admitted to CASA in 2017
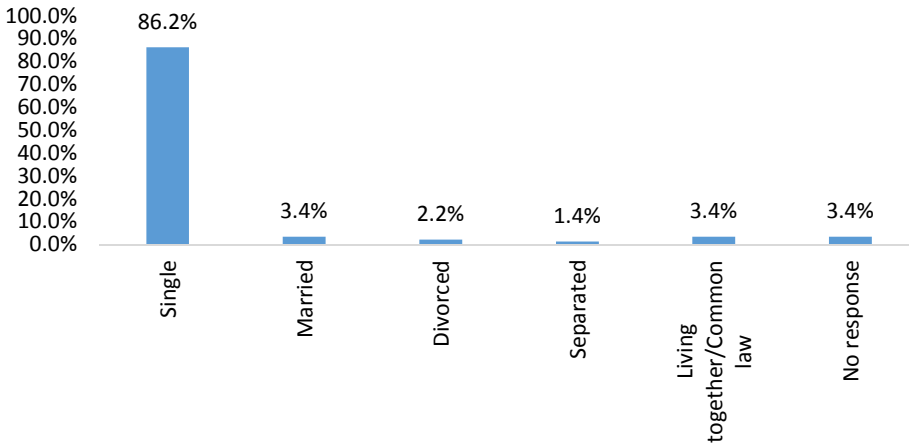
Figure 24: Distribution of Persons Admitted to CASA in 2017 by Dependent Status

- Dependents
- No Dependents
- No response/Missing
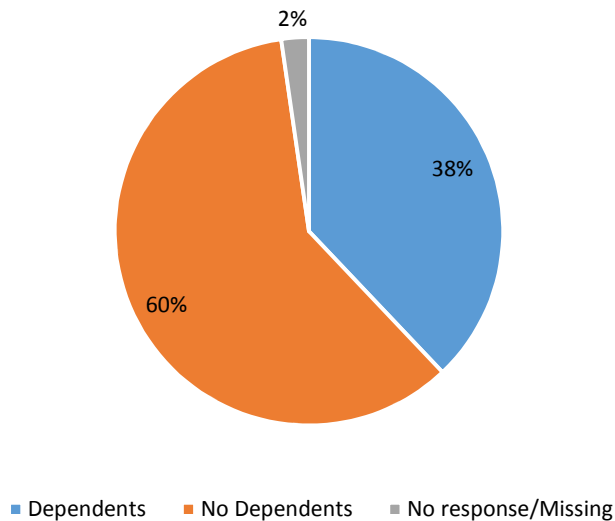
Figure 25: Living Arrangements of Persons Admitted to CASA in 2017

Family Home	Own Home	Rental House/Flat	No response
78.1%	6.9%	9.2%	5.7%
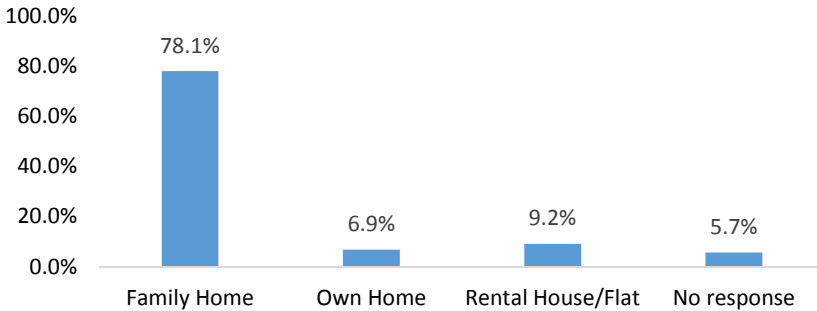
Source: Centre for Counselling Addiction Support Alternatives

With regard to education, Figure 26 shows that primary and secondary education were the highest levels attained by most persons receiving treatment at CASA in 2017. Tertiary and vocational education were far less common within this group (See Figure 26). There was also a single case involving a student still enrolled at primary school (See Figure 26).

Completed primary education was the single largest category and this corresponds with the age distribution of CASA's clients. Those in the 11 to 15 and 16 to 20 age groups constituted approximately half of the clientele during 2017, and most of these persons were enrolled in secondary school at the time of their treatment. As such, their highest level of education was recorded as "complete primary" at intake.

Figure 26: Highest Level of Education Attained by Persons Admitted to CASA in 2017

Complete Primary	Complete Secondary	Complete Tertiary	Vocational	Other (Still Attending Primary)	No response
43.7%	24.1%	12.6%	11.5%	1.1%	6.9%
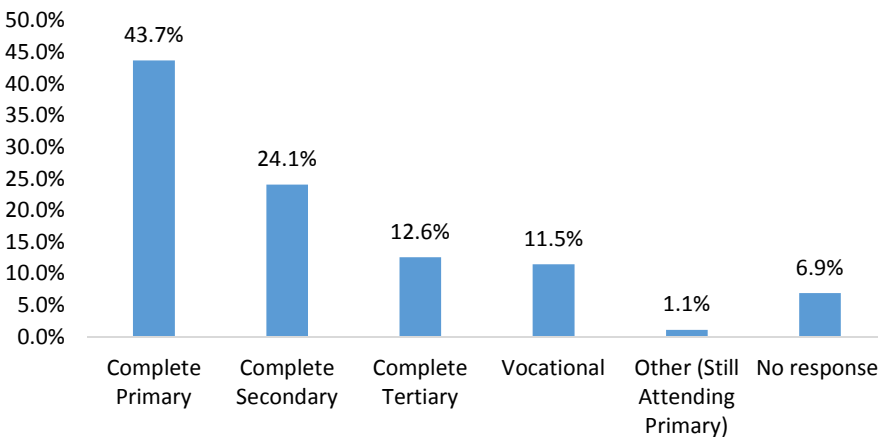
Source: Centre for Counselling Addiction Support Alternatives

Treatment Referral

The justice system/police department accounted for the single largest group of treatment referrals received by CASA in 2017 (See Figure 27). Other common referral sources included: The Psychiatric Hospital, the Drug Treatment Court, the School System and Social Services (See Figure 27). Some persons also reported seeking treatment due to "encouragement from family and friends" (See Figure 27).

Figure 27: Sources of Referral for Persons Admitted to CASA in 2017
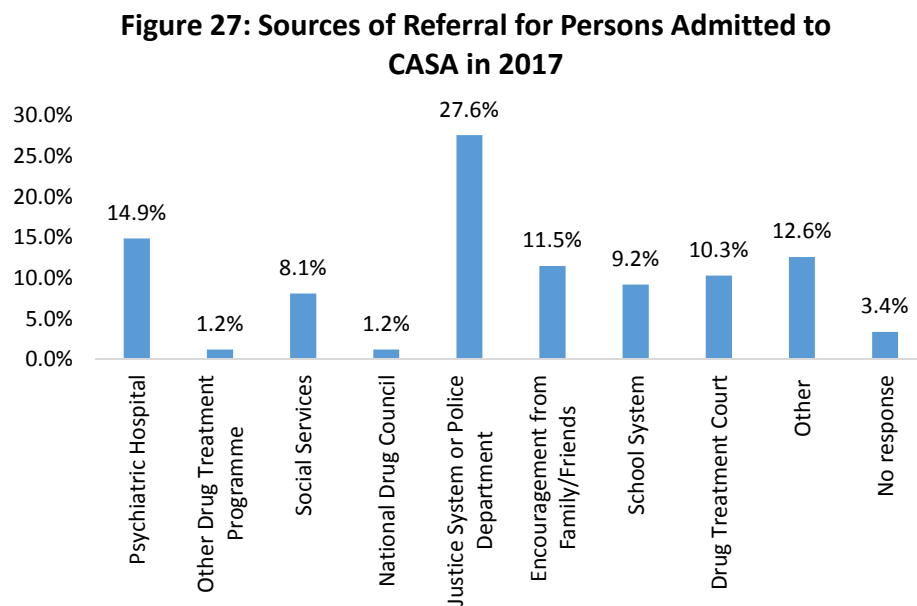
Drug Profile

During 2017, marijuana was the most common drug motivating the need for treatment among persons admitted to CASA, distantly followed by alcohol, crack cocaine, cocaine powder, tobacco and fanta[8] (See Figure 28).

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[8] Fanta is wild tobacco smoked in rolled cigarettes.

Figure 28: Primary Drug for Which Persons Sought Treatment at CASA in 2017
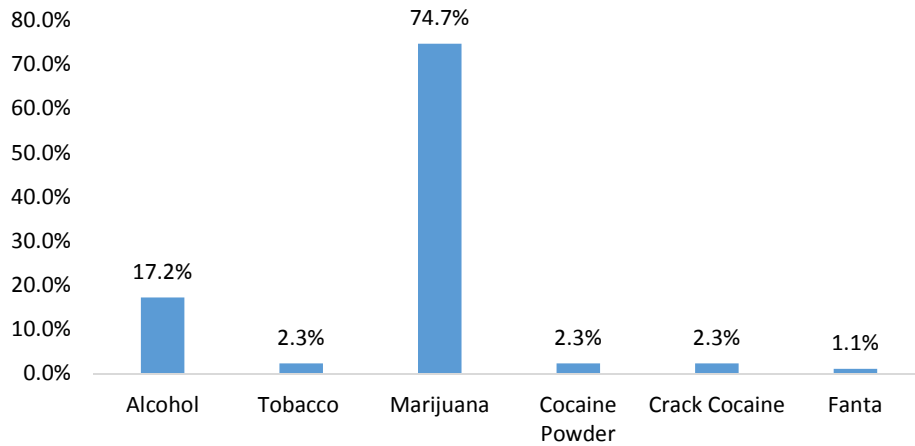
When this data was analysed by sex, marijuana remained the main drug for which both males and females sought treatment at CASA in 2017, distantly followed by alcohol (See Figure 29). Only males sought treatment for tobacco, cocaine (crack and powdered) and fanta (See Figure 29).

**Figure 29: Primary Drug for which Treatment was sought at CASA in 2017 by Sex**
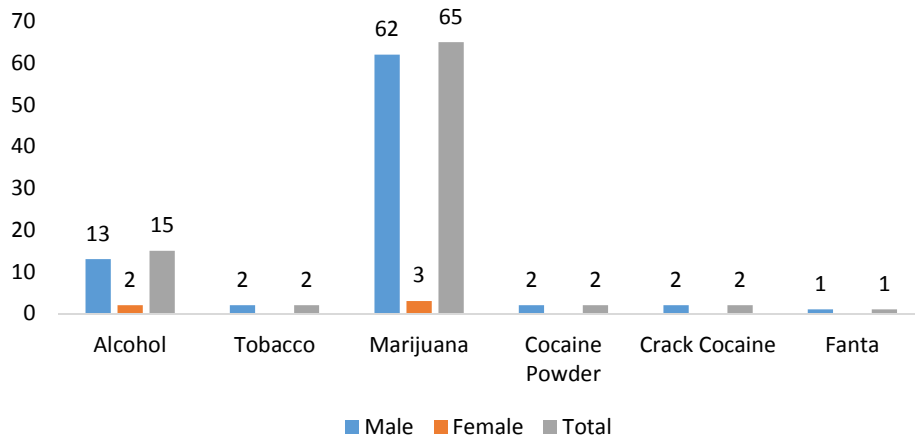
Most clients (78.1%) admitted to marijuana use during the 30 days preceding treatment entry (See Figure 30). This corresponds with the finding that marijuana was the main drug motivating the need for treatment at CASA during 2017 (See Figure 28). The reported use of other drugs was far less common during the 30-day lead-up (See Figure 30).

Marijuana was also the most commonly cited drug as it pertains to lifetime drug use, distantly followed by alcohol, fanta and tobacco respectively (See Figure 31). Very few persons reported ever using crack cocaine, cocaine powder, ecstasy or the improper use of prescription medication (See Figure 31).

Figure 30: Drugs Used in Past 30 Days by Persons Admitted to CASA in 2017
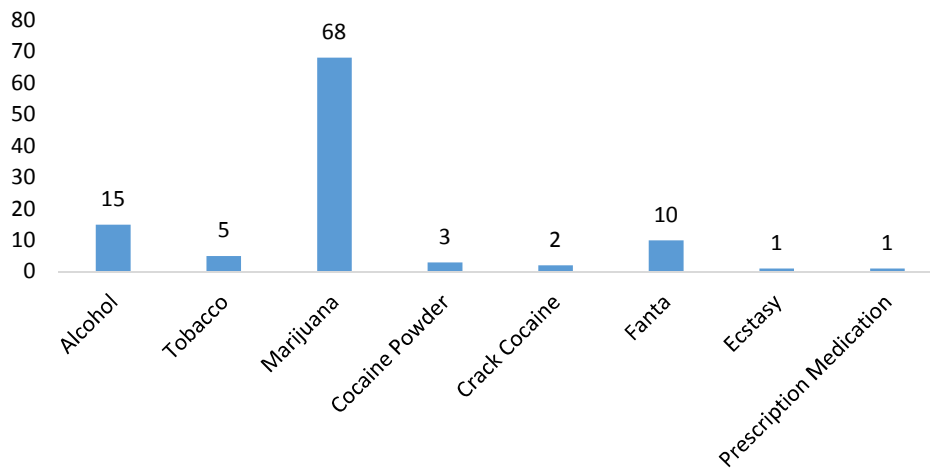
Source: Centre for Counselling Addiction Support Alternatives

Figure 31: Drugs Used in Lifetime by Persons Admitted to CASA in 2017
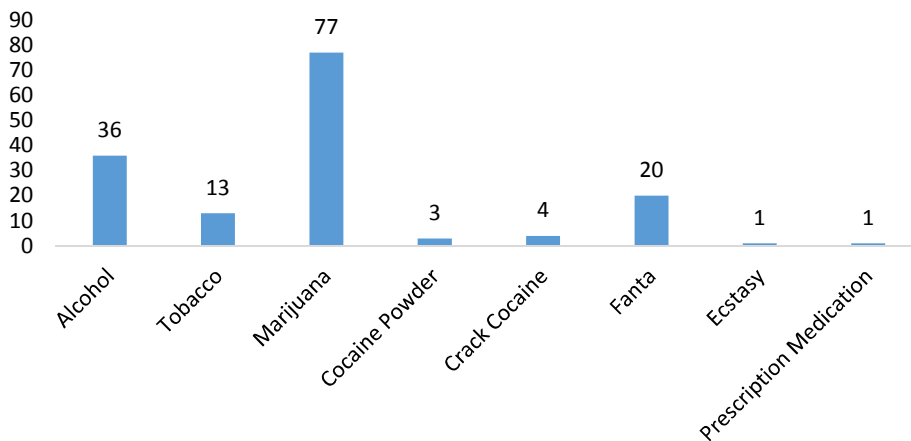
Source: Centre for Counselling Addiction Support Alternatives

Figure 32 shows that most persons (68) seeking treatment at CASA in 2017 began using drugs between the ages of 11 and 20; with approximately half (44) doing so between 11 and 15 years.

Figure 32: Age of First Drug Use Among Persons Admitted to CASA in 2017
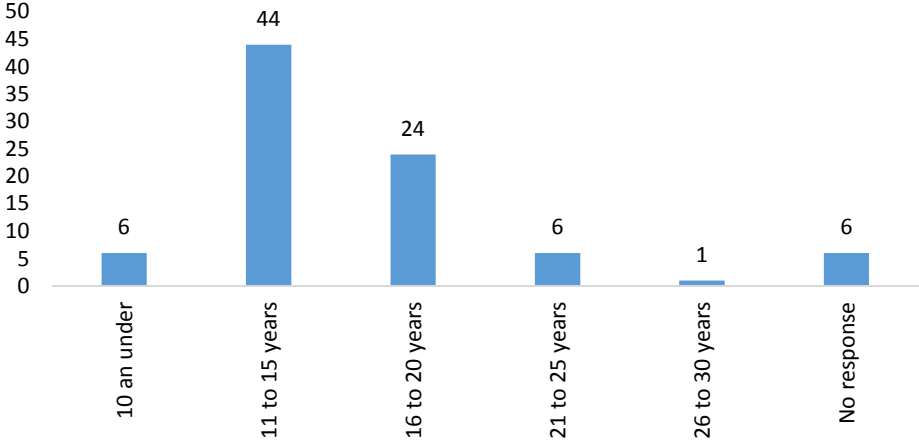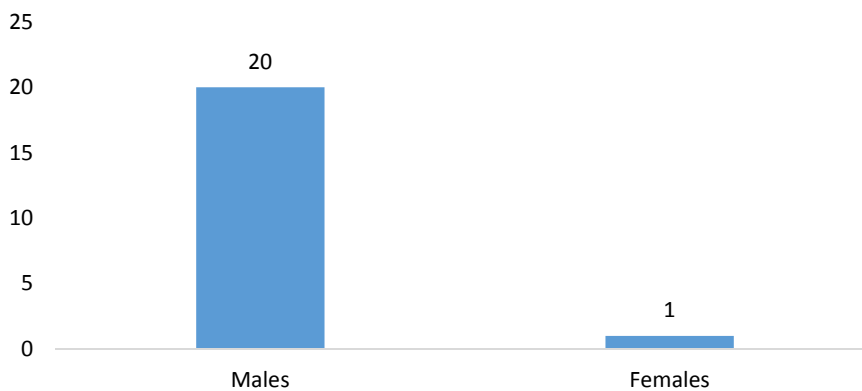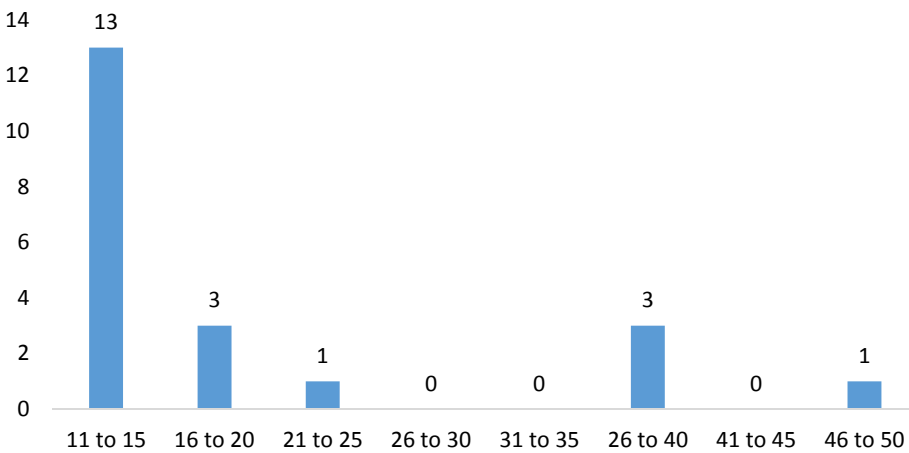
5.3 National Council on Substance Abuse

Demographic Profile of Clients

Twenty-one persons received substance abuse treatment at the NCSA during 2017, the majority of whom were males between the ages of 11 and 25 (See Figures 33 and 34). Figure 34 also shows that just under two-thirds (13) of the treatment clients were in the 11 to 15 age group.

Figure 33: Persons Seeking Substance Abuse Treatment at the NCSA in 2017 by Sex

Source: The National Council on Substance Abuse

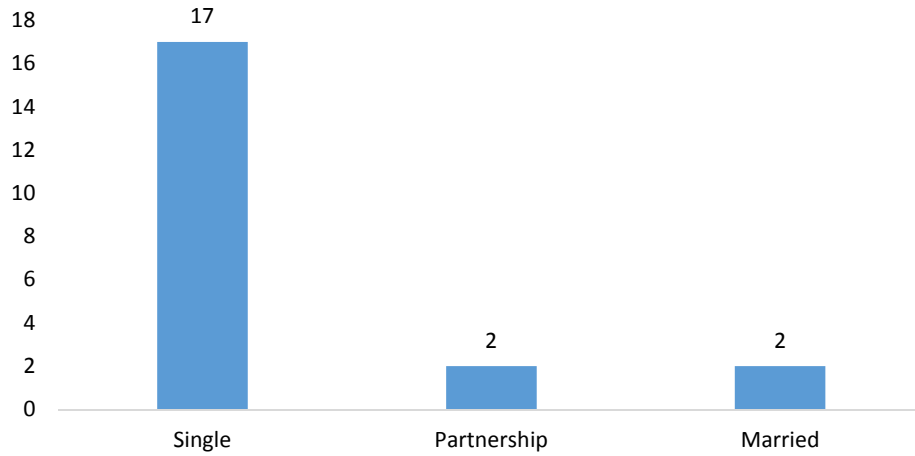**Figure 34: Persons Receiving Substance Abuse Treatment at the NCSA in 2017 by Age**

Source: The National Council on Substance Abuse

Given the age distribution of the clients, it is not surprising that most reported being single with no dependents (See Figures 35 and 36). Likewise, the age distribution also corresponds with the fact that

approximately two-thirds reported being unemployed students (See Figure 37) who were still enrolled in secondary school (See Figure 38).

Figure 35: Relationship Status of Persons Receiving Substance Abuse Treatment at the NCSA in 2017
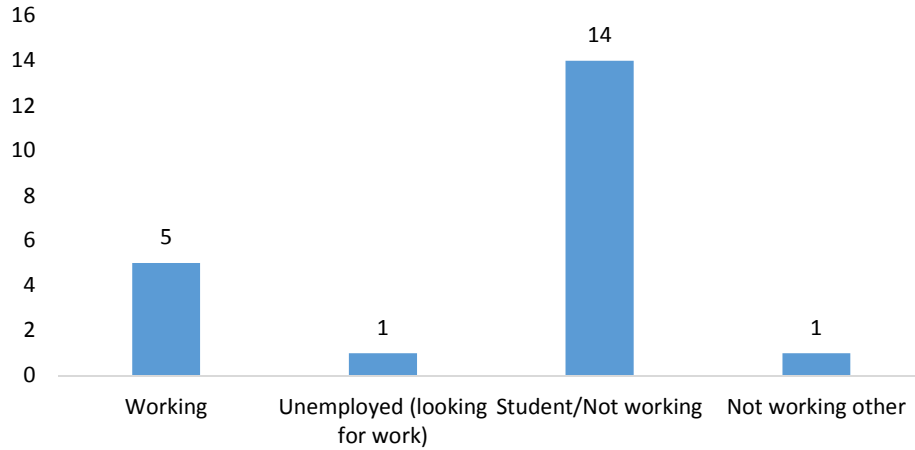

Source: The National Council on Substance Abuse

Figure 36: Dependent Status of Persons Receiving Substance Abuse Treatment at the NCSA in 2017
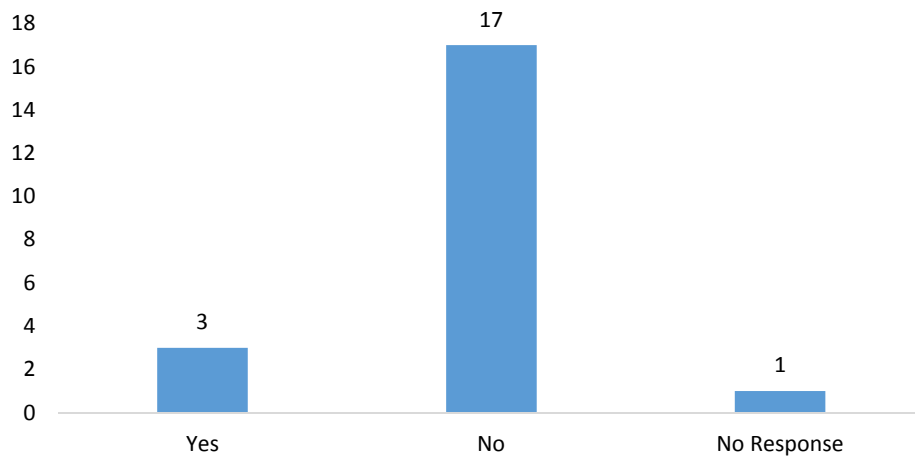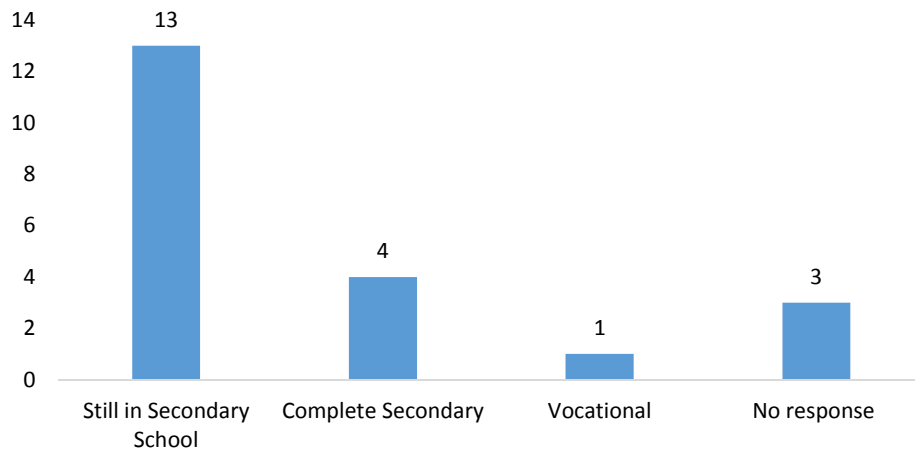

Source: The National Council on Substance Abuse

Figure 37: Employment Status of Persons Receiving Substance Abuse Treatment at the NCSA in 2017

Figure 38: Highest Level of Education Attained by Persons Seeking Substance Abuse Treatment at the NCSA in 2017

Treatment Referral

The Edna Nicholls Centre was the single largest referral source for persons receiving substance abuse treatment at the NCSA in 2017 (See Figure 39). Persons also sought treatment voluntarily, were encouraged to attend by family and friends or were referred by the Child Guidance Clinic at the Psychiatric Hospital, the school system and the NCSA itself (See Figure 39).

**Figure 39: Sources of Referral for Persons Receiving Substance Abuse Treatment at the NCSA in 2017**

Source	Value
Psychiatric Hospital (Child Guidance Clinic)	3
NCSA	1
Encouragement from family/friends	4
Voluntarily	4
School System	1
Edna Nicholls Centre	8
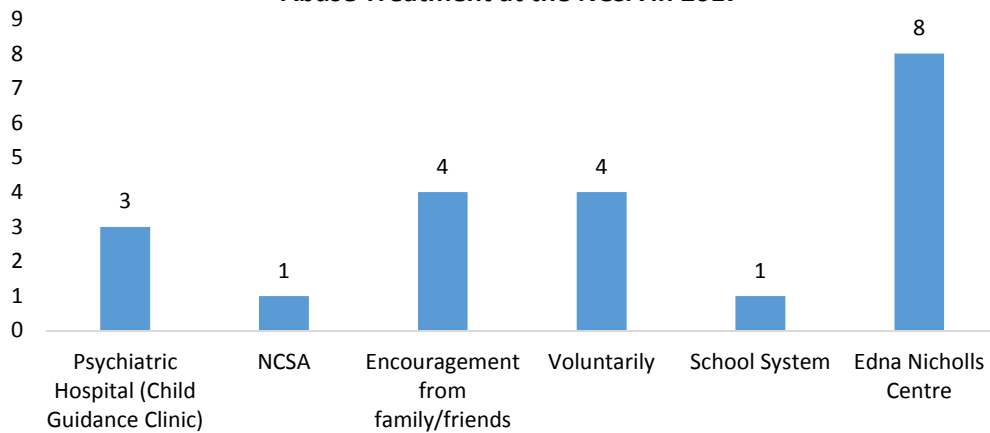
Source: The National Council on Substance Abuse

Drug Profile

Marijuana was the main drug for which treatment was sought at the NCSA in 2017 (See Figure 40). Notably fewer persons sought treatment for the abuse of alcohol and fanta (See Figure 40).
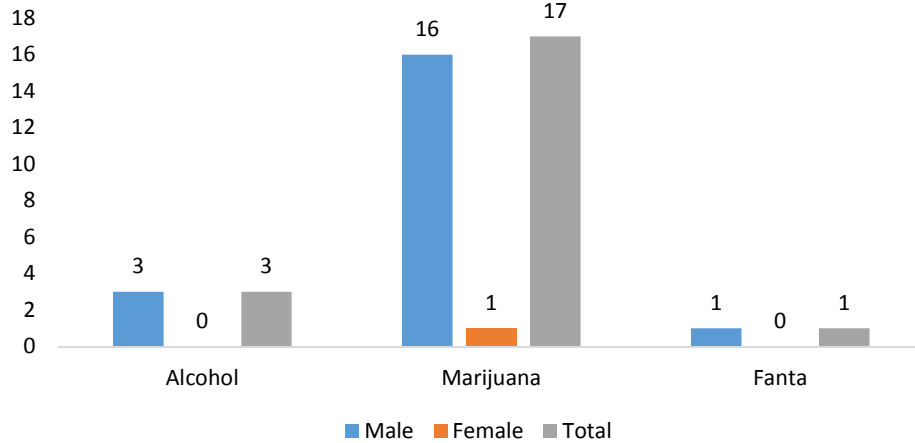
Figure 40: Primary Drug for Which Treatment was Sought at NCSA in 2017

Drug	Value
Alcohol	3
Marijuana	17
Fanta	1
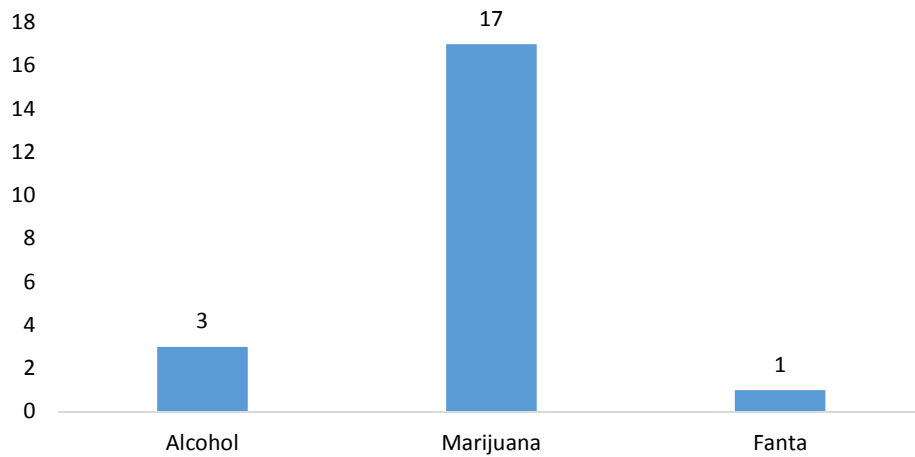
Source: The National Council on Substance Abuse

When this data was analysed by sex, it was found that the lone female client sought treatment for marijuana use (See Figure 41).
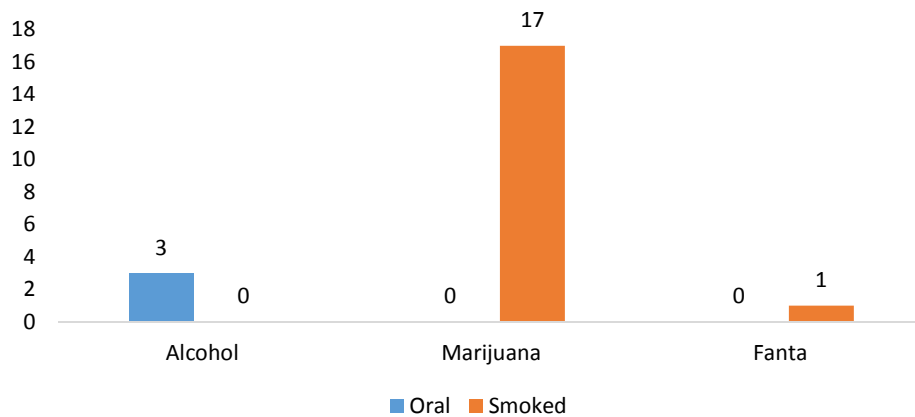
Figure 41: Primary Drug for which Treatment was Sought at the NCSA in 2017 by Sex

Source: The National Council on Substance Abuse

When asked about the most frequent method of administration for their primary drug, "smoking" was identified by all persons receiving treatment for marijuana and fanta while "oral" was identified by all those being treated for alcohol (See Figure 42).
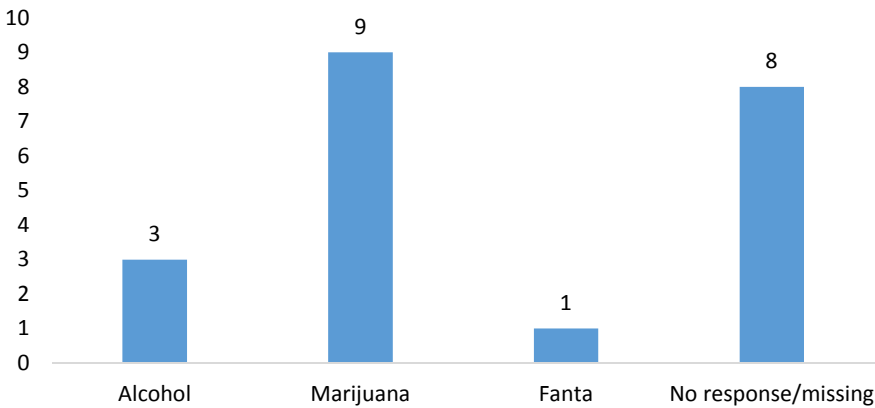
Figure 42: Most Frequent Method of Drug Administration for Primary Drug by Persons Receiving Substance Abuse Treatment at the NCSA 2017

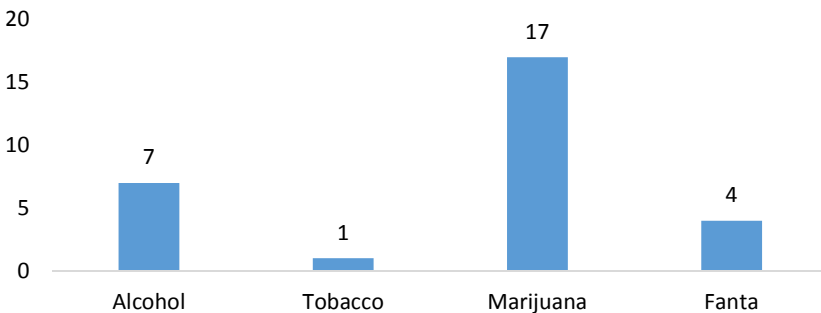Source: The National Council on Substance Abuse

With respect to drug use in the 30 days preceding treatment, marijuana was the most popular substance among those who admitted to drug use in this period (See Figure 43). Likewise, marijuana was also the most commonly used drug within the 12 months leading up to treatment entry (See Figure 44) and the most commonly cited substance as it pertains to lifetime drug use (See Figure 45). These findings correspond with the fact that marijuana was the most common primary drug for which treatment was sought at the NCSA.

Figure 43: Drugs Used in Past 30 Days by Persons Receiving Substance Abuse Treatment at the NCSA in 2017
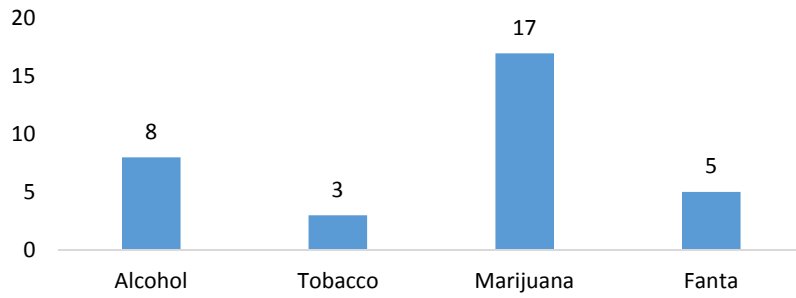

Source: The National Council on Substance Abuse

Figure 44: Drugs Used in Past 12 Months by Persons Receiving Substance Abuse Treatment at the NCSA in 2017

Source: The National Council on Substance Abuse

Figure 45: Drugs Used During Lifetime by Persons Receiving Substance Abuse Treatment at the NCSA in 2017


Source: The National Council on Substance Abuse

5.4 Inmate Drug Rehabilitation and Counselling Programme

Demographic Profile of Clients

Ninety-four (94) persons were admitted to the Inmate Drug Rehabilitation and Counselling Programme at HMP Dodds between January 1 and December 31, 2017. Of these, the majority were males (See Figure 46) between the ages of 21 and 45 (See Figure 47).

Figure 46: Sex Distribution of Persons Admitted to the Inmate Drug Rehabilitation and Counselling Programme during 2017

- Males
- Females
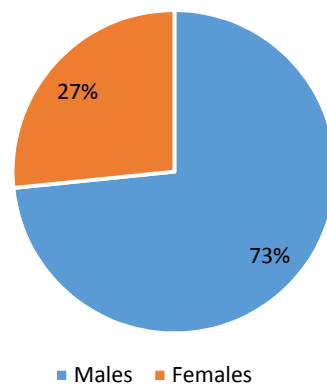
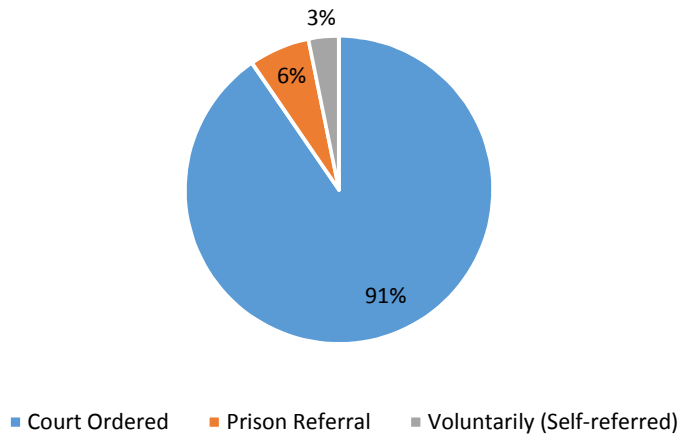*Source: Barbados Prison Service*

Figure 47: Age Distribution of Persons Admitted to the Inmate Drug Rehabilitation and Counselling Programme in 2017
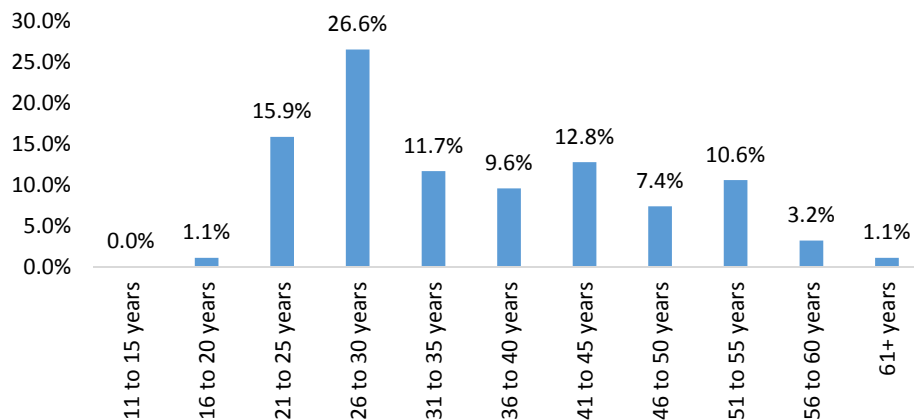
Source: Barbados Prison Service

Treatment Referral

Figure 48: Distribution of Treatment Referrals for Inmates Admitted to the IDRC Programme in 2017

■ Court Ordered ■ Prison Referral ■ Voluntarily (Self-referred)

The majority of inmates receiving treatment within the IDRC Programme in 2017 were referred for treatment via court order (See Figure 48). Notably fewer persons were referred by prison officials or were self-referred i.e. sought treatment voluntarily (See Figure 48).

Drug Profile

Figure 49 shows that marijuana and crack cocaine were the main substances for which treatment was sought in the IDRC programme in 2017. This was distantly followed by alcohol, cocaine powder, tobacco, ecstasy, blackies and codeine respectively (See Figure 49).

Figure 49: Primary Drug for which Treatment was Sought in the Inmate Drug Rehabilitation and Counselling Programme in 2017
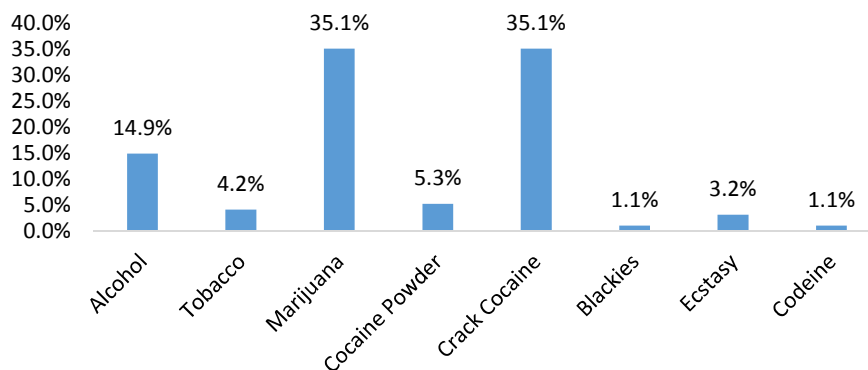
When inmate sex was taken into consideration, crack cocaine and marijuana remained the primary drugs for which males sought treatment, far outnumbering all other substances (See Figure 50). However, this was not the case for females. Rather, Figure 50 shows that there was little variation in the primary drugs motivating the need for treatment among women. Alcohol and marijuana were the main drugs, closely followed by cocaine powder, crack cocaine, ecstasy, tobacco and codeine (See Figure 50). Also of note is the fact that only women sought treatment for ecstasy and codeine use (See Figure 50).

Figure 50: Primary Drugs for which Treatment was Sought in the IDRC Programme During 2017 by Sex
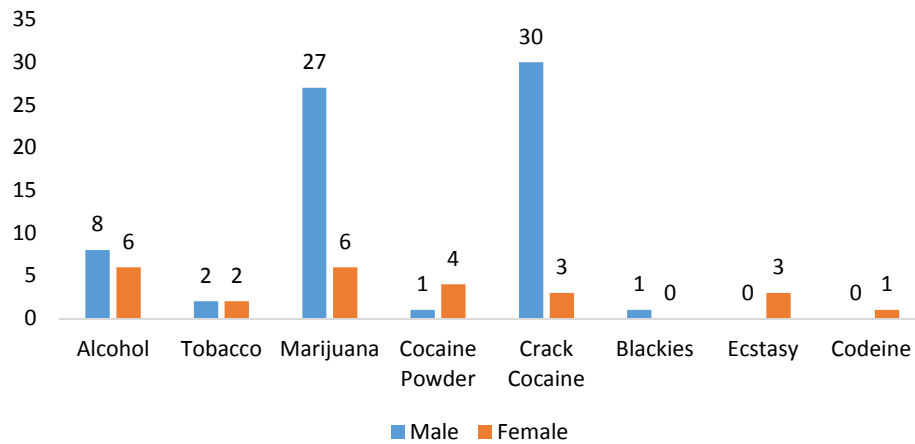
Source: Barbados Prison Service

Age-related analysis revealed that marijuana was the primary drug for which treatment was sought by inmates between the ages of 16 and 40 (See Table 3). Crack cocaine on the other hand was the primary drug for those 41 and over (See Table 3). This corresponds with previous BARDIN reports which have shown problematic marijuana use to be more prevalent among the younger generation and problematic crack cocaine use to be more common among older persons.

Table 3: Primary Drug for which Treatment was sought in IDRC Programme by Inmate Age

	16-40 years	41+ years	Total
Alcohol	9	5	14
Tobacco	3	1	4
Marijuana	28	5	33
Cocaine Powder	3	2	5
Crack Cocaine	14	19	33
Blackies	-	1	1
Ecstasy	3	-	3
Codeine	1	-	1
Total	61	33	94

Source: Barbados Prison Service

Figure 51 below presents the most frequent methods of administration for the primary drugs used by inmates receiving treatment in the IDRC programme during 2017. From the chart, it can be seen that smoking was the primary method for drugs such as tobacco, marijuana, crack cocaine, blackies and ecstasy; while alcohol and codeine were administered orally in all cases (See Figure 51). Cocaine powder was inhaled by most persons (See Figure 51).

Figure 51: Most Frequent Method of Drug Administration for Primary Drug among Inmates Admitted to IDRC Programme in 2017
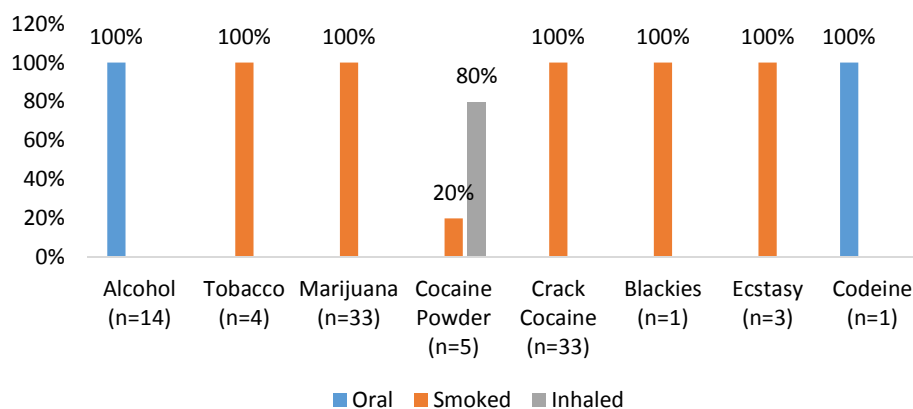
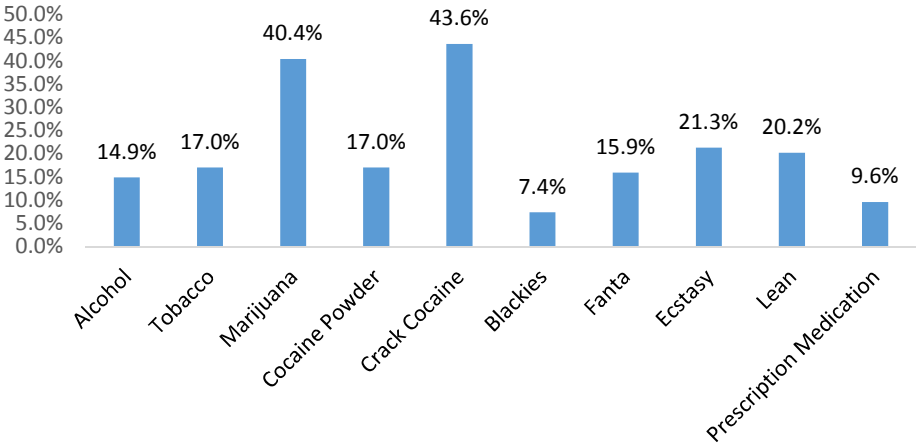*Source: Barbados Prison Service*

Figure 52 shows that inmates admitted to the IDRC programme in 2017 used a variety of drugs throughout their lifetime. Of these, crack cocaine and marijuana were the most common, far outranking all other substances (See Figure 52). This corresponds with the data which shows that these were the main drugs for which treatment was sought by IDRC clients during 2017. Inmates also

reported using ecstasy, lean[9], tobacco, cocaine powder, fanta, alcohol, prescription medication and blackies during their lifetime (See Figure 52).

**Figure 52: Drugs Used in Lifetime by Persons Admitted to IDRC in 2017**

Drug use within the past 12 months was less common, with only 33 of the inmates reporting drug use in the preceding year. This number is likely low due to the long waiting list for entry into the IDRC programme. Many persons will typically be imprisoned for longer than a year before starting the programme and therefore will not have used drugs during this period due to the unavailability of such substances within the prison environment.

Figure 53 shows that marijuana and crack cocaine were the main substances used by inmates who reported drug use in the year leading up to their treatment. Like the data for lifetime drug use, this also corresponds with the data regarding the primary drug for which treatment was sought.

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[9] Lean also known as "Purple Drank" or "Sizzurp" is a mixture of codeine cough syrup, soda and hard candy – typically sprite and Jolly Rancher.

**Figure 53: Drugs Used in Past 12 Months by Inmates
Admitted to the IDRC Programme in 2017**

■ Alcohol	■ Tobacco ■ Marijuana ■ Cocaine Powder ■ Crack Cocaine

9%
6%
43%
39%
3%
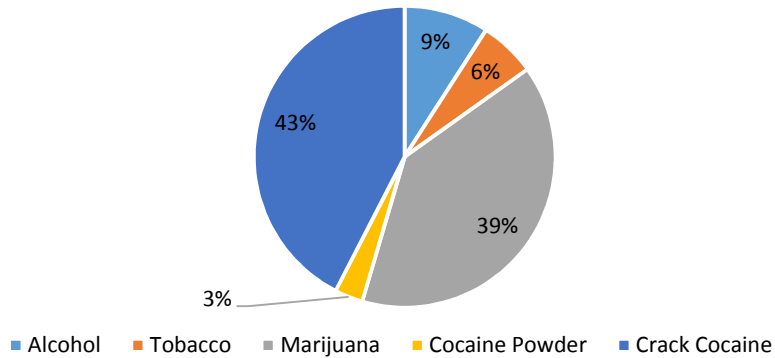
Drug use in the 30 days preceding treatment was uncommon among IDRC clients, likely for reasons similar those cited above regarding drug use in the preceding 12 month period. From Figure 54, it can be seen that only 11 persons reported drug use in the month before entering the programme, with alcohol being the most commonly cited substance. This was followed by marijuana, crack cocaine, cocaine powder and tobacco respectively (See Figure 54).

**Figure 54: Drugs Used in Past 30 Days by Inmates
Admitted to the IDRC Programme in 2017**

2
4
1
1
3
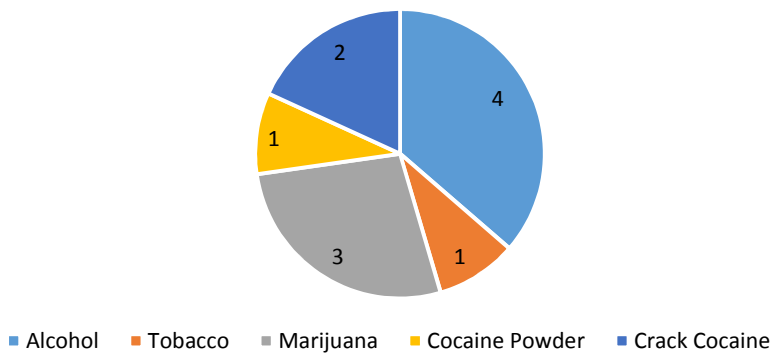
■ Alcohol   ■ Tobacco   ■ Marijuana   ■ Cocaine Powder   ■ Crack Cocaine

6. Supply Control

6.1 Royal Barbados Police Force

The Royal Barbados Police Force (RBPF) recorded 8358 offences between January 1 and December 31, 2017, 19% of which were drug offences (See Figure 55).

Figure 55: Drug Offences vs. Other Offences Recorded by The RBPF in between January 1 and December 31, 2017

- Drug Offenses
- Other Offenses
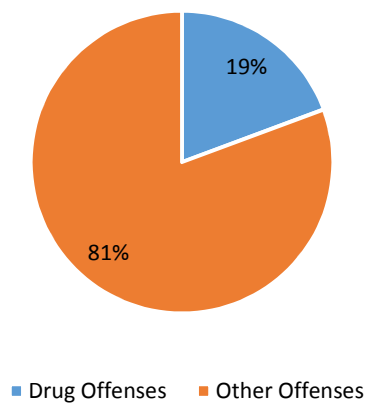
Source: The Royal Barbados Police Force

Demographics of Persons Charged with Drug Offences

As in previous years, males charged with drug offences far outnumbered their female counterparts. Figure 56 shows that in 2017, 91% of those charged with such offences were male while 9% were female. This means that for every 10 persons charged, approximately 9 were male.

Figure 56: Distribution of Perons Charged with Drug Offences during the Period January 1 to December 31, 2017 by Sex

- Males
- Females
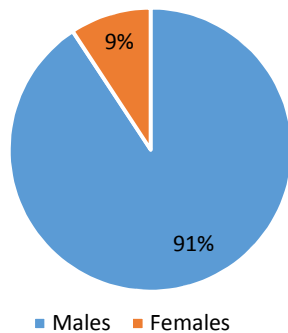
Source: The Royal Barbados Police Force

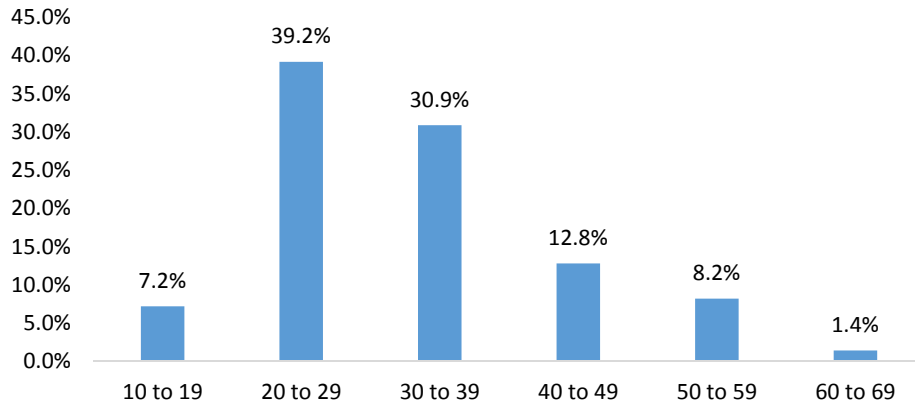With regards to age, Figure 57 shows that the majority of persons (70.1%) charged with drug offences were between 20 and 39 years. The chart also reveals a continual decrease in the number of persons charged over the age of 29.

Figure 57: Age Distribution of Persons Charged with Drug Offences between January 1 and December 31, 2017

As it pertains to nationality, Figure 58 reveals that most persons charged with drug offences in 2017 were Barbadian. In fact, approximately 9 out of every 10 persons charged were from Barbados. A total of 52 non-nationals were arrested for drug offences in 2017. These included a number of Caribbean nationals as well as persons from Canada, Britain, the United States of America, Germany and Mexico.

Figure 58: Distribution of Drug Offences by Nationality of Offender for the period January 1 to December 31, 2017

42
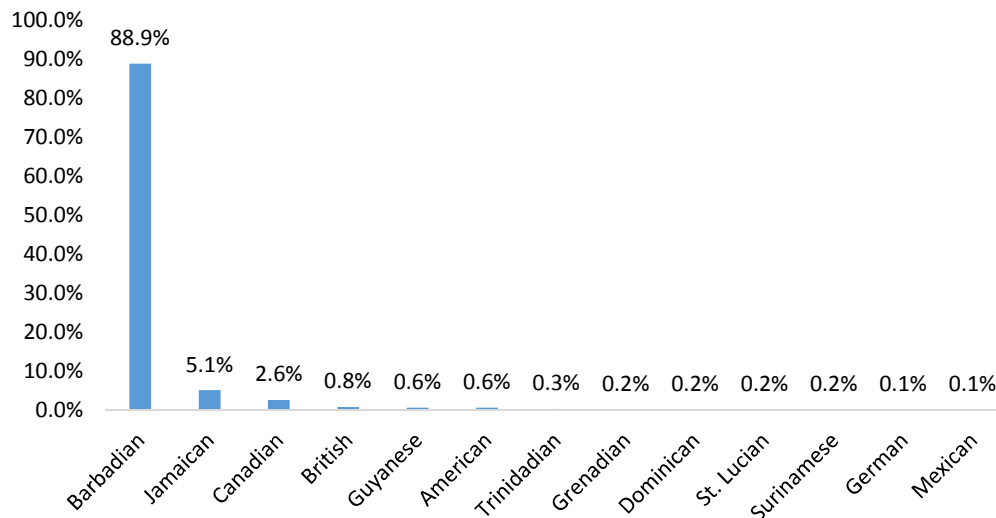
Distribution of Drug Offences by Drug Type

Figure 59 shows that marijuana continues to be the drug capturing the attention of the RBPF, accounting for 90% of the drug offences recorded in 2017. Cocaine accounted for 9.5% of the offences while Crystal Meth/Ecstasy accounted for 0.4% (See Figure 59). The latter is noteworthy despite the small percentage, as it marks the first appearance of Crystal Meth/Ecstasy within the "Drug Offence" section of a BARDIN report.
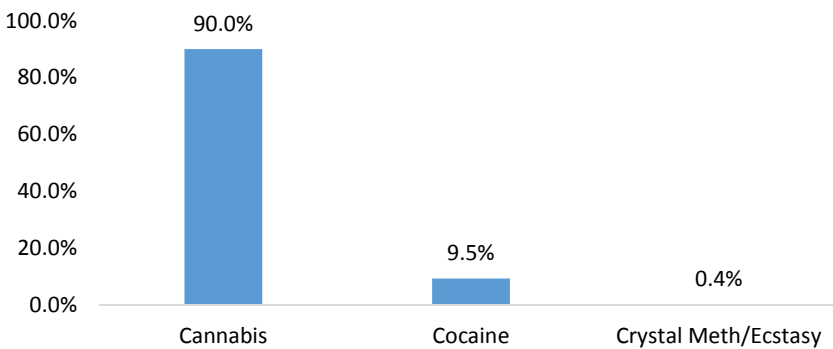
Figure 59: Drug Offences by Drug Type for the Period January 1 to December 31, 2017

Source: The Royal Barbados Police Force

Cannabis Offences

From Figure 60, it can be seen that "Possession of Cannabis" was the most common cannabis-related offence, followed by "Trafficking" and "Intent to Supply". Other offences such as "Possession of Apparatus", "Cultivation of Cannabis" and "Importation of Cannabis" were far less numerous (See Figure 60).

Figure 60: Cannabis Offences by Offence Type for the Period January 1 to December 31, 2017

Source: The Royal Barbados Police Force

43
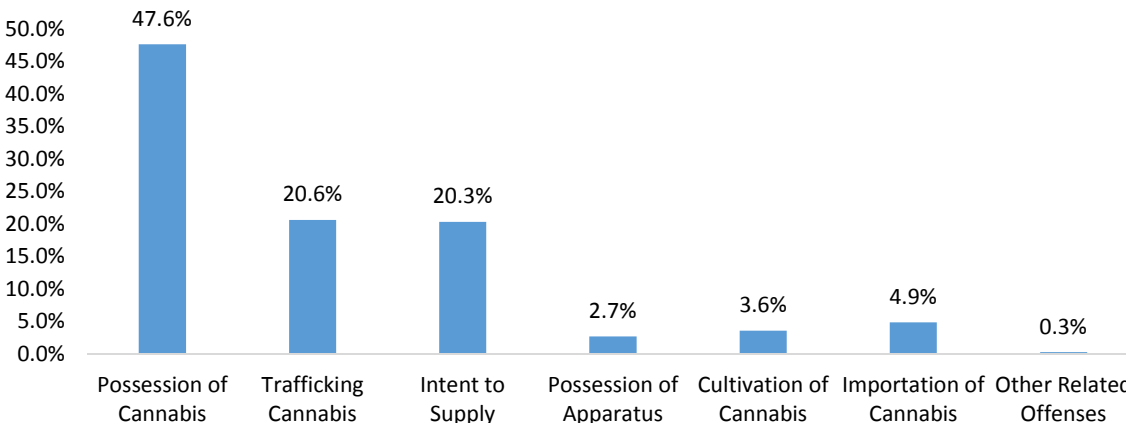
Cocaine Offences

The most common cocaine-related offences recorded in 2017 were "Possession of Apparatus", "Possession of Cocaine", "Intent to Supply" and "Trafficking Cocaine" respectively (See Figure 61).

Figure 61: Cocaine Offences by Offence Type for the Period January 1 to December 31, 2017

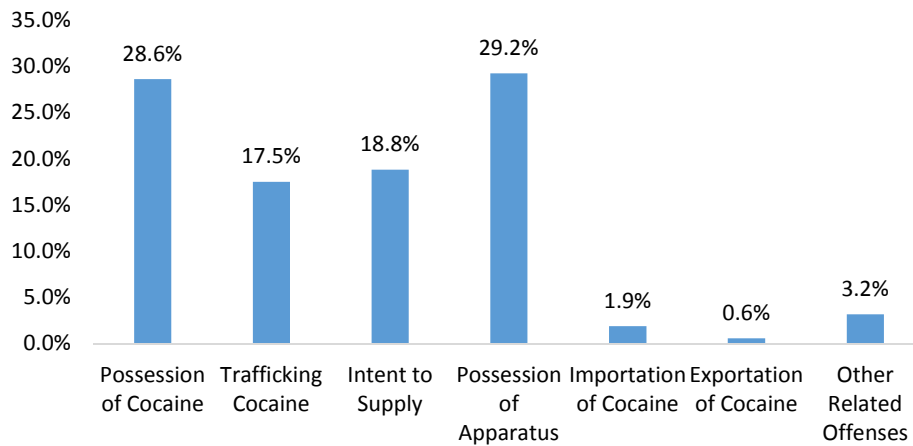| Offence Type	Percentage
Possession of Cocaine	28.6%
Trafficking Cocaine	17.5%
Intent to Supply	18.8%
Possession of Apparatus	29.2%
Importation of Cocaine	1.9%
Exportation of Cocaine	0.6%
Other Related Offenses	3.2%

Source: The Royal Barbados Police Force

Crystal Meth/Ecstasy Offences

The small number of Crystal Meth/Ecstasy Offences recorded in 2017 fell into two categories: "Possession of Crystal Meth/Ecstasy" and "Importation of Crystal Meth/Ecstasy" (See Figure 62).

Figure 62: Crystal Meth/Ecstasy Offences by Offence Type for the Period January 1 to December 31, 2017

Offence Type	Count
Possession of Crystal Meth/Ecstasy	4
Importation of Crystal Meth/Ecstasy	3
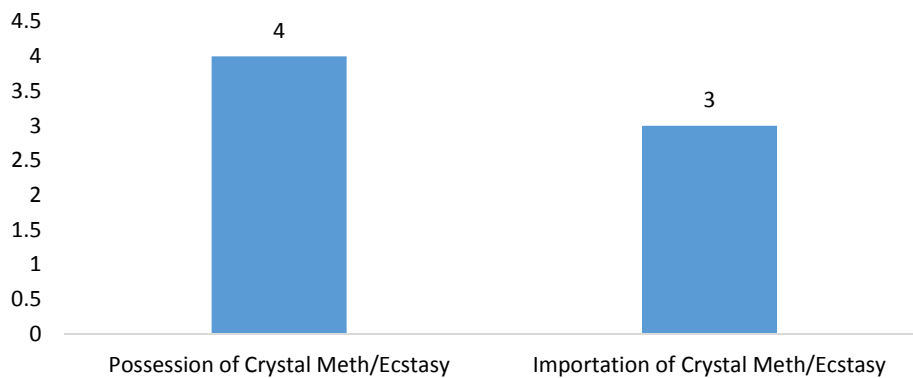
Source: The Royal Barbados Police Force

Drug Seizures

In Barbados, drug seizures occur at ports of entry, through courier services, as a result of eradication exercises in rural areas, through drug landings, through police action based on intelligence, or indirectly through investigations into other non-drug-related matters (Royal Barbados Police Force, 2019).

Drugs seized at the ports of entry are typically transported by persons travelling from other countries to Barbados (Royal Barbados Police Force, 2019). In such cases, they conceal the drugs on their person, in their luggage and various receptacles, or internally by swallowing the drugs prior to leaving their countries of origin (Royal Barbados Police Force, 2019). The drugs transported via courier services and shipping agencies are generally concealed as personal effects in barrels, boxes and other packages (Royal Barbados Police Force, 2019).

Table 4 presents the drug seizure data for 2017. From the Table it can be seen that cannabis, both in compressed and plant form, was the primary drug seized during this period. Also noteworthy are the Methamphetamine and Ecstasy seizures which are not common on the island.

Table 4: Drug Seizure Data for the Period January 1 to December 31, 2017

Drug Seized	Quantity
Compressed Cannabis	2402.1 kg
Cannabis Plants	16, 067
Cocaine	126.2 kg
Methamphetamine	1.6 kg
Ecstasy Pills	2000

Source: The Royal Barbados Police Force

Deportation Statistics

Barbados received 32 deportees in 2017. Of these, 8 (25%) were deported for drug-related offences. This is graphically presented in Figure 63.

Figure 63: Deportees for Drug Offences vs. Other Offences during the Period January 1 to December 31, 2017

■ Deportees for Drug Offenses   ■ Deportees for Other Offenses

Source: The Royal Barbados Police Force

45
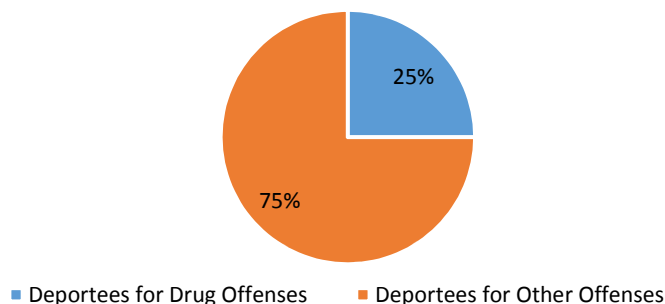
Of the 8 persons deported for drug offences, 7 were male and 1 was female (See Figure 64).

Figure 64: Distribution of Persons Deported to Barbados for Drug-Related Offences during 2017 by Sex
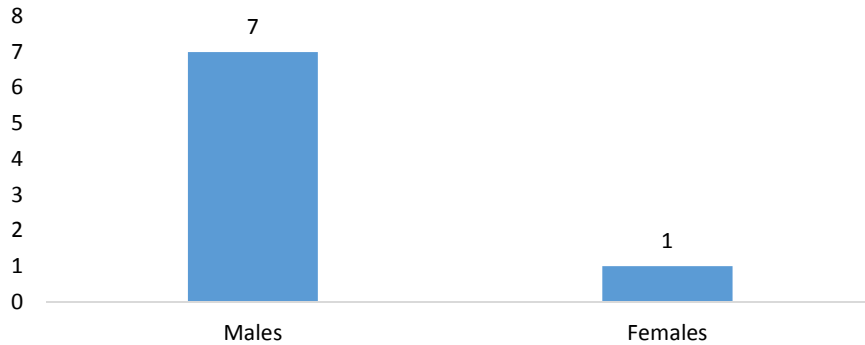
Of the 8 drug-related deportees, 3 were sent back to Barbados from within the Caribbean while 5 were deported from extra-regional countries, namely: Canada, the USA and England (See Figure 65).

Figure 65: Persons Deported for Drug Offences by Country
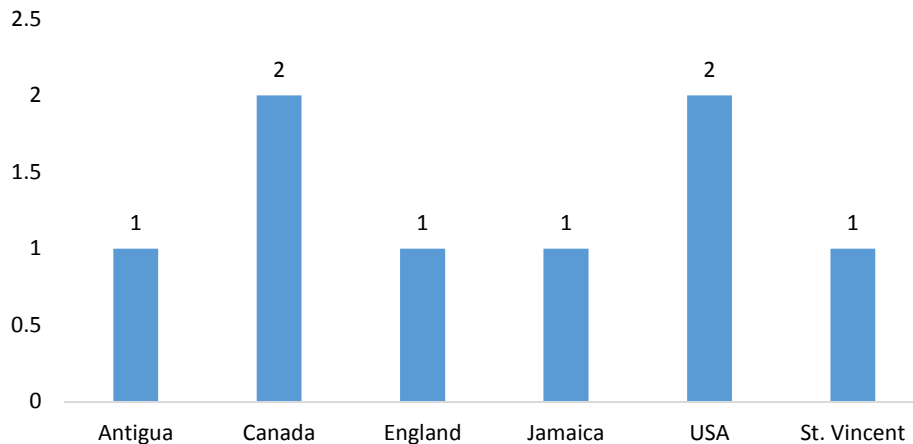
Firearm and Related Seizures

Table 5 presents the data regarding firearm and related seizures during 2017. From the Table, it can be seen that in addition to firearms, cartridges, cartridge cases, bullets, fragments, pellets and wads were also seized during the year.

Table 5: Firearm and Related Seizures for the Period January 1 to December 31, 2017

Item Seized	Quantity
Firearms	94
Cartridges	2658
Cartridge Cases	442
Bullets, Fragments, Pellets, Wads	182

Source: The Royal Barbados Police Force

Money Laundering Arrests

During 2017, the RBPF recorded 5 arrests for Money Laundering. No distinction was made between drug-related and non-drug-related money laundering arrests in the submitted data.

6.2 Barbados Prison Service

A total of 919 persons were admitted to HMP Dodds during the period January 1 to December 31, 2017. Of these, 873 (95.0%) were male and 46 (5.0%) were female (See Figure 66).

Figure 66: Distribution of Inmates Admitted to HMP Dodds between January 1 and December 31, 2017 by Sex
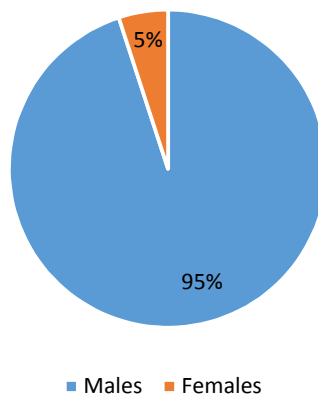
Source: Barbados Prison Service

Drug Offences

Figure 67 shows that drug offences accounted for 19% of the admissions in 2017.

Figure 67: Drug-related Offences Versus All Other Offences for which Inmates were Incarcerated in 2017
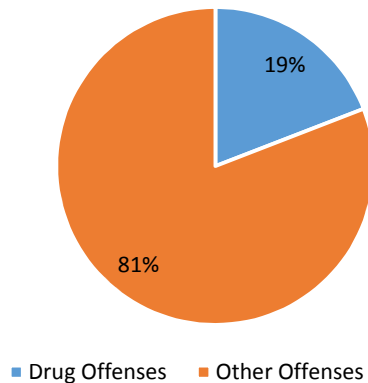
Source: Barbados Prison Service

When inmate sex was taken into consideration, the data showed that 88.1% of persons incarcerated for drug offences during 2017 were male (See Figure 68). The remaining 11.9% were female (See Figure 68).

Figure 68: Distribution of Inmates Incarcerated for Drug Offences during 2017 by Sex

■ Males   ■ Females
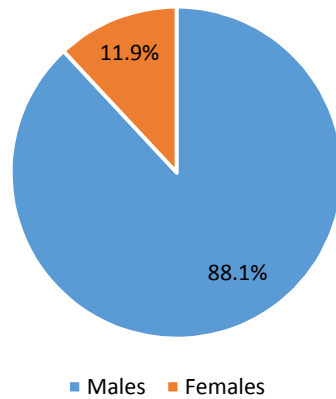
From Figure 69, it can be seen that "Drug Possession" was the most common drug-related offence for which persons were incarcerated during 2017 (See Figure 69). This was followed by "Possession of Drug Apparatus", "Drug Trafficking", "Drug Cultivation" and "Drug Importation" respectively (See Figure 69).

Figure 69: Distribution of Drug Offences for which Inmates were Incarcerated during 2017

■ Drug Possession

■ Possession of Drug Apparatus

■ Drug Trafficking

■ Drug Importation

■ Drug Cultivation
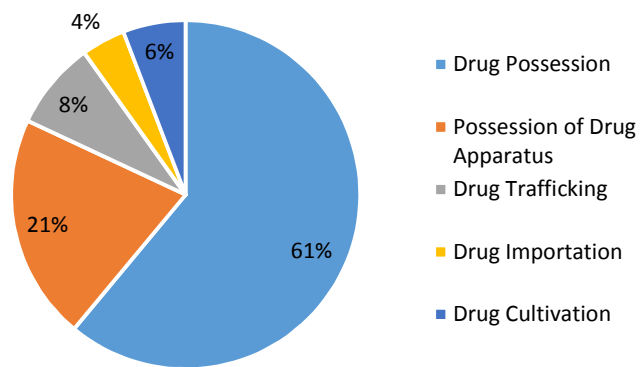
Drug Possession

Figure 70 presents the sex and age distribution of persons who were incarcerated for "Drug Possession" between January 1 and December 31, 2017. From the chart, it can be seen that males between the ages of 20 and 49 accounted for the majority of persons incarcerated for this offence.

Figure 70: Persons Incarcerated for Drug Possession during 2017 by Age and Sex
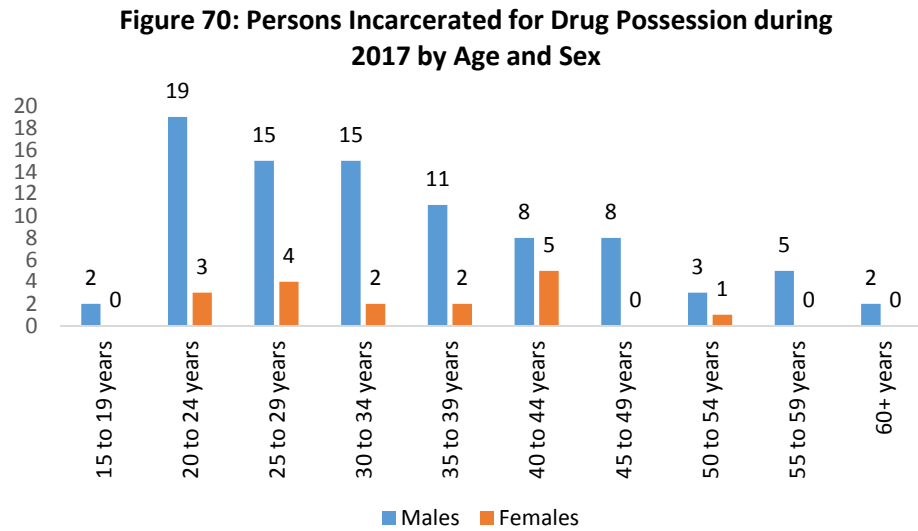
Possession of Drug Apparatus

Figure 71: Persons Incarcerated for Possession of Drug Apparatus during 2017 by Age and Sex
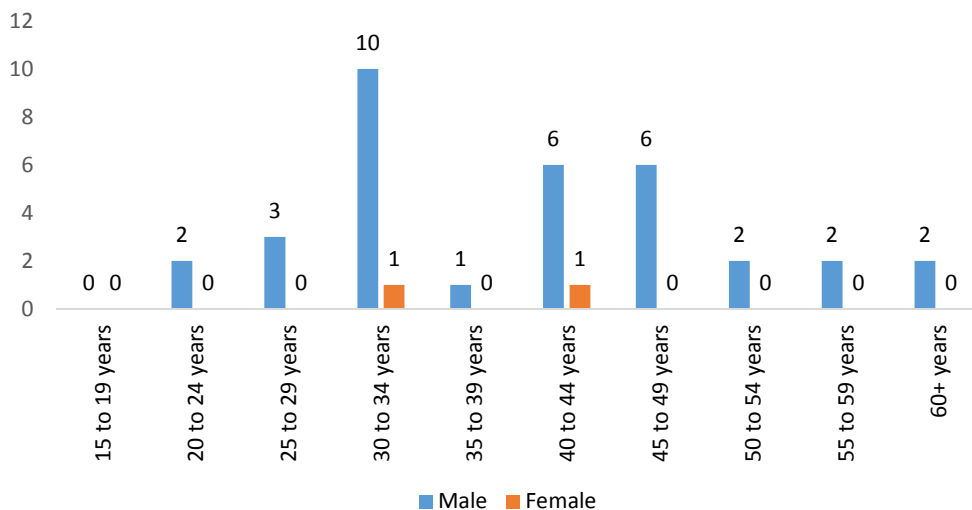
Figure 71 reveals that most persons incarcerated for the Possession of Drug Apparatus during 2017 were males between the ages of 30 and 49.

Drug Trafficking

Data analysis revealed that only one female was incarcerated for Drug Trafficking during 2017 (See Figure 72). Of the males incarcerated for this offence, the majority were between 30 and 44 (See Figure 72).

Figure 72: Persons Incarcerated for Drug Trafficking during 2017 by Age and Sex
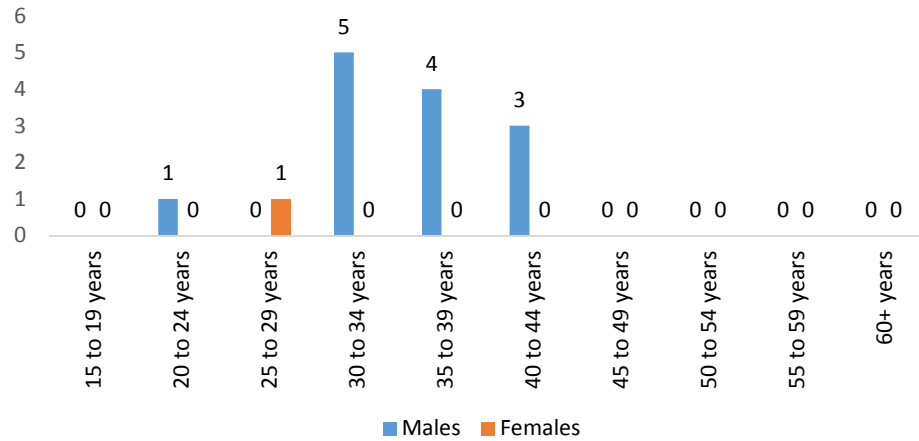
Drug Importation

Seven persons were incarcerated for Drug Importation during 2017, only one of whom was female (See Figure 73). Those admitted for Drug Importation ranged from 20 to 49 years. Data analysis revealed a near equal distribution of inmates across the age categories within this range (See Figure 73). This may be due in part to the small number being analyzed.

Figure 73: Persons Incarcerated for Drug Importation During 2017 by Age and Sex
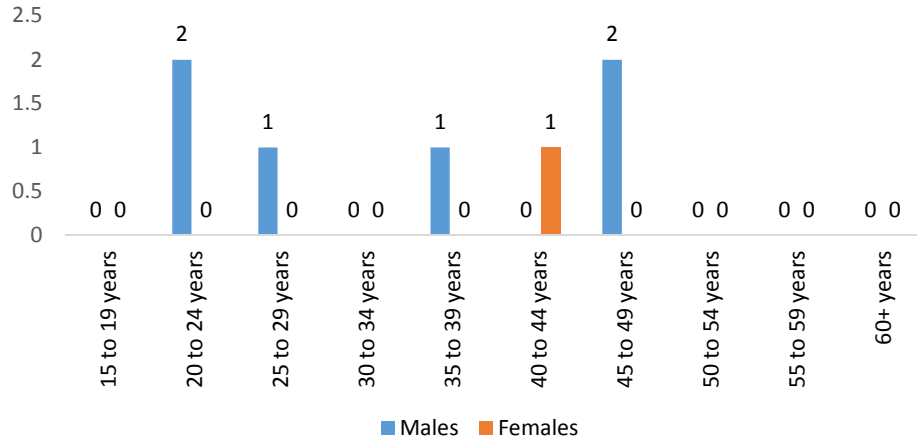
Drug Cultivation

Only males were incarcerated for Drug Cultivation in 2017. Of the 10 persons admitted to the prison for this offence, the majority (90%) were between the ages of 20 to 39, with half (50%) being in the 20 to 24 age group (See Figure 74).

Figure 74: Person Incarcerated for Drug Cultivation during 2017 by Age and Sex

6.3 Financial Intelligence Unit

Suspicious Transaction Reports

Suspicious Transaction Reports (STRs) are used to report *suspicious* or *potentially suspicious* financial activity in an effort to identify individuals, groups or organizations that may be involved in crimes such as fraud, terrorist financing and money laundering, just to name a few (Kohlenberg & Williams, 2007).
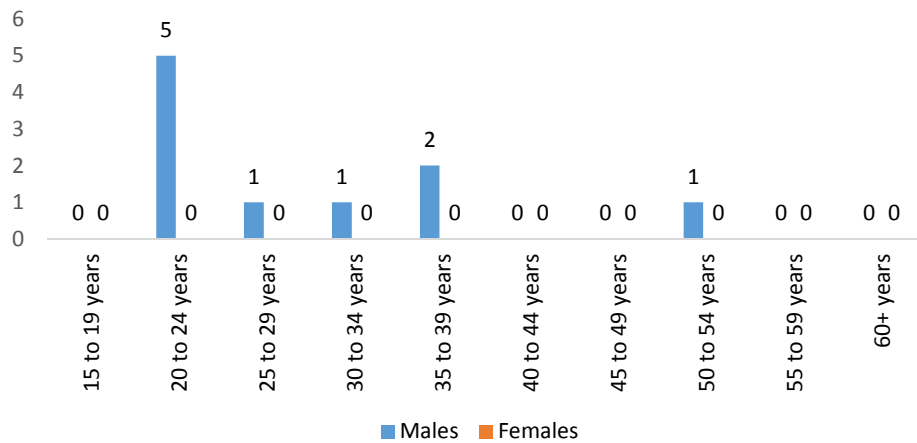
STRs are submitted to the Financial Intelligence Unit (FIU) by financial institutions and non-financial designated professionals (S. Nicholls-Hunte, personal communication, July 9, 2018). The FIU reviews the reports and supporting evidence, and if they are deemed credible, the information is disseminated to law enforcement officials.

Data regarding STRs is of relevance when considering the local drug situation as there is a strong link between drug trafficking and money laundering (Inter-American Drug Abuse Control Commission, 2017). It should however be noted that STRs are merely building blocks for investigations and therefore not every STR will result in an investigation. As such, caution should be exercised when considering STR data.

Suspicious Transaction Reports During 2017

During the period January 1 to December 31, 2017, the FIU received 278 STRs, 17 (6.1%) of which were related to drugs (See Table 6). The percentage of drug-related STRs may appear low when compared to the total number of STRs for the year, however, it must be noted that there was also a large proportion of STRs (165 or 59.3%) for which *"a predicate offence could not be easily identified"*. These are of importance as law enforcement investigations may reveal a drug-related link to a portion of these at a later time (S. Nicholls-Hunte, Personal Communication, February 15, 2019).

Table 6: Suspicious Activity Reports during the Period January 1 to December 31, 2017

Total Number of Suspicious Transaction Reports in 2017	Number of Drug-Related Suspicious Transaction Reports (%)	Number of Suspicious Transaction Reports for which a Predicate Offence Could Not be Easily Identified (%)
278	17 (6.1%)	165 (59.3%)

Source: Financial Intelligence Unit

7. Trend Analysis

Trend analysis data is presented in this section. Where possible, five-year analyses are presented; however, in some instances, only three-year trend analysis was possible due to variations in data submitted in previous years.

Included in this section are trends related to: NCSA's drug prevention programming, students testing positive for marijuana use at the Edna Nicholls Centre and drug offences recorded by the RBPF.

Notably absent from this section are trends related to treatment and drug-related incarcerations. This is due to the unavailability of some data as well as differences in data collection from year to year. However, it is hoped that trend analysis will improve in the coming editions given the standardized approach to BARDIN data collection which was introduced in 2019, with the signing of Memoranda of Understanding (MOU) which served to formalize the reporting obligations of all Network members. The new standardized approach was used for the collection of the 2017 data, which took place after the signing of the MOUs.

6.1 National Council on Substance Abuse

Figure 75 shows that the NCSA's Primary School Programme had the single greatest reach between 2013 and 2016, far outranking all other Programmes. However, this changed in 2017, where there was a near equal distribution of the number of persons reached by NCSA's three main programmes (Primary School, Secondary School, Community). The reduction in persons reached by the Primary School Programme may be due in large part to the fact that (1) the Council's flagship programme within the Primary Schools was temporarily halted during 2017 while its Life Education Centre (mobile classroom) underwent repairs and (2) Primary School programming was significantly reduced during the conduct of the Primary School Needs Assessment which took place between 2017 and 2018. Figure 75 also highlights the introduction of the Council's Counselling programme. Though officially launched in 2016, 2017 marks the first inclusion of data regarding this programme in a BARDIN report.

Figure 75: NCSA Interventions by Department between 2013 and 2017
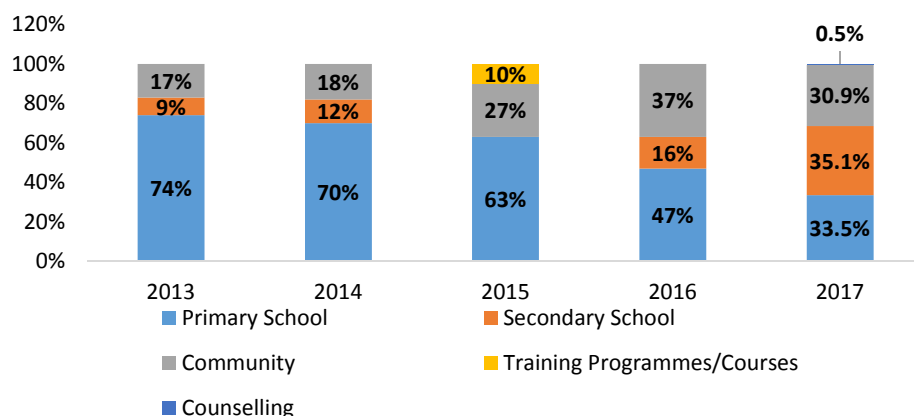
Source: Barbados Drug Information Network

6.2 Edna Nicholls Centre

Figure 76 shows that the percentage of students testing positive for marijuana use at the Edna Nicholls Centre fluctuated marginally between 2013 and 2017, ranging from 17.0% at its lowest to 22.6% at its highest.

Figure 76: Five-Year Trend Analysis of Students Testing Postive for Marijuana Use at Edna Nicholls Centre between 2013 and 2017
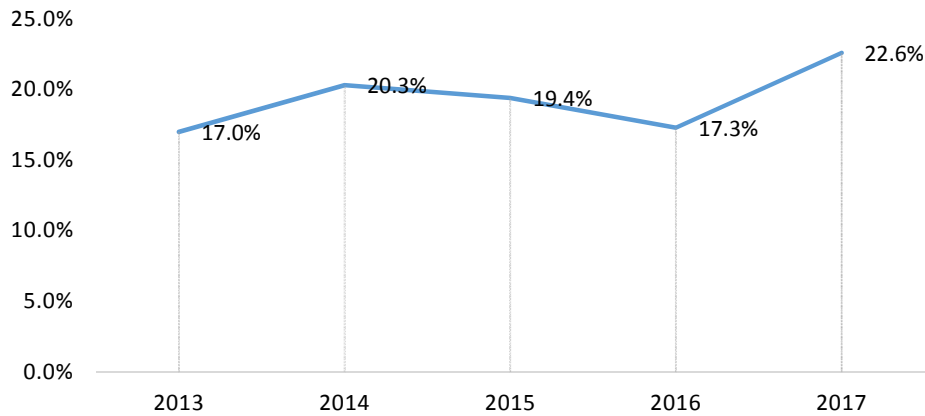
From Figure 77, it can be seen that most students testing positive for marijuana use between 2013 and 2017 were male; and in 2 of the years (2013, 2016), *only* males tested positive. While this is a definite trend which should not be discounted, it may be exaggerated by the fact that males accounted for the majority of admissions to the Centre during the five-year period.

Figure 77: Sex Distribution of Students at Edna Nicholls Centre Testing Positive for Marjuana between 2013 and 2017
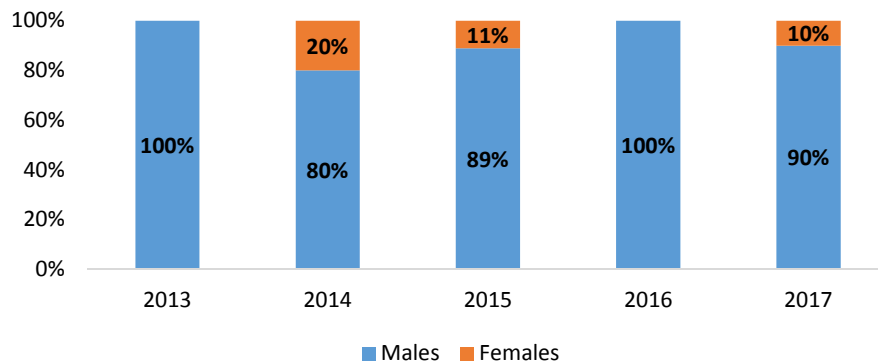
Figure 78: Age Distribution of Students Testing Positive for Marijuana Use at Edna Nicholls Centre between 2015 and 2017
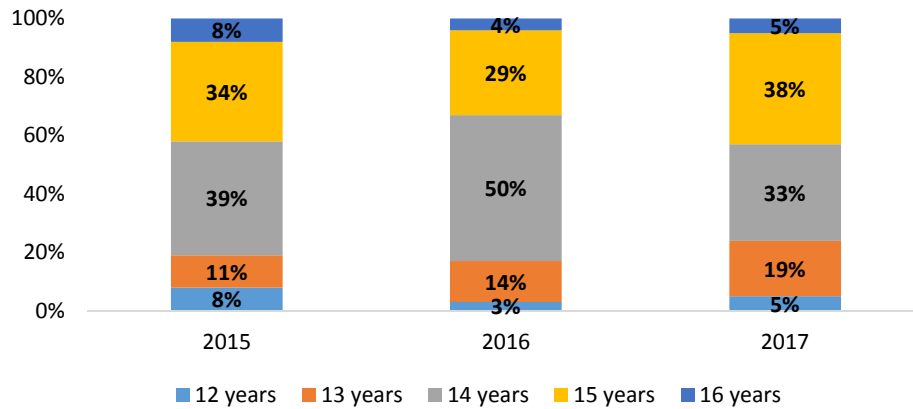
As with sex, a clear trend can also be observed with respect to the age distribution of persons testing positive for marijuana use. Between 2015 and 2017, the vast majority of students testing positive were between 13 and 15 years (See Figure 78).

6.3 Royal Barbados Police Force

Figure 79 shows that males charged with drug offences far outnumbered their female counterparts between 2015 and 2017.

Figure 79: Sex Distribution of Persons Charged with Drug Offences between 2015 and 2017
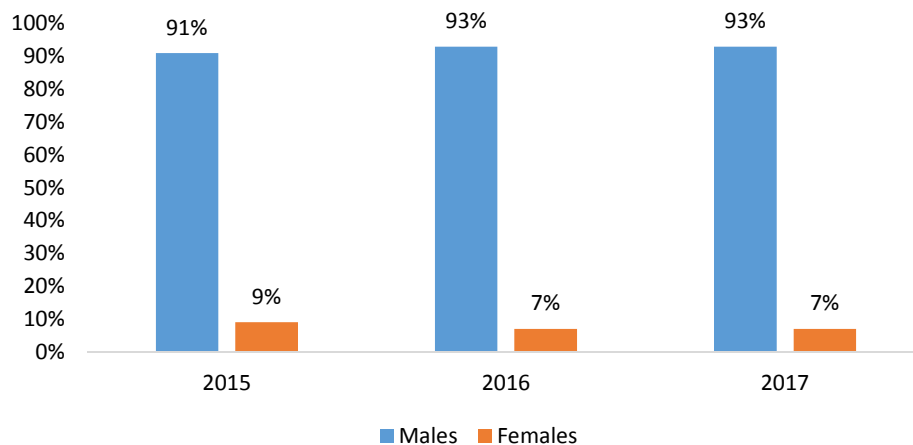
Figure 80: Age Distribution of Persons Arrested for Drug offences Between 2015 and 2017
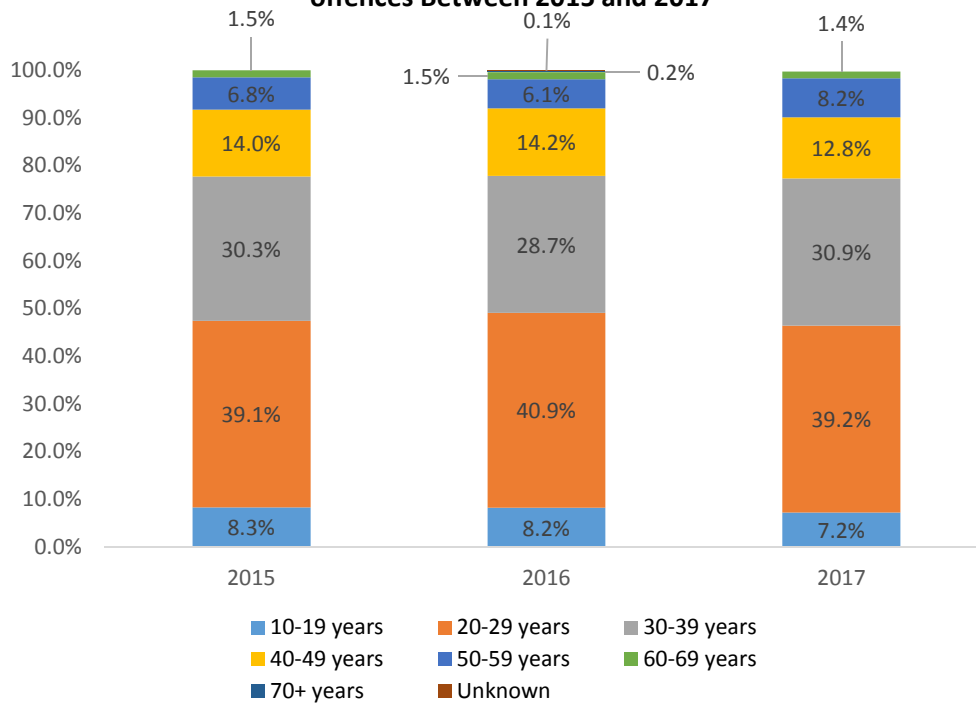
Source: Barbados Drug Information Network

With regards to age, Figure 80 shows that approximately 7 out of every 10 persons charged with drug offences between 2015 and 2017 were between 20 and 39 years.

As it pertains to drug type, Figure 81 reveals that cannabis-related offences far outranked all other drug offences between 2013 and 2017, reaching an all-time high (90% of drug offences) in 2017.

Figure 81: Five-Year Trend Analysis of Drug Offences Recorded by the RBPF by Drug Type for the Period 2011 through 2017
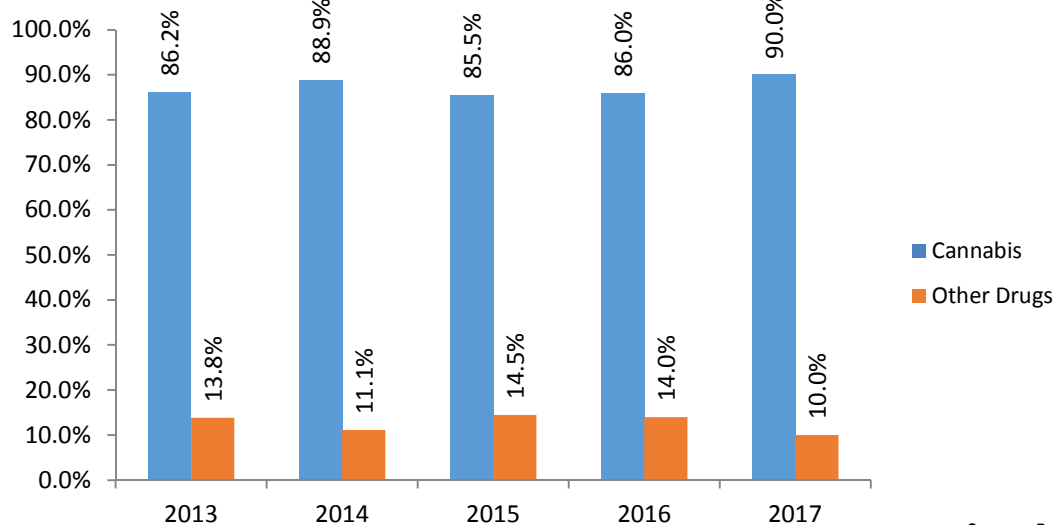
Source: Barbados Drug Information Network

While "Possession of Cannabis" has traditionally been the most common cannabis-related offence, Figure 82 shows a continual decrease in this offence between 2013 and 2015, with "Other Cannabis Offences" outranking "Possession" in 2016 and 2017.

In an attempt to investigate this shift, the distribution of all cannabis-related offences recorded between 2013 and 2017 was examined. Figure 83 shows that as "Possession of Cannabis" decreased, "Trafficking" and "Intent to Supply" increased by near equal amounts when combined. This suggests that increases in these offences were primarily responsible for the observed decrease in "Possession of Cannabis".

One possible explanation for this shift may be related to the quantity/weight of the cannabis seized. If a person is found with more than 15 grams of cannabis in their possession, the offences of "Trafficking" and "Intent to Supply" are automatically applied. Therefore, there could have been an increase in such cases between 2014 and 2017 which would account for the observed change.

Alternately, there are also instances when persons, by virtue of their involvement in the movement of drugs, can be charged with "Trafficking" and "Intent to Supply" despite not being caught with the drugs in their physical possession. As such, there may have also been more of these cases between 2014 and 2017.

Further investigations are suggested in order to determine the true reason for the shift.

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Figure 82: Five-Year Trend Analysis of Cannabis Offences Recorded by the RBPF between 2013 and 2017
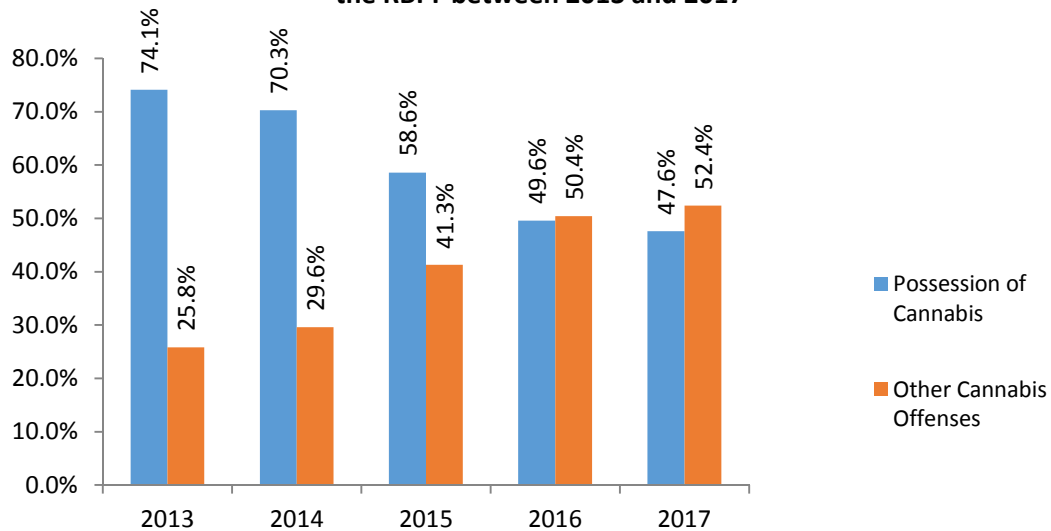
Source: Barbados Drug Information Network

Figure 83: Five-Year Trend Analysis of Cannabis Offences Recorded by the RBPF between 2013 and 2017

Source: Barbados Drug Information Network

8. Discussion

The findings of the current report show that the drug situation in Barbados remains largely unchanged. Marijuana, alcohol and crack cocaine continue to be the main drugs motivating the need for substance abuse treatment across the island; with marijuana being most problematic for persons under the age of 40 while alcohol and crack cocaine are mainly an issue for those over 40. In the area of supply control, the data also show that marijuana continues to command the attention of local law enforcement authorities, accounting for the majority of drug offences and drug seizures during 2017.

Comparison of the Drug Situation to that in Other Countries
The 2017 treatment data corresponds with that emerging from other countries across the region. In Grenada, Guyana and Trinidad and Tobago, 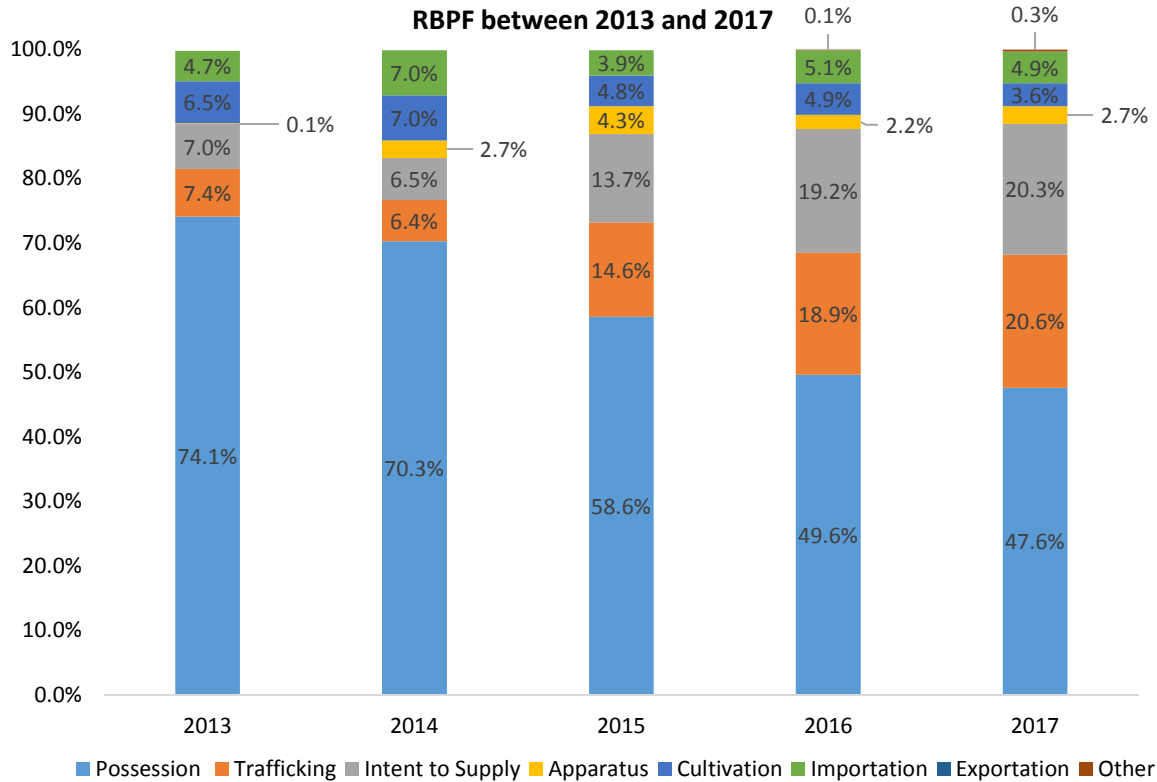alcohol, marijuana and crack cocaine/cocaine powder are also the main drugs for which persons seek treatment (Alexander, 2019; Drug Information Network of Trinidad and Tobago, 2018; National Anti-Narcotics Agency, 2019). Likewise, the most recent Grenada Epidemiology Network report shows that, in Grenada, marijuana is also most problematic among the under 40 age group and alcohol among those 40 years and over (Alexander, 2019).

With regards to the supply control sector, Grenada, Guyana and Trinidad and Tobago all report similar trends to those observed in Barbados. In each case, marijuana also accounts for the largest proportion of drug offences and drug seizures (Alexander, 2019; Drug Information Network of Trinidad and Tobago, 2018; National Anti-Narcotics Agency, 2019).

Popularity of Alcohol, Marijuana and Crack among Treatment Seekers
The accessibility of alcohol and marijuana is one possible explanation for why these substances are among the main motivators for substance abuse treatment in Barbados (National Council on Substance Abuse, 2019). In fact, 'ease of access' has been cited as one of the underlying causes for substance use and abuse (Warren, Smalley & Barefoot, 2015). Similarly, alcohol's long-standing history of being the most commonly used substance in Barbados (NCSA, 2006; 2015) likely also contributes to it being among the top substances for which persons require treatment (de Oliveira, Alberghini, dos Santos & de Andrade, 2013).

With respect to marijuana in particular, the increasing cultural acceptance and declining levels of perceived harm associated with the use of this drug (National Council on Substance Abuse, 2015) may also contribute to it being one of the primary substances for which persons seek treatment annually (National Council on Substance Abuse, 2019). This explanation is proposed as research has consistently shown an association between cultural acceptance, decreased levels of perceived harm and cannabis use, both within the adult and adolescent populations (Hasin, 2018; Pacek, Mauro & Martins, 2015; Piontek, Kraus, Bjarnason, Demetrovics, & Ramstedt, 2013).

Crack cocaine on the other hand may be popular due to it historically being cheaper and more widely available than cocaine powder (R. Parris, Personal Communication, January 10, 2020). However, cocaine powder is becoming more accessible and affordable and, as a result, treatment centres are beginning to record a shift towards the use of this form of cocaine, particularly among the younger population (R. Parris, Personal Communication, January 10, 2020). It should be noted that the highly addictive nature of crack cocaine (Falk, Wang & Carlson, 2008) and its association with crime, particularly acquisitive crimes (Organization of American States, 2012), make its popularity a concern for treatment providers, drug prevention educators/practitioners and crime prevention specialists.

Polydrug Use and Its Implications
Polydrug use continues to be prevalent among treatment seekers and can be especially challenging for treatment providers as it can complicate the proper identification of existing substance use disorders as well as hinder treatment adherence and success (de Oliveira et al., 2013). As such, consideration should be given to: (1) enhancing intake assessments to ensure identification of polysubstance use (Maffli & Astudillo, 2018) and (2) tailoring treatment approaches to improve outcomes for persons abusing multiple substances (Adamson, Sellman & Frampton, 2009).

The prevalence of polydrug use should also be of concern to medical personnel given that overdoses (fatal and non-fatal) and hepatotoxicity[10] are among the most severe consequences associated with polydrug use (European Monitoring Centre for Drugs & Drug Addiction, n.d.). Therefore, medical personnel, particularly those working within the field of emergency medicine, should be educated on the popularity of polydrug use in Barbados, including the most commonly involved substances.

Emergence of New Drugs
While marijuana, alcohol and crack cocaine remain dominant, the drug situation is diversifying with the appearance of substances such as crystal meth, amphetamines and ecstasy. Drugs such as these are highly addictive, with potentially dangerous side effects (Steinkellner, Freissmuth, Sitte, & Montgomery, 2011); and therefore, these changes must be closely monitored to ensure timely and adequate responses. The newly formed Early Warning System will prove useful in this regard as it will facilitate a more rapid response to that offered by current laws and procedures.

Gender and the Drug Situation
Overall, young males appear to be among those most affected by the drug phenomenon in Barbados. This statement is based on their over-representation in the treatment centres and at the Edna Nicholls Centre, as well as within the arrest and incarceration data. These findings highlight the need for specialized programmes which specifically target males, particularly those under the age of 40. As such,

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[10] Hepatotoxicity is chemically-driven liver damage (Pandit, Sachdeva & Bafna, 2012).

treatment providers and drug prevention educators should offer programmes geared towards the specific needs and realities of this sub-group.

Specialized programmes are recommended against the backdrop of research which shows that men and women differ in their pathways to addiction, patterns of drug use, and their responses to treatment (Dannerbeck, Sundet & Lloyd, 2002; Pelissier & Jones, 2005); thus suggesting that a one-size fits all approach is not adequate. Similarly, studies have also shown the increased effectiveness of gender-specific drug treatment programmes, including those offered by Drug Treatment Courts (Dennerbeck et al., 2002; Myer & Buchholz, 2016).

While the local drug situation is male-dominated, this should not suggest that females are unaffected. In fact, anecdotal reports from treatment providers suggest that the disproportionately lower number of females seeking substance abuse treatment does not accurately represent the true magnitude of problematic drug use among women in Barbados. Despite being a consistent finding throughout all of the previous BARDIN publications (2011-2016), treatment providers suggest that there are more women in need of treatment who, due to various barriers, are unable to access such services. Treatment barriers for women include, but are not limited to: a lack of child care (Brady & Ashley, 2005); concern over losing custody of their children (Elms, Link, Newman & Brogly, 2018; Stone, 2015); having a substance using partner (Riehman, Hser and Zeller, 2000); and a lack of wraparound services[11] offered by treatment centres (United Nations Office on Drugs & Crime, 2004).

It should be noted that this issue was first raised in the 2016 BARDIN report and a result, the NCSA will be conducting research to investigate the specific barriers to treatment for women in Barbados. The results of this study can be used to inform policy and programme changes with a view to improving and increasing women's use of substance abuse treatment services on the island.

Legislative Changes
At the time of writing, both the Medicinal Cannabis Industry Act, 2019 and the Sacramental Cannabis Act, 2019 were enacted. These have cleared the way for (1) the legal production, prescription and use of cannabis products for medical purposes; and (2) the legal cultivation and use of cannabis for religious purposes by Rastafarians.

Such changes in legislation can potentially impact recreational marijuana use. While international research regarding the effect of marijuana liberalization policies is somewhat inconclusive, some researchers have shown that medical marijuana legislation can soften attitudes to towards recreational use (Pacula, Powell, Heaton & Sevigny, 2015). Similarly, others have found associations between medical marijuana legislation and marijuana use/abuse (e.g. Wen, Hockenberry & Cummings, 2015; Hasin,

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[11] Wraparound services are psychosocial services that treatment programmes may provide to facilitate access, improve retention and address clients co-occurring problems. These can include the direct provision of services or referrals to other providers to address clients' needs for medical, mental health, financial, educational, vocational, legal, housing, transportation, child care or family services (Etheridge & Hubbard, 2000).

Sarvet, Cerdá, Keyes, Stohl & Galea, 2017). For example, Hasin et al (2017) found greater increases in the levels of adult marijuana use and Cannabis Use Disorders in states across the USA with medical marijuana laws when compared to states without such legislation.

In light of these findings, a proactive approach is needed to mitigate any such effects from the aforementioned legislation changes in Barbados. This includes: specialized public education campaigns focusing on the difference between medicinal and recreational marijuana use as well as campaigns which highlight the harms associated with marijuana use.

It will also be necessary to evaluate any impact which these legislative changes have on prevalence rates and attitudes towards recreational marijuana use, particularly among the younger segment of society given the finding that marijuana use is especially problematic within this group. To this end, it is recommended that surveys be conducted with immediacy to establish a baseline measure, or as close to baseline as possible, for future comparisons. Such findings can in turn be factored into future demand reduction efforts across the island.

Other upcoming legislative and policy changes include amendments to the Liquor License Act and the implementation of the breathalyzer test. These are encouraging given that alcohol is the most commonly used drug on island (NCSA, 2006; 2015) and is consistently one of the top three substances for which substance abuse treatment is sought in Barbados (NCSA, 2013, 2014, 2016, 2016b, 2017, 2019) .

Among the main changes to the Liquor License Act is the introduction of a legal drinking age. Once the Act is amended, it will be illegal for persons under the age of 18 to purchase or consume alcoholic beverages. This change is intended to restrict the availability, and by extension use, of alcohol by children and young adolescents. As a consequence, it may lead to an eventual reduction in the level of alcohol abuse and addiction, as research has shown that alcohol use during early adolescence is associated with a greater likelihood of addiction later in life (Petit, Kornreich, Verbanck, Cimochowska & Campanella, 2013). Based on international findings, the introduction of a legal drinking age can also be reasonably expected to reduce the number of alcohol-related crashes and fatalities among those under the prescribed age (World Health Organization [WHO], 2004).

In a similar vein, the introduction of breathalyzer testing, coupled with the previously set legal Blood Alcohol Limit (Government of Barbados, 2017), may also lead to a decrease in the incidence of drunk driving and related accidents/fatalities (WHO, 2004). However, for this to be most effective, frequent, widespread, visible roadside checks must also be made and punishments meted out (WHO, 2004).

It is recommended that public education campaigns be used to raise awareness of the changes to the Liquor License Act and the implementation of the breathalyzer.

Summary of the Recommendations to Enhance the National Response to Drug Situation

Below is a summary of the recommendations emerging from the foregoing discussion. They are targeted towards the observed trends as well as recent and upcoming legislative/policy changes.

1. Treatment providers and drug prevention education specialists should offer specialized programmes and interventions which cater to the needs of young males.
2. Treatment providers should consider enhancing intake assessments to ensure identification of polysubstance use and tailoring treatment approaches to improve outcomes for persons abusing multiple substances.
3. Medical personnel should be educated about the prevalence of polysubstance use in Barbados and the most commonly used combinations.
4. Research should be conducted to determine the impact of the cannabis-related legislative changes and this should include the immediate conduct of baseline surveys to determine current attitudes and prevalence rates for later comparison.
5. Public education campaigns should be designed and implemented to:
   a. Raise awareness of the differences between medicinal and recreational marijuana use as well as the harms associated with recreational marijuana use
   b. Raise awareness of the upcoming changes to the Liquor License Act and the implementation of the Breathalyzer Test.
6. Once the breathalyzer is implemented, frequent, widespread, visible roadside checks should be carried out and punishments meted out for driving under the influence of alcohol.

Continued Challenges affecting BARDIN

Despite the implementation of Memoranda of Understanding between the NCSA and all Network members on June 26, 2019, BARDIN continues to be plagued by the late submission of data, and in some cases the absence of submissions, from key members. The absence of data prevents a full understanding of the drug situation while late submissions hinder the timely dissemination of reports.

These are both problematic as current and reliable information is needed to craft evidence-based responses which are best suited to the present situation. To this end, it is imperative that Network members make every effort to submit data for inclusion in BARDIN reports within the requested time period.

The Way Forward for BARDIN

The NCSA continues its efforts to expand and enhance BARDIN and, with the commitment of Network members, will work towards the timelier publication and dissemination of reports. Continued efforts will also be made to increase the scope of the data presented within reports so as to provide a greater picture of the local drug situation and address data gaps. Meanwhile, the newly introduced standardized approach to data collection will ensure consistency in data collection and improve trend analysis in future reports.

9. Conclusion

Alcohol, marijuana and cocaine continue to be the most problematic substances in Barbados. However, the drug situation is diversifying with the emergence of substances such as crystal meth, amphetamines and ecstasy. Personnel in the prevention, treatment and law enforcement sectors must closely monitor these changes in an effort to ensure that timely and adequate responses are employed; thus underscoring the need for monitoring tools which facilitate rapid responses to new and emerging trends, such as the newly formed, local Early Warning System.

Treatment personnel should also focus on the ongoing polydrug use trend given its potential to hinder the treatment process and treatment outcomes. Similarly, treatment and prevention specialists should pay special attention to young males as they continue to dominate the local drug scene. However, females should not be neglected and efforts should also be made to identify and address the barriers to treatment which are hindering their access to treatment services.

Despite the need for additional monitoring tools, BARDIN remains a useful mechanism for understanding the magnitude and scope of the local drug situation. Recent efforts to standardize and expand data collection will allow for a more accurate assessment of the problem which in turn will enhance future policy making and programming.

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