DRUG AND ALCOHOL USE IN BARBADOS: ITS IMPACT, FACTORS RELATED TO USE, AVAILABLE RESOURCES, AND CURRENT INTERVENTIONS

A RAPID SITUATIONAL ASSESSMENT

BARBADOS

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National Council on Substance Abuse
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PREFACE

"To develop and deliver interventions to address drug problems that are culturally, socially, economically, and politically appropriate, it is essential to understand the nature and extent of drug problems, and to identify the resources that are, or might be, available to respond to them" (1). Putting it succinctly, this was the focus of the 1999-2000 Barbados Rapid Situation Assessment.

As these findings are useless unless translated into appropriate interventions, it is anticipated that this report will be used to support the development of a strategic plan that addresses gaps in the existing demand reduction services, and give an indication of the way in which these services may be improved. However, in many instances, the information contained herein is sufficiently detailed to facilitate the design of an operational plan to address the use and abuse of alcohol and illicit drugs in Barbados.

What this RSA is not, is a prevalence study designed to give estimates of the proportion of the population drinking or using illicit drugs. That type of study is best facilitated by a randomly selected household survey. In this case, the objective is not to determine if a problem exists, as it assumes, based on information from other sources, that one does, but to concentrate on acceptable methods of addressing these problems.

Sections of this report goes a bit beyond similar sections in the earlier report (2), and conversely, certain sections in the initial RSA are more detailed than those in this document. Regarding the latter, the reason was to avoid duplications in areas that would not have changed, such as the section on "Limitations of the RSA Methodology". As a result, it is recommended that both publications be consulted and used in combination by those readers interested in such methodological issues.

The report itself is divided into 5 chapters. These include: (i) Introduction; (ii) Methodology; (iii) Results; (iv) Discussion and Conclusions; and (v) Recommendations. The results are presented separately for each of the quantitative and qualitative surveys conducted, and reflect the beliefs and opinions that were expressed by respondents from the various groups, exclusively. The discussion presents an overview of the most relevant aspects of the drug situation and draws on information from across surveys and other information that was made available. Such an approach may give the appearance of repetition, but it is intended to facilitate the reader, who may only be interested in the results for a specific topic or group, which would be available in its entirety. Group specific conclusions and recommendations other than those expressed by the respondents were not attempted, but were incorporated into the overall conclusions and recommendations.

It is the authors wish that this Rapid Situational Assessment is viewed as a part of an ongoing assessment of services. As with the initial assessment, it should serve as a reference and source of information for national and international agencies and institutions, and for investigators and other professionals working in the field of substance abuse.

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1. Introduction

1.1. Social and Economic Situation of Barbados
1.2. Justification for Study

1. Introduction

1.1. Social and Economic Situation of Barbados

Barbados is the easternmost island of the Caribbean and is located northeast of Venezuela, east of St. Vincent, and southeast of Puerto Rico. The island extends 34 kilometers from north to south and has a maximum width of 23 kilometers. This results in a total land area of 430 square kilometers, which is divided into 11 parishes (3).

Estimates for the year 1998 have placed the population at about 267,000, with the most densely populated areas found along the western, southwestern, and southern coasts (4,5). Roughly 85 percent of the population is of African descent and approximately 12% and 24.5% were older than 65 years and under 15, respectively (4). Life expectancy, one of the highest in the region, was 76.5 years (5).

Telecommunication services are readily available, and the international airport has several daily flights to major cities around the world. Education is compulsory until age 16 and hence, the literacy rate is estimated at 95% (5).

Barbados has a democratic system of government with parliamentary elections held every five years. The Legislative Branch of the government consists of a bicameral parliament made up of a nominated 21-member Senate and an elected House of assembly of 28 members. Executive authority in Barbados rests with the governor general, who represents the British monarch, the Prime Minister, and a cabinet of at least five ministers, which is the principal instrument of policy and is charged with the direction and control of the government.

Historically, the Barbadian economy had been dependent on sugarcane cultivation and related activities, such as rum and sugar production. In recent years, however, production has diversified into manufacturing, component assembly for export, and tourism. The government continued to reduce the unemployment rate, which in 1998, was estimated at 12.3%, down from a peak of 24.3% in 1993 (6).

The Military branches include the Royal Barbados Police and Defense Forces, with domestic police duties the responsibility of the Police Force (RBPF). Most of the RBPF training is conducted at the Regional Police Training Center on the island, with more specialized training for officers provided at police facilities in Britain and elsewhere. Based on the 1996 RBPF annual report (7), the force complement stood at 1221, with 25 officers specifically assigned to the narcotics division. The Royal Barbados Defense Force (RBDF) consists of a Ground Forces division and the Coast Guard, with the latter having the responsibility for maritime interdiction.

1.2. Justification for Study

Beginning in the 1970s and continuing throughout the 1980s and 1990s, the use and trafficking of various illicit drugs in and through the Caribbean has been on the increase. Substantial evidence exists of the relationship between the levels and patterns of drug use on the one hand, and the incidence of drug-related problems on the other (8,9). National statistics indicative of the trend in drug supplies included increased seizures and an increased number of drug-related crimes, arrests and incarcerations (7). The increased demand for and usage of the various drugs was evidenced by the development of new treatment and rehabilitation facilities, increased enrollment in these facilities, and a shift in the predominant drug of choice of clientele (10).

Combating drugs and its related problems is extremely difficult, as authorities are presented with the challenge of not only preventing persons from beginning the use of drugs, but also intervening in the case of current users, and reducing or reversing the adverse impact that this phenomenon has had on society. Nevertheless, success can be achieved, as research over the past 20 years has demonstrated the effectiveness of various programs and policies in reversing trends and reducing drug-related problems (8,11).

The justification of the expense of drug prevention and treatment and rehabilitation programs, based on the results achieved, has never been more critical. With publicly funded programs, in general, coming under increased scrutiny in recent years, there is an urgent need for more appropriate programs that are effective as well as efficient. The identification of those factors that contribute to the initiation into and the continued use of drugs and related problems are essential if efforts are to have any chance of success. To make such an appraisal, well-designed program needs assessments and program evaluations are required. Conventional household-level surveys are still considered to be the “gold standard”, but such studies are very expensive and time consuming. On the other hand, support has grown for the use of “rapid surveys” that have proven to be quite useful in situations where resources are limited (12).

This Rapids Situation Assessment (RSA) was designed according to the guidelines set out in “Drug Abuse Rapid Situation Assessments and Responses” (1). The RSA utilizes a methodology that combines qualitative and quantitative data collection techniques and draws on a variety of data sources. The goal is to arrive at an understanding of the nature, extent and trends in drug abuse and of structures and services that exist, or do not exist, to address those problems, and then suggest ways to respond to them. Previous studies have been criticized for being too limited in scope, with critics calling for an assessment that was more comprehensive (13). Consequently, this study seeks to allow the contribution of a much wider cross-section of the community, both in the number of geographic areas selected and the number of participating groups within each area.

2. Methodology

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2. Methodology

2.1. Survey Design

This assessment incorporated existing or second hand data that was both relevant and current, with primary or new data collected as a result of small community-based studies, in-depth interviews and focus groups.

The specific objectives were:

- to assess the characteristics of the drug abuse problem;
- to study risk behaviors related to drug abuse;
- to describe current interventions and identify others required minimizing the harmful consequences of drug use;
- to determine the nature and effectiveness of drug prevention programs;
- to identify target populations for program interventions; and
- to devise strategies that respond to the needs of various target populations.

2.2. Sample Selection

2.2.1. Selection of Communities

The six initial communities included the City of Bridgetown, Deacon's Farm, Eden Lodge, Haynesville, Pinelands, and Gall and Silver Hill. For a description of these communities, reasons for selection and the Demand Reduction projects implemented in each, readers are referred to the 1998 Rapids Assessment Survey Report.

The other communities included Sayer's Court in the parish of Christ Church, Ellerton in St. George, Redmon's Village in St. Thomas, Belleplaine in St. Andrew, Bayville in St. Michael, and Maynard's in St. Peter. These additional six were selected because of the desire to achieve a broader perspective than was possible by limiting the selection to the initial six communities. The primary selection criterion for these communities, like the first six, was the presence of government housing developments. Unlike the initial six, however, these communities were not limited to urban areas but included more rural areas.

2.2.2. Selection of National Key Informants

Key informants were defined as persons who, by virtue of their professions or contribution to reducing the impact of drugs, were able to provide relevant information on the national level. These ranged from persons working in the fields of law enforcement and Health care, to persons working in the area of drug prevention (Appendix 1).

Informants from law enforcement included personnel from Customs and the Police who were selected in order to assist in the identification and interpretation of any trends with respect to trafficking and the use and sale of illicit drugs and their impact on society.

Those from the Health Care sector included Treatment and Rehabilitation professionals from government and non-government organizations. It was anticipated that this group would be able to give an assessment of treatment patterns and any corresponding needs that would have to be addressed.

Drug educators, religious leaders, community leaders, social workers and guidance counselors were included among those that specialized in prevention activities. Information captured from this group provided an indication of current activities and programs, the strengths and weaknesses of each and suggestions for further improvements.

2.2.3. Selection of Community Participants

Within each of the communities selected, with minor exceptions, four groups were targeted and included in the assessment. These included Key Informants who were active within the respective communities, out of school young persons, persons who either used drugs or sold drugs, and participants from the National Council on Substance Abuse's community-based projects.

Key Informants were selected primarily to serve as barometers for the residents of selected communities or to give an indication of the general attitudes and opinions of the communities towards drugs and its impact. However, because of their intimate knowledge of drug-using locations, they were also utilized to assist with the identification of the most likely areas where drug users and/or pushers and out-of-school youth would be found.

Persons targeted to serve as community based Key Informants were Police Officers, Religious leaders, Youth Commissioners with the Ministry of Youth, and persons affiliated with sporting organizations who possessed knowledge of youth activities ongoing in the communities.

Out of school youths were selected because they serve as the key link between the school age population where many of the lifestyle choices that function as precursors are first made and young adulthood where they are nurtured. This group did not include current drug users due to the desire to find out what were the motivating factors that allowed these individuals to stay away from drugs or stop using. Both genders were included and the age group targeted was persons between 15 and 25 years.

Drug users and/or pushers were included in the survey in order to solicit specific information on drug use and sale patterns and other risk factors that would enable more targeted interventions. As a definition, persons were included if they currently used drugs and/or sold drugs. It was not necessary to distinguish between drug users and abusers as the goal was to ultimately implement prevention programs and it is believed that issues affecting first use would not differ significantly between the two groups. Attempts were made to recruit equal numbers of males and females without regard to age.

In order to get an indication of the effectiveness of the community programs that were implemented or supported by the Demand Reduction Project, persons enrolled were questioned about the impact on communities and individuals. Program success was viewed in relation to the capacity to positively affect the impact of drugs and the sustainability of the programs, given their introduction to other areas of Barbados. In choosing the study participants from the community projects, the desired number was randomly selected from a complete listing of all participants made available by the various project leaders. This was an attempt to avoid having persons biased in favor of the programs pre-selected for inclusion by the project leaders.

2.2.4. Selection of Focus Group Participants

This phase of the RAS also utilized focus groups in order to assist with the explanation of the quantitative information obtained from previous surveys of the adolescent population. Participants were able to give their perceptions of the reasons for drug use and an indication of the norms and practices of that segment of the population.

The groups consisted of a combination of students from two or more schools located within or near to the selected communities (Appendix 2). An attempt was made to insure that the students selected to participate were no different than the general student population by asking the principals not to restrict the selection to prefects and/or the more academically gifted students. Close friends or members of the same “group” were not allowed, so as to improve the chances of obtaining more diverse opinions.

There were four focus groups in all, which included a total of 8-10 participants equally divided along gender lines. The number was limited to allow the facilitators the flexibility to extract more thoughtful and in-depth responses than would be possible with larger groups. The students were selected from grades 9 through 11.

2.3. Data Collection

2.3.1. Secondary Data

As the goal of the survey was to provide an assessment of the present situation with respect to drugs in the country, the data that was collected had to be relatively current. Accordingly, attempts were made to gather second-hand data reflective of the periods 1997 through 1999. This was most important as the community projects were implemented in 1997, and it would reasonably take a two-year period to realize any results. However, in some instances, data from earlier years that enhanced the historical perspective was also included.

Regarding the sequencing of data collection, attempts were made to collect all national statistics prior to the in-depth interviews. This provided not only a description of the situation in the respective institutions, but also any questions that may have arisen to be posed to the appropriate authorities during the in-depth interviews. Their responses aided in the explanation and interpretation of the information.

The second-hand data collected included data from previously completed surveys and information routinely collected for management and planning purposes by the various institutions. To access the information, in some instances it was necessary to obtain permission from the appropriate ministerial and departmental authorities.

2.3.2. Primary Data

2.3.2.1. In-depth Interviews with National Key Informants

All of the interviews with the national Key Informants were conducted by the External Consultant to the project between November 1999 and January 2000. Interviews were limited to a maximum of 2 hours and were conducted at the informants' place of employment. To ensure that the interviews kept below 2 hours, semi-structured questionnaires specific to each group of informants were used (Appendix 3). Prior arrangements were made in all cases via the telephone and, when necessary, through the use of formal written requests that indicated the nature of the project and the specific questions to be addressed.

2.3.2.2. Community Surveys

A total of 50 interviews were conducted in each of the 12 communities with the 4 target groups. In the six initial communities, the 50 persons included 10 Key Informants from within the community, 10 Out-of-school youth between the ages of 16 and 25 years, 20 Drug users and/or pushers, and 10 youths who

participated in the intervention programs implemented or supported within these communities. For the six new communities, where there were no project-related intervention programs, the number of out of school youths to be interviewed was increased to 15 and the number of drug users and/or pushers increased to 25.

Data were collected by a total of 12 interviewers trained specifically for this survey (Appendix 4). The number was limited to 12 to reduce the potential for inter-interviewer bias. The training involved:

(i) an introduction to the general techniques of RAS and the methods utilized in this survey;
(ii) interviewing skills;
(iii) the protocol to be followed while in the field;
(iv) familiarization with the instruments to be used so as to be able to record responses accurately and consistently;
(v) role playing; and
(vi) how to handle frequently asked questions in order to prepare the interviewers to respond competently to all survey related questions.

Prior to beginning the collection of the data to be used in the final analysis, all of the interviewers were required to go into the field and conduct an on-site interview with a drug user, as this was anticipated to be the most difficult of all of the targeted groups. After this initial fieldwork, the interviewers were reassembled in order to share experiences and to identify any final changes that would have to be made to the instruments and/or field procedures.

After the potential candidates had been identified, they were approached by the interviewers (who were all required to wear identification badges) and the proposed field protocol followed. This involved an introduction of self, an introduction to the survey including the objectives, followed by the offer to participate. For security reasons, two interviewers were assigned to each community and, as a result, each team was responsible for completing a total of two communities. Some of the communities were, however, subsequently reassigned to facilitate the completion of the data collection prior to the deadline. Additionally, the number of refusals were to be recorded by each interviewer as this served both as a measure of the interviewers' ability to recruit participants and the attitude of members of the selected groups towards the survey.

Data collection began on the 1st December 1999 and was completed by 15th January 2000. Specific data collected from each of the groups can be seen in Appendix 4 and included:

Key Informants - Drugs that create the most problems in the community; The groups most vulnerable to drugs; The acceptance level of Drug Users/Pushers in the community; The social factors that contribute to the drug problems; The major problems associated with drug use; Initiatives taken to deal with the

problems; The barriers that would have to be overcome; and the adequacy of resources to deal with the problem.

Drug Users/Pushers - Personal drug use; Reasons for using; Problems experienced as a result of use; Social and environmental factors that may contribute to the problem; Problems faced by the community; Perception of relationship between Pushers and the community; and Problems experienced by these individuals.

Out-of-school Youths - Risk factors for drug use; Problems faced by the community; Perception of the extent of the drug problem in the community; Worries and concerns of the youth; and activities that would be of interest to persons of this age group.

Program Participants - Whether the goals and objectives of the projects were met; whether personal expectations were met; whether the projects addressed specific issues related to drugs in the community; Recommendations for improvements to the projects; Whether the projects should be expanded; Community concerns; Activities that should be introduced to the communities; Social and demographic factors; and recent drug use experiences and/or opportunities.

2.4. Data Handling

In an effort to improve upon the quality of data, spot checks were conducted of all interviewers while in the field. The aim of these checks was to ensure that interviews were being carried out and that they were conducted in a manner consistent with the specified protocol.

After the interviews were completed, they were checked for completeness and accuracy by the supervisor/local consultant prior to data entry. Any systematic or consistent errors were brought to the attention of the interviewers for the necessary adjustments to be made. To minimize the potential for data entry errors, minimum and maximum limits were built into the data entry program along with automatic skips for questions that were not appropriate, based on answers to previous questions. The former would avoid the keying in of values that were out of range.

After the data had been entered, it was put through a series of consistency checks in order to identify potential errors. All errors required manual checks with the actual questionnaires. If the problem still could not be cleared up, that variable for that individual was dropped from all analyses.

Any questionnaire that failed the consistency checks or that did not have a minimum of 66% of the data items completed properly (not including the Not Stateds), were eliminated from the survey.

2.5. Data Analysis

Although data was collected from participants in the intervention programs in the six initial communities, the primary purpose of the analysis was to assess on a more comprehensive basis the drug situation throughout Barbados. The aim was not to compare results from this survey with those from the initial RAS, although results from the 2 groups were looked at in some cases to determine if the projects may have had an impact.

For the analysis of the in-depth interviews of national key informants, the results to questions that sought to identify the most serious drug problems were not quantified, as this would have downplayed minority viewpoints. These responses were related to the type of work with which the informants were involved and the number selected from the various fields was neither equal, nor were they representative of any group. An over-representation of any one group would have resulted in an over-representation of a specific type of answer if there were any group patterns observed in the responses. To treat any one problem or any particular drug mentioned as more important than the others because of the number of times they may have been mentioned would have been a misuse of the information. As a result, although a respondent may be the only individual with a particular opinion, that opinion may in fact be just as important to the overall goal as one expressed by all participants.

The analyses of the community-based surveys were limited to univariate analyses and bivariate analyses. The univariate analyses utilized frequencies to describe the distribution of variables and to identify any outliers and natural grouping points in the event aggregation became necessary. The bivariate analyses looked at the association between two factors simultaneously.

Statistics reported included measures of dispersion and central tendency, while the statistical tests, used only as a guide, involved the students' t-test for differences between group means and the chi-square tests for differences in proportions for categorical variables. In the event a question should have been answered but was not, it was coded as "not stated" and excluded from any analysis. Regarding these "not stated' answers, the question was whether, as a group, their responses were any different than those who did answer the questions. In the event they were, their exclusion would most likely result in either an over or under-estimate of the measures of interest. For those questions that were not appropriate, based on answers to previous questions, the results that were reported referred only to the group for which the questions were relevant.

3. Results

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3.3. Student Focus Group Discussions

3. Results

3.1. Interviews of Key Informants at the National Level

3.1.1. Treatment Personnel

Treatment and/or rehabilitation professionals that contributed to this report included a counselor and a psychiatrist from the Drug Unit at the Psychiatric Hospital, and a counselor from one of the private facilities, Teen Challenge. All were well placed to provide insight into the status of treatment and rehabilitation of substance abusers in Barbados.

3.1.1.1. Most Problematic Drugs in Barbados

Those interviewed were unanimous in the identification of cocaine as the most problematic drug in Barbados. It was considered to be the most problematic of the locally available drugs because, apart from being responsible for most of the treatment admissions in Barbados, it had a tremendous adverse impact on personal health and family life. In addition, it caused considerable social problems, including stealing to support the cocaine habit, prostitution with both the same and opposite sex, and it was a major contributor to the violence observed within communities.

Other drugs that were mentioned as presenting problems in Barbados included marijuana and alcohol. Marijuana was considered to be a problem because it was readily available and was considered a gateway drug to the use of more harmful substances. Additionally, at the Psychiatric Hospital, many of the admissions involving marijuana was said to involve some sort of psychosis, with the use of the drug becoming obvious only after admission. Alcohol was viewed as problematic because it was legal and, as a result, very accessible and widely accepted.

Professionals employed in treatment facilities have not, as yet, been faced with persons involved in the intravenous use of drugs. However some disturbing new trends have been identified recently, which appear to be utilized when other preferred drugs were not available. These included the smoking of cow manor and the sniffing of used menstrual pads, the latter having been observed in different treatment groups and in persons from communities spread across Barbados; a testament to its growing use.

3.1.1.2. Demographic Characteristics of Clients

According to the informants, cocaine addicts who presented themselves for treatment used the drug, primarily, in the form of crack, which was smoked in

pipes or laced with marijuana in cigarettes. It was revealed that, at any given time, cocaine was involved with 50-70% of all admissions to both the government and private facilities. In many instances, however, the drug was used in combination with other drugs, and in fact, polydrug use (cocaine, marijuana and alcohol) may account for over one-half of all cocaine admissions.

As compared to marijuana users, most of who are in their teens or early twenties, the informants indicated that the cocaine users seen generally ranged from about 18 years to the mid-thirties. Alcohol abuse was most commonly seen in persons above the age of 35 years.

Due to the lack of facilities for females, there was no way of truly observing trends by gender at the Psychiatric Hospital. For females to receive appropriate treatment and counseling at this institution, they would have to be housed on the psychiatric ward and moved to the Drug Unit during the day. This, it was felt, discouraged the use of the facilities by women. Approximately one-third of all calls to Teen Challenge, the lone private facility for the primary treatment of substance abuse, was from females. For those females who were admitted, the majority was said to be between the ages of 25 to 35 years. Males ranged from 17 to 40 years.

3.1.1.3. Barriers to Improvement in Substance Abuse Treatment

Factors considered by those persons that were interviewed as barriers to improvements in the area of treatment and rehabilitation were the severe shortage of funds allocated for this purpose, and the lack of qualified counselors. These perceived barriers were believed to have been related to the government bureaucracy and its propensity to be more reactive than proactive, and to the lackadaisical attitude of policy makers and others in authority towards the drug situation.

Additionally, in spite of all efforts to improve conditions, the actual treatment environment was not viewed as one that was conducive to rehabilitation. Ideally, these professionals felt that the environment should reflect, as much as possible, a family environment.

In order to reduce the chance of relapse, clients should be taught real life skills during the rehabilitation period. To give these clients a chance to further develop any skills acquired once discharged, those in authority may wish to consider linking this training to the community-based programs initiated by the NCSA. Unfortunately, the fact that many clients could neither read nor write severely limited their involvement in the services that were available, as some reading skills would have been required.

Even if the above issues were adequately addressed, the informants acknowledged that ongoing improvements could not be made without a comprehensive drug information system. Such a system would serve to facilitate program assessments and outcome evaluations. Currently, this does not exist, and the data that is collected, in many instances, does not allow for any meaningful computer-based analysis.

Other issues that the informants felt contributed to the lack of progress, although not directly involved with treatment, was the cultural belief that marijuana is not a drug, the risk of being stigmatized as crazy if admitted to the Psychiatric Hospital, and the bias exhibited towards programs that may follow a different doctrine. The latter was believed to restrict resource sharing, and without any knowledge of the success rates of the different programs, it was felt that this would continue.

3.1.1.4. Initiatives Taken and Suggestions for Improving Treatment Services

Notwithstanding these barriers to progress, initiatives that have already been taken are the establishment of community support groups, and the introduction of reading lessons and basic computer lessons at Tamarind House. To strengthen community ties, staff of some of these institutions conducts presentations to churches, schools, and to other community service organizations. The establishment of the Substance Abuse Network to assist in the coordination of efforts was considered to be another timely initiative, although this coalition could be a lot more productive.

To further improve treatment and rehabilitation services in Barbados, the informants felt that there remained a number of areas that could be improved or methods that could be introduced. First and foremost, there was the need for an inpatient facility for females and other specialty groups that would allow treatment and rehabilitation to take place in a more appropriate environment. Within the facilities that currently exist, there was a need to make available more educational counseling to improve the literacy of clients, a factor identified as a retardant to treatment, and implement more vocational and skills training to improve the capacity of clients to make a living post discharge.

Additionally, more routine testing during treatment and aftercare was required, in order to objectively assess the success of programs and to redirect goals and objectives when necessary. It was felt that an agreement to be tested should be a condition for acceptance into the program. The halfway houses, which were not well organized, must be supervised more closely, and should be operated with very strict rules to avoid becoming breeding grounds to further abuse.

Within the communities, more support networks for aftercare should be established, in order to make this important aspect of care more readily available

and in friendlier surroundings. This would reduce the burden on Tamarind House as well as allow clients to be less reliant on a facility that many believe results in the attachment of negative stigmas regarding mental competence.

Further improvement in the quality of the treatment and/or rehabilitation provided could be realized through more appropriate testing during admission. The introduction or regularization of psychological assessments, drug severity assessments, and personality assessments, which can assist in the design of personalized treatment and/or rehabilitation, it is believed, will significantly improve the chance of treatment success.

Regarding drug use prevention at the community level, treatment professionals interviewed were of the opinion that a more visible police presence in the known drug areas was required as a deterrent, along with a more sustained anti-drug effort. It was their opinion that residents must get involved in these efforts because the government was unable to solve all the problems that contribute to or result from drugs in the communities. Just as importantly, coordination amongst the various organizations involved must be improved, in order to allow for a more efficient and, hopefully, effective use of resources.

Additionally, all stakeholders must recognize that the problem exists, it's on the increase, and is affecting other aspects of life in Barbados, in particular, violence. This, in itself, has led to fear and the need to protect life and property through means such as iron bars, which detracts from the historical sophistication of the island and conflicts with the true nature of its people. Although one program may be successful, if others are not, clients from these facilities will continue to create problems for society on the whole.

3.1.2. Substance Abuse Prevention Professionals

The structured interviews with persons involved in prevention or social work were designed to identify the different services, organizations, institutions or individuals engaged in delivering programs to prevent or reduce drug misuse in Barbados.

In total, six interviews were conducted with persons involved with employee assistance programmes, guidance counseling, private counseling, the Childcare Board, the Department of Youth, and the Police Juvenile Liaison Scheme. The childcare board is responsible for the care and wellbeing of all children, the licensing of nurseries, foster care and adoption programs. The juvenile liaison scheme was established to address the counseling needs of deviant minors with behavior problems, like those who used drugs.

3.1.2.1. Most Problematic Drugs in Barbados

The most problematic drugs in Barbados were identified as marijuana and alcohol, although cocaine was also mentioned. Alcohol was identified as the most problematic drug primarily because of the prevalence of its usage, its availability and affordability. Additionally, it was described as a socialization agent whose use on special occasions only served to increase societal acceptance.

Marijuana was identified because, it was already the most popular of the illicit drugs and its use by young persons was thought to still be on the increase. It was suggested that this might have been due, in part, to conflicting messages that resulted in young persons not viewing it as dangerous. Further, along with alcohol, its use was associated with the later use of more dangerous substances like cocaine, and it was sold within the schools, making it readily available to those believed to be most at risk. This was possible because it was extremely cheap and could be bought for as little as two dollars.

Cocaine was identified as problematic because of its impact on society and its addictive capabilities. Fortunately, access was believed to have been limited by the cost of the drug.

Although no new methods of drug taking behaviors have been observed in Barbados on a large scale, some of the informants have noticed the recent use of glue for sniffing. However, it was believed to still be experimental and most likely introduced elsewhere.

3.1.2.2. Persons Most Vulnerable to Drug Use

Persons identified as most vulnerable to drug use were young males of school age, between 14-16 years. Based on the number of juvenile court appearances, this group also appeared to be the cause of more legal problems than those of any other age or gender. Nonetheless, the number of females involved was believed to have been on the increase, although young women did not readily admit to the use of drugs and special skills were required to identify female users. The prevention specialist felt strongly that this group deserved to be targeted for prevention education and interventions along with their male counterparts.

On the other hand, a few of the informants were of the opinion that all persons were equally vulnerable, since drugs were available in all schools and all communities. It was also theorized that persons from working class families, who lived in areas where activities such as the sale and use of drugs were observed on a daily basis, were more at risk.

Persons thirty years of age and over required most of the counseling for alcohol abuse. It was stressed though that such persons, generally, would have had a drinking problem for at lease four or five years prior to seeking treatment, placing the start of the problem drinking at some point in the mid to late twenties. For preventive purposes then, it was suggested that alcohol drinkers in their early to mid twenties should be targeted.

3.1.2.3. Social Factors that Contribute to Drug and Alcohol Problems

Some of the social factors that were believed to be causally related to illicit drug use were poverty, sexual abuse, and an increase in followers of the Rastafarian religion, whose members believed that its use provided wisdom. The link to poverty was that it results in overcrowding which leads to irritation and, some believe, violence and the need to escape. Similarly, the informants were of the view that there was a high incidence of sexual abuse that was not being addressed, and which resulted in the victims turning to alcohol and drugs in order to escape the misery. This perceived increase in the acceptance and use of marijuana was believed to have led to cultural changes and the view that the use of drugs, primarily marijuana, was okay. Additionally, many people saw it as a cash crop and were initially drawn in by the desire for "easy" money, only later becoming users themselves.

Within the homes, family involvement in the drug trade, both as users and, in some cases, as pushers or sellers, and inadequate parenting was also believed to have contributed to the problem. Specifically mentioned was a lack of love shown by parents towards their kids, a lack of quality time spent with kids, and the absence of any relationship with fathers. It was felt that this all translated into a lack of supervision and discipline which allowed these children to get involved with bad company where they were exposed to negative influences.

With respect to social factors related specifically to alcohol abuse, informants mentioned increased levels of stress coupled with inadequate coping skills to deal with the myriad of problems that faced families of today. Based on the experiences of the informants, this resulted, all too often, in excessive drinking by family members, one of the leading causes of family violence such as spousal and child abuse. Unfortunately, when funds that are required for household expenditure are exhausted on alcohol, it reduces economic power, thereby creating more stress, and increasing the potential for family violence. For the employer, the end result is a reduction in productivity for the company, as persons suffering from hangovers are, all to often, incapable of performing the tasks that they are required to do.

3.1.2.4. Social Consequences of Substance Abuse

Other social consequences of drug use are the petty crimes committed against person and property to support drug habits, drug fights, and other related violence. Together, these have created a level of fear within communities, which, itself, has contributed to a reduction in sensitivity and courteousness, a fear of moving about, and a subsequent loss of community spirit. The communities are then further subjected to negative labeling that is transferred to all residents thereby increasing the potential for bias against persons from these known "drug areas".

Drug use was also thought to increase the school dropout rate, as the disruptive behavior exhibited in class not only affected the user's ability to learn, but everyone else in the class as well. Such behaviour is not tolerated and often led to suspensions or expulsions, which only increased the opportunity to use more drugs. Periodically these young persons are sent to the industrial schools at which point they become criminalized as a result of a court record.

On a personal level, the informants indicated that substance abuse has been shown to increase promiscuity and sexually transmitted diseases such as AIDS, all too often resulting in an increase in the number of AIDS orphans and the costs associated with their care. This was not considered to be a major problem in Barbados, as yet, but persons involved in childcare felt that eventually it would be and, hence, there must be a plan in place for them.

3.1.2.5. Initiatives Taken to Improve Drug Prevention Efforts

The informants acknowledged the multifaceted nature of the substance abuse problem and the need to address it from various aspects. Initiatives that have been identified included the hiring of qualified guidance counselors, and the recent establishment of a skills program in schools to get kids interested, thereby increasing the opportunity to counsel.

In others areas, there have been talks of mandatory service for juveniles, programmes specifically designed for young persons implemented by the childcare board, and use of the staff of the National Council on Substance Abuse in the training of the staff of the Department of Youth on drug abuse. This training was recognized as key since the department operated various youth services programmes that targeted adolescents and young adults, many with problems related to substance abuse.

Finally, there have been recent attempts to control drinking and driving through the implementation of roadblocks to detect and remove drunk drivers, and regarding responsible advertising, the Caribbean Broadcasting Corporation has banned some ads from the airwaves.

3.1.2.6. Barriers to Improving Drug Use Prevention Efforts

The informants recognized that the initiatives taken to date were not nearly enough to significantly impact all of the problems related to drugs, and that more would have to be done. However, they were also cognizant of the fact that any attempts to address the many shortfalls in drug use prevention would not be easy, and identified a number of barriers that would have to be overcome before the desired improvements can be realized. Among these were the relative enormity of the problem and the lack of coordination by government and non-government stakeholders. The refusal to recognize that drugs and its complications are a major public health threat or the deliberate attempt to cover up the problem is also believed to be one reason for the inadequate funding allotted for treatment and rehabilitative services to date. The informants were of the opinion that this was made worse by bureaucratic constraints as persons felt that too often the information required for informed decision-making at the highest levels were being filtered down or simply, were not being passed along. To counteract this, it was felt that more authority should be vested in lower level managers who were more knowledgeable about the subject and who could react to situations more speedily.

One of the main barriers to the prevention of alcohol-related problems was the economic contribution by the rum producers. These well-funded companies contributed substantial amounts of funds to local programs or cultural events and the informants acknowledged that such power was very difficult to counteract. A possible result of this was that alcohol was no longer viewed as a drug to many, a fact that made it very difficult to educate persons on the dangers of its abuse. Additionally, the age at which one can legally purchase alcohol and the sheer number of local rum shops contributed to the availability to persons of all ages. Consideration must be given to limiting the availability of alcohol by placing a moratorium on the issuance of new liquor licenses and increasing the age requirement. There are no laws governing the sale of alcohol to persons who may be obviously drunk and, as a result, bartenders and others are not liable in the event this practice contributes to accidents. It was felt that penalizing establishments through loss of business licenses would assist in reducing or eliminating this practice.

3.1.2.7. Suggestions For Improving Drug Use Prevention Efforts

In addition to the initiatives that have already been implemented, the specialists that were interviewed identified a number of steps that could be taken to further prevent drug-related problems. First and foremost, there was a real need for policy and decision-makers to become more proactive in addressing the problem by allocating sufficient funds that are directed towards appropriate programs. Many persons expressed the opinion that policy makers were too far removed and did not care about the plight of their constituents. With or without an increase

in funds, however, there was a need for better co-ordination of activities and services currently provided by the various organizations involved in the anti-drug fight, and more qualified human resources at all levels. Singled out were those persons who have a direct link to youths, like the youth commissioners.

For those persons less than 16 years who were already using drugs, it was felt that a rehabilitation facility should be developed to appropriately address the specific needs of persons in this age group. This facility should be completely autonomous from the psychiatric hospital so as to end the stigmatism attached to inpatients of that facility, and should approximate, as much as possible, a family environment. A few of the informants were of the opinion that some sort of mandatory youth service could be implemented to instill discipline, while others saw the need for an expansion of the community policing concept. It was envisioned that this would serve to build a network between the community and the police department, based on a clear understanding and a mutual respect of the role that each have to play.

With respect to drug education, respondents felt that there was a real need for an enunciated policy to address the needs of the wider community as well as select groups. One such group is the parents of high-risk children who must be supplied with the necessary skills through proper parenting programs, and must then be held responsible for their children's actions, either financially or legally. Within the schools, training for principals and other administrators on how to deal with various situations and the development and implementation of a structured curriculum were considered essential. Some of the informants were advocates for a more interactive approach, one that involved visits to the Drug Unit and the selective use of recovering addicts, so that the students could have a chance to actually see and hear the negative impact of drug use. Additionally, more life skills could be taught to the students through more specific workshops and seminars, outside of the highly structured 40-minute classroom schedule.

Also identified was a need for the development of comprehensive programs to address problems related to substance abuse within the workplace. Specifically mentioned was the need for persons with confrontational skills training who would have the confidence to approach persons and the knowledge to give meaningful advice on possible interventions.

In the area of alcohol prevention, there was an expressed desire for increased public education that targeted the general public as well as policy and decision-makers. It was also suggested that government and/or the private sector should consider eliminating or banning all sponsorship by liquor companies of sporting activities that attract young persons, and banning all T.V and radio adds, as they give the impression that drinking alcohol is cool. Further, there was an appeal for stiffer penalties for lawbreakers, and the enforcement of those that currently exist.

With respect to the handling of substance abusers, most prevention specialists were of the opinion that none should be criminalized, as substance abuse was an illness in need of treatment. Court mandated treatment should be an option that is utilized more, as the decision cannot be left up to the parents who, very often, view themselves as failures and want to make it up to their children. For persons who are incarcerated with substance abuse problems, appropriate counseling and/or treatment by trained professionals should be made available.

Generally, all persons have a role to play and thus must be prepared to intervene before persons experiencing problems reach the point of no other alternatives. Within the school system, programs must adapt to the children of today and programs designed accordingly. Unfortunately, the current messages that target the youth are not believed to be effective for behavior modification. Drugs are being used at very young ages and hence, anti-drug education must begin in primary school. Too often, the intelligence of young persons is underestimated, but it is best that positive influences are bestowed rather than negative whenever the opportunities are presented. More specific targeting is required, which would involve identifying schools and individuals at increased risk. New messages must be developed in conjunction with the targeted audiences, as planners, in many instances, are too far removed from young persons. Messages must be blunt and widely disseminated utilizing as many avenues as possible. To equip counselors with the desired skills, some of the informants felt there should be a Caribbean based programme that dealt specifically with the cultural nuances and needs of persons in the Caribbean.

Additionally, the public would have to be re-educated to the fact that although a national issue, the problem of drugs must be addressed locally. Those who are impacted should not rely solely on others whose goals may not be the same as their own. There must be a concerted effort to get people to realize that drugs impact, in one way or another, everyone in Barbados.

3.1.3. Police and Criminal Justice Personnel

Interviews were held with senior personnel from the Criminal Investigations Division and the Narcotics Division of the Royal Barbados Police Force and the Enforcement Division of the Royal Barbados Customs. They were all well placed to give an assessment of the situation regarding drugs with respect to their various areas.

3.1.3.1. Most Problematic Drugs in Barbados

The most problematic drugs in Barbados were identified as Cocaine, marijuana and alcohol. The latter was viewed as the most problematic because it is the mostly highly abused and it's readily available to persons of all ages in spite of

the legal provision that prohibits its purchase to persons below the age of 16 years. Cocaine, primarily crack, was viewed as the most problematic because of its effect on individuals. Addiction to this drug results in the need to resort to street crimes, theft, burglary and prostitution, all to pay for the drug that is not cheap. Marijuana is seen as the most problematic because it is the illicit drug that is most widely used, is very readily available, and is not viewed as a drug by many. Additionally, the majority of the crimes related to drugs are for the possession of marijuana, and therefore it is the most costly from a judicial perspective.

For cocaine, there has been a gradual increase in the frequency of seizures and in the amount per seizure. It is easier to conceal and ship, as it is less bulky than marijuana, and it results in more profit for those willing to take the risk.

With respect to the evidence of any new drugs in Barbados during the past 5 years, although some heroin has been seen, it has not been found among the local Barbadian population, as yet. Similarly, Ecstasy has been confiscated, but from visitors to the island.

Other than the move from the intranasal use of cocaine to the more addictive smoking of cocaine in the form of crack between 10 and 15 years ago, there have not been in common new methods of taking drugs seen recently.

Regarding arrests for the importation of drugs, prior to 1999 marijuana was the drug that was confiscated most frequently. However, since 1999, arrests for cocaine importation have outpaced those for the trafficking in marijuana. In addition to the obvious increase in cocaine trafficking, this may reflect the growing trend of marijuana cultivation in Barbados that has reduced the need for importation at levels previously seen.

3.1.3.2. Characteristics of Persons Brought Before the Courts

In terms of vulnerability to drug use, males of all ages and females between 17 and 23 years were most likely to be seen by the probation department. In terms of arrests for narcotics-related crimes such as possession or sale, males far outnumbered females, anywhere from 3:1 to 13:1, with ages generally starting at 16 years for males and 20 years for female. Female involvement was frequently associated with addiction, while adolescent arrests were mostly for marijuana.

Regarding the trafficking of drugs, a recent shift from younger persons to older persons has been noted, along with an increasing role in females as couriers. Females involved in trafficking were often forced into serving as couriers by pushers or other persons with whom they were associated, or were pressured into taking such risks due to severe economic hardship. Recently, there has also been a resurgence in the use of "mules", who swallow the encapsulated drugs to

be expelled later. Trafficking trends frequently change, however, as these organizations are very adept and respond to changes in law enforcement methods rather quickly.

3.1.3.3. Suggestions For Improving Drug-related Problems

To reduce or minimize drug-related problems, persons involved in law enforcement indicated a need for improved drug education on the dangers of marijuana use commencing in the primary schools. Others felt that a greater impact would result from a reduction in the available supply of drugs and, to facilitate these efforts, a means of penetrating the trafficking networks must be derived. This opinion was articulated because it was felt that the demand reduction approach, which required changes in behavior, was very difficult to accomplish. It should be noted that there have been attempts to legalize wiretapping for such purposes, however, the legal authority to implement this technique has not been given.

To reduce the supply, more trained personnel would be required at the various ports of entry, and the laws would need to be strengthened, particularly those with respect to the proceeds of crime. Additionally, a commitment for more consistency and continuity of programs would be required, as there is no quick fix solution and results may not be immediately obvious. The officers stressed the need for continued vigilance at the seaport for cruise ships passengers and crew alike.

Beginning in 1999, the informants revealed that evidence pointed to the fact that the joint efforts of the RBPF and the RBDF have had some success in restricting the flow of drugs along the coastline. Simultaneously, the combined efforts of H.M. Customs and the police culminated in the placement of two full-time officers at the airport, specifically for drug interdiction. As a result of the enhanced police activities along the coastline, which compelled the transfer of smuggling activity to other routes, this initiative paid off with a significant increase in the number of arrests at the airport.

3.1.3.4. Barriers to Improvements

One of the main barriers to ultimately winning the war on drugs is the inability to indict the key players. These include persons with money who fund the operations and the major importers and distributors. Most of the successes have been with the "mules" and the small street pushers who are easily replaced once caught. Additionally, there are far too many professionals, including those in law enforcement, who are willing to profit from the proceeds of drugs. Although the number of appropriately trained persons is limited, a shortcoming that needs to be addressed, particularly in the Customs Department, this is an area where

quality cannot be sacrificed for quantity. Along with some sort of integrity legislation, law enforcement personnel in key positions must be more thoroughly screened.

Informants felt that in many respects the current legislation was very poor. Specifically mentioned was the bail act that allowed persons out on bail, who commit additional crimes, to be placed on bail again. There was a need for mandatory minimum sentences, and the difficulty in tracing the proceeds of trafficking, which would allow property to be seized, was also mentioned. Concern was also expressed over the safety of Customs officers required to testify in trafficking cases. Customs officers are not allowed to carry weapons, even though regional events have clearly shown that international traffickers will resort to killing if their lucrative trade is threatened.

3.1.3.5. Sanctions Considered to be Appropriate

The prevailing opinion of key informants in law enforcement is that small time pushers who are caught selling drugs should pay heavy fines or receive jail time, dependent upon the frequency of arrests. However, all organizers and traffickers should be heavily fined and receive mandatory jail time which, in comparison to what is given now, should be longer. Non-nationals should receive heavier fines because they would not have contributed to the country's economy and therefore should incur the cost of their imprisonment. It is the opinion of others, however, that currently laws, if applied, are sufficient. The problem is getting those laws that are on the books already to be applied.

For those persons who use drugs, all of the officers agreed that rehabilitation should be the first option, as persons deserve an opportunity to change. First timers, in particular, should receive help to understand how drugs can adversely impact life. Jail should be a last resort, for those persons caught repeatedly, and even then, the offenders should be allowed to undergo prison-based treatment as traditional approaches to punishment and deterrence were meaningless to the drug addict.

While it is understood that the abuse of marijuana may not necessarily require rehabilitation, users could benefit from drug education. Cocaine abuse however, would require rehabilitation and treatment. All persons caught committing drug-related crimes should receive jail time for the crime, and counseling to prevent future activities once released.

Whereas some of the informants felt as if prison did not serve as a deterrent, others felt that it could serve as a deterrent for those inmates who wished to make a change, but not for the true criminal element. It was the belief of some that the counseling that was offered at the prison was ineffective because there were no qualified and experienced drug addiction counselors. In addition, the

extreme overcrowding was viewed as a breeding ground for worst criminals than those entering the facility.

According to the informants, authorities should be empowered to invoke curfew, met out mandatory community service, or mandatory attendance at a rehabilitation facility. Another possibility was the public identification of persons convicted, with no exceptions because of family or community ties. Alternative sentences were presently being considered.

3.1.3.6. The Drug Trade and Other Related Issues

The source countries for marijuana entering Barbados include Jamaica, Trinidad, and St. Vincent. For cocaine, the informants identified Trinidad and Columbia, the latter via Venezuela, as the primary source countries. Previous shipments from Ghana have also been detected.

Most of the cocaine that enters Barbados does so for the purpose of being transshipped north to the United States of America, although more of it is remaining for local consumption. Barbados is currently an attractive last port as it is not a source country. This leads to the perception that travelers from the island to the US, generally, would not be scrutinized as vigorously as those passengers who arrive directly from a source country. It is believed that almost all of the marijuana brought into the country is to satisfy local demand.

Persons involved in the trafficking of drugs into or through Barbados appear to vary with the type of drug. While the majority of persons trafficking in cocaine seem to be foreigners, most of those currently involved with marijuana are Barbadian. Generally, these are persons who progressed from working for foreigners to eventually taking over the local importation and distribution.

Those persons who bring the drugs into the country (the mules) are primarily non-nationals from disadvantage countries. Arrest statistics indicate that Guyanese and Jamaicans are most frequently involved.

International partnerships to help in the fight against drug trafficking have been forged with the Royal Canadian Mounted Police (RCMP), the Customs Department in the United Kingdom (UK), and the US Drug Enforcement Administration. There is also Regional collaboration between the law enforcement personal in Barbados and those of the other Caribbean nations. Specialty training for both the Police and Customs Departments take place, primarily, in the UK.

Drug-related shootings as a result of gang fights or disagreements between pushers and users have, over the last five years, been more evident, although not nearly as frequently as crimes such as robberies, burglaries, etc., committed

to feed the drug habit of addicts. It has been estimated that of the 20 murders committed in 1999 up to the time of the survey, 6 have definitely been linked to drugs.

Efforts to forge or strengthen relationships with the communities have been put forth by the Probation Department, the RBPF, and the Customs Department. Through such interactions, more opportunities are created to design and implement prevention programs that involve all stakeholders.

As a part of its responsibilities, the Probation department conducts social investigations and interviews the family and key persons in the lives of the clients. Most of the prevention activities carried out within the communities by the RBPF are carried out through the Community Policing Department whose officers are specifically trained for this purpose. The Customs department, through their departmental sports club, which includes brokers, has adopted a children's home.

Asked about what can be done to reduce drug-related problems from a law enforcement perspective, the key informants reiterated the need for more confiscation of property obtained from drug-related income, legislation that would allow wire-tapping, and some sort of integrity legislation. Persons employed at the various ports of entry need to be more thoroughly screened, in order to reduce the possibility of these persons being negatively influenced by those in the drug trade. Additionally, provisions must be made to allow persons who are trained as specialist in certain areas to remain in those areas without the risk of being bypassed for promotions. The option of limiting the amount of time spent in these areas would be too expensive with such limited resources in Barbados. It was felt that more community volunteers should be encouraged to work with the young and educational efforts should be more proactive. Finally, all efforts, both those directed at demand reduction and supply reduction, must be sustained, as the desired results will not happen overnight.

3.2. Community Based Surveys

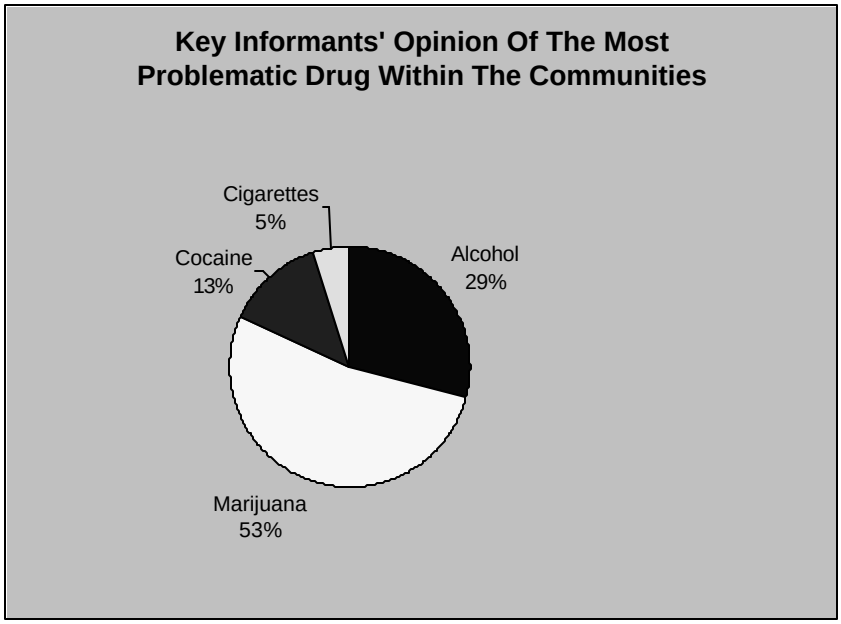
3.2.1. Key Informants

A total of 120 Key Informants were included in the survey, ten from each of the twelve communities. None were excluded from the analysis as a result of having less than two-thirds of the items missing.

3.2.1.1. Most Problematic Drugs Affecting Communities

According to 52.2% of the Key Informants, the most problematic drug in the selected communities was marijuana. The next two most problematic drugs, based on the opinions of 29.2% and 13.3%, respectively, were alcohol and cocaine (Fig 1).

Figure 1

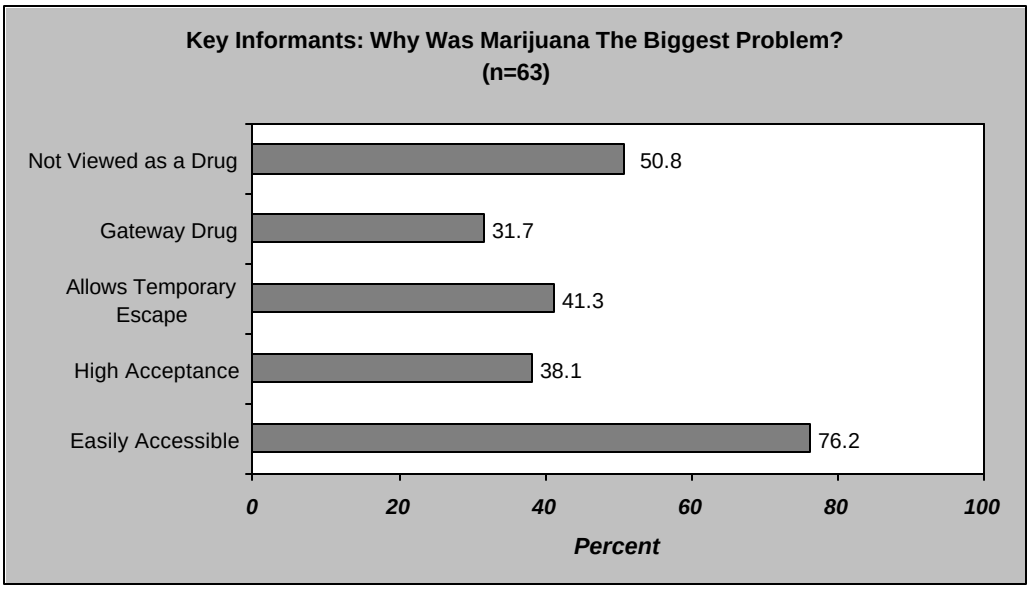


The primary reason given by those who felt that marijuana was the most problematic drug was that it was easily accessible. Approximately 8 of 10 respondents (76.2%) held this view, while 50.8% felt that it was a problem because it was not viewed as a drug. Additionally, 41.3% considered it the most problematic because of the perception held by users that it allowed them a temporary escape which they needed periodically (Fig. 2).

With respect to alcohol, 88.6% of the Key Informants were of the opinion that it was the most problematic because it was so easily accessible and 68.6% felt that

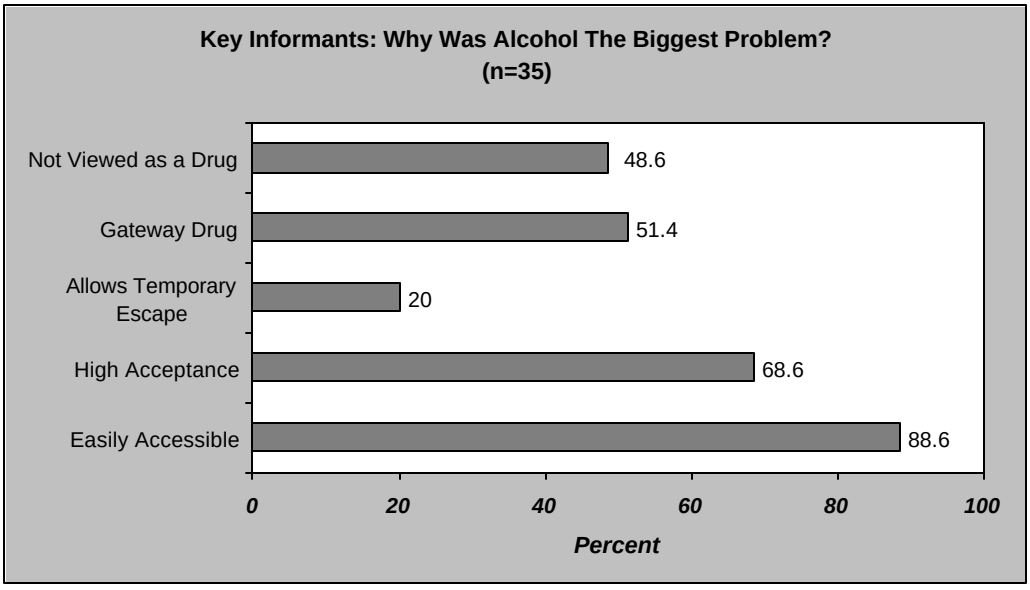
it was the most problematic because of it's high societal acceptance. The identification of alcohol as a gateway drug that was positively associated with the

Figure 2



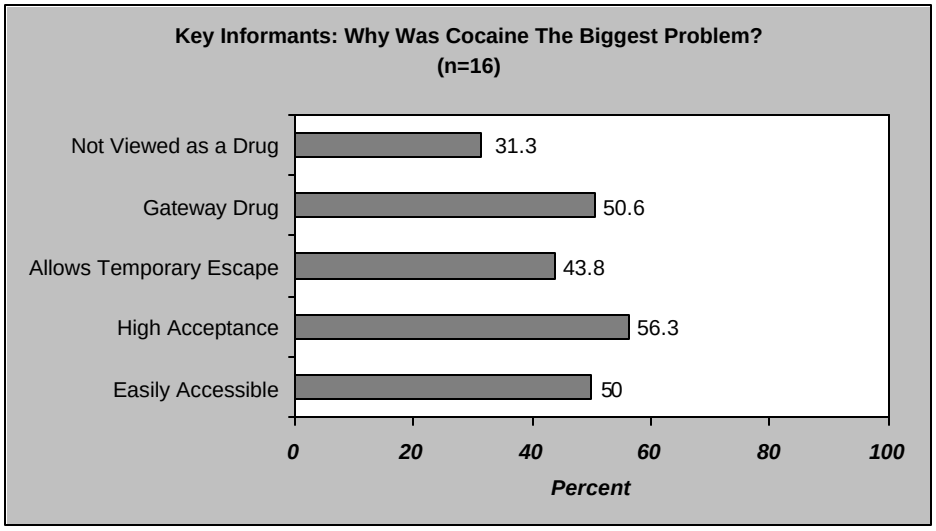
future risk of using more dangerous drugs was cited by 51.4%, while 48.6% related the problems of alcohol to the fact that users did not view it as a drug; the latter quite possibly related to its high societal acceptance (Fig. 3).

Figure 3



Cocaine was viewed as the most problematic drug almost equally because of its increasingly high acceptance (56.3%), accessibility (50%), that it was a gateway drug (50.6%), and because it allowed users a temporary escape (43.8%). One was must question, however, the identification of cocaine as a gateway drug since cocaine, particularly in the form of crack, is considered to be at the more serious or harmful end of the dangerous drug spectrum (Fig. 4).

Figure 4

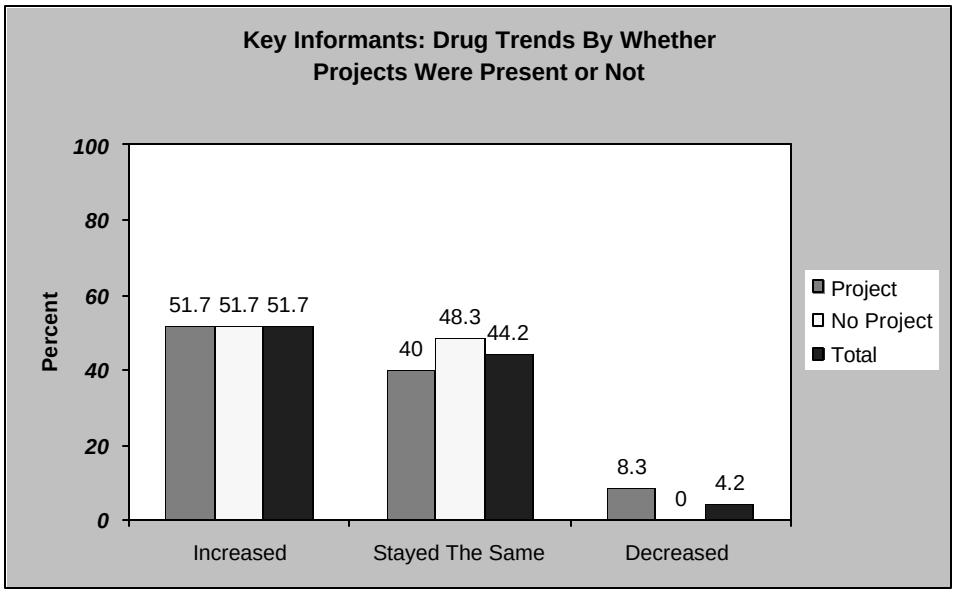


3.2.1.2. Situational Analysis of Community Drug Problems

Just over one-half (51.7%) of the Informants felt that drug usage in their communities had gotten worse over the past 2 years while 44.2% felt that the situation had remained the same. Of concern was that only 4.2% was of the opinion that drug usage had decreased. When these results were looked at based on whether community projects had been implemented within the areas, for the six communities with projects, 8.3% of the respondents indicated that drug usage had decreased, as compared to none in the non-project communities (Fig. 5).

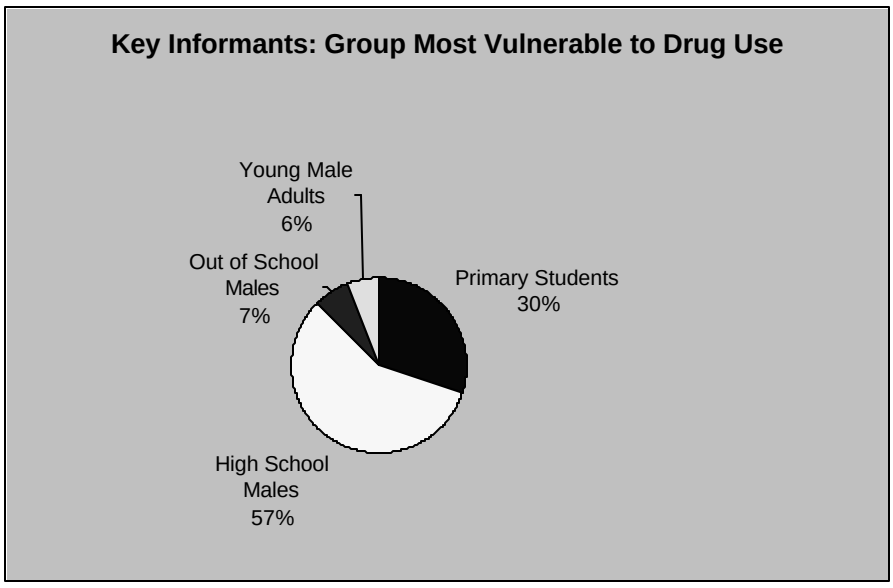
Almost all of the respondents were of the opinion that there were no new drugs introduced into the communities over the past two years or were there any new methods of taking drugs. A total of 99.2% reported no new drugs and 98.3% no new methods. One respondent indicated that the use of cocaine intravenously was observed during this period while another reported the drinking of marijuana tea.

Figure 5



In order to gain the most out of any intervention program, planners must be able to target the groups most vulnerable. Results to the vulnerability question most likely reflect respondents' opinions on the group with the highest usage rates as well as on when or at what age should school-based anti-drug campaigns be initiated. The group considered to be the most vulnerable to drug use, based upon the opinion of 57.5% of the Key informants, was secondary school males.

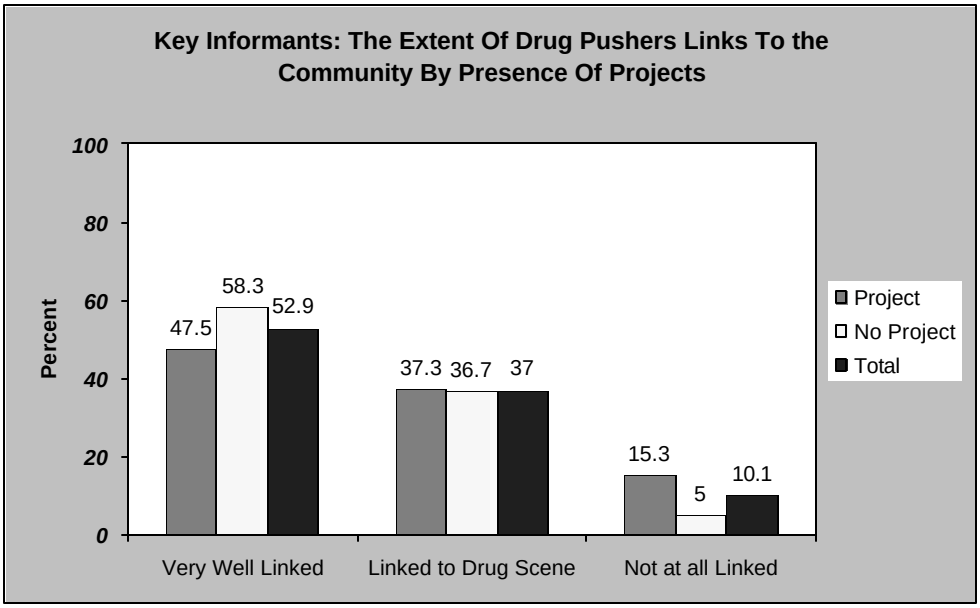
Figure 6



Thirty percent felt that primary school students were the most vulnerable and, as a result, should be the group targeted for prevention programs (Fig. 6).

Making inroads into the psychology of the community is never easy, as it involves a combination of trust, mutual respect and understanding, to name a few. Yet, if prevention programs are to have any chance at success, an holistic approach is an absolute necessity. In an attempt to determine how socially entrenched persons who sell drugs are within these communities, respondents were asked to describe the drug pushers' links to the community. It was determined by 52.9% of the respondents that the pushers were very well linked into the community at large and by another 37% not to be linked to the community at large, but to the drug scene of the community. There was a slight difference observed between Project and Non-Project communities, with 15.3% of the former indicating that the pushers were not at all linked but came from outside as compared to only 5% in the latter (Fig. 7). Unfortunately, with such strong links to the communities, it was almost inevitable that tolerance for these activities would have increased over time to the point where residents simply accept it as a part of life.

Figure 7

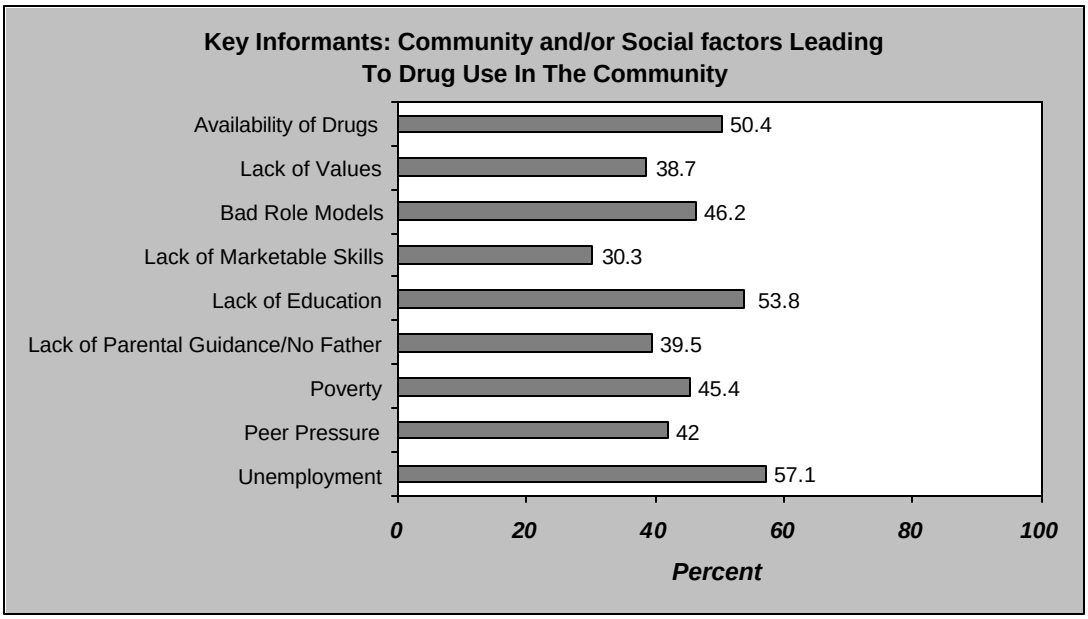


3.2.1.3. Social Factors that Contribute to Drug Problems

Research has pointed to a number of factors that contributes to the drug phenomenon and attempting to control or counteract these factors should be the objective of any effort to address a community's drug problem. The social factors considered by the informants to lead to drug use within the selected communities are illustrated in Figure 8. The three most frequently mentioned issues were

unemployment (57.1%), lack of education (53.8%), and the high availability of drugs (50.4%). These were closely followed by poverty (45.4%), which is associated with high levels of unemployment, and "Bad Role Models" (46.2%).

Figure 8



Unemployment - To address the unemployment situation, the Key Informants identified the need for further education and training, the creation of more jobs, and a change in attitude towards the type of available work and work ethics. It was believed that a more productive and self-sufficient person would be less vulnerable to pressures to use drugs.

Regarding jobs, many of the Informants still saw it as the government's responsibility to provide jobs for the many young persons found on the street. Conversely, there were those who saw the need for greater involvement by the private sector in the creation of jobs and the need to establish a community needs bureau and a job placement service that would facilitate getting jobs in the private sector.

Although many of these jobs, once created, may not be considered ideal or jobs that are held in high esteem, the Informants felt that persons must be willing to accept these jobs, perform to the best of their ability and with the highest ethical standards until they can do better. This can be achieved either by capitalizing on the training and experience obtained on the job or through educational self-development.

Additionally, persons should be encouraged to begin using their creative and innovative skills in an entrepreneurial fashion. Instead of simply becoming an employee and working for someone, enterprising young persons may opt to become employers or partners in business through small business development and management at the community level. In this regard, the government may wish to facilitate the process through the promotion of advisory agencies, such as the Barbados Investment and Development Corporation, and through seed money.

The efforts described does not preclude the need for sessions to develop or improve work ethic which the Informants felt must be held in conjunction with skills training workshops that can be made available through further development of the community projects.

Lack of Education - The problem of educational deficiency, in the opinion of the Informants, must be addressed through the further development and quality improvement in the educational system. Priority should be given to the learning environments, both the physical and social, which must be improved to the point where they will facilitate learning rather than detract from it.

To focus on what's really important, some felt that the educational system's content should be streamlined. Others, however, were of the opinion that it needed to be completely revamped and should incorporate more parental involvement and utilize more youth programs and organizations in an attempt to expose young persons to positive extracurricular activities. Once improvements have been made to the system and to the facilities, those in authority must not assume that at risk young persons will attend school voluntarily. New legislation that makes mandatory the completion of secondary school should be implemented.

To improve the situation with the out of school youth and the school drop-outs, many of whom are inadequately prepared for making successes of themselves, more programs must be initiated within the communities that target this group. To make these and other programs successful, however, they must be accompanied by a strong public relations and public education campaign that will discourage truancy and encourage young persons to be assertive and to take advantage of these opportunities while young.

Availability of Drugs - In order to reduce the population of young persons vulnerable to drug use, the Key Informants felt that a stepped up anti-drug campaign that included more drug education on factors related to use and abuse was required. The root causes of drug use, including the contribution by alcohol and tobacco, would have to be identified and addressed. This, in their opinion, would assist in changing the views of drugs and, according to the principles of supply and demand, would lessen the demand for drugs and reduce the available supply within the communities.

To tackle the problem of drugs on the streets, more central government support in adequately equipping the police force was required. On their end, the police must continue with the street policing campaigns, begin targeting high activity areas for intensive efforts, and consistently apprehend and charge all persons found violating the law. To accomplish the latter, some informants were of the opinion that more radical approaches to dealing with drug lords such as more armed forces in the community were necessary.

There were others who felt that the control of drugs could only come through its legalization. Government would then be able to regulate the supply and this would also decriminalize the use of substances and funds used to prosecute and incarcerate could be directed towards more prevention activities.

Poverty - To alleviate poverty, the informants sited the need for government intervention along with more community and private sector involvement in tackling the causes of poverty. They saw the need for government assistance in areas such as the provision of jobs, provision of proper housing, provision of more money and welfare programs, possibly through the Ministry of Social Transformation.

To address the impact of poverty, the informants felt that there needed to be more community togetherness. This could be facilitated by more community based programs, more involvement from private organizations within the communities and more efficient use of resources through increased cooperation between government and the community organizations.

Imitation of bad role models - The overexposure of young persons to less than ideal "role models" could be addressed by the promotion of positive persons with whom this age group can relate, limiting the exposure to divisive forces and re-teaching values.

The daily media promotion of positive contributors to the building of society, both prominent and not so prominent, may serve to connect those persons on the fringes who feel that they have nothing to offer with mainstream society. By promoting these otherwise unknown contributions by ordinary citizens, residents may learn to appreciate that all persons have a role to play in the development of their country.

To limit the media exposure, it was felt that the adoption of more stringent broadcast laws that were in favor of local culture might be required. Those institutions that adhere to the rules can be rewarded while those that do not and continue to promote negative influences can be penalized.

Additionally, these initiatives must be accompanied by efforts to re-teach values to the youth that will discourage the glorification of negativity.

Peer pressure - According to the Informants, the establishment of educational programs to mentally strengthen young persons and the promotion of youth organizations that build character are what's required to address the negative influences that could result from peer pressure. Specifically mentioned were peer support groups and youth outreach programs.

With respect to education, the various workshops should specifically address decision-making skills, the recognition of negative and positive influences and individuals, conflict resolution and how to deal with pressure that may evolve from making unpopular decisions.

Parental Guidance - To counteract the lack of parental guidance given to young persons, the Key Informants were of the opinion that more training programs in parenting skills, generally, and on how to be good fathers, specifically, were necessary. Due to the realization that many parents are ill prepared, it was recommended that these training programs include sessions on societal values, acceptable behavior and manners, and lessons on how to discipline children appropriately. One of the primary objectives should be to get parents to understand that children learn by example and, thus, they must be role models and live by the standards that they wish their kids to adopt. For continuing support, parental counseling should be made available within the communities.

Additionally, a comprehensive and sustained program to encourage the establishment of more stable family units must be implemented. The Informants felt that fathers must be encouraged to become more involved in the lives of their children and that young persons must be discouraged from becoming parents themselves until they are prepared mentally and economically to deal with the responsibilities.

Lack of values - The gradual erosion of the value system was identified as the end result of many factors. However, by reintroducing the old value system, through parents teaching by example, through the institution of school-based programs, the informants believed that morals, values and respect could be restored in the youth.

Programs within the communities and in the schools should be initiated at an early age and should be holistic in its focus; addressing consequences for actions, the role of religion, etc. To reinforce these values, those institutions and organizations that cater to young persons must establish and maintain organizational behavioral policies to which all must adhere.

Societies role must also be acknowledged and thus communities would need to be re-educated to be less tolerant of unacceptable behavior and to provide parental support through parenting programs. Parents, in order to impart

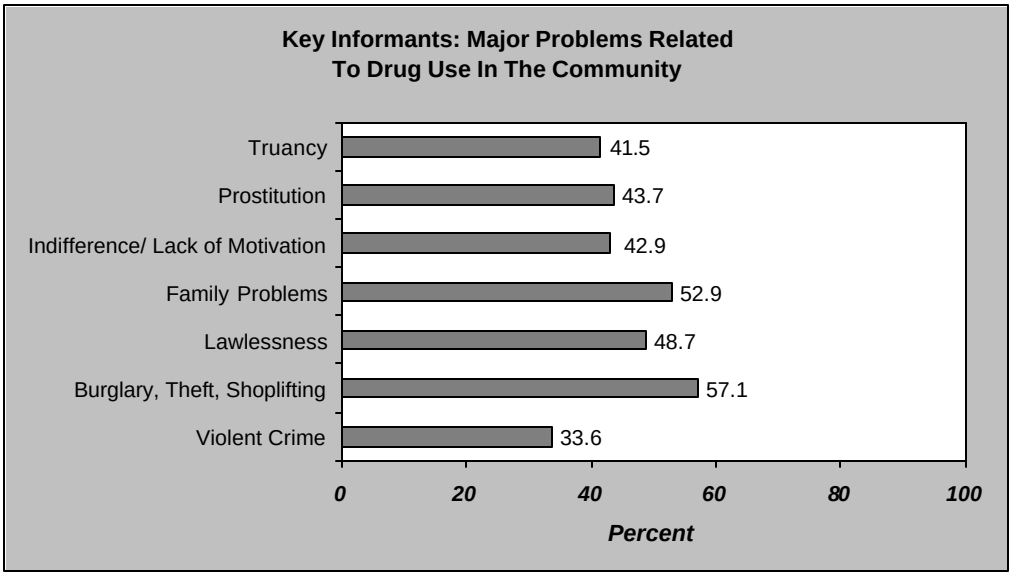
knowledge about acceptable behavior, must be taught appropriate behaviors and skills themselves.

Lack of Marketable Skills - To adequately prepare those who are less academically inclined for life in the "real world", Informants felt that these individuals should be identified at the earliest opportunity and channeled towards skills training programs while in the schools, possibly as extracurricular activities. For those who are no longer in schools and are not as productive as they could be, similar programs that address practical job-related matters should be offered at the community centers.

3.2.1.4. Major Problems Resulting from Drug Use

As a result of the contribution by these and other factors to the overall level of drug use within these communities, some of the consequences of, or the major problems related to, drug use, as expressed by the Informants, included: high levels of Burglary, theft and Shoplifting (57.1%); Family Problems such as abuse and homelessness (52.9%); Lawlessness (48.7%); Prostitution (43.7%); Indifference (42.9%); and Truancy (41.5%) (Fig. 9).

Figure 9

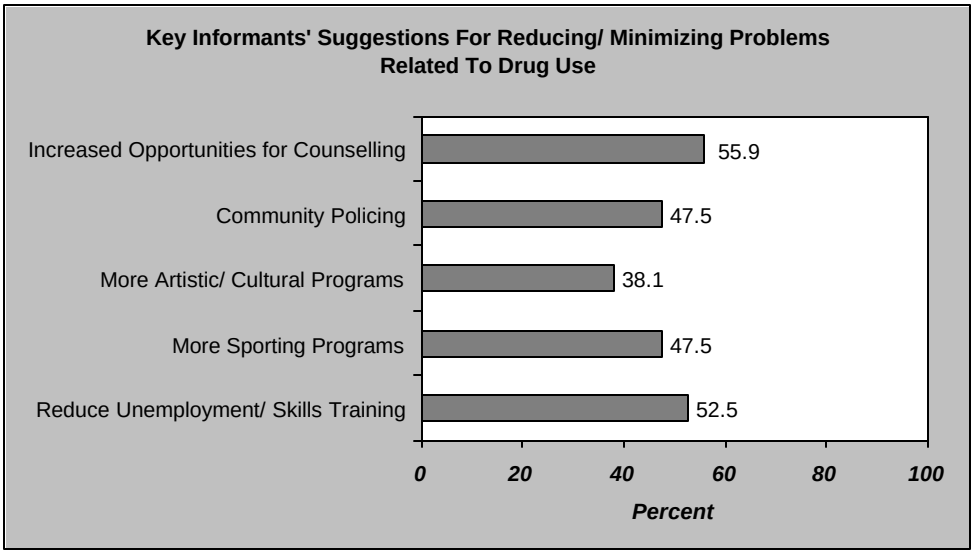


3.2.1.5. Initiatives Taken to Address Drug-related Problems

Reducing or minimizing these problems and their antecedents will again involve an holistic approach that includes numerous government and non-government

agencies working together. Specific suggestions included: increasing the opportunities for counseling (55.9%); a reduction in the unemployment rate through the provision of more skills training (52.5%); an enhanced police presence with a more proactive approach such as community policing (47.5%); and the implementation of more Sporting Programs (Fig. 10). Other suggestions included educating both parents and young persons and, particularly for the latter, utilizing recovering addicts from the various rehabilitation centers in prevention programs.

Figure 10



In this regard, many of the respondents have recognized and acknowledged some of the initiatives that have already been taken to reduce drug-related problems in the communities by various groups and/or institutions. The percentage who were aware of the various initiatives taken serves as a barometer of the impact of these initiatives within the communities, as the more well known an initiative, the more persons would be aware of it. Only 1 of every 10 respondents (9.2%) was of the opinion that no initiatives or no noticeable initiatives had been taken within the communities.

Churches have been singled out as the institution initiating most of the interventions through outreach programs that often combined resources with other community organizations. In all, 21.7% of the key Informants was aware of programs initiated by churches, which speaks to the overall level of activity by this group.

Other initiatives identified by the informants were those taken to develop additional sports and recreational programs (12.5%) and the community

development projects that were initiated by the NCSA's Demand Reduction Program (7.5%). Additionally, the extra police presence, as was evident in the community policing program (5%), the various job skills training programs organized by one or more of the organizations within the communities (4.2%), and the establishment of a few counseling programs that targeted the youth were also recognized.

3.2.1.6. Barriers to Improvement within the Community

The Informants were also asked to identify any barriers or issues that either prevented or could prevent improvements in the situation within the communities. Many of the issues mentioned as barriers were also identified as causal factors that contributed to the drug problem. Rated highest among these were: the lack of motivation and interest shown by the youth towards activities that encouraged both personal and community development; the stigma attached to the various communities known to exhibit problems; and, the lack of unity within the communities; each of these having been identified by 11.7% of the respondents. These were closely followed by a lack of respect shown towards persons in authority within the communities by youth and in some cases adults (10%), and the lack of respect for the law as exhibited by the increasing lawlessness among young people (9.2%).

Other issues that were considered to be barriers to further improvements were the lack of employment opportunities and the lack of resources (6.7%), the latter of which was accompanied by a cry for more assistance from the private sector, both financial and human, to assist with training activities. The lack of employment opportunities was compounded by what was described as the absence of any entrepreneurial spirit in the residents and an educational deficiency in many young persons. According to the Informants, residents showed hardly any interest in starting businesses of their own, while far too many young persons were making the choice to discontinue their formal academic education prior to reaching a point that would have allowed them to be more self-sufficient.

Although not mentioned as often, the general laissez-faire attitude or that of indifference that was very apparent within the communities was also cited as a retardant to progress. According to the Informants, far too many residents seemed to have been content to sit back and wait for others to solve their problems for them.

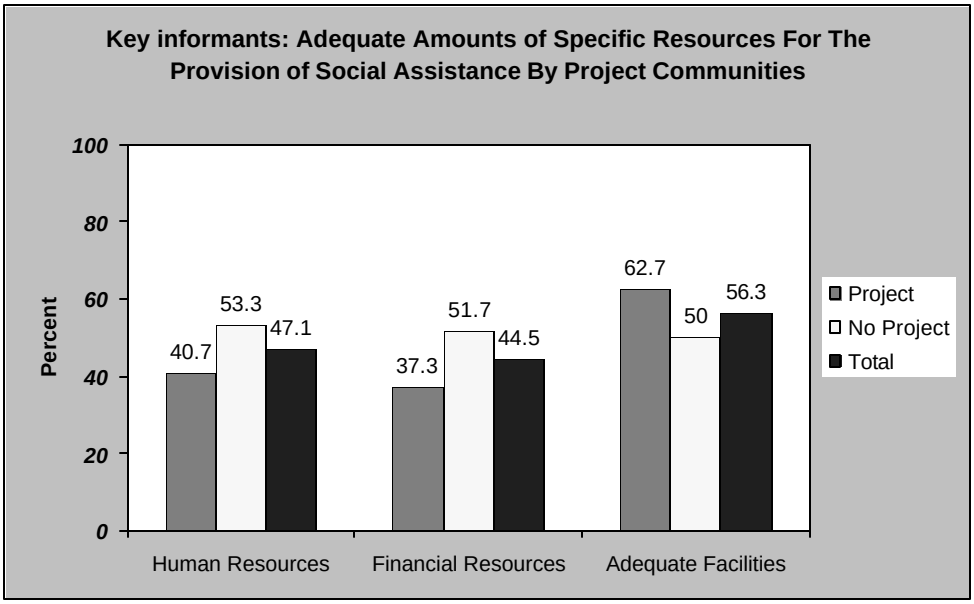
The lack of religion in persons who may benefit from it the most, as reflected in the limited involvement of young males in church-related activities; the lack of morals, values, and guidance, which have allowed negative influences like the smoking of marijuana to gain a foothold among youngsters in the community; the fear of drug pushers or retribution by drug pushers in the event efforts to rid the

communities of these individuals are initiated; the apparent lack of interest shown by political representatives and the government; and the lack of activities in both the number of programs and the variety that was available to residents, were all mentioned by a few respondents as barriers that would have to be addressed. Finally, what was perceived as hostility shown by the police towards young people did not augur well for improved relationships between these two parties.

3.2.1.7. Adequacy of Resources

Competition for the limited amount of funds available to facilitate projects and/or programs has increased tremendously over the years. This is due, in large measure, to society's increasing expectations and unwillingness to accept less. The appropriation of these funds, however, is based not only on the perceived need for the projects but also on the current priorities of stakeholders and donors. Given this scenario, Key Informants were asked their opinion as to whether or not there were adequate amounts of human, financial and physical resources for the provision of the social assistance deemed necessary to improve conditions in their communities. Results are illustrated in Figure 11.

Figure 11



With respect to adequate amounts of appropriate and qualified human resources such as Social or Youth Workers, it was the opinion of approximately one-half (52.9%) of the respondents that there were not. A larger percentage of respondents (59.3%) from the six communities where projects had been implemented held this view than did those (46.7%) from communities where

there were no projects initiated as a part of the Integrated Demand Reduction Strategy.

Results were similar for the question of financial resources where 55.5% of the respondents felt that what was available was inadequate. Again, as with human resources, a slightly larger percentage of respondents from the project communities (62.7%) held this opinion when compared to those from the newly selected communities (48.3%) where no demand reduction projects had been implemented. Overall, 56.3% believed that there were sufficient facilities for the provision of social assistance. More of the participants from the Project communities (62.7%) were satisfied with the available facilities than those from the other communities (50%).

The findings of the comparison of project and non-project communities concerning human and financial resources may appear to be in contrast to what might be expected if the projects were successful. However, these may very well indicate the impact that the projects may have had on drawing attention to deficiencies within communities and the recognition of a need for additional assistance.

3.2.1.8. Suggested Measures To Reduce Drug-related Problems

Responses to the question on what should happen in society at large to reduce drug-related problems addressed, primarily, those factors identified as barriers and the social factors that are believed to contribute to the problem.

These fell into the general categories of education, matters involving law enforcement, and activities related to the youth. With respect to education, approximately 29.2% of the key informants were of the opinion that more messages were required that targeted both young people and the general public on the dangers of drugs and alcohol. In addition, a few respondents also mentioned the need for more parental education, on teaching persons to be good parents and good role models for their children. Specifically mentioned was the need for closer parental supervision.

Secondly, in terms of importance, was the suggestion to strengthen the existing drug laws and the enforcement of these laws. Many of the informants felt that there was a need for the introduction of heavier fines and that a larger percentage of persons charged and brought before the courts needed to be incarcerated. Coupled with this was the need to shut down the drug supply into the country and the need for more visibility by the police to discourage criminal activity before it takes place. Related to the latter was a suggestion that officers be trained to deal more effectively with residents and that the Barbados Defense Force be utilized for more civilian activities.

Other issues that society would want to address were the lack of a community spirit and the de-motivation of its young people. It was suggested that, as a start, young persons become enrolled in various types of self-improvement workshops that would give them more of an opportunity to contribute in a meaningful fashion to their communities and their country. Suggestions included the initiation of efforts to bridge the socioeconomic and generation gaps, the reintroduction of religion into the lives of residents, the recognition by government of the growing drug problem and the need to actively address it, and the banning of alcohol advertisements.

Some of the more controversial suggestions that were espoused by a small minority were the banning of Rastafarianism and the legalization of marijuana. Legalizing marijuana, it was thought, would serve to decriminalize drug use and reduce the amount of violent activities associated with the trafficking and the pushing of drugs.

Finally, many of the Key Informants were concerned about, and wanted to draw attention to, other important issues related to drug use. First among these was the association with violence by the pushers and by addicts seeking money to support their habits. This was followed by the apparent link to poverty, either as a cause of the depressed state of many residents or the result of the disillusionment related to poverty that encourages drug use. It was their opinion that without addressing all of these issues, the problem of drug use would remain at an undesirable level.

3.2.2. Drug Users

3.2.2.1. Socio-demographic Characteristics

Final Analysis was performed on a total of 267 drug users. The majority (85.8%) was found either hanging out in the streets or in some other public place. Although attempts were made to recruit males and females, 89.8% of the sample were males. Respondents' ages ranged from 17 to 65 years with an overall average of 27.8 years. There was no difference in the average age of males (27.9 years) compared to that of females (27.0 years). Just over eighty percent (83.5%) had completed a minimum of 10 years of formal education or up to the fourth form of high school.

Almost all of the users (96.3%) resided in a house, apartment or condominium during the time of the survey or for most of the past 30 days. Only 6 respondents (2.2%) indicated that they had no living place and was homeless or on the street. A closer look at these six users revealed that all reported cocaine as their drug of choice and accounted for 35.3% of that group. Additionally, the sample was relatively stable as most (80.8%) indicated that they had not changed households in the last 12 months. Only 6.5% changed households either very often or often.

In terms of parental influence, the possibility of fathers having a significant impact was limited as only 12.7% of the users in this sample resided with both parents. In 86.5% of the cases, the father was not resident in the same household. It is acknowledged, however, that one-quarter (25%) of the respondents resided with a spouse or partner.

Approximately 6 of every 10 users (58.4%) in this sample had at least one child. In a third (36.5%) of the cases, the children were taken care of "most of the time" by the partners of the respondents and in another 23.7% by the parents of the respondents. Only one of every five users (19.9%) reportedly took care of their child/children most of the time.

A total of 87.1% of the respondents had been employed for at least one week during the past 12 months. Salaries during this period ranged from $150 to $70,000, with an average salary per worker of $11,700. In addition to money earned from jobs during the past year, 8.2% reportedly earned money from illegal and/or immoral methods such as drug trafficking and 1.9% from prostitution. The 5 respondents that prostituted themselves were all female. Eighteen percent (17.6%) were able to obtain money from their families or partners and 15% from other sources such as gambling, begging and doing odd jobs throughout the communities.

The support mechanisms most often drawn on for drug use prevention and rehabilitation strategies include family, friends and others with whom a considerable amount of time is spent. The value of friends is that often they are the most trusted and, as a result, have considerable influence over choices that are made. When asked about the amount of close friends that they had, the majority of the respondents (42.7%) reported that they had very few close friends and another 11.2% said that they had none. A total of 19.9% indicated that they had a lot and 26.2%, some but not a lot.

For those respondents who did have close friends, one-third (33.1%) indicated that all or almost all of their close friends used drugs while another 44.5% said that not all but the majority of their friends used drugs. Only 2.5% of the users with close friends said that none of their friends used drugs. Based on these results, one must question whether these so-called close friends were in fact friends and had the users best interest at heart, or, were new friends that simply happen to share habits.

3.2.2.2. Drug Use and Related Issues

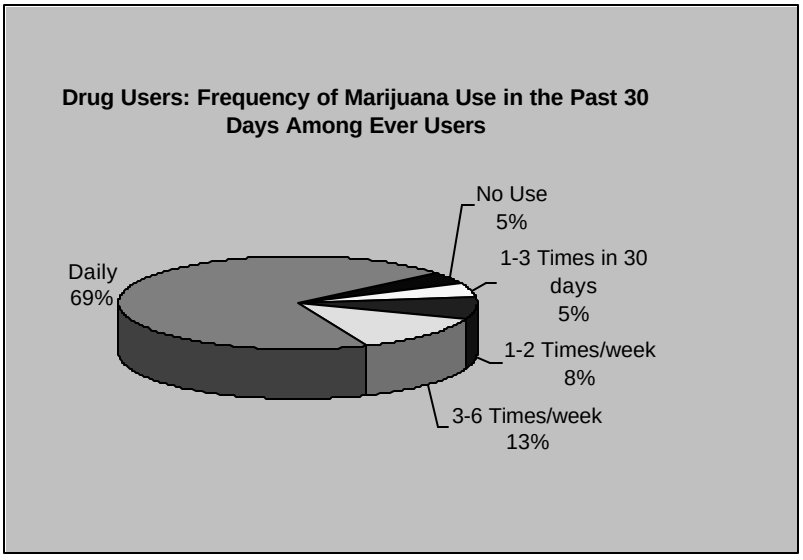
The past use of alcohol by members of this group was very common, as approximately 8 of every 10 users had drunk alcohol at some point in their lives. The average age at which drinking was initiated was 13 years, however, 19%

had begun prior to age 10. There was no difference in the age at which males began (13.0 years) when compared to females (13.1 years). Of those who had used at some point (ever users), 77% actually had a drink in the past 30 days. A total of 24% drank on only 1 to 3 occasions during this period while 21.6% had an alcoholic drink on a daily basis.

Marijuana was, by far, the drug tried most by the respondents. Nine of ten (91.2%) had smoked marijuana at some time in their lives and approximately 9 of 10 of these ever smokers (87.5%) had started by age 17 or younger, the age at which most students graduate from secondary school. The youngest age at initiation in this sample was reportedly 4 years and the oldest 27 years. For the few females included in the sample, their age at initiation was no different than that of the males.

Evidence also suggests that once these individuals had commenced smoking, it continued. Of those that had tried marijuana, only 4.5% did not smoke at all in the past 30 days. Most users (70%) smoked on a daily basis during the past 30 days while another 13% smoked anywhere from 3 to 6 times per week (Fig. 12). The length of time that these respondents had been smoking marijuana ranged from a few months to 34 years but averaged just over 12 years.

Figure 12



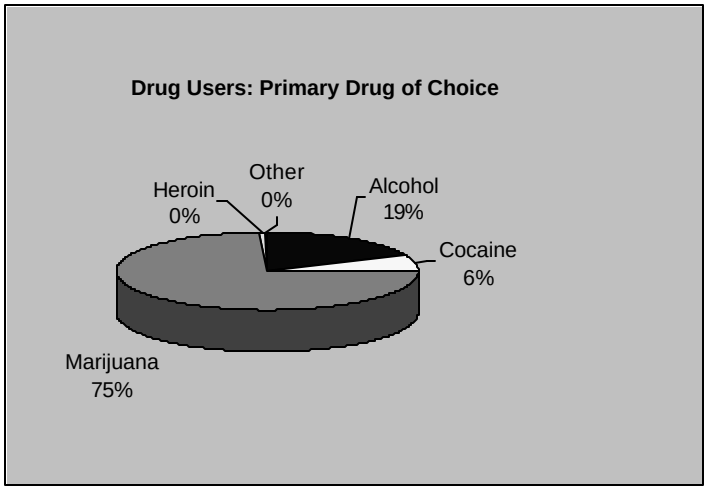
Of the three drugs often mentioned as presenting the most problems in Barbados, alcohol, marijuana and cocaine, use of the latter appears to be the least prevalent of the three. Only 16.6% of the sample had ever tried cocaine, and of those who had, 61.8% had used it in the past 30 days, the majority (44.1%) on a daily basis. The average age at initiation, 20.7 years, was also much higher than that of either alcohol or marijuana. As with the other two, no

difference in the age of initiation was apparent between males and females based on this sample. The length of time that this group had been using cocaine averaged 9 years, but one respondent had reportedly used for 22 years.

Smoking cocaine, most likely in the form of crack, was the choice preferred by most of the current cocaine users (82.7%). Only 17.2% reported intranasal use as the most common route in the past 30 days. There was a small difference observed in the average age at initiation for those that "snorted" or took cocaine intranasaly (19.2 years) versus those who smoked it (21.5 years).

Results from the questions on ever use and use in the past 30 days, which indicated that marijuana use was most prevalent, were supported by responses to the direct question of what was considered as the drug of choice. An overwhelming 74.4% reported that marijuana was the Primary Drug or drug of choice, followed by alcohol (18.4%) and then cocaine (6.4%) (Fig. 13).

Figure 13

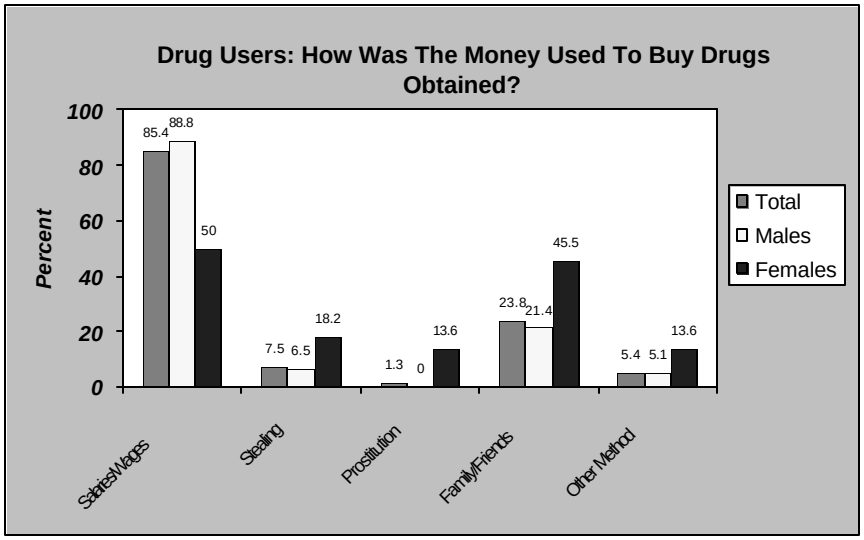


The amount of money spent on drugs during the past two weeks or the estimated value of the drugs consumed during this period ranged from zero to $3000 with an average of $162. There was however significant differences based on the users' reported drug of choice. For those users whose drug of choice was cocaine, the average amount spent on drugs during the past two weeks was more than double the average amount spent by any other drug. Cocaine users spent, on average, $457.4 as compared to $125 for alcohol and $147 for persons whose drug of choice was marijuana.

The primary source of money used to buy the drugs was salaries and/or wages (84.4%), followed by family and/or friends (23.8%). Only a very small percentage admitted to obtaining money and/or drugs from immoral or illegal means such as stealing or prostitution (Fig. 14). While only 7.5%, overall, said that they stole to

support their drug habit, there was a strong gender difference with 6.5% of the males as compared to 18.2% of the females paying for drugs through stealing. Additionally, whereas none of the primarily alcohol drinkers and only 3.8% of the marijuana users stole to support their habit, 66.7% of the cocaine users admitted to stealing in order to buy drugs. All of the users (1.3%) who obtained money from prostitution were female, and the majority reported cocaine as their drug of choice.

Figure 14

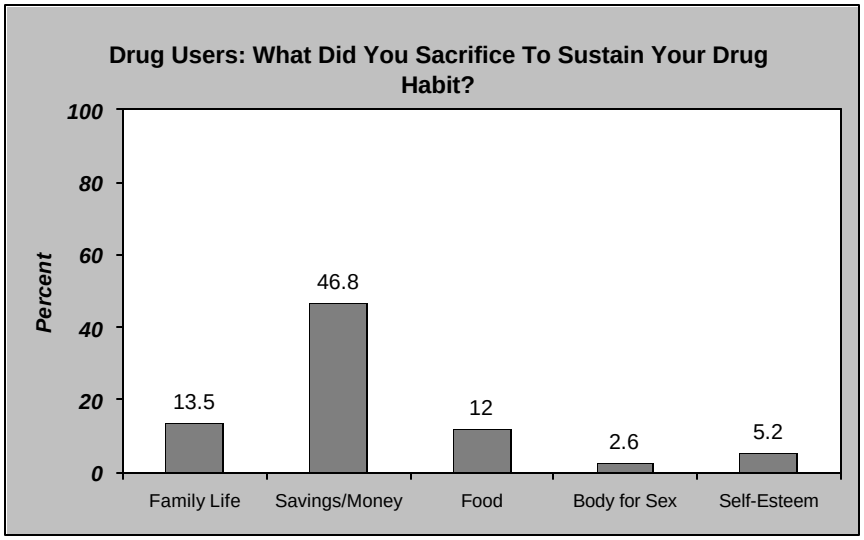


In order to sustain a drug habit, generally, sacrifices would have to be made in some aspects of a user's life. To satisfy the cravings that accompany drug addiction, priorities are abandoned or rearranged, with the end result being the satisfaction of the craving as the priority. Sacrifices made by respondents in this survey included the spending of money earmarked as savings (46.8%), family life or quality time spent with family members (13.5%), and, in some cases, the most basic necessity of life, food (12%), all to get more drugs. Additionally, 2.6% indicated that their drug habit had resulted in the sacrificing of their bodies for sex and 5.2% reported loss of self-esteem (Fig. 15). For both sex and self-esteem, there was an association with the drug of choice. Whereas less than 5% of persons whose drug of choice was alcohol or marijuana did either, 23.5% of persons whose drug of choice was cocaine sacrificed their body for drugs and 29.4% sacrificed self-esteem.

Users were also asked how often, during the past 12 months, did they have thoughts of quitting drug use. Such thoughts may signal a realization that a problem exists and a readiness to take a step toward rehabilitation. Unfortunately, 48.9% of the overall sample indicated that they had never thought about quitting in the past year. A total of 15.5% thought very often of quitting and

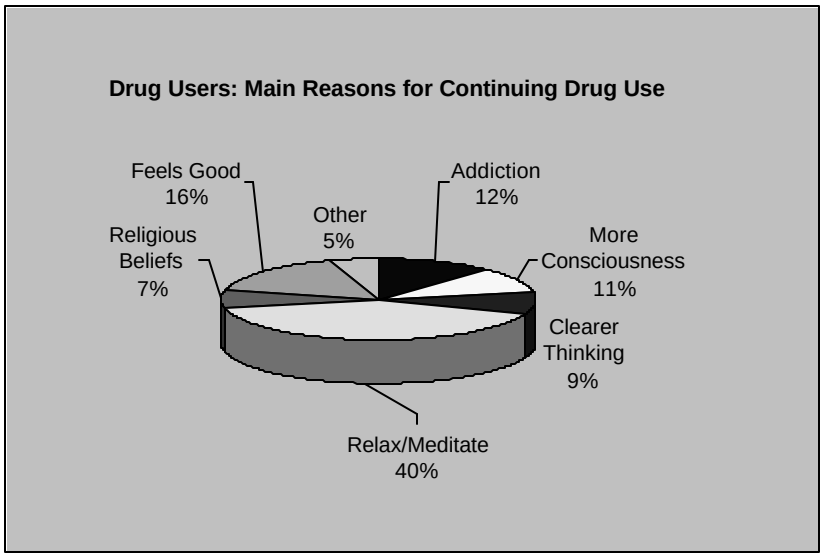
11.4% said they thought about it often. There was, however, large differences observed based on Primary drug of choice. For cocaine users, 7 of 10 persons (70.6%) had thoughts of quitting either often or very often, as compared to 19.4% for marijuana and 39.6% for alcohol.

Figure 15



As to why drug use continues, the reasons given most often were for relaxation and/or meditation (47.5%), because it "feels good" (16.2%), due to addiction (12%), and that it resulted in more consciousness or a better awareness (10.5%).

Figure 16

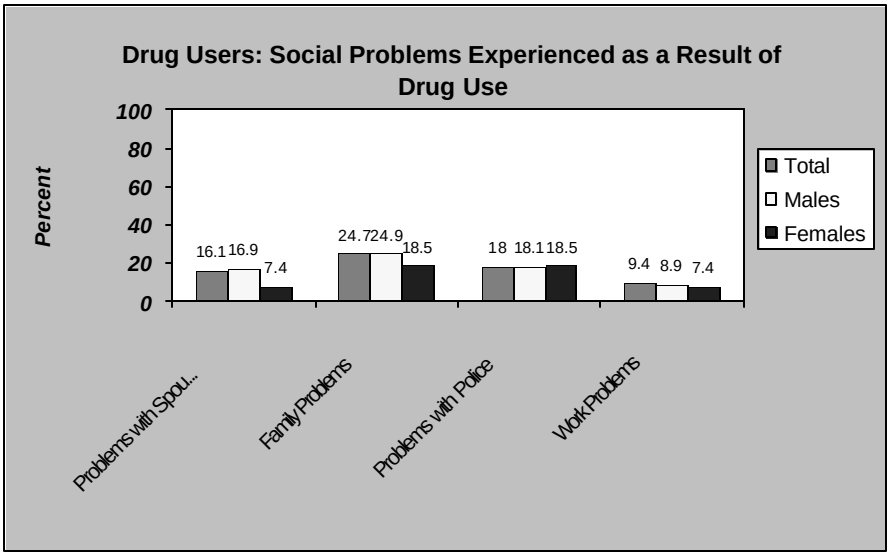


These were followed by clearer thinking (8.6%) and religious beliefs (7.1%) (Fig. 16). The overwhelming number of marijuana users in the sample heavily influenced the overall results to this question. For those whose primary drug of choice was either cocaine or alcohol, results were somewhat different. Cocaine users indicated that their continued use was due primarily to addiction (70.6%), while for alcohol and marijuana, only 12.5% and 6.6%, respectively, reported addiction as the main reason. The main reason that alcohol drinkers continue is because it makes them feel good (47.5%). Additionally, a small number of individuals (3.8%) indicated that the main reason for their continued use was simply to socialize with friends.

3.2.2.3. Personal Problems Resulting from Drug Usage

Drugs can have a negative impact on individuals in numerous ways. Among these are social problems that are experienced with those persons with whom these individuals come in contact with; physical problems or adverse health effects resulting primarily from sustained use; and mental problems or those psychological changes resulting from usage. Overall, participants admitted to having experienced more social problems than either those of a physical or mental nature. The most common was problems with family, which 24.7% had experienced in the past two years. A total of 18% had experienced problems with the police or law enforcement, and 16.1% problems with a spouse, girlfriend or boyfriend (Fig. 17).

Figure 17



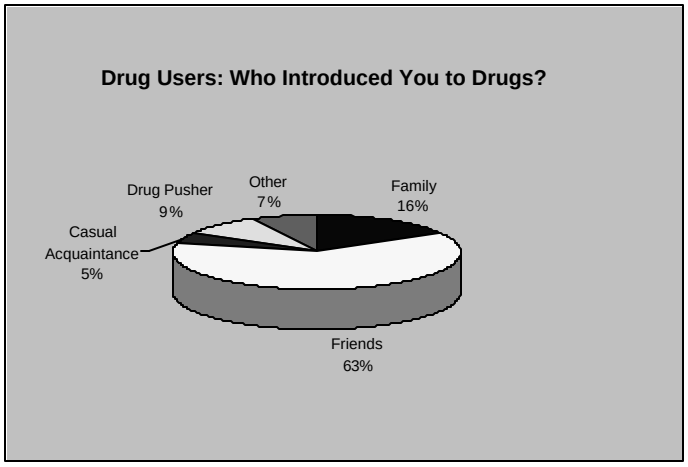
The most common physical problems were hangovers (15%), blackouts (8.6%), and wheezing or a nagging cough (6%). With respect to reported mental

problems, 17.2% reported experiencing forgetfulness and 13.1% showed a tendency to violent behavior or aggressiveness. For both aggressiveness and forgetfulness, more persons whose drug of choice was cocaine had these experiences as compared to those whose drug of choice was alcohol or marijuana. Forty-seven percent of the cocaine users reported aggressive behaviors as compared to 18.4% for the alcohol users and 8.6% for the marijuana users. Similarly, 52.9% of the cocaine users reported forgetfulness as compared to 18.4% for alcohol and 13.1% for marijuana.

3.2.2.4. Introduction to Drug Use

Friends were most responsible for introducing users to non-medical drugs. Sixty-two percent (62.3%) were introduced by friends, 16.2% by family members, and 9.4% through the direct influence of drug pushers. Only 5.3% reported that when they used for the very first time, they obtained the drugs for themselves (Fig. 18). A few of the respondents indicated that a leader in their church introduced them to drugs, a finding that may be related to the Rastafarian religion. These results clearly indicated the need for improvements in the negotiating skills of young people.

Figure 18



As to the reasons why these individuals initially consented to the use of drugs, 62.4% reported "curiosity" as the main reason for using, followed by 25.2% who used to be sociable or to fit in with the group.

There are many recognized social factors that increase the risk of drug use, one of which is the level of exposure to users and usage. One indicator of this is whether or not persons reside with active users. Approximately one-quarter (27.7%) of the users in this sample currently lived with either a heavy drinker

and/or a drug user and 23% had a current partner or spouse also into drugs. A total of 36% were exposed either through someone in the same household or through an intimate personal relationship.

Gang affiliation is another social factor that has been shown to increase the likelihood of drug usage and it also allows for a ready support group for illicit activities. Although only 3.1% of the respondents currently belonged to a gang, an association with trafficking was still observed. While 13.6% of those persons who made money from trafficking were gang members, only 2.4% of those who did not make money via this particular means belonged to gangs.

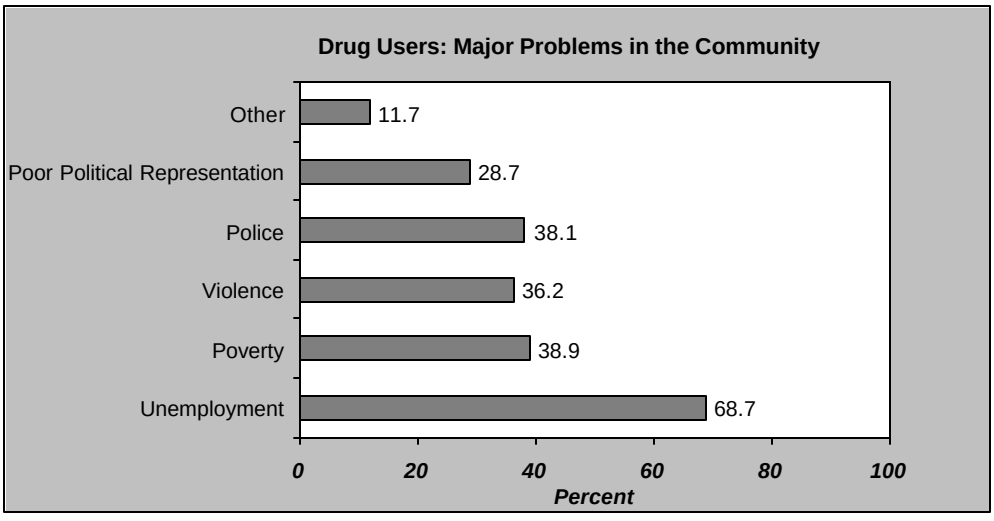
As for carrying a weapon, 1 of every 4 users had carried at some point within the past 30 days. Whether these weapons were for protection or for other reasons is unknown.

A total of 25.9% of the drug users included in this sample were involved in some type of community activity. Of those that were involved, 80% were members of a sporting organization. Other activities, in which the respondents were involved included youth groups, church activities, domino groups and assisting with the elderly.

3.2.2.5. Major Problems Affecting the Community

According to the drug users and/or pushers, the major problem within the communities was unemployment or a lack of employment opportunities. Approximately 7 of 10 (68.7%) users held this opinion, which was followed by

Figure 19

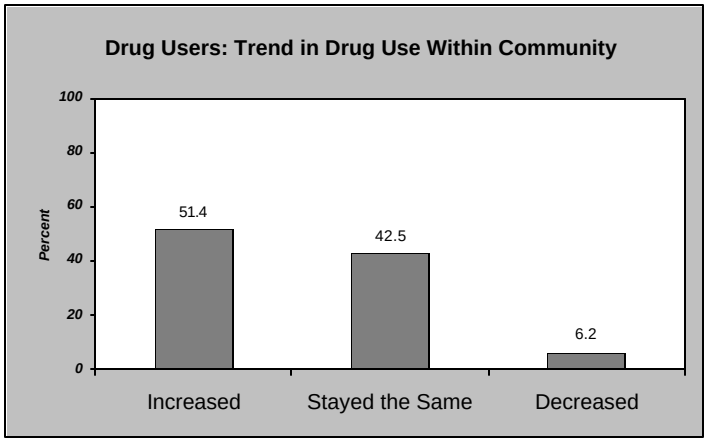


poverty (38.9%), problems with the police (38.1%), violence (36.2%) and political representatives that did not care about their constituents (28.7%) (Fig. 19). Other problems that were mentioned included the lack of unity among residents, drugs, laziness and the lack of initiative on the part of the youth, lack of facilities and the prejudiced view held by society for residents of communities known to have certain types of problems; the latter which, all too often, results in lost opportunities.

3.2.2.6. Situational Analysis of Community Drug Problems

Drug use, primarily the smoking of marijuana, is a highly social activity and, as a result, users were in a unique position to assess whether usage throughout the communities were on the increase or decrease. In the opinion of half (51.4%) the sample, drug usage within the communities actually increased over the past two years. Forty-three percent (42.5%) felt that usage had stayed the same while only 6.2% felt that there was a decrease (Fig. 20). When the communities with ongoing projects were compared to those without, slightly less persons (46.6%) within the project communities felt that there was an increase than those in the non-project communities (55.2%). This difference was also evident in the percentage of users who felt that use had decreased; 7.8% in the project communities as compared to 4.9% in the non-project communities.

Figure 20



Due to the difficulty in identifying pushers and their reluctance to come forth, the drug use patterns of this group were assessed using the opinions of persons who should be aware of these habits, the users. If the opinions of the users and/or the unidentified pushers in this sample accurately reflect usage patterns of pushers, then most of the drug pushers, almost two-thirds (64.8%), operating within the communities used drugs, but only those considered less harmful. This did not include cocaine or heroin. Only 26.5% of the respondents felt that the drug

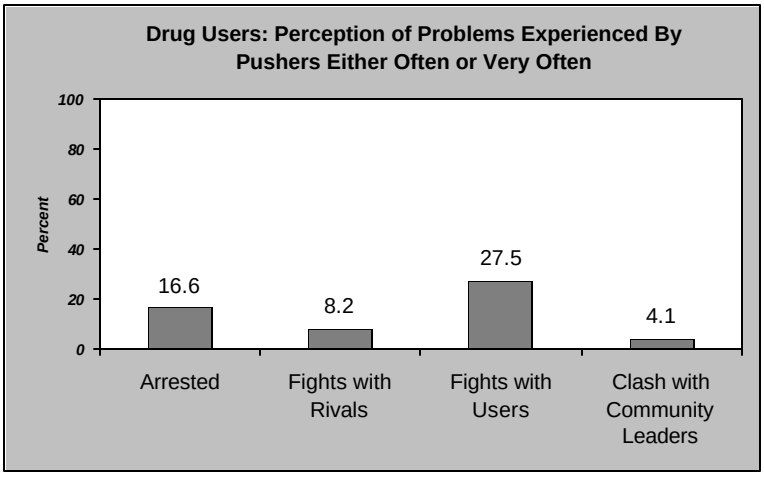
pushers used all types of drugs that he/she sold and 8.7% said that the pushers used no drugs at all.

It was also the belief of one-half (54.9%) the users in this sample that the drug pushers were very well linked into the community at large. Another 34.8% were of the opinion that they were not linked to the community at large but to the drug scene of the community, while 10.3% believed that the pushers were not at all linked to the community but came from outside. With such strong links, it would be expected that attempts to coerce residents to "spill the beans" on these pushers would be a difficult sell.

Regarding the amount of money made per day, on average, by the drug pushers operating within the communities, the median amount reported was B$600. The amounts reported ranged from $25 to $8000 before increasing in one instance each to $12,000, $35,000 and $55,000.

The users in this sample were also asked their opinion on the frequency of selected problems experienced by the drug pushers during the past year. Of the problems that were listed, arrests, fights with rivals, fights with users and clashes with community leaders, the biggest problem was fights with users. Over one-quarter (27.5%) of the respondents indicated that fights with users took place either very often (4%) or often (23.5%), followed by police arrests (16.6%) and fights with rival drug pushers (8.2%). Only 4.1% reported that clashes between community leaders and the drug pushers occurred very often or often (Fig. 21).

Figure 21



3.2.3. Out of School Youth

3.2.3.1. Socio-demographic Characteristics

A total of 150 out-of-school youth were included in the survey. Ten were selected from each of the initial six communities in which projects were implemented as a

part of the National Demand Reduction Program and 15 from each of the six communities that were subsequently added for the RAS Phase 2. The majority of the participants (63.2%) were found hanging out in the streets or in some other public place and another 28.5% identified via the snowball referral mechanism or by word of mouth.

Eighty-two (54.7%) of the 150 participants in the study were male and the remaining 45.3% female. Ages ranged from 14 to 26 years with an average age of 18.7 years. There was no difference between males (18.6 years) and females (18.7 years). Academically, all of the youth had received, at least, formal education up to the 4th form or 11th grade level.

Regarding the living arrangements of these young people, a total of 16.7% lived with a spouse or partner. Just over one-half (51.4%) resided in the same household with their mothers but no father, and 5.5% resided in the same household as their fathers with the mother absent. Approximately 28% lived with both mother and father.

With respect to employment, 64% had worked for at least one week during the past 12 months, with 12.7% having worked the entire 52 weeks. The average number of weeks worked was 17.5 with no differences based on gender. A total of 54 persons (36%) indicated that they had not worked at all within this period, with a closer inspection revealing differences based on both age and gender. While 30% of the male adolescents did not work, almost 42.6% of the females had not. With respect to age, 46% of those in the youngest age group, persons aged 17 years or less, did not work during the past year. This percentage fell to 35.8% for persons aged 18-19 years and even further to 23.3% for those 20 years and over, indicative of an inverse relationship between age and the percentage of persons not working and most likely the increase in responsibility with age.

Wages earned during this period ranged from a low of $210 to a high of $25,000. Eighty percent of those persons who did work during the past 12 months, however, earned less than $10,000. The average wage for those who did work was $6660.

Regarding the relative number of close friends the out of school youth reportedly had, 22% said that they had a lot of close friends, 32.7% had some but not a lot, 40% had very few, and 5.3% indicated that, as far as they were concerned, they had no close friends. This speaks to the support network of these youth and to persons who they are most likely to talk to, since research shows that close friends are the most trusted when discussing personal issues. Of those who did have close friends, the survey sought to determine what proportion of these friends used drugs. This served as an indicator of the exposure of these youths to drug use or the drug culture and the potential pressure from peers, a strong risk factor for use. A total of 7.7% of those with close friends said that all or

almost all of their friends used drugs while an additional 15.5% said that the majority of them did. Just over one-third (34.5%) said that a minority of their friends used and 4 of 10 (42.3%) said that none of their close friends used drugs.

Exposure to drugs could also occur inside the home, and in this case, 26.2% indicated that they were currently living with someone who was either a heavy drinker or a drug user.

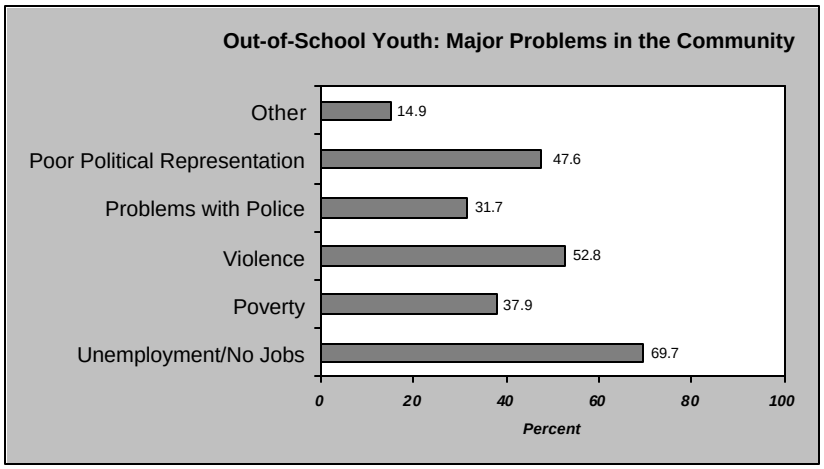
Participants were asked to describe the quality of their relationships over the past three months with spouses or partners, parents, siblings, friends or co-workers. The respondents experienced either some problems or lots of problems most often with siblings (16.5%), followed by parents (13.1%) and then spouses or partners (9.5%). Not surprisingly, the least amount of problems was experienced with friends (4.1%) and then Co-workers (9%). It appeared as if the out of school youth had the most problems with close family members or loved ones who, more than likely, cared deeply for them and expected more from them. Friends most often don't hold these same lofty expectations and accept persons for who they are while co-workers are not usually as trusted a group or held in high enough regard, relatively, to create real problem situations.

With respect to risky behaviors, both foreign and local studies have shown an association between gang membership and immoral or illicit acts. A positive finding in this survey was that over 90% of the youth, even though most were found hanging around public places, did not now or had ever belonged to a gang. The 11 students (7.3%) who were, reportedly, in a gang at some point, were no longer members. Given this finding, it was no surprise that only 6% had carried a weapon at some point during the past 30 days; 7.3% of the males and 4.4% of the females.

3.2.3.2. Major Problems Affecting the Community

The fact that these young persons were able to spend time sitting around or “liming” placed them in a very unique position to observe and pass judgement with respect to the major problems within their communities. The biggest problem, as identified by 69.7% of the youth, was unemployment or the lack of jobs. This was no surprise as quite a number of the youth had not worked at all and of those who had, the majority did not work full time. The level of violence within the communities was also identified as a major problem by 52.8%, while 47.6% were of the opinion that poor political representation or politicians who did not care about their constituents was also a major problem. Four of every 10 youths (37.9%) identified poverty as a major problem and 31.7% felt that the police themselves were major problems within the communities (Fig. 22). Other problems that were specifically mentioned by more than one responded included gambling, drugs and crime, and the level of hypocrisy by those in authority; the latter quite possibly associated with poor political representation.

Figure 22



3.2.3.3. Involvement in Community Activities

Approximately 29.7% of the out of school youth were active members of some social or community group, with the percentage of males who were involved (38.8%) almost doubling that of the females (19.1%). This gender difference may reflect the proliferation of sporting clubs that, generally, have higher male participation rates. Nonetheless, 39% indicated that there were other activities that they would have liked to get involved in but, unfortunately, these activities were not available in their communities. A slightly higher percentage from the non-project communities (43.7%) indicated that there were activities not available with which they would like to get involved when compared to those communities with projects (32.2%). This may be indicative of the need for additional projects in communities where projects currently exist and for introducing similar projects to other communities.

The most requested programs were sporting activities like netball for ladies, volleyball, basketball, cricket, hockey and football. There was also an interest expressed in vocational programs like training in computers, mechanics, hair dressing, designing and cooking and in cultural activities like dance, community choirs and bands. A few of the youth indicated that they would also like to see clubs such as the Jaycees, Chess clubs and the Cadet Corp introduced to their communities.

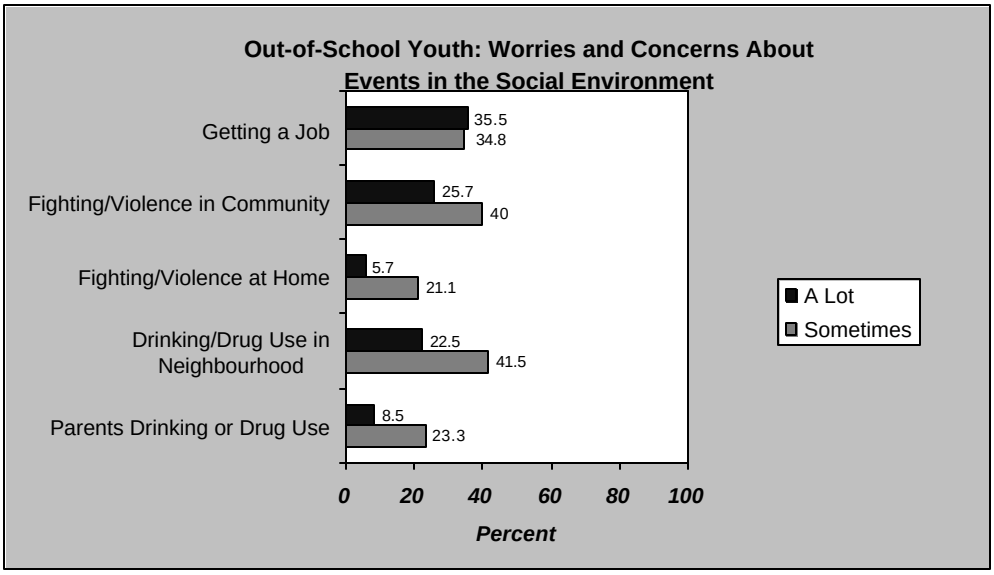
3.2.3.4. Societal Issues Causing Worry and Concern Among the Youth

Participants were also asked about things in their lives that concerned them or caused them to worry. These included drinking and drug use, violence and getting a job. Results are illustrated in Figure 23. When asked whether the level

of drinking and/or drug use by their parents was a concern, almost one-third indicated that it was; 23.3% sometimes and 8.5% a lot. Parental use of drugs is an issue often quoted as a risk for use in offspring and its presence here supports the need for an holistic approach to prevention and intervention, one that incorporates parental programs.

Regarding the drinking and drug use in their neighborhoods, 41.5% worried about it sometimes and 22.5% worried about it a lot. Similar percentages were observed for worrying about the fighting and violence in the community. A total of 40% admitted that they worried about this sometimes and another 25.7% a lot. One-fifth of the youth (21.1%) were concerned about the fighting and violence in their homes "sometimes" and 5.7% a lot. Exposure to violence in the homes has also been cited as a risk factor for similar behaviors later in a child's life.

Figure 23



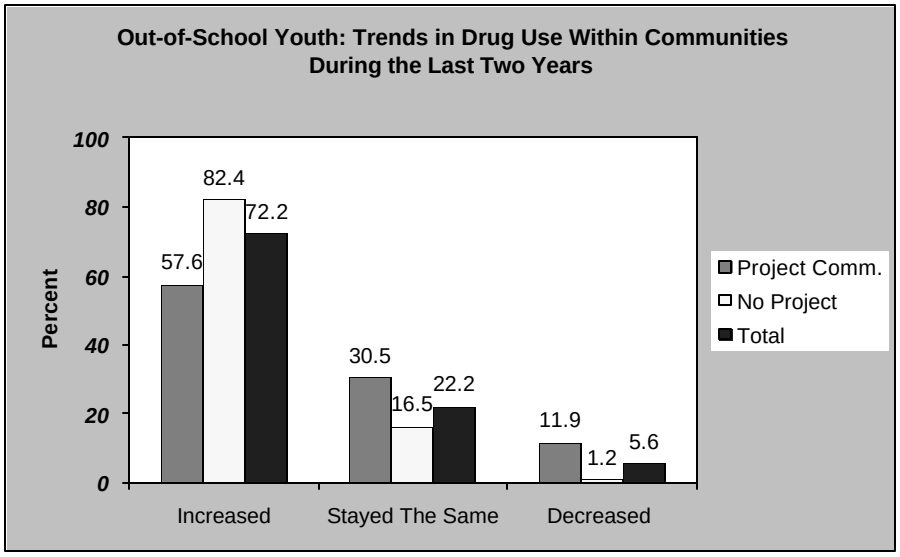
Considerable concern was also expressed over getting a job, with 35.5% worrying about this a lot and 34.8% worrying about this sometimes.

3.2.3.5. Situational Analysis of Community Drug Problems

Given the level of concern over alcohol consumption and drug use in their neighborhoods, it was not surprising that the opinion of almost three-quarters of the youth (72.2%) was that the use of drugs in their community had increased during the past 2 years. Only 5.6% were of the opinion that use had decreased with the remaining 22.2% saying that the level of use had remained the same. However, there were differences based on whether or not the communities had ongoing projects supported by the National Council on Substance Abuse. In the

six communities where there were projects, 11.9% were of the opinion that use had decreased during the past two years as compared to 1.2% in the other six communities (Fig. 24).

Figure 24



Asked the direct question as to whether they had ever been offered cocaine, crack or marijuana by any of their friends or by others in the community, it was revealed that approximately 2 of every 3 had. A total of 47% had been offered drugs more than once and 20.1% once. Males (73.2%) seemed to have been approached a bit more often than females (59.7%). For those persons who refused these offers, the main reason for refusing was that they simply did not want to (38.6%). This was followed by the responses "drugs are dangerous" (20.8%) and "fear of addiction" (16.8%). Just over half (51.5%) of the youth who had been offered drugs felt that they were being pressured to use them. As evidence of the negative influence that can evolve from friends, those young persons who had friends that used drugs was almost twice as likely to have been offered drugs as those who did not have any friends that used. While 84% of persons with friends who used had been offered, only 48.3% of those with no friends who used had been offered drugs. There was no evidence of any household influence or by users resident in the same house.

In an attempt to assess the accessibility or the availability of drugs within the communities, respondents were asked whether they knew where to find drugs if they wished to purchase some. An overwhelmingly majority (84.6%) indicated that they would know where to get drugs if they wished and, in this regard, females (80.6%) were equally as knowledgeable as the males (87.8%).

The survey also attempted to inquire into the underlying thoughts of the youth or the choices that they would make if faced with difficult or potentially life-altering decisions regarding drugs; whether their decisions were more in support of or contrary to the law. Specifically, they were asked, "if they were to find a bag of drugs, what would they do with it". Results revealed that 25% or 1 of every 4 members of this group would sell the drugs for money. An interesting finding was that while 20.7% of the 82 males in the survey reported that they would sell the drugs, 30.9% of the 68 females said that they would sell it. This was a clear indication that young females, realizing the economic value of drugs, are just as willing as their male counterparts to capitalize on it if the situation was to present itself. This speaks to the vulnerability of both groups and the need to address both equally.

There was, however, a considerable level of uncertainty associated with this question as 16.7% reported that they were not sure as to what they would have done. This could mean that they were really undecided, or that they, too, would have done something illegal like selling the drugs but did not want to admit it during the survey. The other respondents indicated that they would leave it where they found it (28%), take it to the police (18%), or destroy it (10%). These results shows the need for changing the whole mindset of these individuals, to stop them from limiting their thoughts to the economics of the drug trade, and to see the full picture of how drugs has negatively impacted individuals, families, communities and the country.

3.2.3.6. Adequacy of Resources

In an effort to identify whether there is a need for further development of programs for the youth, respondents were asked if persons their age had sufficient opportunities to obtain the training that was needed in order to get jobs. Given the fact that these individuals were already concerned about getting jobs, the general perception that training opportunities were non-existent or insufficient would lead to a further erosion of hope for the future and an overall healthy mental state. Results revealed that while 56.2% felt that the training opportunities were sufficient, 43.8% or 4 of every 10 of the out of school youths felt that the opportunities available were not meeting the communities' needs. There was a small difference based on whether communities had ongoing projects. Whereas 65% of the participants from the project communities were reportedly satisfied with the training opportunities available, only 50% of those in the non-project areas were of the same opinion.

The reasons mentioned, in order of importance, as to why the opportunities were insufficient included: non existence of any available programs or opportunities; even when programs were available, a lack of variety as all persons could not get into the Samuel Jackman Prescod Polytechnic institution; the high cost of some of the available programs which made them prohibitive; the prejudices that were

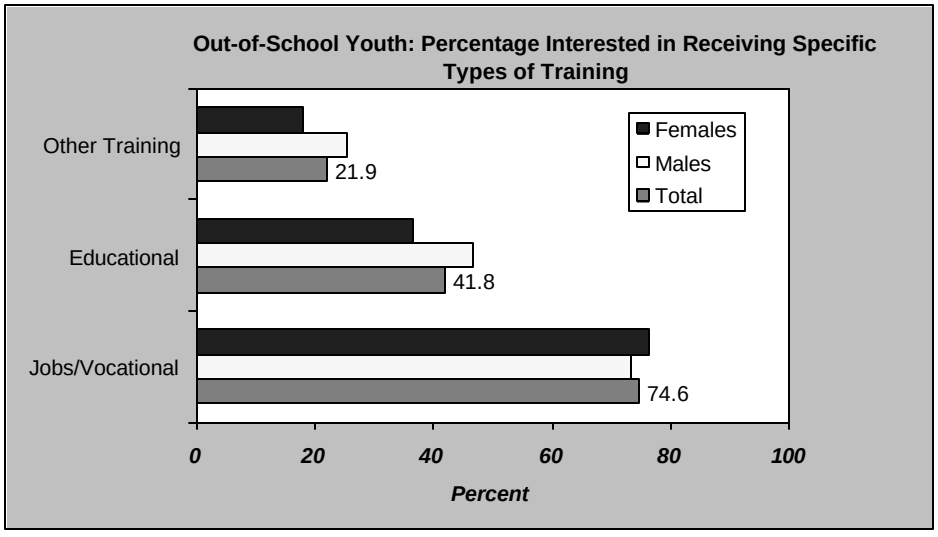
held towards all residents of selected lower socioeconomic or high crime communities; a lack of the required human resources to assist; the lack of any physical structure or buildings in which to house training programs; and the limited operational hours of existing community centers.

Asked specifically whether they would be interested in receiving any job or vocational training, educational training or some other type of training, three-quarters of both the males (73.2%) and the females (76.2%) indicated that they would be interested in vocational training (Fig. 25). The vocational training requested most often were those in the construction industry like carpentry, masonry, welding and plumbing. This was followed by a demand for training in mechanics, secretarial science, computers, waiting, catering or cake making and decorating, cosmetology and engineering.

A total of 41.8% was interested in furthering their education, with a larger percentage of males (46.5%) interested than females (36.5%). This may reflect, however, a higher current level of education amongst females as compared to the males who discontinue their formal education or drop out at greater rates than females. The youth were most interested in preparing to sit the CXC exams while a few were interested in attending post secondary institutions to pursue A-levels, Associates degrees or Bachelors degrees.

Almost one in five (21.9%) indicated that they were interested in some other type of training, which, in every case, proved to be either educational or vocational training of a special nature (Fig. 25).

Figure 25



3.2.3.7. Suggested Measures To Reduce Drug-related Problems

To garner the views of young people on methods to address the drug situation within their communities, participants were specifically asked for their opinions on what could be done to reduce drug-related problems. Results generally fell into the broad areas of demand reduction, supply reduction and improvements in the social condition and the economic state of residents.

Programs that were suggested to reduce the demand for drugs, in order of importance, included: drug awareness education that addresses the dangers of drugs and alcohol and the pathology of abuse; the development of more interesting and stimulating recreational and/or community programs that will serve to redirect the youth; encouraging or facilitating greater involvement in religious activities; and workshops on improving self-esteem and decision-making skills.

These young persons also felt that a greater police presence or a more visible force would result in the discouragement of pushers and, along with targeting major importers of illicit drugs, would reduce the ready access to drugs. Additionally, a number were of the opinion that there should be an increase in penalties and more emphasis on incarcerating pushers. One respondent, citing the role that these substances play, suggested a reduction in the access to alcohol and cigarettes by increasing the legal age at which persons can purchase these products.

The creation of more job opportunities and better paying jobs were suggested as a means of improving the economic situation within the communities. To improve the social conditions, these young persons cited the need to foster more community unity through neighborhood watches, to include the youth in the decision-making process, and to teach young mothers and fathers how to be better parents.

Conversely, there were a number of young people who felt that nothing could be done as the problem had been allowed to go too far, or who had doubts as to whether anything could be done to improve the situation. A small minority held the view that those in authority should simply legalize marijuana in order to decriminalize it and reduce the competition for drug profits that often end in violence.

3.2.4. Participants in the Community Projects

3.2.4.1. Socio-demographic Characteristics

A total of 55 participants from the community projects that were introduced as a component of the Integrated Demand Reduction Program were included in the

final analysis. Ten participants were randomly selected from a listing in each of the 6 initial communities with the exception of Gall and Silver Hill, from which only 5 participants were interviewed.

The majority of the respondents were female, having accounted for 57.4% of the total sample. Whether this reflects the gender distribution of all program participants is unknown. Ages ranged from 11 years to 57 years with a mean of 22.4 years. A total of 81.8% of the participants had received some formal secondary education and 9.1% some post-secondary education.

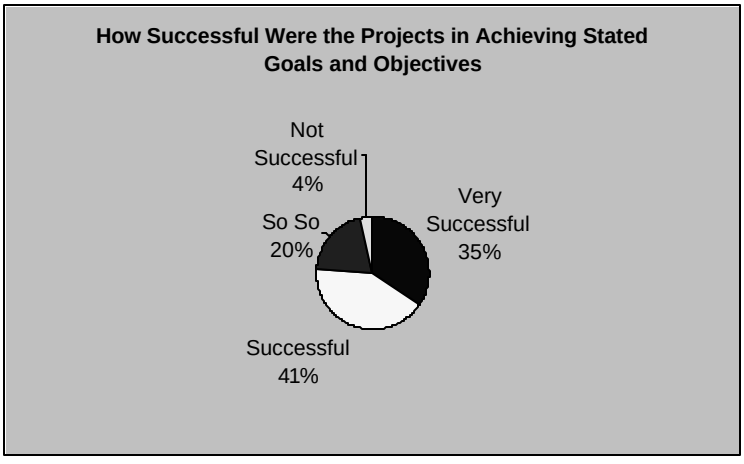
Regarding the living arrangements of the respondents, 18.2% lived with a partner or spouse, 67.3% currently resided in the same household as their mother and 23.6% resided in the same household as their father. Very few lived either alone (3.6%) or with friends (3.6%).

As an indicator of the health of the respondents' social environment, the project participants were also asked to describe the state of their relationships during the past 3 months. Results revealed no real relationship problems with spouses or partners, parents, siblings, friends or coworkers. The greatest amount of problems experienced was reportedly with spouses or partners, and even then only 11.9% of the sample had problems within the past 3 months.

3.2.4.2. Participants' Perception of Project Outcome and Impact

Participants were asked how successful, in their opinion, the projects with which they were involved had been in achieving its overall goal and objectives. A total of 41.8% of the participants said that the projects were "successful" and another 34.5% indicated that they were "very successful". Only 3.6% felt that the projects were not successful at all (Fig. 26).

Figure 26



As to whether the projects met the participants' expectations, 47.3% said that the projects were actually "better than expected" and another 40% as expected.

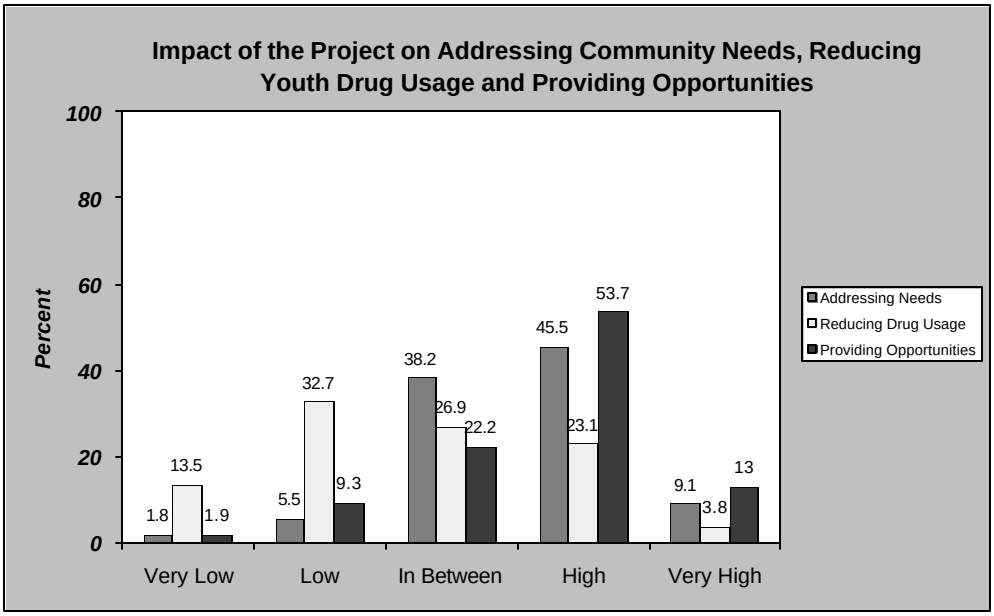
Participants were also asked specifically about the projects' impact on: addressing the needs of the community; reducing the amount of youths using drugs; promoting the awareness of drug prevention; and providing opportunities for the youth (Fig. 27). With respect to addressing the communities' needs, 54.6% felt that the project impacted either very highly or highly on this indicator while 38.2% were of the opinion that the impact was neither low nor high but in between.

The impact on the amount of youths using drugs, in the opinion of 46.2% of the sample, was either very low or low. Additionally, 26.9% felt that the impact was between low and high. One in four (26.9%) felt that the projects had a high or very high impact on drug usage in youths.

With respect to promoting the awareness of drug prevention, again 42.6% felt that the projects had minimal impact (either very low or low) and 40.7% thought that they impacted highly or very highly.

Results for providing opportunities for youth were more promising with 53.7% indicating that the projects impacted highly and another 13% very highly. Only 11.2% indicated that the projects had a low or very low impact on the provision of opportunities.

Figure 27

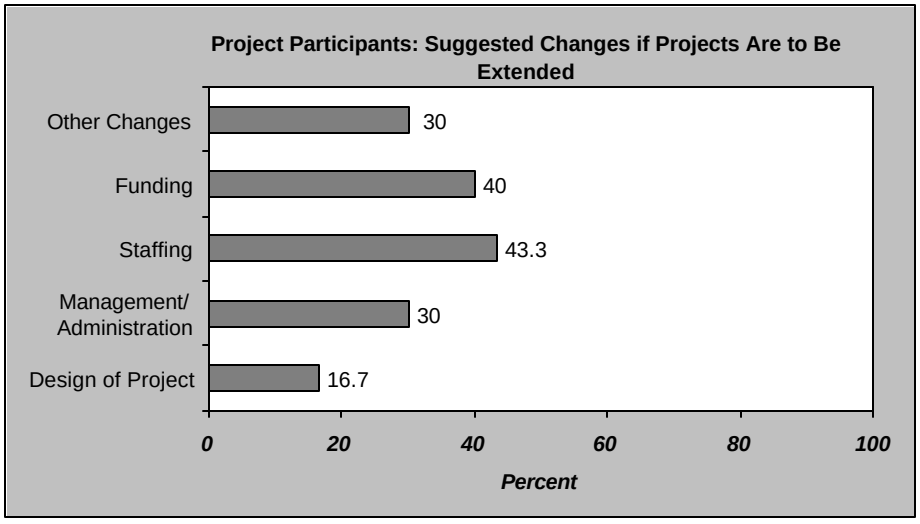


In an attempt to determine the value the participants placed on the projects, they were asked whether the projects should be continued in the communities and whether they would recommend them. An overwhelmingly majority (96.4%) indicated that the projects should be continued in the communities and a similar percentage (96.4%) indicated that they would recommend the projects to their friends. Further, 92.7% were of the opinion that other areas could benefit greatly from similar projects and, as a result, the projects should be extended to other communities throughout Barbados.

3.2.4.3. Recommendations for Project Improvement

If the projects were to be extended, however, 47.3% felt that minor changes would be required and 9.1% major changes required, in order to improve their overall impact. As to the type of changes that would be required, 43.3% of those who felt that some change was required indicated that staffing changes were necessary, while 40% felt that there was a need for increased funding. The design of the projects, including goals and objectives, was identified as another area in need of attention by 16.7% of the participants and changes in the management or administration by 30% (Fig. 28). While almost all of the project communities seemed to have funding needs (other than Gall Hill) and serious staffing needs (with the exception of Pinelands), the community projects in Deacons and Haynesville seemed to be the two most in need of all types of improvements.

Figure 28



With respect to staffing issues, the primary complaint was that of insufficient numbers of qualified staff. Respondents not only indicated the need for additional

staff, but they wanted management to ensure that these individuals were more organized, were proven teachers, were professional about their work and their obligations, and could relate to the clientele.

The additional funding that was desired was for the purchase of material related to the projects and for equipment such as sporting supplies, computers and utensils. Additionally, a number of participants were of the opinion that for the projects to improve, larger facilities, that also required funding, were required. To assist in this regard, participants suggested allowing the projects to conduct more fund raising activities and to seek corporate sponsors.

Regarding the management or administration of the projects, participants identified a need for improvements in the overall organization of the projects and more involvement by the coordinators. The administrators must pay more attention to the operational details of the projects. Determinations as to whether the scheduled hours are convenient to the target groups, whether the number of allotted hours were sufficient and the behavioral policy for participants are but a few of the factors in need of consideration. Additionally, more participants should be recruited through improvements in the marketing and public relations efforts of the organizers.

Participants also were of the opinion that the projects should be more dynamic and should be expanded. They reportedly would like the projects to promote, in some cases, parental involvement, to include other vocational skills and sporting disciplines, as well as to address academic needs.

3.2.4.4. Social Issues Causing Worry and Concern

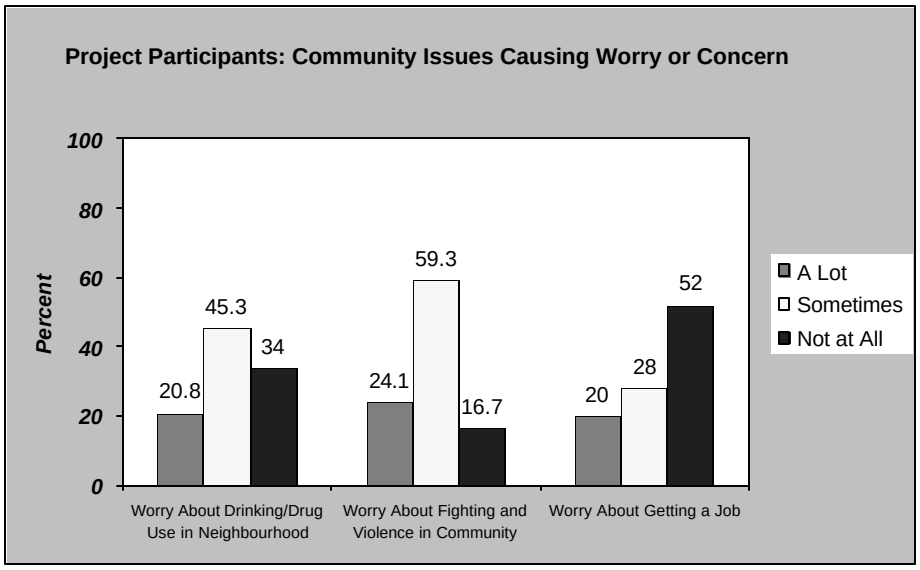
The concerns of the participants or how much they worried about different things that might happen in their lives was also sought. Specifically, they were asked about drinking and drug use of their parents, drinking and drug use in their neighborhoods, violence in their homes, violence in their neighborhoods and getting a job. Very few respondents worried about the drinking and/or drug use of their parents (5.6%) or about the violence in their homes (1.9%). They were, however, very concerned about the amount of drinking and drug usage in their neighborhood (66.1%), the amount of fighting and violence in their communities (83.4%) and about getting a job (48%) (Fig. 29). These results hint at some of the factors that contribute to the increasing levels of fear that is linked to the mental health status of the communities.

3.2.4.5. Training Opportunities and Requests

Given that approximately one-half of the participants were concerned about

getting a job, it was a surprise to find that 74.5% felt that there were sufficient opportunities available for persons their age to obtain the training that was

Figure 29

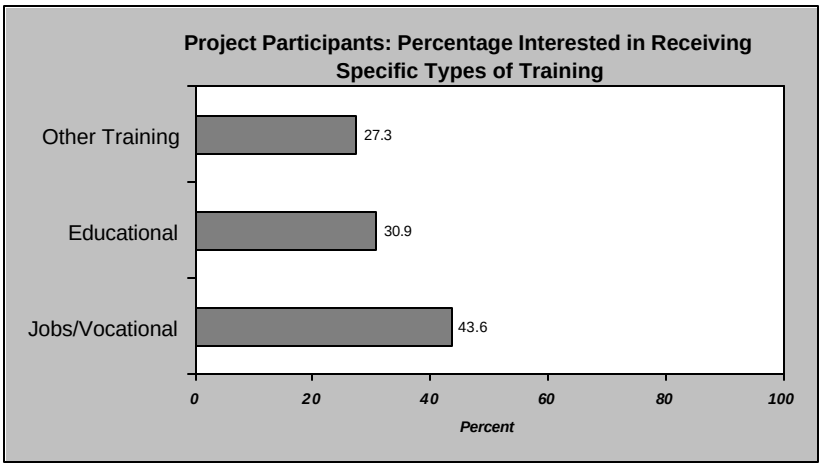


required in order to get a job. For those who did not feel that sufficient opportunities were available, reasons mentioned included a lack of funds to pay for the training and that employers and others were unwilling to give potential employees an opportunity to learn new skills or gain any experience. Additionally, a number of participants indicated a need for more training options than those currently available, as the choice was just too limited.

Regardless of their beliefs, 43.6% were interested in receiving job or vocational training, and 30.9% educational training or help with academic studies (Fig. 30). The types of vocational training that the respondents were most interested in were secretarial studies, mechanical or electrical work and trades related to the construction industry. These included masonry, tiling and plumbing. A few were interested in dressmaking and/or tailoring while others specifically mentioned computers, cooking, landscaping, printing, accounts and learning to speak foreign languages.

It was interesting to note that those participants who wished to further their academic education were far more interested in technical subjects than the more highly regarded professions like law, accounts, etc. These individuals wanted to pursue degrees in subjects like technical drawing and architecture, counseling, nursing and computers; the latter including information technology and software engineering. Only one individual indicated a desire to pursue a degree in accounts.

Figure 30



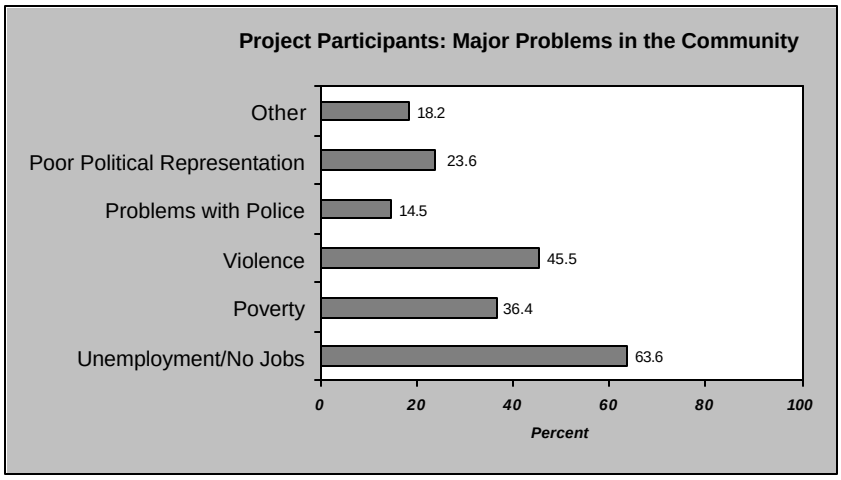
In addition to the vocational and academic training mentioned, 27.3% indicated that they wished to receive some other type of training such as counseling, etiquette, drama and proper coaching in sports.

Approximately 4 of every 10 participants (43.6%) were active members of another social or community group. Of these, just over one-half (54.5%) were members of a sporting organization, one of five (22.7%) members of some church organization, and a few were involved with other groups such as cubs, guides, etc. As another indicator of the need for further community development, 18.2% of the participants indicated that there were activities that they would like to get involved in but, unfortunately, these activities were not available in their community. These individuals placed sports or sporting clubs at the top of their priority list. Seven of the 10 respondents indicated a desire to participate in activities such as netball, boxing, volleyball, cricket and tennis. Other activities mentioned included community forums or discussions and training workshops.

3.2.4.6. Major Problems Affecting the Community

In the opinion of the project participants, undoubtedly the major problem in the communities was that of unemployment or no jobs (63.6%). This was followed by violence (45.5%), poverty (36.4%), and poor political representation (23.6%). Only eight of the 55 respondents (14.5%) felt that the police themselves were the major cause of problems, a percentage that stands in stark contrast to the response from the drug users (Fig. 31). Other problems that the respondents considered major included the use of drugs, the lack of direction in the youth, the lack of adequate housing and the general state of the environment.

Figure 31



3.2.4.7. Situational Analysis of Community Drug Problems

The exposure of these individuals to drugs both within and outside of the home environment appeared to be limited. A total of 61.5% of those with close friends said that none of their friends used drugs, 7.7% said that the majority of their friends used drugs, and another 30.8% said a minority. Only 9.1% were exposed to heavy drinking or drug use through someone with whom they currently lived. Gang affiliation was also not a factor, as 96.4% replied that they had never belonged to a gang and the remaining 3.6% who did were no longer members.

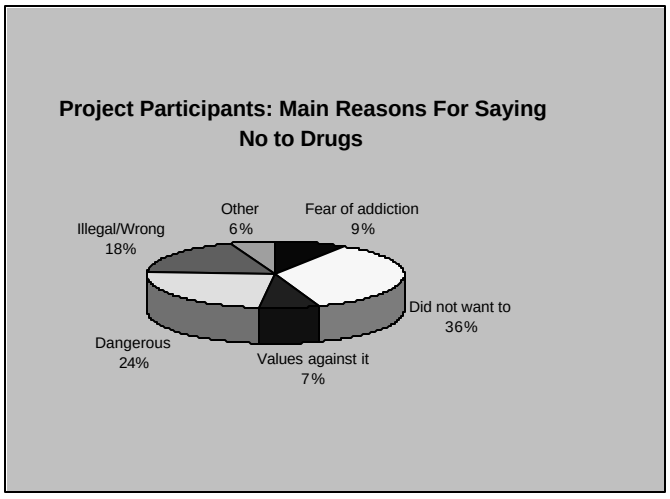
As to the direct question of whether they had been offered drugs within the past year, 81.8% reported that they had not been offered cocaine, crack or marijuana by any of their friends or others in their community. For those 10 individuals who said that they were offered drugs at least once in the past year, 7 (70%) said that they did not feel as if they were being pressured to use the drugs. It would appear then that those who use drugs prefer to remain with those who share a similar habit and thus non-users who surround themselves with positive people may reduce the overall exposure to and risk of using drugs.

In terms of the actual drug use of the participants, 18.2% said that they had smoked marijuana at some point in their lives, but only 5.7% said that they had used it within the past 12 months. None of those selected as a part of this group had ever used cocaine. For alcohol consumption, 38.2% of the 55 participants had drank an alcoholic beverage at some point in their lives, but only 21.8% had done so within the past year.

For those persons who said no to the use of drugs, the most popular reason given was because they did not want to use drugs (35.2%). This was followed by

"drugs are dangerous" (24.1%), "it is wrong to use drugs" (11.1%) and because of a fear of addiction (9.3%) (Fig. 32).

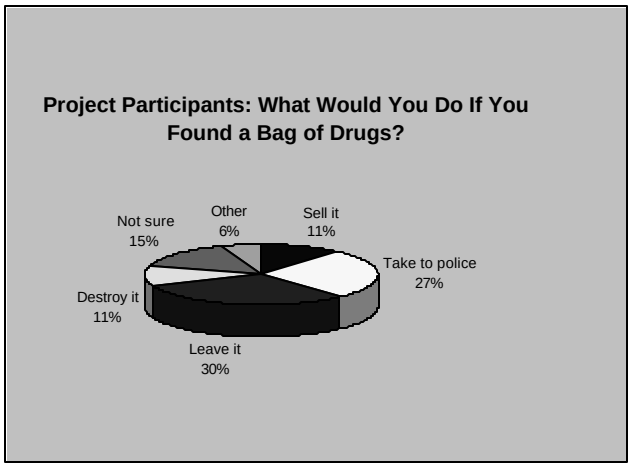
Figure 32



As an indicator of the availability of drugs within the communities, participants were asked whether they knew where to purchase drugs if they wanted to. A total of 57.4% said that they would know where to go to get drugs.

Asked what they would do with a bag of drugs if found, 30.9% said that they would leave it where they found it and 27.3% would take it to the police. Only 10.9% said that they would sell it but another 14.5% were unsure as to what they would do (Fig. 33).

Figure 33



A surprising result was that 65.3% of this sample felt that the use of drugs within the communities during the last two years had actually increased. Only 8.2% were of the opinion that usage had decreased.

3.3. Student Focus Group Discussions

A total of 4 Focus Group discussions were conducted with 37 participants representing 11 different schools. As the objective was to recruit equal numbers of males and females, the sample was almost equally divided along gender lines with 51.4% male and 48.6% female. The majority of the students were selected from forms 3 (59.5%) and 4 (32.4%) with the remaining 8.1% selected from form 2. The age distribution generally reflected the distribution by form level.

1. Do you feel the use of drugs in school is a problem, and, if so, why is it a problem?

The majority of the students were of the opinion that drug use within the schools was a problem and knew students who used drugs. The reasons given were that drugs were readily available and that usage was bad for your health. Specifically, it could result in irreversible brain damage and this, according to the students, would affect the ability to think, work and learn, eventually resulting in their losing focus on schoolwork.

Additionally, it has been linked to unacceptable activities such as delinquency and stealing and has been known to be the cause of family and other social problems. Through peer pressure, it can also have a negative influence on other students.

2. Is the problem getting better or worse?

Most of the students felt that the problem of drug use in schools was getting worse as it now appears to be the “in thing” among students. It was their opinion that the current trend is indicative of peer pressure and other factors having resulted in more students willing to experiment, which, in turn, has resulted in more students becoming active users. To compound the problem, the students reported that it appeared that no one really cared anymore about reversing the situation thus, by default, sanctioning the behaviour.

A few of the students actually felt that the problem was getting better. The reason given was that student users appeared to be limiting the use of drugs to special school functions such as dress up day and fairs.

3. How easy is it to buy or obtain drugs in school?

The students who participated in these discussions were, reportedly, never offered drugs by their schoolmates. However, they were aware of other students

who have been offered drugs by schoolmates and several of the participants themselves have been offered drugs by persons other than schoolmates.

The majority of the students felt that it was easy to buy or obtain drugs in school and compared it to passing around chewing gum. Drugs could be purchased from students in the upper forms and students, if they were short on funds, have also been known to trade or swap lunch for drugs. In the event drugs were not available in the schools, it could be ordered from other persons in the communities surrounding the schools; e.g. Rastafarians.

There was a minority who felt that obtaining drugs in school was not very easy because of the secretive nature of those involved. Potential customers would have to know the correct person to approach and then these 'student pushers' would have to be comfortable with that individual.

4. Recent surveys in Barbados have revealed that about one-half of the school students drank alcohol in the past year. Do you believe this number and, if so, why is it so high?

Most students agreed with the statistic while some felt the percentage of current drinkers was more than one-half. The percentage of drinkers was as high as it was because alcohol was neither perceived as a drug nor was it believed to be harmful. Additionally, many of the students have been exposed very early through parents' drinking and given that it is a legal substance, alcohol couldn't be too bad. It was also the opinion of the students that attention seeking and peer pressure or the need to please friends has a great influence on the adolescents' choice to drink.

It should be noted that several students felt that too much emphasis was placed on the use of alcohol and not the abuse. The belief here was that in small doses, alcohol is okay, but it has to be kept to a minimum. Attempting to get kids to view the drinking of any amount of alcohol as bad was unrealistic, given their exposure to the substance, and hence, counterproductive.

5. The same survey found that 10% of students have used marijuana, and 2%, cocaine. Do you believe these numbers, and why?

The majority of the students agreed with the percentage of marijuana users however a few felt that the percentage of current users was greater than 10%. The fact that marijuana was so easily obtainable and easy to grow were the primary contributing factors to the levels of use being what they were.

As with marijuana, most of the students believed the reported prevalence of cocaine users was accurate. Others felt it should be higher, and others still were

sceptical of such surveys and unsure of the numbers. It was their opinion that the low prevalence was due in part to the relatively high cost of the drug and the more dangerous and addictive nature that made the majority of the students afraid to try it.

6. Why do students try drugs in the first place?

The reasons why adolescents choose to try drugs are multifactorial and may include factors intrinsic to the individual as well as external factors or those related to the social environment. According to the students participating in these discussions, included among these reasons are peer pressure, the general nature of adolescents to experiment, and misinformation about the effects of drugs. Observing the use by friends and the perceived need to please them in order to be part of the crowd was believed to be the primary reason for first use. This would include the influence by members of gangs. With respect to information, claims that the drugs can help with studies during exams and that it allows an escape from problems are examples of what the students believe to be some of the misinformation fed to those that are vulnerable. Other students felt that given the current levels of use in the communities, students have been socialised into drug habits, thinking that it must be okay if so many others are doing it.

Another interesting opinion was that those who realise the value of the drugs as a source of income and may initially limit activities to the sale of drugs, eventually become users themselves.

7. Why do students continue to use drugs?

Once teens have made the choice to try drugs, it was the view of these students that those who continue to use do so as a result of having become addicted to the feeling and the adrenaline rush of being high and, in some instances, to the attention that it attracts from other students. Additional pressures to use are also brought on as part of the gang culture that the students feel is on the increase.

8. What can be done to reduce the number of young people drinking alcohol or using other drugs?

It is often said that programs targeting young people must incorporate their views in the plans, as they may be radically different from those of planners of a different generation. As a result, an effort was made to solicit the views of the students with regard to methods for reducing the number of adolescents using drugs and drinking.

The students' suggestions generally fell into the categories of limiting access to alcohol and drugs, enhancing educational activities, shutting down the supply both into the country and into the schools, and both strengthening and enforcing the laws.

In order to limit the access that adolescents currently have to alcohol and drugs, the suggested measures were to stop selling alcohol to young people, stop allowing kids to enter liquor stores and, if necessary, consider making alcohol illegal. The participants also recommended making the use of these substances less attractive to young people by banning music with lyrics on drug usage and banning all alcohol advertisements.

The discussions resulted in very specific suggestions for improvements to the educational messages directed at teens and included the use of visual aids and focussing more on the dangers and consequences of cigarettes which some believed to be more dangerous than marijuana. It was suggested that the campaigns should encourage individuals to be more responsible for their own decision-making and, ultimately, their own successes and failures and must accentuate the risk of failure for users. For those young people who are habitual users, help in the form of drug counselling should be offered.

The role of parents was also discussed and it was felt that they must become more involved in their children's lives as many youngsters lacked the necessary values and discipline that they believe can only result from close parental supervision.

As a complement to the efforts to limit the access to alcohol and drugs, the students felt that it was also necessary to reduce the available supply and to revise the penal laws in order to allow prosecutors to enforce stiffer penalties for drug cases. Supply reduction could be accomplished by, at the national level, upgrading the detection methods at all ports of entry, at the community level, by removing the drug pushers off of the streets, and at the school level, by empowering the authorities to search students suspected of concealing drugs. Those who are found to be in violation of the law, habitual users, pushers and traffickers, should all be made to serve jail time.

9. How effective is the present information received in school?

The students all felt that there were sufficient opportunities available for drug education in the schools, however the success of these efforts was questioned. Most of the students felt that although a lot of information is provided in schools about drugs, the material in many instances is limited, only contains scientific facts, is poorly delivered and does not interest the students. It is more appropriate for the primary schools and not the secondary schools and works for only a few students. As a result, it is ineffective and thus cannot achieve the

desired results. More information that propagates the “good of drugs” can be obtained from drug users and this directly counteracts that received in the prevention programs. The information contained in the students' textbooks must somehow be brought to life and made relevant.

10. What drug prevention methods do you think would work for students?

The students felt that in order to succeed at preventing the spread of drug use, officials would have to secure the commitment from the various stakeholders involved in the fight, reduce the available supply and the ready access to drugs, and develop more effective education campaigns. Almost all of the students were of the opinion that more of a commitment would have to be shown by all persons and/or organisations involved in the fight against drugs. It was no longer enough to simply say what needs to be done rather it was time to start taking action. This involved the allocation of required funds and the trained personnel necessary to achieve objectives.

Methods of transporting drugs to school, according to the students, were quite innovative and included the use of pens, hair, as well as various compartments of their school bags. These made the flow of drugs difficult to stop but, nonetheless, restricting access to drugs would have to be accomplished if there is to be any success with prevention efforts. Even though it would most likely meet with resistance from some students, those in this group felt that the searching of bags, if implemented, was warranted. Other more extreme suggestions included the use of dogs and drug detection machines.

In order to reduce the demand for drugs, programs that are more appropriate for their intended audience are needed to effectively educate students on the dangers of drug use. The process would have to incorporate the means whereby the adolescents themselves are much more involved in the planning phase of these programs, handouts, fliers, etc. The use of entertainers to deliver information through music was suggested as the students idolise them and would rather listen to a message from them. It was also the belief that more impact oriented methods such as visits to the psychiatric hospitals and the prison to see and talk at length to recovering addicts, and more school visits by recovering addicts would expose the students to more of the realities of drug use.

A small number of students were of the opinion that nothing would really work because drugs were too entrenched in society and persons would always be able to purchase drugs at home from family, in the district or at a fete.

11. Many students have said that they do not believe that either teachers (62%), peer counsellors (57%), or guidance counsellors (48%) would keep their business confidential and, as a result, are unwilling to confide in them. Why is this the case?

According to the students, the lack of trust of teachers or guidance counsellors was based on the perception that information is discussed among staff members and with parents. The information is not kept confidential, as it should be, and oftentimes that which is shared is grossly exaggerated or simply untrue. Additionally, teachers are not committed to the students and during difficult situations, students are often left to fend for themselves.

As to the reasons why teachers talk, a number of students speculated that some teachers panic once given certain information and, not knowing what to do, eventually gossip. Others felt that many of the teachers are too young and not matured enough to handle this type of responsibility. It was also the opinion that the facilities allocated to guidance counsellors are inadequate and do not allow for private conversations to be held.

The lack of trust for peer counsellors stemmed from the fact that many of their fellow students viewed them as traitors and it is believed that many may be abusing drugs themselves.

12. What can be done to correct this?

First and foremost, the teachers must learn to keep information confidential. To ensure this, the students felt that all parties must come together and establish written policies and procedures on confidentiality for teachers and guidance counsellors, inclusive of sanctions, to which they must agree. Once these policies have been established, comprehensive training programs must be implemented to enhance the communication skills of the teachers thus making it easier to bond with their students. Additionally, for those likely to be involved in counselling, they must be trained, at least to some basic level, in child guidance and counselling skills. In the event these cannot be achieved, then the suggestion was for teachers to concentrate only on academics and leave the counselling to others.

In order for the students to know that those in authority are serious, participants strongly believed that teachers and other employees must be penalised when a breach of trust has been proven, as this sets the example for the students.

13. Who would you be willing to talk to about your problems?

Not surprisingly, a number of the students indicated that they would rather keep

personal information to themselves or talk to God, as he listens and will not tell anyone. Otherwise, if important issues must be discussed, the majority would limit these conversations to family members such as parents, siblings or grandparents, or talk to persons considered to be their very best friends.

However, the students also revealed that they would talk to a selected few teachers, counsellors, and/or principals, and would be willing to open up to others with conditions. They would prefer older, experienced and more matured persons, assurances of confidentiality, and for the teachers to exhibit more sensitivity.

4. Discussion and Conclusions

4.1. Contextual Assessment

4.1.1. History of Illicit Drugs in Barbados

4.1.2. Factors Related to Drug Use

4.2. Drug Use Assessment

4.2.1. Nature and Extent of Drug Use

4.2.2. Impact of Drug and Alcohol Use
- 4.2.2.1. Health Impact of Drug Use
  - 4.2.2.1.1. Synopsis
  - 4.2.2.1.2. Cost of Health Care
- 4.2.2.2. Impact on Crime and Criminal Justice System
  - 4.2.2.2.1. Synopsis
  - 4.2.2.2.2. Costs Associated with Crime
- 4.2.2.3. Impact on Other Areas of Society
  - 4.2.2.3.1. Synopsis
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4.3.2. Institutions Involved in the Prevention of Substance Abuse
- 4.3.2.1. Synopsis
- 4.3.2.2. Institution Specific Resources

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4.4.1. Prevention Programs
- 4.4.1.1. School-based Programs
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4.4.2. Treatment Programs

4.4.3. Other Interventions

4.4.4. Other Policy Initiatives

4. Discussion and Conclusions

4.1. Contextual Assessment

4.1.1. History of Illicit Drugs in Barbados

Historically, most of the substance abuse problems in Barbados stemmed from the abuse of alcohol, which had been produced locally for centuries. This began to change during the 1970's, when the spread of the Jamaican Rastafarian movement and its accompanying use of cannabis resulted in an increased use of this substance in Barbados (2).

Cocaine was introduced to Barbados in the early 1980's, primarily the result of the use of the island as a transshipment point for the trafficking of the drug, and the fact that persons involved were paid either with cash, cocaine, illegal weapons, or other commodities. By the mid-1980s, however, cocaine had become available in the more addictive freebase or 'rock' form and, as a result, use escalated (2).

As the demand for drugs in the consumer countries of North America, and increasingly the European markets, have increased, supplies continue to flow from South America via the Caribbean. While local officials in Barbados believe that most of the marijuana smuggled into Barbados is for local consumption, it is also their opinion that most of the cocaine is temporarily stored and subsequently shipped off. Recent estimates have revealed that about half of the total cocaine production leaving South America for the world markets moves through the Caribbean, while about 35% of the cocaine arriving in the US mainland and about 65% arriving in Europe transited the Caribbean air, land or sea space (14).

A total of 80% of all transportation in the Caribbean drug transit corridor is maritime, with the remaining 20% transported by air. However, in the Eastern Caribbean zone that includes Barbados, the distribution is closer to 50/50 (15).

While Colombian organizations are still largely responsible for these operations, local and foreign experts have noted that other groups from Caribbean countries are emerging in the drug smuggling and distribution networks. Recent trends indicate that the majority of the marijuana smuggled into Barbados comes via Jamaica, Trinidad, and St. Vincent. Cocaine, although originating in Columbia, arrives via Trinidad and Venezuela.

Unfortunately, many of these small island nations, already faced with socio-economic problems, are no match for the drug cartels with billions of dollars at their disposal. Generally, traffickers view the many territories with their local and uncoordinated measures as an asset, for without sub-regional cooperation and coordination in anti-narcotics efforts, when trafficking operations are disrupted in one area, the direct result is an increase in activity in another. Even small

successes by those in law enforcement results in frequent modification of tactics, making detection increasingly difficult.

Recently, heroin, in ever increasing amounts, has been observed in the region. A total of 82 Kg were confiscated in 1997 and 54 Kg in 1998. Over the past 10 years, those South America countries that previously produced cocaine have moved into heroin production, and have been able to refine the product to approximately 90% purity. At such high quality, South American heroin is highly attractive to buyers in North America and, in fact, recent estimates indicate that it has taken over 70% of the market, which was formerly controlled by heroin from Asia (14). In addition, with the equivalent weight in heroin commanding much more money than would cocaine, there is a real incentive for producers and traffickers to switch to heroin.

That more heroin have not been seen, up to this point, is most likely due to the fact that bulk shipments that utilizes the transshipment methods developed for cocaine smuggling have so far been unnecessary. With the equally profitable smaller amounts, shipment methods can be more direct. However, with any increase in demand, attempts to increase the supply would follow and methods can change. Similar to the situation previously observed for marijuana and cocaine, where payments were made in both money and a percentage of the drug shipment, this could lead to a corresponding increase in the local availability of heroin. Combined with the fact that, at such purity, needles are not necessary since the drug can be taken intranasally, it would be no surprise to find a subsequent increase in heroin use and its associated problems.

The detrimental effects of heroin are well documented and should be known to substance abuse professionals. However, there has been an emergence of a new class of “designer” drugs whose adverse effects are not so well known, and which have regional authorities extremely concerned. Included among these is the date rape drug Ecstasy (16). Recently, there have been a number of seizures of large quantities of this drug throughout the region, and with production having taken place elsewhere, it must be assumed that the intended destination is the Caribbean. The drug is highly attractive to the “party crowd” and can be given covertly to unsuspecting persons rendering them vulnerable to indecent advances. Deaths have been known to occur.

The implications of such a scenario, the introduction of Ecstasy and a spread in the use of a drug as addictive as heroin, are vast, and it will serve policy makers and planners well to anticipate the situation and plan for what many believe to be this eventuality.

4.1.2. Factors Related to Drug Use

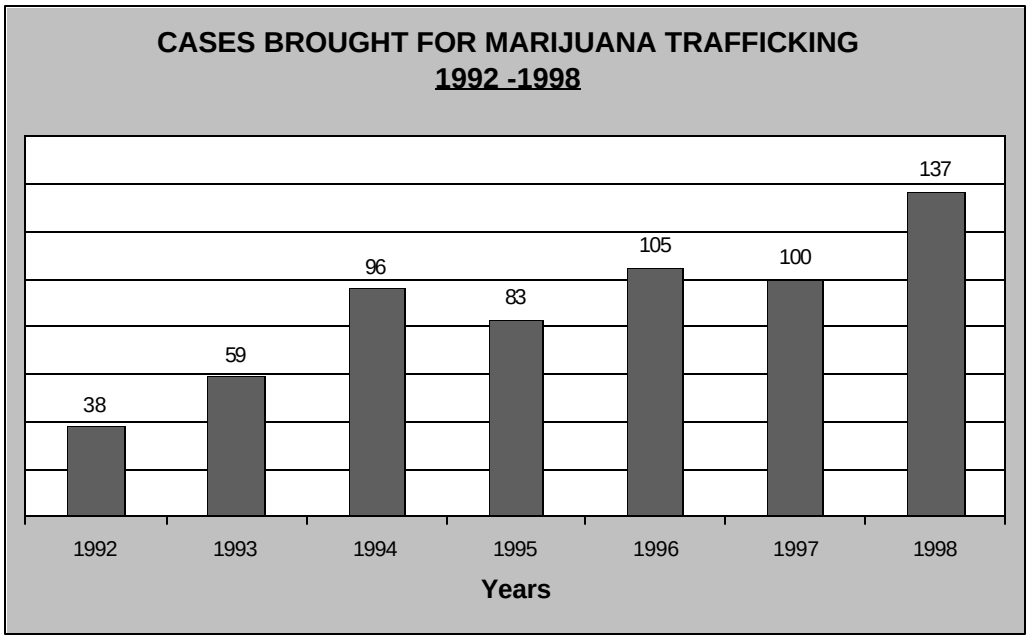
Persons knowledgeable about the drug industry have hypothesized about the factors that have contributed to the present situation in Barbados. Factors

considered to be associated include unemployment, lack of education, the high availability of drugs, poverty, which is associated with high levels of unemployment, bad role models, peer pressure, lack of values, lack of guidance, and a lack of marketable skills.

As trafficking activities have increased, the amount of drugs available to locals has also increased. Police statistics showed that, between 1992 and 1998, cases brought for the trafficking of marijuana more than tripled (Fig. 34), and the number charged with drug-related offenses more than doubled. This was due, to a limited extent, to better interdiction techniques, but mostly to the increase in smuggling activity during this period. Combined with the increased local cultivation of marijuana and the low cost of the drug, accessibility is at an all-time high. Evidence of the availability of drugs within the communities came from the surveys conducted on the various groups included in this RSA. The percentage of respondents who indicated that they knew where to buy drugs, if they wanted to, ranged from 1 of every 2 participants in the community projects, a low use group, to almost 9 of every 10 in the population of out-of-school youth.

As for alcohol, local production has resulted in a low cost product that is readily available, even to persons below the legal drinking age of 16 years.

Figure 34



Source: RBPF Crime newsletter: Statistics on Drugs, 1996, 1998

The absence of any affiliation with some type of organization or association by the vast majority of the drug users (74.1%) and out-of-school youth (70.3%) that were surveyed presented real cause for concern. As was noted in a 1997 study

of inmates at the prison (17), "even the smallest clubs have rules, regulations and structure that imply a measure of discipline and adherence to fixed principles". It was noted that "combined with other factors, this lack of participation in wholesome activities, along with associating with deviant peers, could increase the likelihood of committing an offense".

Collectively, these factors have created a social climate that has resulted in a disillusioned, highly stressed population of adults, many of whom are ill-prepared to deal with the daily challenges of life. Add to this a gullible and highly vulnerable sub-culture of young persons, who, over the past decade, in larger and larger numbers have not been socialized to norms of self-control, consideration for others, and the concept that actions have consequences. Evidence of this can be garnered from the attitude of young persons towards the risk associated with substance use. Results from the Caribbean Youth Health Survey (18) revealed that 5.5% of the students in Barbados had driven while under the influence of drugs or alcohol, 7.3% had ridden with someone under the influence, and 20% were of the opinion that 3 or more drinks were required to make driving unsafe.

All too often, these children are underachievers who harbor feelings of hopelessness and resentment (18), and who seek solace in persons of similar circumstances (19). Such persons, often of limited education and violent, become marginalised and are easily influenced by movements such as the Rastafarian movement and others. These individuals provide an ideal recruitment ground for those involved in criminal activity, which has contributed to the growing number of what informants in law enforcement have categorized as gangs.

Related to this is the fact that more and more children are not being raised by two mature, married adults. Even though data from the Government Statistical Department indicates a consistent reduction in births to adolescents during the past decade, more single females are obviously choosing to have children. In fact, the 1990 Census revealed that women headed 44% of all households, which had an average size of 3.5 persons (20). Whereas public peer pressure, in the past, was sufficient to keep the majority of society's members on the "straight and narrow path", this is not the case in the Barbados of today.

Simultaneously, certain factions have been falsely proclaiming that the use of drugs, in particular marijuana, is not dangerous, and they use as evidence the fact that persons who have used the drug for long periods of time have not been adversely affected (13). These individuals promote the perceived virtues such as the usefulness of marijuana for meditation, for medicinal purposes, and in keeping users physically fit, while completely ignoring the body of scientific evidence that clearly shows the dangers of marijuana to many of the bodies organs (21).

For those individuals who contribute to the high levels of drug-related crimes and have gone before the courts, the perception is that the law enforcement measures currently available are not tough enough to serve as a deterrence to further activities (22). Persons currently on bail, in many instances, continue to commit similar offences as those that they were placed on bail for initially. Re-appearances in court, far too often, result in being placed on bail again. Furthermore, loopholes in the law prevent the confiscation of property obtained with the proceeds of drug money.

Added to this is the low percentage of cases disposed of within the calendar year and, notwithstanding the high prosecution rate, the relatively light sentences meted out. During 1996, of the 1069 drug cases appearing before the courts, 74.2% were not completed and had to be traversed to 1997. Of the 276 whose cases were completed, 93.5% were found guilty, which bodes well for the investigative capabilities of the Police. However, only 12.8% were imprisoned, and of these, only 1 in 10 were given sentences of 3 years or more. Of those that were fined, 4 of 10 had to pay less than $500 (7). If serious consideration has not been given to the establishment of a drug court or to introducing more severe penalties, these data should be enough to convince those in authority of such a need.

4.2. Drug Use Assessment

4.2.1. Nature and Extent of Drug Use

In spite of all efforts to address the situation, clearly, the general consensus in Barbados is that problems related to the use and abuse of drugs is on the rise. The majority of Barbados' secondary students felt that the problem of drug use in schools was getting worse, while approximately one-half (51.7%) of the community-based key informants, half (51.4%) of the drug users, and almost three-quarters of the out of school youth (72.2%) felt that drug usage in their communities had worsened over the past 2 years.

Information obtained from the community surveys, focus groups, from the in-depth interviews, and from available drug statistics, point to the fact that, presently, the drugs of most concern to the residents and local authorities in Barbados, continue to include marijuana and alcohol, but in an ever-increasing capacity, cocaine as well. Although there have been some evidence of heroin on the island in recent years, it is not believed to be the drug of choice for locals.

The reasons why these substances were identified as problematic depended, to a large extent, on the working sector and experiences of the various key informants. Marijuana was identified by the large majority of persons in the field of drug prevention and education and by the majority of community based workers. The reasons given were that it is cheap, very readily available, and, as

a result, the illicit drug that is most widely used, particularly by young persons. Additionally, it is tied in to the Rastafarian movement, which continues to be attractive to the younger generation, and is seen as a means of coping with stress and other social problems such as unemployment, poverty, crime, and the perceived lack of concern by the government. From a law enforcement perspective, the majority of the crimes related to drugs are for the possession of marijuana and therefore it is the most costly to the judicial service.

Alcohol was viewed as problematic mostly by prevention and education specialists because it's legal, readily available to persons of all ages in spite of the legal provision that prohibits its purchase to persons below the age of 16 years, it's cheap, and hence, it's the most highly abused. Additionally, it's highly accepted in society, thus, its use is not frowned upon, and research shows that it is associated with the future risk of using more dangerous drugs.

Cocaine was viewed as the most problematic drug, primarily, by treatment and rehabilitation professionals and persons in law enforcement. Reasons given were that, in the form of crack, it is highly addictive, and is related to most of the referrals for treatment and the more severe drug-related crimes. In order to pay for the drug that, although cheaper than it was, is still not cheap, an addict would frequently resort to street crimes, theft, burglary and prostitution, a fact that was evident from the survey of drug users.

Although data on the prevalence of drug and alcohol use for the entire population was unavailable, prevalence estimates were available for selected groups. One study in particular, the Global Tobacco Study sponsored by UNICEF (23), was designed to establish the extent of experimental and habitual smoking and other drug use among secondary school students in forms 3, 4, and 5. Additionally, the Caribbean Youth Health Survey, which was also conducted on secondary school students, included questions on use in the year prior to the study.

Results revealed that many of the students had, at some point in their lives, experimented with alcohol, marijuana and cocaine, and, in more than a few cases, had reportedly used these substances during the 12-month period preceding the survey. Generally, the percentage of users increased with increasing age.

The Global Tobacco Survey determined that 36% of the students had at some time taken one or two puffs of a cigarette, but only 1% could be considered daily smokers. The proportion that smoked in the past year, as determined by the Youth Survey, fell in between the percentage of students who had experimented and those reporting daily use. Approximately I of every 10 (11.1%) students in the selected forms had smoked during the past year. In none of these instances were differences observed between the genders. Most of the males indicated that they had started at the age of 10 or 11, while females usually commenced at 12 or 13 (23).

An estimated 89% of Barbadian students had, at some point in their lives, used or experimented with alcohol (23), and approximately one-half (50.7%) had taken a drink of alcohol within the last year; only slightly more males (53.9%) having done so than females (48.3%). Of interest, was that almost one-half of the students below the legal drinking age of 16 years had drunk in the past year. Students between the ages of 13-15 years and students aged 16 years and older were 3 times and 4 times more likely, respectively, to have taken a drink than persons between the ages of 10-12 years (18).

While the majority of both males (23.2%) and females (22.3%) indicated that they had first tried an alcoholic beverage at age 12 or 13, an almost equal number (1 of 5 students) had taken their first drink at 7 years of age or younger (23). These results were supported by those from the survey of drug users that found the average age at which these individuals took their first drink was 13 years.

Approximately one-fifth (22%) of the students had experimented with illegal drugs (marijuana or cocaine) at some time in their lives (23), but only one-third (7.3%) of these had used marijuana in the past year. There was a significant age related trend with the percent of persons who used in the past year increasing from a low of 0.8% in persons 10-12 years old to 9.1% in persons 13-15 years old and even further to 15.8% in students 16 years and older. Those in the highest age group were 22 times more likely to have smoked than those in the youngest age group. Whereas more males (8.7%) smoked than females (6.4%), this difference was not significant (18).

The majority of females who had tried an illicit drug first did so at the age of 12 or 13 years, followed by those aged 14 or 15. For males, an almost equal proportion first tried drugs at the age of 14 or 15 years as did at age 12 or 13 years (23). The drug users who were surveyed, on average, started smoking marijuana at age 14, and by the age of 17 years, 90% of all users who had ever smoked marijuana had already had their first smoke.

Very few of the students (1.1%) had tried cocaine in any fashion during the past year. This was no real surprise, however, as results from the survey of drug users revealed that the average age at initiation for persons who had "ever" used cocaine was 21 years. The most common modes of use were smoking crystallized cocaine or "crack", or laced with marijuana in small cigarettes.

The preference for marijuana that was seen in the secondary school students continued on into young adulthood where marijuana was, by far, the most widely used illicit drug. Even though the percentage of users may be attributed to the sampling method used, an overwhelming 74.4% of the drug users surveyed reported marijuana as the drug of choice.

On average, users spent about $81 on drugs in the week prior to the survey, as compared to $140 in the earlier RAS. However, this was heavily dependent upon the drug of choice. The average amount spent on drugs by cocaine users ($229) was more than double the average amount spent by users of any of the other drugs.

The primary source of money used to buy the drugs were salaries and/or wages, followed by family and/or friends. Only a very small percentage admitted to obtaining money and/or drugs from immoral or illegal means such as stealing or prostitution. Cocaine users and females, as a group, were more likely to steal and prostitute themselves to support their drug habit than males or users with other drug preferences.

It was felt that most of the drug pushers operating within the communities used drugs, but only those considered less harmful. This did not include cocaine or heroin. The median amount of money made per day by the drug pushers was approximately B$600.

According to the students who participated in the focus group discussions, the reasons young people used drugs were to be like their peers, the general nature of adolescents to experiment, and ignorance to the real dangers of drugs. Similar reasons were given by the drug users that were surveyed, who initially consented to the use of drugs out of curiosity, to be sociable and to fit in with the group.

Based on these reasons, it was no surprise to find that friends were most responsible for introducing users to non-medical drugs. Almost two-thirds of the drug users surveyed had been introduced by friends, followed by family members, and then drug pushers. Very few reported that when they used for the very first time, they obtained the drugs for themselves.

As to the reasons why persons who used drugs continued to use, the results were heavily influenced by the primary drug of choice. Whereas cocaine users indicated that their continued use was due primarily to addiction, marijuana users relished the relaxation and meditation it afforded them, while alcohol drinkers enjoyed the fact that it made them feel good. These differences were also reflected in the desire to quit drug use. While 48.9% of the overall sample indicated that they had never thought about quitting in the past year, 7 of 10 cocaine users (70.6%) had thoughts of quitting either often or very often, as compared to 19.4% for marijuana and 39.6% for alcohol.

Possible influences on student usage were looked at in both the Youth Survey and Global Tobacco survey, and a significant association was observed between parental drinking and drug use and subsequent use by the adolescents. Students with at least one parent who had a drinking problem and those with a parent who had a drug problem were approximately 2 and 3 times more likely, respectively, to drink alcohol and smoke marijuana themselves (18). These results were

supported by those from the Global Tobacco Survey that also found associations with parental use. The influence of the media, however, was not found to be a factor in the adolescent use of cigarettes (23), even though a large percentage of students had been exposed to smoking advertisements.

Evidence of the gateway phenomenon of cigarettes and alcohol use preceding the use of marijuana was also seen in the Caribbean Youth Health Study. Compared to persons who refrained, persons who smoked cigarettes were 9 times more likely to have smoked marijuana, and persons who drank alcohol were 10 times more likely to have smoked marijuana. This was clear evidence of the need to incorporate alcohol and cigarettes in all prevention education programs. These programs should commence in primary school, as that is when most kids would have taken their first drink.

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

4.2.2. Impact of Drug and Alcohol Use

According to the WHO (11), problems related to alcohol consumption were among the world's major public health concerns and constituted serious hazards for human health, welfare and life. Disorders associated with drug and alcohol abuse carry with them a number of specific, well-recognized sequelae. Among these are the following:

- Health consequences and their effects on the health care system;
- Criminal behavior, either as a means of individual support, participation in the drug trade, or violence; and
- Job loss, financial destitution, and subsequent reliance on society's safety nets.

In terms of the costs, much of the economic burden of alcohol and drug problems falls on the population that does not abuse alcohol and drugs. The major burden is borne by the government, however, considerable costs are passed on to private insurers, victims, as well as the abusers and members of their households.

Costs passed on to society (nonabusers) include: drug and alcohol-related crimes and trauma; government services, such as health and criminal justice; and various social insurance mechanisms, such as private and public health insurance, life insurance, and social welfare insurance.

The costs primarily borne by abusers include: lost legitimate earnings related to impaired functioning in the labour market; lost legitimate earnings related to incarceration; and foregone legitimate earnings when drug abusers pursue income through illegitimate means, including theft, drug trafficking, and prostitution.

4.2.2.1. Health Impact of Drug Use

4.2.2.1.1. Synopsis

Although the health care industry in Barbados continues to be dominated by noncommunicable health problems like heart disease, diabetes, and cancer, the increasing use of alcohol and illicit drugs and their associated medical consequences has become a major threat to the health of the public (5).

Drug and alcohol abuse causes significant harm to the physical, psychological and social health of individuals, families, and communities (8). This harm is caused to both users and non-users, and can damage nearly every tissue in the body (24). Harm to the user includes alcoholic and drug-induced psychosis, alcohol dependence syndrome, alcoholic liver cirrhosis, and more directly, ethanol toxicity. There are also associations between alcohol use and cancers of several sites, and heart disease, high blood pressure and stroke may also be caused by alcohol use.

For non-users, harm may begin prenatally in the form of fetal alcohol syndrome, or result in the birth of "Cocaine Babies" (25). Along with users, they may suffer from the consequences of substance use, for example, violent crime and trauma, as well as diseases such as Tuberculosis, HIV and other infectious diseases that may be acquired through promiscuity driven by the need for money to buy drugs.

Data from the Youth Health Survey revealed that 38 (2.2%) of the students surveyed, even at that young age, had reportedly suffered an accident or injury as a direct result of drinking or using drugs, and 29 (1.7%) had suffered from some other type of health problem (18).

Although no data directly linking AIDS and other STDs to drug use were available, HIV transmission in Barbados occurs, predominantly, through sexual contact (4) and the link between drug abuse and sexual promiscuity is clear. Several of the female addicts, primarily those on cocaine, that were interviewed for this assessment had admitted to performing sexual acts or to prostitution in order to purchase drugs.

Other less severe health problems that the users, themselves, attributed to their drug use were hangovers, blackouts, wheezing or a nagging cough, and forgetfulness.

Mortality from these external causes is known to disproportionately affect young males and, in fact, alcohol use is the leading cause of male disability in the developed world, and the fourth largest cause of disability in men in developing countries. It accounts for almost 10% of the total disease and injury burden in Latin America and the Caribbean (26, 27).

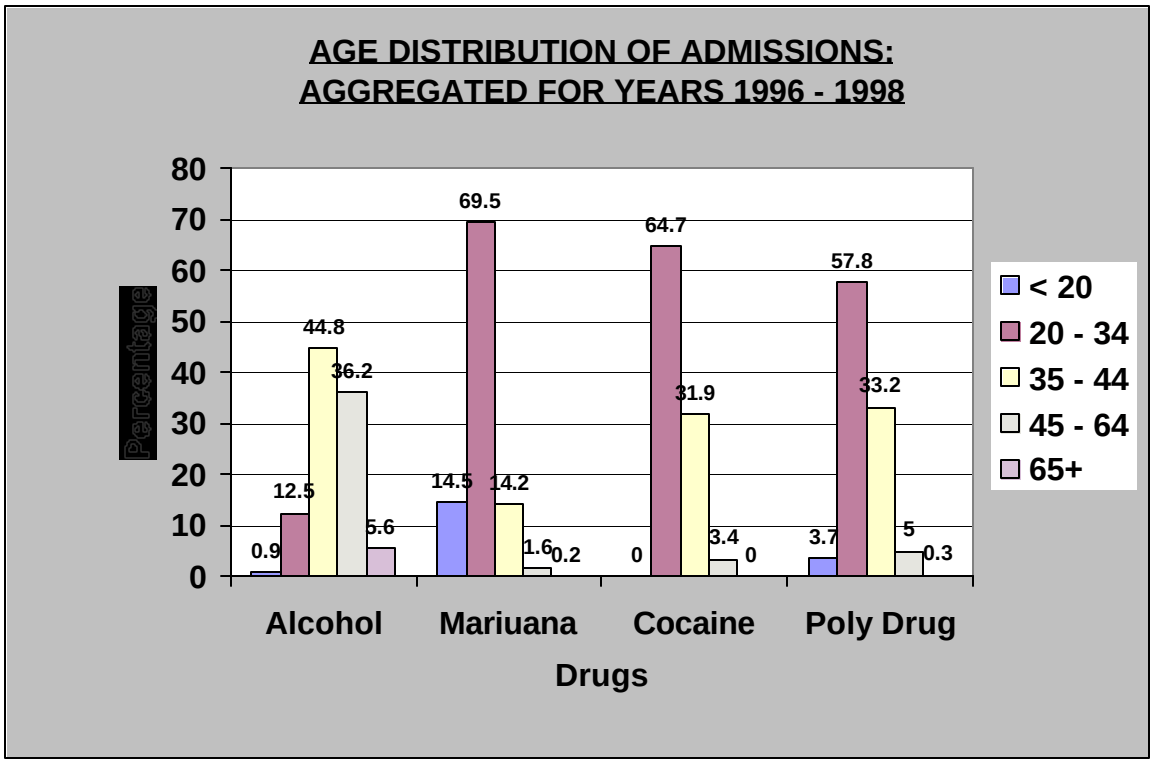
Information from Tamarind House, the Drug Unit of the Psychiatric Hospital, aggregated for the years 1996-1998 revealed that of the 1207 admissions during this period, the drug responsible for most of the treatment admissions was marijuana; either as a cause in and of itself, or associated with some type of psychosis. A total of 36% of all admissions were for marijuana alone, 28% for alcohol alone, and 10% due to problems related to the use of cocaine. Additionally, 27% were treated for poly-drug abuse, which included the use of alcohol, cocaine and marijuana. While it was obvious that admissions for alcohol had decreased during these three years, the trend for all other substances were not so stable. Estimates from Teen Challenge placed the percentage of admissions due to cocaine at about 70%.

The ages of persons treated at the Drug Unit started from mid-adolescence, as there were no separate facilities for the treatment of persons of this age, and goes up to persons above the age of 65 years. The sample was largely a young adult population, however, as only 14% were over the age of forty-four years and 6.4% below 20 years. One of every two admissions (50%) was to persons between the ages of 20 to 34 years and approximately one of every four (29.6%) to clients between 35 and 44 years. The age distribution of clients treated at Teen Challenge was similar, ranging from 17 to 40 years.

On plotting the drug-specific age distributions for Tamarind house, distinct patterns became clear (Fig. 35). The use of cannabis as the sole drug of abuse was clearly a phenomenon of adolescence, which gave way by the late 20's to early 30's to the increasing use of cocaine. This may have been the lone drug used, but even more widespread was the use of cocaine in combination with other substances. This would fit with the notion of cannabis being a 'gateway' drug to further drug misuse (28). This gradual shift, given a lag time of a few years, then manifested itself through an increase in admissions for cocaine by the early to mid 30's. After the age of 35 years, alcohol became the major drug of abuse, and this escalated as age increased.

Of those persons admitted to the Drug Unit for alcohol-related problems, almost one-half (44%) were between the ages of 35-44 years, followed by those in the age group 45-64 years (36.2%). Only 13.4% of the admissions for alcohol were to persons less than 35 years (Fig. 35). This was supported by information from a key informant involved with alcohol treatment in the workplace who indicated that problem drinkers generally require counseling around 30 years and over, but this was after having a real problem for at least 4-5 years.

Figure 35



Source: Drug Rehabilitation Unit, unpublished data.

Conversely, for persons treated for marijuana-related problems, over two-thirds (69.5%) were between the ages of 20-34 years, and another 14.9% to persons less than 20 years. Less than 1 of every 10 (6%) marijuana-related clients were aged 35 years or older.

As with marijuana, 2 of every 3 (64.7%) admissions for cocaine-related problems were to persons aged 20-34 years. However, the second largest group (31.9%) was persons between the ages of 35-44 years. The age distribution of the poly-drug users mirrored that for cocaine related admissions.

The gender distribution of treatment clients reflected the fact that in the Drug Rehabilitation Unit at the Psychiatric Hospital, there are no residential facilities for women and, as a result, they would need to attend as day patients. Consequently, this lack of engagement in the program, combined with the difficulty in attracting women in general to treatment facilities, is observed in the small number of female clients. During the period 1996-1998, a total of 71 females had been treated at the Unit, 52.1% for alcohol, 15.5% for marijuana, 5.6% for cocaine, and 26.8% for poly-drug use. This accounted for only 11% of all alcohol-related admissions, 2.6% of the marijuana admissions, 3.4% of the cocaine admissions, and 5.9% of the poly-drug admissions.

It should be noted, however, that drug abuse treatment facility data cannot and should not be assumed to be representative of the situation in the general population. Treatment admissions may be affected by program emphasis, slot capacity, data collection methods, and the reporting period (See Section 4.3). However, it is believed by many that the numbers of the self-referred and of those from outside agencies would in fact increase, if not for the stigma of the Psychiatric Hospital.

4.2.2.1.2. Cost of Health Care

Evidence suggests that over the past decade, the prevalence of severe drug problems and their consequences in Barbados has increased, most notably from the epidemic of heavy cocaine use. Combined with problems related to alcohol and other drugs such as marijuana, this has resulted in a corresponding increase in health care costs that has placed an additional strain on the already overburdened health care resources. Government's expenditure on the health services was estimated at $258.5 million or approximately 15% of the total government budget for the fiscal year 1998/1999, with hospital services consuming the largest share (4). Costs attributed to the use and abuse of alcohol and drugs includes:

- the specialized services for the treatment of alcohol and drug problems such as specialized detoxification and rehabilitation services as well as prevention, training, and research expenditures; and

- the costs of treatment for the medical consequences attributed to alcohol and drug abuse, including inpatient and outpatient medical care, pharmaceuticals, and other services provided to persons suffering from drug-related psychiatric disorders, HIV/AIDS infection, tuberculosis, conditions such as liver cirrhosis, trauma, and drug and alcohol-exposed infants.

Although the actual cost of treatment at Tamarind House is unknown, given the type of professional staff that's required, the staff:client mix that is recommended, and the sheer numbers involved (an average of 400/year between 1996 and 1998), it can be assumed that it would be considerable (29). Add to this the cost of ongoing follow-up care, possibly for life, and the economic impact becomes clear.

4.2.2.2. Impact on Crime and Criminal Justice System

4.2.2.2.1. Synopsis

While the causal connection of drugs and alcohol to criminal behavior is complex, crimes of violence consistently show strong relationships with the use of these

substances (30). Violence related to drugs has traditionally been associated with problematic addicts looking for resources to continue their habit. Indeed this has been the case in Barbados, with drug users reporting frequent fights between pushers and users, and key informants reporting problems related to drug use such as high levels of burglary, theft and shoplifting (57.1%), and prostitution (43.7%). Seventeen (1%) students had been confronted by the police for drugs and/or alcohol, and not surprising, given the percentage of drinkers among this group, violent behavior associated with alcohol or drug use also had its roots in the school-aged population. A total of 51 (3%) students had at some time become violent while using alcohol and/or drugs.

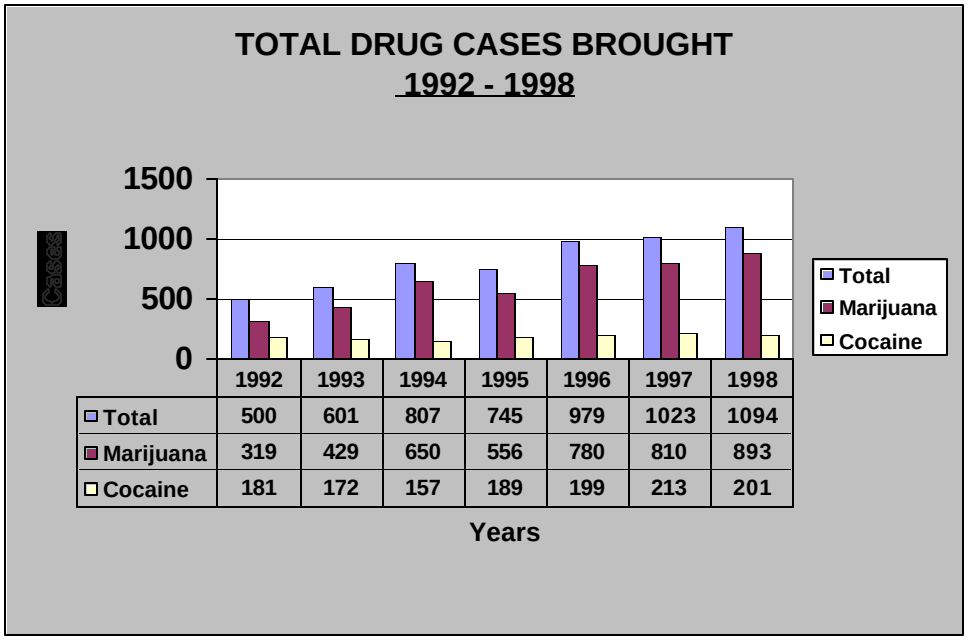
Prison officials estimate that perennially, between 45%-55% of all admissions to the prison is the result of drug-related cases, such as possession, selling, trafficking, etc. In addition, upon further counseling of inmates, it is opined that due to the abuse of drugs, an estimated 80%, or 4 of every 5 incarcerations, involve drugs in some capacity. This was further supported by a 1997 study of criminal risk factors among prison inmates, where illicit drug use emerged as the single most significant correlate to criminal behavior and imprisonment (17). Of those that were interviewed, 23.4% reported that the main reason for committing crimes was to support a drug habit, while 4.7% revealed that it was due to the psychoactive effect of drugs and/or alcohol. A total of 86% of the men in that study had used illicit drugs, with approximately one-half marijuana users and 42.6% polydrug or cocaine users.

Without an adequate system for treatment and rehabilitation, the authorities expect that this problem will not only continue, but will be accompanied by an increasing level of violence and intimidation due to turf fights over local consumption markets. Indeed, of the 20 murders recorded in Barbados for 1999 (up to the time that the information was acquired), it was estimated that approximately one-fourth (25%) was drug-related.

Based on statistics from the Royal Barbados Police Force, between 1992 and 1998, the total number of drug cases brought before the courts more than doubled, from 500 to 1094. The majority of these were due to the dramatic increase in the number of marijuana-related cases, which increased from a low of 319 in 1992, when it accounted for 63.8% of all cases, to a high of 893 in 1998, when it accounted for 81.6% of all cases. Cases brought for the trafficking of marijuana more than tripled during this period, increasing by 261%. Although not as dramatic as that for marijuana, there was also an increase in the number of cocaine related cases. During this period, the number of cases involving cocaine increased by 11% (Fig. 36).

Demographically, the impact is greater on young males, who generally account for over 80% of all cases (7).

Figure 36



	1992	1993	1994	1995	1996	1997	1998
Total	500	601	807	745	979	1023	1094
Marijuana	319	429	650	556	780	810	893
Cocaine	181	172	157	189	199	213	201

Source: RBPF Crime Newsletter: Statistics on Drugs, 1998

4.2.2.2.2. Costs Associated with Crime

The extremely strong links between alcohol or drug abuse and crime have long been the issues of public policy concern. With levels of both showing significant increases in recent years, it is expected that this issue will continue to generate attention from policy makers and professionals alike. Current debates centers around whether society should continue to pay the exorbitant costs associated with incarceration, versus less expensive alternative forms of punishment that are more rehabilitative.

Based on a 1997 report on alternatives to imprisonment (31), expenditure for housing lawbreakers at Glendairy Prison and the Government Industrial Schools had exceeded ten million dollars per annum, with costs continuing to increase. The average cost to house an inmate at the prison in 1996 was estimated at $10,326, 6.5% higher than the 1994 estimates. The cost of housing juveniles at the Industrial Schools was even higher, at $28,261. Comparably, the 1996 cost of maintaining a probationer assigned to the Probation Department was $969.

Although no other local estimates of costs related to crime were available, studies done elsewhere estimates that alcohol and drug abuse may cause between 25% and 30% of violent crimes and property crimes, a figure in agreement with the subjective estimates by local law enforcement (32). Direct costs of these crimes include police and private protection services, including the

costs of burglar bars, adjudication (criminal justice and drug interdiction), corrections, and property damage or destruction. Other costs, those associated with lost productivity, include reduced earnings due to incarceration for criminal offenses, crime careers or the time spent by cocaine addicts in criminal activities rather than in legal employment, and criminal victimization. Costs to victims were primarily for lost lifetime earnings of homicide victims, medical expenses, lost work time (a common occurrence for victims of crime), and stolen cash.

4.2.2.3. Impact on Other Areas of Society

4.2.2.3.1. Synopsis

Apart from the impact on health and crime, drugs and alcohol and their associated problems take a tremendous toll on families, communities, and on other services. The inability to control drug spending or to hold down jobs for any length of time results in financial destitution that leads to desperate measures for acquiring money. Such instability leads to a reliance on various safety nets, in most instances the family or various agencies of government.

Results from the survey of drug users revealed that while 87.1% had worked at least 1 week in the past year, only 4.4% of those who worked were employed for 15 weeks or more. This, while the national unemployment rate was placed at a lowly 12.3% (6). Additionally, based on the prison study of 1997, prior to incarceration, over 50% of the inmates were unemployed, almost all of who had used drugs.

To compensate, funds were acquired through illegal and unethical means such as stealing and prostitution, while other assistance came from family members and others. A total of 18% of the drug users surveyed had received funds from family, and 4 of 5 of those drug users who had children either chose to, or had to, abdicate primary responsibility for their care to others.

In most cases, the type of crimes committed were petty crimes, however, due to the potential for the violation of private space, such crimes were still sufficient to create an atmosphere of insecurity, resulting in a proliferation of burglar bars and other security measures. Combined with the level of violence, which key informants, out-of-school youth and drug users all thought was a major problem in the communities, these served to foster a real sense of fear, and lead to a reduction in sensitivity and courteousness, a restriction in movement, and a loss of community spirit. Of the 120 community-based key informants that were surveyed, 48.7% cited lawlessness, 42.9% indifference, and 41.5% truancy, as some of the consequences of drug use.

In addition, as levels of these subversive activities increased, further barriers were created through the labeling of communities. Unfortunately, this biased view

of the communities has been transferred to all of its residents, and creates roadblocks to employment and other opportunities for improvement.

No doubt the toll that drug abuse takes on society is great, but the toll on the user and their families may be just as great or even greater. Within the home, family problems such as troubled relationships with a parent, spouse, girlfriend or boyfriend, spousal and child abuse (33), and marital breakdown (34) can all develop as a result of drug and alcohol abuse. Of the drug users that were interviewed in this assessment, approximately one quarter (24.7%) had experienced family problems in the past two years, 16.1% problems with a spouse, girlfriend or boyfriend, and 46.8% reported the misuse of money earmarked as savings, and 13.5% a lack of involvement in family life. Additionally, of the students who had participated in the Youth Health Survey, 64 (3.8%) admitted to having had fights with parents, and 108 (6.3%) had broken up with a boyfriend or girlfriend, all due to their use of alcohol and/or drugs (18).

For adolescent users, common methods currently employed to address the problem may actually assist in making it worse. Within the schools, key informants and students agree that users often serve as a negative influence by exhibiting disruptive behavior in class. When pressure is placed on them to conform, this increases the risk of dropping out, and if the troublesome behavior remains the same, they may have to be suspended. Either way, this disrupted education only increases the opportunity to use. Other correctional options, such as sending them to the Industrial School, can lead to the criminalization of the teen user.

It was positive to note that only 62 students (3.6%) had ever experienced any problems, such as failing grades and trouble with teachers, as a result of alcohol or drug use at school. Slightly more (5%) had lost one or more of their friends for similar reasons.

Within the workplace, alcohol and drug use may also be related to loss of productivity and high rates of absenteeism (35). Once the problem gets to this level, users have less economic power as money is spent on the abused substance instead of other priorities. This creates extreme stress which, combined with the further use of these substances, can lead to more family problems. The net effect on the company when an employee is incapable of performing is reduced productivity.

Although studies have shown that the use of alcohol and some illicit drugs may have some beneficial effects (36), any protective effect is likely to be miniscule when measured against the adverse consequences. It is therefore imperative that any such attempts to promote the use of or the legalization of illicit substances be counteracted publicly and quickly with a well-prepared plan supported by the most current scientifically verifiable facts.

4.2.2.3.2. Other Costs Associated with Drug and Alcohol Use

Alcohol and drug abuse also cost society from lost productivity, social welfare expenditures, motor vehicle crashes, and fire destruction.

Lost productivity results from premature death and illness among abusers, associated crime-related costs of abusers, time spent by abusers in residential treatment, and developmental disabilities among offspring of abusers.

Costs applied to premature deaths represent the value of expected lifetime earnings, and although the number of deaths attributed to drug abuse alone may not be significant, when other drug abuse related conditions are factored in, the number increases substantially. Research has shown that losses attributed to alcohol are considerably higher than those for other drugs. This is due to the fact that many of the alcohol and drug-related deaths are concentrated among younger age cohorts, persons between the ages of 20 and 40, who die from motor vehicle crashes, other causes of traumatic death, and HIV infection, (32). However, alcohol is also involved in numerous premature deaths among the older population because of long-term, excessive alcohol consumption.

The estimates of lost potential productivity due to alcohol and drugs are related to work not performed, a major concern to local specialist in the field of alcohol prevention, who view this as a threat to national development. Although no objective data is available, the problem is believed to be considerable, due primarily to alcoholics in the work place. Research has shown that the most severe impact of alcohol abuse was experienced by males who had started drinking (more than just sips) before their 15th birthday, and had at some time met the criteria for dependence. Considering that a large majority of Barbadian students had taken their first drink prior to this, and had used in the past year, the level of concern expressed is justified.

Social welfare costs are those that result, primarily, from services to persons who have been determined to be impaired. They include income maintenance and related cash assistance programs (e.g., workers compensation), as well as foster care.

Although not considered to be a major problem at present in Barbados, key informants involved with the care of children are concerned about the potential for an increase in the number of orphaned children that result from parental death due to HIV/AIDS. The promiscuity associated with substance abuse, a fact that was evident in the sample of drug users surveyed for this RSA, very often lead to sexually transmitted diseases, which, in the case of AIDS, can be terminal. Included in the social welfare costs were funds paid to victims of AIDS, both for their own care and that of their children, who, all too often, became wards of the state until the age of 18. Already, a high degree of irresponsible

behavior is evident from the drug using sample, where 6 of every 10 (58.4%) had at least one child, but of these, only one of every five (19.9%) reportedly took care of their child/children most of the time.

Total costs attributed to alcohol and drug-related motor vehicle crashes include those for premature deaths, health care treatment for injuries (both discussed earlier), and automobile and other property destruction. Unfortunately information relative to these costs was unavailable and insurance company data on the latter may be incomplete because current policies prohibit the payment of claims when the insured are under the influence.

Studies in other jurisdictions indicate that approximately 50% of all fire-related deaths are due primarily to inebriated smokers falling asleep while smoking (32).

4.3. Resource Assessment

4.3.1. Treatment and Rehabilitation Facilities

4.3.1.1. Synopsis

Previous assessments of Treatment and Rehabilitation facilities for substance abusers in Barbados had placed the number of facilities at 4. These included the Drug Rehabilitation Unit at the Psychiatric Hospital (Tamarind House); Teen Challenge, which was contracted by the Substance Abuse Foundation to operate a rehabilitation program at Verdun; Everton House; and the Psychiatric Unit at the Queen Elizabeth Hospital, where the detoxification unit was located. At the time of this report, the number had increased to 5, with the relocation of Teen Challenge and the proposed July 2000 startup date of a new program at Verdun.

Even though the number of facilities have increased by one, the total number of available beds for the purpose of rehabilitation have decreased, and based on the opinions of those employed in this field, are insufficient to service both the primary treatment and follow-up treatment needs of the country.

Research has shown that human resources for drug treatment and rehabilitation, like that for mental health, in general, have always been scarce (39). In Barbados this holds true, with the majority of trained personnel currently located at the Psychiatric hospital, and with an inadequate number to assess and treat clients in most of the private facilities. Whereas some facilities may have been adequately staffed with appropriate numbers of trained persons for selected components of the rehabilitation process, they would have fallen short in other crucial areas.

Public sector efforts to address the problem of drug and alcohol abuse are also noted for a significant lack of financial support from government budgets. With

insufficient beds and the absence of facilities for specific groups, this must also be assumed to be the case here (40). Most of the private facilities were dependent upon churches, private donations or corporate funding, or, in one instance (Teen Challenge), on a small grant from an international parent organization. Very few, if any, of these organizations routinely received government funding to defray operational expenses, which was quite interesting, as in some instances they were requested by the courts to accommodate, as inpatients, drug addicted cases.

4.3.1.2. Facility-Specific Resources

The Drug Rehabilitation Unit (Tamarind House) - The Drug Rehabilitation Unit at the Psychiatric Hospital, Tamarind House, offers an 8-week residential program (with 8 weeks follow-up), organized around the 12-step approach and relapse prevention education. Both Alcoholics Anonymous and Narcotics Anonymous sessions are held on the compound for residents and follow-up clients alike. Clients can be admitted directly but many are admitted through the Psychiatric Unit at the Queen Elizabeth Hospital. After an initial assessment, clients are either placed in Detoxification at the hospital, or referred to the Psychiatric Hospital.

Currently, Tamarind House has a capacity of 12 beds and is accessible to males of all ages, based on space availability. Unfortunately, there are no residential facilities for women and, as a result, they must attend as day patients.

The Unit has two drug therapists and clients also benefit from the services of staff at the hospital. These include a consultant psychiatrist and another physician with psychiatric training, psychologists, social workers, and an occupational therapist. Additionally, a number of nurses who have had training in substance abuse treatment are stationed at the unit.

Initially, services were provided free of charge at Tamarind House, but as demand increased, an attempt was made to recuperate costs by charging a nominal fee. However, as a government facility, this was not widely accepted and a decision was made to revert to the original policy of free services based on need and availability.

Teen Challenge - Teen Challenge offers a program whose philosophy is almost entirely grounded on religious beliefs. This approach is believed by some authorities to restrict the involvement of persons with different philosophical beliefs and thus places limits on the type of partnerships that could be forged. The residential program is designed to last 6 months, with a full one-year of follow-up. However, it was recognized that the follow-up component needed strengthening, both in its design and administration. Whereas the former facility

at Verdun had 32 beds, the new facility has only 5 beds, but it is anticipated that the number would expand in the very near future.

Verdun House - The new program at Verdun House was expected to become operational during July 2000, with an initial bed complement of 12; 8 males and 4 females. However, by the end of 2000, the new operators of the facilities expected to have a total of 32 beds; 22 for males and 10 for females.

The program will be operated based on the 12-step model and will include an inpatient component of 3 months, and a required aftercare period of 1 year. As only the primary care component will be offered to inpatients on the compound, the operators are seeking to collaborate with other facilities for the provision of aftercare services. All persons admitted to the program will be required to undergo a comprehensive assessment by the professional staff of the psychiatric hospital prior to admission.

Initially, the facility will operate with two internationally certified alcohol and drug counselors, with additional counselors identified for training in anticipation of the increase in the caseload. Training sessions will be conducted on-site and will be open to staff from other facilities.

While private donations from corporate sponsors and individuals will be sought, the center will operate on a fee for service basis. Persons will be assessed as to their ability to pay and no addicted person in need of treatment will be turned away.

Everton House - Everton House is a facility operated by the Richmond Fellowship that serves, primarily, as a halfway house for former drug patients of the Psychiatric hospital. However, in addition to the drug clients, the facility periodically serves as a court-ordered holding center for drug addicts involved with cases before the courts, and former psychiatric patients that may have housing or family problems. The facility can take both males and females and currently, there is a bed capacity of 14.

There are 8 counselors available to clients, the majority of which received their training on the job. As a private facility, Everton House seeks to cover operational expenses through charging a fee for service, but for cases referred by the psychiatric hospital or the courts, payments are made by the hospital. Self-referrals are often encouraged to seek prior assistance from Tamarind House.

Other Treatment/Rehabilitation Agencies - Drug counseling is also offered within H.M. Glendairy Prison as a component of a comprehensive rehabilitation program. The facility, as of April 2000, has a full-time clinical director for the drug program. Prior to this, technical assistance was provided by outside agencies, including the Drug Education Officer of the NCSA and a private counselor. Some of the funds to offset the cost of running these programs were provided by

UNESCO. To improve on the numbers of trained staff within the system, a project has been implemented to expose prison officers to specialized anti-drug training. To date, two officers have been trained.

In addition to the services previously mentioned, the Juvenile Liaison Scheme of the Royal Barbados Police Force offers a program that attempts to address the problem of crime in young persons, including those that are drug-related, through counseling and working with the families. The unit works very closely with the schools and the Probation Department as regards the identification of these high-risk young persons. Currently, the unit suffers from a shortage of trained staff, as the caseload per officer is humanly unmanageable.

4.3.2. Institutions involved in the Prevention of Substance Abuse

4.3.2.1. Synopsis

The key agencies in the prevention of substance abuse in Barbados includes the National Council on Substance Abuse and the Ministry of Education, both government institutions; Parents Resource Institute for Drug Education or PRIDE Barbados; Committee for Positive Prevention; the Substance Abuse Foundation; and Citizens Against Narcotics. Additionally, an umbrella organization, the Substance Abuse network, attempts to coordinate the activities of the component organizations.

Although the numerous organizations involved in the prevention of substance abuse serve to address different aspects of the problem, similar to the situation observed for treatment facilities, a more coordinated approach with a stronger referral network can be employed. Additionally, as many of these organizations were not known at the local community level, administrators might wish to embark upon more targeted marketing strategies so that those in greatest need of these services will be aware of what is being offered.

4.3.2.2. Institution-Specific Resources

National Council on Substance Abuse (NCSA) - The NCSA was established as a statutory corporation in 1995 by the government of Barbados to direct efforts aimed at reducing the demand for narcotic drugs through community-based programs. The program incorporates an age-appropriate, comprehensive drug education and awareness approach designed to discourage the initial and continued use of drugs. Educational messages are currently channeled through skills training programs, school anti-drug education programs, through the training of individual community leaders and community groups, and information booths at public events. Additionally, the Council offers peer support programs, counseling services, practical assistance to drug users and their families, and

wherever possible, facilitates in the strengthening of the technical capacity of non-government (NGOs) and other related organizations.

As a statutory body, the NCSA solicits and manages funds donated by government, the private sector, and international donor organizations in order to carry out its mission.

Although there have been some criticism leveled at the quality of the technical staff of the organization, the Board and management of the Council have committed themselves to the continuing education of the staff, and must be commended for putting together a team of individuals who are dedicated to achieving the organization's goals. Currently, this includes drug education officers at the primary and secondary school levels, a community programme officer, a peer support coordinator, a project officer, and a research and information officer. Due to the lack of drug educators within the school system, the drug education officers have assumed this role, but with there being only two officers, the school drug education program can only have limited impact.

As it was a relatively new agency, the efforts of the Council have been, primarily, on the design and implementation of the various prevention programs. However, as the principal agency of the government, the Council must also serve as the watchdog for the various efforts. As a result, it is paramount that the organization conducts or facilitates the conduct of program evaluations, aimed at assessing the overall effectiveness and sustainability of these programs. To date, very few, if any of the drug use prevention programs or treatment and rehabilitation facilities have been evaluated as to their effectiveness, and as a result there exist no objective information on whether these programs are delivering value for the money spent. Recommendations from such outcome evaluations must then be translated into improvements in program design and implementation. This is one area of responsibility that the Council must improve upon, and with the recently hired Research Officer, it is incumbent upon the organization to now identify priority areas for research, one of which must be project and program evaluations.

Additionally, notwithstanding its mandate and stated objectives that includes counseling, questions arise regarding the Council's active involvement in treatment services. In essence, the Council has been placed in the precarious position of having to police itself regarding the counseling services that it offers. If, through its ongoing situational assessment, a real service need is identified, there exist the option of the Council serving as an advocate for the provision of these services, either through a new or existing facility.

Ministry of Education - The Ministry of Education generally relies on outside resources for drug educational efforts in the government schools. These include the Drug Abuse Resistance Education (DARE) program by the Community

Policing Department of the RBPF, and the school education officers of the NCSA.

The DARE program is a 17-lesson program that is taught to 10-12 years old primary school students by the officers and seeks to prevent self-destruction through the abuse of drugs. Topics include the effects of drugs, consequences, peer pressure, building self-esteem, managing stress, making decisions about risky behavior, and other relevant topics. Unfortunately, due to staffing limitations, this program is unable to serve all schools or all students within those that are served.

The guidance counselors, who spearhead the schools' comprehensive remediation and prevention effort in areas of need, coordinate the educational sessions. They have the responsibility of identifying high-risk students and arranging appropriate intervention sessions, which are all held during school hours.

Of the 23 government secondary schools, all have at least one guidance counselor, which is considered by many to be inadequate. Qualifications range from masters' degrees in counseling, the desired level of training, to bachelors' degrees in other concentrations and with only a few credit hours of counseling. Many were former classroom teachers who crossed over to counseling, and, in some cases, with inadequate preparation, taking with them the teacher's instructive attitude, which is inappropriate for communicating with adolescents. This wide variation in qualifications and the subsequent lack of appropriate continuing education is believed by many to contribute to the lack of trust held by the majority of the students for teachers and guidance counselors, although guidance counselors are more trusted than teachers. Results from the Caribbean Youth Health Survey revealed that only 36.9% of the students felt that their teachers would not disclose their opinions on sex, while 47.3% felt that the guidance counselors would not reveal to others problems that the students are experiencing or may have experienced.

Unfortunately, the lack of qualified drug education professionals to adequately cover all schools in need has severely hampered efforts to date. Even with the proposed policy initiatives, without a cadre of such persons within the educational system itself, this problem is expected to continue.

Other Organizations Involved in Prevention Activities - The Substance Abuse Network is a coalition of organizations and other concerned citizens that are involved in the effort to combat substance abuse and related matters. The network is comprised of the NCSA, Tamarind House, Teen Challenge, the Probation Department, the Royal Barbados Police Force, Committee for Positive Prevention, Parent Education for Development in Barbados (PAREDOS), and Parents Resource Institute for Drug Education (PRIDE). Monthly meetings are held in order to share information on drug control and other activities of mutual

interest that, it is anticipated, would eventually lead to the goal of enhanced cooperation and a more synergistic approach to addressing the problem.

Although the concept was an excellent one that, if functional, could serve in a capacity that was vital to the overall success of drug prevention efforts, critics were not impressed with the role that the organization has played to date. They site an apparent lack of trust and respect among the component organizations as barriers to any real progress, which is reflected in an overall lack of commitment. Conducting and sharing the results of individual program evaluations will provide the proof of success that will ultimately command organizational respect and trust from peers.

The Community Policing Division of the Police Force, in addition to the D.A.R.E. program (See Section 4.3.2.2), conducts seminars for the general public and attempts to make itself available when requested. However, residents were of the opinion that more officers were needed within the communities to strengthen this program.

Finally, as a result of the many substance abusers that are employed, the government has recently contracted an agency to set up an Employee Assistance Program, an initiative that some private companies have already taken. Alcohol is expected to command considerable attention due to the perceived number of functional alcoholics in the workplace.

4.3.3. Law Enforcement

Although the focus of this assessment was, primarily, on demand reduction, there were deficiencies that were mentioned within those agencies saddled with the responsibility for supply reduction. Namely, key informants in law enforcement identified the need for additional personnel who were trained in drug interdiction techniques at the various ports of entry. In order to reduce the potential for these officers being bribed, it was recommended that in-depth screenings and assessments be conducted prior to any such assignment, with periodic asset disclosures as a further requirement.

4.4. Intervention and Policy Assessment

Scarce financial and human resources, along with social, political and cultural challenges have hampered both intervention and policy development efforts to address drug-related problems in Barbados. The common perception is that governmental authorities have, either not yet realized the extent of the drug problem, or if they have, don't care about it. This has resulted in what is believed to be inadequate financial resources to address the problem. Additionally, the use of alcohol is deeply rooted in the history of the nation and in the tourism

product, and together the rum producers and tourism-related institutions are extremely powerful political and social forces to oppose, because of their contribution to the economy. Despite these difficulties, there are encouraging signs and favorable developments going on in Barbados.

4.4.1. Prevention Programs

4.4.1.1. School-Based Programs

Within the school system, past attempts to expose the students to accurate and current information on drugs have utilized a number of methods and strategies and several different organizations. Included among these were the Drug Abuse Resistance Education (D.A.R.E.) program conducted by the Community Policing Department of the Police Force; the Peer Support Programme and the secondary and primary school programs by the National Council on Substance Abuse (NCSA); and the Ministry of Education through its Health and Family Life program.

The (D.A.R.E.) program targets primary school children throughout the island and encompasses 17 lessons that are taught by specifically trained police officers during specially arranged sessions during school hours. Although these officers are extremely knowledgeable of many of the 17 topics covered by the program, the subjects are very diverse, covering several disciplines, and, as a result, their competence in all of these areas as well as their ability as educators must be evaluated. As with many of the other drug prevention programs, funding, or the lack thereof, is an issue, while the number of trained officers is not nearly enough to adequately cover all of the primary schools.

Although no local assessments have been made of the DARE drug prevention program, evaluations of programs that utilized this methodology have been carried out elsewhere with conflicting results. While the perception of teachers and school administrators were generally very positive (41), few differences were found between students exposed to the DARE program and other standard drug-education curricula on actual drug use, drug attitudes, or self-esteem at a 10-year follow-up (42). Similarly, other studies have shown that DARE's short-term effectiveness for reducing or preventing drug use behavior is small, even less than that for interactive prevention programs (43). The educators gave their highest ratings to teacher/officer interaction and the role-playing exercises, although ratings of overall program quality and the impact of the program on students were both high. Due to these results, it is crucial that local evaluation studies be conducted to determine programme outcome.

The Peer Support Program was initiated in 1999 at the secondary school level and was most timely as surveys conducted on secondary school students indicated that students were most trustful of and were most likely to share

personal information with their peers. This would place fellow students in the unique position of being able to identify troubled students who could then be targeted for appropriate interventions. To increase the likelihood of programme success, it was critical that the students trained as peer leaders be made aware of the resources that were available to them and acquainted with the necessary skills to deal with various problems. Through a series of NCSA retreats, the goal was to do just that.

The NCSA's primary and secondary school programs were spearheaded by dedicated drug education officers. The primary school program targeted children between the ages of 5-11 years and utilized an interactive, participatory approach. It was designed around an holistic viewpoint that placed emphasis on maintaining healthy bodies, healthy minds and positive attitudes. Materials used were designed to be both culturally meaningful and age appropriate.

The secondary school program was designed for all youth between the ages of 11-17 years. Consideration is given to level of education, knowledge of the drug problem, and whether students are using or not. In addition to the actual drug education, other personality enhancement concepts are incorporated into the sessions. Increased emphasis has been placed on the prevention of alcohol abuse with a campaign that focuses on the consequences of use.

Although both the DARE program and those offered by the NCSA followed well established age appropriate protocols developed elsewhere (but adapted to the local situation), the Ministry of Education itself offered no written policy or guidelines on what drug-related topics should be introduced at the various developmental stages, or the frequency of reinforcement. Additionally, there was no evaluation component incorporated into any of the programs that could give an indication of impact. This lack of direction and of any comprehensive strategy at the Ministry level has contributed to the belief, by students and others, that drug education in the schools is not effective as a prevention tool.

To the credit of the Ministry, plans are being discussed for an all inclusive curriculum reform, a process that should produce a structured curriculum with clear instructional guidelines for the various subject areas. As a part of this process, with respect to drug education, it is most important that all stakeholders (professional drug educators, guidance counselors, police, etc.) be intimately involved from the inception.

Due to the insufficient number of trained personnel involved with drug prevention in the schools, there was simply not enough exposure time or learning hours to successfully introduce relevant information during special sessions and to reinforce the knowledge acquired by the students. As a result, for the anti-drug messages to have any chance of taking root, responsibility for reinforcement must be transferred to those persons with an opportunity to make inroads, the classroom teachers or other school personnel. These professionals must

themselves be well trained, and consequently, beginning in 1998, training sessions have been organized for teachers to enhance their knowledge base and to equip them to handle children more effectively; especially so when drug usage was suspected. However, it was the subjective opinion of various key informants that this was not nearly enough, and that more training was required for school administrators and guidance counselors and on a more consistent basis to offset any staffing changes. Additionally, because continuity of the message is key, it is important that all stakeholders meet regularly to ensure that the various sessions and/or classroom lessons are complimentary, and that they serve to further the goals and objectives of the various programs.

In order to objectively assess the impact of the various school-based programs, periodic surveys of the student population would have to be conducted. Although it is generally accepted that a multifaceted approach to drug prevention would be best, unfortunately, this is not the case when projects are piloted for effectiveness. If multiple programs exist simultaneously, it would be extremely difficult to determine which of the programs have the desired or the greatest impact. As a result, it would be wise to pilot new programs or methods of unknown success in schools by themselves, after baseline studies have been completed. After the projects have been implemented, periodic follow-up studies should be conducted and any differences between baseline and subsequent data can be attributed to the project after adjusting for the effects of national population-based campaigns. Successful programs could then be broadened or exported to other schools.

In the absence of school-based surveys in Barbados reflective of different time periods, a subjective assessment of the various programs obtained from the student focus groups was utilized. The majority of the students felt that in spite of all efforts to date, the problem of drug use in schools was getting worse and drugs could be bought without any difficulties. As to possible reasons why, while the students all felt that there were sufficient opportunities available for drug education in the schools and a lot of information about drugs was provided, the material was poorly delivered and did not interest the students. Further, it was more appropriate for primary school students, who did not question authority as much, than for secondary school students. As a result, the consensus was that it was ineffective and thus could not achieve the desired results.

4.4.1.2. Community-Based Programs

Programs aimed at reducing the negative impact of drugs within communities throughout Barbados include those directed by expert agencies such as the NCSA, the Substance Abuse Network, and others, but also those initiated by other institutions not directly involved in the drug fight.

The major focus of the National Council on Substance Abuse with respect to drug prevention within communities was the community-based projects designed to provide alternative activities to drug-taking behavior. Between 1996 and 1998, communities were encouraged to define goals and solutions to effectively tackle the scourge of drugs in their midst. Through the projects, various skills training programs and self-development initiatives were offered.

Proponents of the projects sited as evidence of success ever increasing enrollment, new businesses started by graduates, and graduates obtaining jobs as a direct result of skills acquired from the projects. However, there was concern over whether persons most at risk or in need were truly benefiting. For the non sporting-related projects, female enrollment significantly outnumbered that of males, in spite of the attempts to diversify the curriculum, even while all information pointed to the fact that young males were the group most vulnerable to substance use, abuse and any related consequences.

As a component of this RAS, an attempt was made to obtain the participants views on how successful the projects were in addressing the needs of the community, reducing the amount of young persons who used drugs, promoting the awareness of drug prevention, and providing opportunities for the youth. Generally, it was the belief that the projects had more success in addressing the needs of the community and providing opportunities for the youth than they did on increasing awareness of the dangers of drugs or reducing the amount of young persons who used drugs.

In spite of the shortcomings, the participants placed great value on the projects as more than 9 of every 10 indicated that the projects should be continued in the communities and that more participants should be recruited through improvements in marketing and public relations. Additionally, participants felt strongly that other areas could benefit greatly from similar projects and, as a result, the projects should be extended to other communities throughout Barbados.

However, if the projects were to be extended, many were of the opinion that changes would be required in order to improve their overall impact. These changes involved improvements in technical staff; available resources, which were severely impacted by lack of funds; project management and/or administration; and in some cases, project design.

Although the details of the staffing-related problems can be seen in Section 3.2.4, as a result of the level of concern, some of the specifics are presented here. The primary complaint was that of insufficient numbers of qualified staff. Respondents indicated the need for additional staff that were more organized, had teaching skills, and were professional about their work and their obligations. This may or may not have been a surprise since a significant amount of time had

already been devoted to providing community leaders with the technical assistance and managerial skills to increase the chances of success.

Regarding the management or administration of the projects, participants identified a need for improvements in the overall organization of the projects and more involvement by the coordinators. Determinations as to whether the scheduled hours were convenient to the target groups, the number of allotted hours sufficient, and the behavioral policy for participants were but a few of the factors in need of consideration.

Participants also were of the opinion that the projects should be more dynamic and include other vocational skills and sporting disciplines, as well as address academic needs. These results may provide a clue as to why the projects were not attracting more males.

The observations of the participants reported here however, should be supported by a more thorough evaluation that gives a clear indication of program success using more objective measures that are more in line with the projects' goals and objectives. Additionally, they should be complemented by the views of the project managers and/or administrators. Unfortunately, no attempts have been made to canvass the opinions of the managers, but an indication of the impact of the projects to date may be obtained from surveys of out of school youth, key informants, and drug users, who were asked about community drug use in the two years prior to the survey. A comparison of the results for those communities with projects and those without revealed that a larger proportion of participants from the project communities held the belief that drug use had decreased in their communities, a finding that was consistent for all of the three aforementioned groups. Although these results may not necessarily reflect the impact of the projects, they are suggestive and do warrant further evaluations.

Future plans for the projects involve the issuance of certificates recognized by the Ministry of Education and other academic institutions that could facilitate access to more advanced institutions of learning. With these proposed developments, it is important that any enrollment costs be kept to a minimum to avoid the programs becoming cost prohibitive.

The strengthening of ties with other agencies involved in the fight against drugs, both in demand and supply reduction, is an important step as there are many areas where these agencies can assist one another. In this regard, the various programs offered by the Ministry of Youth, with some coordination, perfectly compliments the efforts of other agencies, especially the school-based programs. In particular, the follow-up school leavers' surveys conducted by the youth commissioners may facilitate outcome studies that can give an indication of program success. Other programs offered by the Ministry include the Youth service programs started in 1991 that targets persons 16-22 yrs, and the Youth

Development programme, started in 1995, that seeks to liaise with all out of school youth between 15-29 years.

Although no information was available on the success of these programs in reducing the problems specific to drugs, to better prepare the Commissioners and potentially increase their effectiveness, training sessions have been conducted by the staff of the NCSA on issues related to substance use and abuse. In addition, the Substance Abuse Network, as of June 2000, has launched a new monthly series designed to inform and educate the general public on the dangers of drugs, currently available rehabilitation programs, and other issues related to drugs.

Apart from the efforts of the professional agencies and individuals addressed above, a number of community-initiated programs have also been implemented. Churches have been singled out as the institution initiating most of the interventions through outreach programs that often combined resources with other community organizations. Other initiatives identified by the informants were the extra police presence, as was evident in the community policing program, the various job skills training programs organized by one or more of the organizations within the communities, and the establishment of a few counseling programs that targeted the youth. No information was available on the impact of any of these programs, nonetheless persons in the community were of the impression that they did serve to provide residents with additional activities.

4.4.2. Treatment Programs

Despite the improvements over the past 10 years in the available resources to treat substance abuse, problems still persist. General agreement exists among key informants that there is a need for the development of a more appropriate and comprehensive treatment and rehabilitation service for addicted persons in Barbados. There are no facilities or programs that target specialized groups like women and adolescents, and the lack of any real coordination between the various institutions results in a duplication of effort, when the system could have been more complimentary. Generally, there is a difficulty in attracting women to treatment facilities, and for those who consent, they're asked to either commute daily to be treated as outpatients, or, at the psychiatric hospital, to reside on one of the female psychiatric wards. Not surprisingly, this resulted in very few female clients. Competition for funds and philosophical differences may explain the lack of coordination and sharing of resources.

No established monitoring or evaluation systems to study trends and patterns of drug abuse existed within the available treatment and rehabilitation facilities. This was rather unfortunate as complete and accurate client records in a standard format could facilitate outcome evaluations and eliminate the guesswork that is currently employed in determining treatment success. The EPISIDUC drug

information system has been piloted in Barbados, but no decision has been taken with respect to the adoption of this or any other software.

In addition to institutional data, which generally sees the proverbial tip of the iceberg and only after the problem has existed for a while, more community-based surveys would have to be conducted at regular intervals. Such surveys would allow the detection of changes in trends such as new risk groups and the emergence of new drugs or drug taking behavior, as they are occurring.

The government is currently weighing its options with respect to the provision of treatment services for drug abuse, on whether to further develop its services in the centralized manner that currently exist, or to devolve these services. With the future possibility of regional integration with Caribbean neighboring nations, the option exists for policy and decision makers in Barbados to restrict plans for the treatment and or rehabilitation of substance abusers to accommodate those within its borders, or to take the opportunity to position Barbados as the regional leader in the treatment of substance abuse. The development of properly staffed and operated centers that are sensitive to the culture of the region and the needs of selected demographic groups should be considered, particularly so while the debate as to the extent of the governments' future involvement in treatment and rehabilitation continues. It is highly unlikely that smaller island nations would be in a position to develop and operate such facilities efficiently, nor would they be willing to if a viable option exist.

Viable options include the relocation of the Drug Rehabilitation Unit away from the Psychiatric Hospital and the associated stigma of being placed in a mental institution, or the contracting out of certain services while retaining facilities for clients with psychiatric involvement. If the decision is made to relocate, provisions will have to be made for the housing of female clients, ideally with the specialized services that this group requires. With respect to the contracting of services, serious implications regarding the assurance of quality care within the contracted facilities will have to be addressed. In addition to ensuring that the available number of beds will always meet the demand, issues that may involve the establishment of policies and/or guidelines include the quality of the staff, both the number of and qualifications of, case load for professional staff, and initial assessments on addiction severity and personality required for more individualistic and appropriate treatment.

None of the currently available facilities have well-developed after-care programs that can be emulated to assist with the transition from the protective treatment environment back into society, and the employment world in particular. There is a real need for after-care facilities that will allow for such a reintroduction, with set policies and guidelines that must be strictly adhered too. Consideration should be given to routine drug testing in all such facilities at set periods post discharge. This should be agreed to upon admission and would provide laboratory confirmation or the validation of self-reported drug use, which would facilitate

outcome evaluations. It should be noted however that in the event such testing is not possible, studies have shown that valid self-reports of drug consumption can be obtained from drug users in treatment (44). Additionally, although clients have access to groups such as Alcoholics and Narcotics Anonymous, further attempts must be made to take the follow-up sessions out into the communities through the establishment of more local branches.

To partially address the issue of qualified staff, more use should be made of the professional staff at the Psychiatric Hospital by non-government organizations, while attempts are made to identify and make available appropriate training to address this shortage. In this regard, policies must be devised to guide on issues of internationally and nationally recognized standardized tests for professional accreditation, and continuing education for staff. Regarding the lack of funds, a commitment from the government to partially fund other organizations may be required. Such funding can provide a golden opportunity as it can be tied into government-mandated annual reports, the use of standardized data collection instruments, and program process and outcome evaluations.

Additionally, consideration should be given to the establishment of specialty treatment facilities within those that are currently available. Instead of all facilities attempting to cater to all persons, some facilities may wish to limit their focus to aftercare, while others may wish to limit their clientele to females or adolescents. This would not only meet a currently existing demand, but it would also allow the development of more appropriate care while reducing the competition between facilities, that is clearly a barrier to ultimate success. This is most important because if, as a group, these facilities are unable to successfully intervene and reduce the relapse rate or the rate of recidivism, then the prevalence of active addicts in society will increase, and correspondingly, all related consequences. This will impact society as a whole, and so it is incumbent upon the individual facilities to view their contribution as only part of that which is required and work together.

In realizing the strong link between drug abuse and incarceration, the government of Barbados took steps in 1997 to address this problem with the hiring of a prison rehabilitation officer. The primary purpose was to design and implement a comprehensive rehabilitation programme, inclusive of a drug component.

Since the implementation of the rehabilitative program at the prison, undocumented statistics reported by the rehabilitation officer purports to have shown a decline in the amount of recidivists from approximately 6 of every 10 inmates to only 4. Although the entire decline cannot be attributed to the drug component of the program, the ability to reduce the dependency on harmful substances, while otherwise preparing individuals to reenter society, is considered to be the key to the program's success.

Notwithstanding these efforts, many of the key informants were of the opinion that what was being offered in the area of drug rehabilitation was ineffective, as the institution lacked the services of drug addiction specialists. It was opined that this deficiency, in an overcrowded prison environment, was a major, if not the primary contributor, to the high rate of recidivism. As a result, during the first quarter of 2000, the prison drug program was significantly strengthened with the recruitment and hiring of a full-time clinical director. It is anticipated that this would allow the necessary assessments and personality profiling to be conducted within the prisons, resulting in more appropriate and individualized treatment.

4.4.3. Other Interventions

In addition to the efforts aimed at reducing the demand for drugs, several measures have also been taken with respect to supply reduction that have already shown evidence of success. These included a joint effort between the Police and Defense Forces to restrict the flow of drugs along the Coastline, and working with the Customs Department to keep 2 full-time officers specifically for drug checks at the airport. Data suggests that the maritime efforts have resulted in decreased activity along the coast and, conversely, increased activity at the airport, where more arrests have been made. However, the current efforts would have to be sustained, and there exists a severe shortage of personnel with the required training, experience and mental fortitude to perform these tasks. To address this challenge, additional training and better screening of employees, who should be governed by some type of integrity legislation, is required in the short term.

4.4.4. Other Policy Initiatives

In Barbados, the strategy for combating illicit drugs is to reduce the demand through primary prevention and appropriate treatment for users, while simultaneously cutting off the available supply. However, in addition to illicit drugs, authorities had to also address the use of tobacco and alcohol.

There's no single policy formula or panacea for addressing problems involving alcohol and drugs, and choosing a single policy is likely to have limited public health impact, if any. The most effective approach is to adopt a comprehensive strategy that provides consistent societal messages about the use of these substances and associated problems.

Locally, a number of policy initiatives specific to alcohol have been implemented that are based on the premise that alcohol-related problems are not limited to or suffered by alcohol-dependent persons only. As a result, public health action has been directed at the entire drinking population and not only the small percentage of drinkers who are alcohol-dependent. Some of these policies, which a

substantial body of evidence gathered over the past 25 years has shown to be most effective (8), include restricting consumption by controlling the availability of alcohol, including the use of minimum drinking age legislation (8); the rationing of availability (45); and restricting the number, types and opening hours of outlets selling alcohol (8). Roadblocks to remove drunk drivers are also being tried as a deterrent to alcohol-related harm, while other measures such as drink-drive laws are under consideration (46).

Unfortunately, while these measures may have been introduced, the common perception is that, where necessary, little or no enforcement has taken place and thus almost anyone can buy alcoholic beverages at anytime. Understandably, some of these measures may be difficult to enforce, however, to combat this, penalties must be so severe that the penalty in itself should serve as a disincentive. Additionally, due to what has been described as an overabundance of “Rum Shops”, consideration should be given to the observance of periodic moratoriums on additional liquor licenses, to further restrict the availability of alcohol.

Other measures that the literature has identified as having shown some promise and should be included in any comprehensive approach to the prevention of alcohol-related problems include: controlling the types, locations and times of alcohol advertising (47) as compared to outright banning of advertisements; increasing access to affordable and effective treatment and rehabilitation services (48); providing public education on the negative consequences of drinking alcohol, through active measures such as mass media and social marketing campaigns, and passive measures such as warning labels; the promotion of the effectiveness of alcohol policies; and implementing appropriate measures against the illicit sale of alcoholic beverages (8). With respect to alcohol and cigarette advertisements, the Caribbean Broadcasting Corporation (CBC) has banned all such advertisements while, at the same time, the broadcast media is increasingly being used by the NCSA and other agencies as a tool for communicating anti-drug and alcohol messages.

Results from the 1990 Census revealed that of the 75,211 occupied dwelling units in Barbados, 84.6% had at least one television set and 89.5% radios (20). It’s not expected that these statistics would be very different today and thus the potential for public exposure to the various advertisements is high. Whether those persons in greatest need are actually listening or watching is unknown and would have to be determined by special community-based studies. However, the continued production of local advertisements that are culturally sensitive and that involve members of the target audiences in their design will help to sustain interest in the messages, which may encourage even more positive behavioral changes. Media studies can identify listener preference required for more selective marketing.

Some of the other suggested measures shown to be effective but which have not been adopted involved increasing the real price of, and taxes on, alcoholic

beverages (8) and Server intervention, i.e., policies and training leading to a refusal to serve alcohol to intoxicated persons (49). Although not currently practiced as a matter of law or policy, the latter should be implemented and tied into the suspension of business and/or liquor licenses to give it some significance.

In an era dominated by the rights of the consumer, many of these strategies tend to be the least politically popular and some implementation problems can be expected. This is most certain to occur within the tourism sector and from rum producers, but on the other hand, the politically popular strategies, such as the education of school students and public information campaigns, generally show the least evidence of effectiveness (50).

Efforts to stem the increase in cigarette smoking has involved the designation of all government buildings as smoke free, and within the private sector, many restaurants have themselves assigned separate areas for smokers and non-smokers, to accommodate customer preferences.

In addition to the initiatives taking place within Barbados, there are a number of measures being contemplated or implemented within the region and in North America that can have a major impact on the local situation. Foremost among these is the tobacco settlement agreement between various states and the major tobacco companies in the United States (51).

This agreement severely restricts the amounts, types, and how the Tobacco Industry will market its products, with many of the strategies identified for restricted advertising or complete proscription commonly employed in Barbados. With evidence of the gateway effect having been observed among local students, an illustration of the role that tobacco plays in the eventual use of hard drugs, consideration must be given to requiring local distributors of these products to abide by this agreement. Any initiatives in this direction should not be left up to the Tobacco Industry or its local distributors, which in the past was not completely above reproach when dealing with developing countries (52).

5. Recommendations

The increase in psychiatric morbidity in the 21st century will have important repercussions for the social development of Barbados and in the planning and provision of health services. The complexity of psychosocial factors in the causation and triggering of addiction calls for the establishment of clear policies for prevention, education, and rehabilitation, while simultaneously strengthening the mechanisms for controlling the available supply. Specifically, there is a need for society, government and the private sector alike, to continue to develop a focused and diversified range of services, with integration and participation being central to such initiatives.

For each of the recommendations that are adopted, a plan should be developed that follows the logical framework approach.

6.1. Demand Reduction

6.1.1. Treatment

6.1.1.1. Service Development

The commitment of the policy-makers to the treatment and rehabilitation of substance abusers must be demonstrated through concrete actions directed at addressing the needs of all abusers.

The required resources for the operation of drug services are inadequate, and so serious consideration should be given to the provision of a network of treatment options throughout the island. For the immediate future, as this can only be accomplished through the sharing of resources, this would require further development of the government services and the implementation of the necessary legislative and regulatory support that would allow for improvements in the private services. Currently, the government facility does not have adequate beds, whereas the private facilities can alleviate this shortage. On the other hand, the government facility does have the necessary professional resources, who may be able to offer specialized treatment to inpatients of the non-government facilities.

It is recommended that facilities be developed to address the needs of adolescents and females or, at the very least, specialty services required by these groups made available within general treatment facilities. Unfortunately, the lack of coordination of services has resulted in many needs not being met, including groups such as these, and specific services for other groups, such as a well-developed aftercare program. However, treatment providers and policy-makers do need to consider the relative costs and effectiveness of providing these specialized programs and services, as they will require supplemental

resources in order to address the broader range of needs, versus not providing the services that will effectively engage these groups. Social reintegration services must be provided by a multidisciplinary team that is both knowledgeable of and capable of addressing those factors known to increase the risk of relapse. As an example, in addition to any group or individual substance abuse treatment offered, facilities may wish to offer more services that may help to increase prosocial behaviour following discharge. These can include vocational educational, recreational activities, childcare services, sexual education, proper parenting skills, and life skills development such as money management and stress management.

Additionally, as a result of the belief that the stigma attached to substance abusers admitted to the psychiatric hospital has resulted in persons in need of treatment choosing not to enter the facility, the setting-up of non-stigmatizing treatment and rehabilitation facilities on a separate site from the hospital should be considered.

Favourable conditions, inclusive of government subsidies, should be created for the participation of non-government organizations in the establishment of treatment and rehabilitation services for substance abusers in high-prevalence areas. In particular, the establishment of more secondary facilities that can offer quality after-care services while reintegrating drug abusers into society should be encouraged. Within these facilities, meticulous attention should be paid to the implementation of and adherence to operational norms and standards that will promote abstinence. To address the shortage of beds in halfway houses, some facilities may wish to refocus their objectives to this area, instead of the provision of primary treatment.

Due to the differences in personality traits, history of substance abuse and also to the frequent coexistence of psychiatric abnormalities in patients presenting with drug problems, there is need for norms and standards or a policy on assessments to be conducted at intake. This should include instructions on what tests should be conducted, who should be assessed, by whom and at what point in the process. Results would allow for the delivery of more appropriate and individualistic care. Consideration should be given to conducting personality tests, drug severity tests, along with tests for mental problems.

Efforts to develop the substance abuse treatment services offered at the prison must continue, as mere imprisonment should not and cannot be viewed as an acceptable treatment procedure.

6.1.1.2. Research

The design and implementation of a standardized information system for the timely collection, processing, analysis, and reporting of treatment and

rehabilitation facility data is strongly suggested as the information that is currently collected is of limited value.

The emphasis placed on the collection of data is intricately tied to its use for planning purposes. If the data collected is not utilized to assess and ultimately improve services, then its quality and completeness will, in most instances, reflect this lack of interest. A proper information system in all treatment and rehabilitation facilities is essential if proper process and outcome evaluations that relate client-specific and treatment-related data to programme completion and relapse is going to be possible.

As an immediate priority, programme providers should commence a data/information needs assessment, the selection of appropriate software that meets these needs, the redesign of all data collection instruments to conform with the software and other information needs, and the reengineering or hiring of staff to facilitate automation.

6.1.1.3. Policy Development

Consideration should be given to the legislative establishment of an agency with clear and recognized responsibility for the regulation of treatment and rehabilitation facilities. This agency would be responsible for the establishment of operational norms and standards for all such facilities, to be phased in over a period of time, and for ensuring adherence to these policies. Incorporated into these will be policies relative to the quality of care such as the ratio of professional staff to patients, minimum qualifications and/or certification, etc. Authorities may, however, wish to extend this legal authority on to the agency responsible for the licensing of such facilities. The need for such a body increases with the increasing role of non-government facilities. It is extremely important that such a system is not viewed as something in addition to but in place of that which currently exist.

6.1.2. Substance Abuse Prevention Services

6.1.2.1. Service Development

School based prevention programs must be strengthened and expanded to include a larger percentage of the student population; more schools and more students within selected schools.

Students cited ignorance to the dangers as one of the reasons why young persons use drugs. As a result, young persons must be given the facts so as to combat the conflicting messages received from others and from observances. Prevention education programs should commence at an early age within the

school system, and should address alcohol and cigarette use specifically. Programs at this age level should target both males and females, as they are equally likely to experiment. However, as age increases, different strategies must be employed, as increases in both the prevalence of use and the seriousness of the drugs used have been observed. Persons targeted should also include those placed at risks as a result of their home and neighborhood environments.

All educational messages must be relevant to the intended audiences and efforts must be made to include local data. The consequences of drug use, the fact that those of school age are not too young to have problems severe enough to be admitted, should all be incorporated into the messages that can be delivered by those who had similar experiences.

The Ministry of Education must take more responsibility for drug prevention programs operating within its school, particularly as it relates to setting policies, guidelines, programme objectives, and conducting evaluations.

All persons working in the field of drug prevention must receive comprehensive training to make them aware of the available services, to ensure a consistent approach, and to bring them up to date on treatment ideas and the philosophy and practice of harm minimization.

Educational efforts aimed at preventing substance abuse must also target parents and other family members who, whether they know it or not, serve as enablers to persons with substance abuse problems. All efforts must be made to get the required services to those who need it most and, as such, programs should be marketed directly to residents. The support of religious and other community-based organizations should be encouraged in facilitating the provision of education to persons in the community. Such institutions should be assisted in establishing counseling services through the provision of training opportunities for their staff.

Further development and expansion of youth and community development and empowerment programs, such as those of the NCSA, must be continued. Such programmes, which help to instill hope and a sense of value while reducing the risk of exposure to drug abuse among children and adolescents through the provision of healthy recreational activities that appeal to them, are necessary to counteract those factors that contribute to the drug problem.

6.1.2.2. Research

Consideration should be given to the establishment of a drug surveillance system that would allow for the detection of new drugs introduced to the local drug culture. This is absolutely necessary if programme providers and other drug experts are to have any chance of responding to potential problems before they

become full-blown. Treatment facility data, which is that most readily available, is unreliable as it only represents the tip of the iceberg and only well after the problems has existed within the community.

School surveys should be conducted at least every other year to monitor success of programs and changes in usage patterns to determine who should be targeted and for what reason. Also, periodic national surveys and surveys of other at risk groups should be conducted to determine trends and patterns of substance abuse in the community. This cannot be initiated soon enough as a result of the very real threat to the region from the increase in the availability of ecstasy and heroin.

All programs should be evaluated for impact and, as such, requires baseline assessments. It is also suggested that all new school-based programs be piloted in schools by themselves, and only after having been evaluated, should the successful ones be exported to other schools.

6.1.2.3. Policy Development

Laws governing access to alcohol must be strengthened and enforced to stop underage Barbadians from purchasing alcoholic beverages. Specifically, licensing rules, procedures and operational regulations regarding the sale of alcoholic beverages in restaurants and related facilities should be formulated and implemented.

Controlling alcohol and tobacco advertising and improving the enforcement of all related laws must be continued. All efforts should be made to get the local tobacco products distributors to abide by the settlement rules agreed to in the United States.

To impress those at the policy level, more information relative to the costs associated with drugs and related problems must be made available and included in the decision-making process.

6.2. Supply Reduction

The legal framework must be improved and strengthened so that the relevant authorities can take effective action to control illegal possession of and trafficking in narcotic drugs and psychotropic substances. This should include: Laws governing bail; confiscation of property; more efficiency in the court system; and further development or formation of strategic alliances with other local, regional and international organizations, particularly those jurisdictions implicated in the direct trafficking routes involving Barbados.

Within the communities, as the location of drug distribution areas is common knowledge and drug dealers are well connected, the Royal Barbados Police Force must continue to work with residents and others to encourage them to be more proactive in identifying and solving their own problems.

As the problems related to marijuana and alcohol are partially related to the easy access to these substances, efforts to cut-off or reduce availability must continue, and be stepped up. Strengthening the surveillance capability at all entry points should further control the entry of narcotic drugs and psychotropic substances into Barbados. Specifically, more officers specifically trained in detection methods is required to be posted at both the air and seaports.

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APPENDICES

Appendix 1

Survey Questionnaires

GUIDELINES FOR KEY INFORMANT INTERVIEWS - NATIONAL LEVEL

Treatment Professionals:

Objectives:
To get a full picture of drug misuse (including alcohol) in Barbados, and the different services, organizations, institutions and individuals engaged in delivering programmes to prevent, reduce or treat drug misuse.

Name of organization where the key informant works:

Key informant function in the organization:

Date of interview:

Interviewer name:

Date of finalization:

T1) What is the most problematic legal or illegal drug in Barbados?

T2) Why is this drug the most problematic?

T3) What is the drug that is related to most treatment in Barbados?

T4) What percentage of your treatment admissions would you attribute to this drug?

T5) What is the most common manner in which this drug is used?

T6) What are other problematic drugs in Barbados?

T7) What proportion of your admissions involve polydrug use?

If yes, which drugs?

T8) Are there new trends of drug-taking behaviour in Barbados? If yes, which?

T9) Are there any gender or age-related trends/patterns observed in your treatment clients over the last 5 years?

T10) Are there any treatment methods that can be introduced or improved in order to better treat drug-related problems?

T11) Have there been any initiatives in that direction over the past two years? If yes, please describe.

T12) What are the main barriers and facilitators for improving the situation in treatment?

Barriers:

Facilitators:

T13) What should happen to persons who are in treatment to reduce the chances of relapse?

T14) Is aftercare well developed?

T15) Do the treatment centres have links to the community or are they more centralized?

T16) What should happen in society as large to reduce drug-related problems?

T17) Are there any other comments you would like to make about the drug-related problems in Barbados?

Collect any available recent data on the problem; ask for other potential key informants on the problem; ask specific questions relation to the function of the key informant.

GUIDELINE FOR KEY INFORMANT INTERVIEWS - NATIONAL LEVEL

Prevention / Social work Professionals

Objectives:
To get a full picture of drug misuse (including alcohol) in Barbados, and the different services, organizations, institutions and individuals engaged in delivering programmes to prevent, reduce or treat drug misuse.

Name of organization where the key informant works:

Key informant function in the organization:

Date of interview:

Interviewer name:

Date of finalization:

P1) What is the most problematic legal or illegal drug in Barbados?

P2) Why is this drug the most problematic?

P3) What is the drug that is related to most preventive measures in Barbados?

P4) What are other problematic drugs in Barbados?

P5) How is the most problematic drug usually applied? (e.g. smoking, sniffing, orally, etc.)

P7) Are there new trends of drug-taking behaviour in Barbados? If yes, which?

P8) Which persons are most vulnerable for drug use here?

P9) What are the major social factors related to drug use? (Poverty).

P10) What are the social consequences of drug use? Impact on families, communities, and on services.

P11) What can be done better in the area of preventing drug-related problems?

P12) Are there any initiatives in that direction, either in the planning phase or recently implemented? Please describe.

P13) What are the main barriers and facilitators for improving the situation in prevention?

Barriers:

Facilitators:

P14) What should happen to persons who are already taking drugs?

P15) Is social work sufficiently linked to the community? If yes, how do these links operate?

P16) What should happen in society at large to reduce drug-related problems?

P17) Are there any other comments you would like to make about the drug-related problems in Barbados?

Collect any available recent data on the problem; ask for other potential key informants on the problem; ask specific questions relation to the function of the key informant.

GUIDELINE FOR KEY INFORMANT INTERVIEWS - NATIONAL LEVEL

POLICE / JUSTICE

Objectives:
To get a full picture of drug misuse (including alcohol) in Barbados, and the different services, organizations, institutions and individuals engaged in delivering programmes to prevent, reduce or treat drug misuse.

Name of organization where the key informant works:

Key informant function in the organization:

Date of interview:

Interviewer name:

Date of finalization:

J1) What is the most problematic legal or illegal drug in Barbados?

J2) Why is this drug the most problematic? What are the main problems caused by The use of this drug?

J3) What is the drug that is mostly associated with:

Arrests/convictions

Seizures

Court Mandated Treatments

J4) What are the other drugs causing problems in Barbados?

J5) Have you detected or are aware of any new drugs introduced to Barbados over the past 5 years?

J6) Have you detected or are aware of any new trends of drug-taking behaviour in Barbados?

J7) Based on your job (arrests etc.), which persons are most vulnerable for drug use here?

J8) What can be done better to reduce or minimize drug-related problems from a law enforcement perspective?

J9) Are there any initiatives in that direction? If yes, please describe.

J10) What are the main barriers and facilitators for improving the situation from a law enforcement perspective?

Barriers:

Facilitators:

J11) What type of punishment or sanctions (fines, treatment, incarceration) should be given to persons caught for

Pushing drugs

Drug usage

drug-related crime?

J12) Should we expect imprisonment to serve as a deterrence and to contribute to Re-socialization. (Is counseling offered and relation to recidivism).

J13) Should there be alternative forms of correction?

J14) With respect to the trafficking of drugs, what are the source countries?

J15) How much of the drugs coming in actually stays in the country versus moving further North.

J16) Are most of the persons involved in trafficking local?

J17) Are there any international partnerships in existence to help in the fight against drug trafficking?

J18) What proportion of your violent crimes would you say result from Drugs?

J19) Does the police have links to the community? If yes, how do these links operate?

J20) What should happen in society as large to reduce drug-related problems?

Collect any available recent data on the problem; ask for other potential key informants on the problem; ask specific questions relation to the function of the key.

ID Number _____
(Office Use only)

QUESTIONNAIRE FOR KEY INFORMANT INTERVIEWS LOCAL LEVEL

Community name: **[ ]**

Key informant function in the community: **[ ]**

Date of interview: ____/____/____
dd / mm / yy

Interviewer name: **[ ]**

C1. In order of importance, what are the three most problematic legal or illegal drugs in your community? ***(Interviewer: Insert drug number in appropriate spot).***

1. Alcohol 2. Marijuana 3. Cocaine 4. Cigarettes 5. Other

a. _____ Most Problematic

b. _____

c. _____

C2. Why is _____ (the drug C1.1) the most problematic? ***(Don't call list but tick all that apply).***

a. _____ Easily accessible
b. _____ High acceptance
c. _____ Allows a temporary escape
d. _____ Gateway drug
e. _____ Not viewed as a drug
f. _____ Other (Please Specify) _____

C3. Has drug use increased, stayed the same or decreased during the **last 2 years** in this community?

1. Increased 2. Stayed the same 3. Decreased

C4. As far as you know, have there been any new drugs introduced in your community over this 2 year period?

1. Yes (Please Specify) _____
2. No

C5. During this period, have there been any new ways of taking those drugs that have been around?

1. Yes (Please Specify) _____
2. No

C6. Who would you consider to be the group of persons **most vulnerable** to drug use in this community? ***(Please tick one only).***

1. Primary School Students
2. High school male students
3. High school female students
4. Out of school male teens
5. Young male adults
6. Other (Please Specify) _____

C7. How would you describe the drug pushers links to the community? ***(Tick one answer only.)***

1. Very well linked into the community at large
2. Not linked to the community at large, but to the drug scene of the community
3. Not at all linked into the community, comes from outside
4. Other (Please Describe) _____

C8. What are the community and/or social factors leading to drug use in this community? ***(Please tick all that apply).***

a. _____ Unemployment/lack of Jobs
b. _____ Peer pressure
c. _____ Poverty
d. _____ Lack of Parental Guidance/No father
e. _____ Lack of Education
f. _____ Lack of any marketable skills
g. _____ Imitation of bad role models
h. _____ Lack of values
i. _____ Availability of drugs
j. _____ Other (Please Specify) _____

C9. How can these community and/or social factors be changed to **prevent or reduce** future drug use in this community?

Factors	**Interventions**
_____	_____
	_____
_____	_____
	_____
_____	_____
	_____

C10. What are the major problems related to drug use in your community? ***(Please tick all that apply).***

a. _____ Violent Crime
b. _____ Burglary, theft, Shoplifting
c. _____ Lawlessness
d. _____ Family Problems (abuse, homelessness)
e. _____ Indifference, lack of motivation
f. _____ Prostitution
g. _____ Truancy
h. _____ Other (Please specify) _____

C11. What could be done to reduce or minimize these problems? ***(Please tick all that apply).***

a. _____ Reducing the unemployment rate/Skills training
b. _____ More Sporting Programs
c. _____ More Artistic/Cultural Programs
d. _____ Community Policing
e. _____ Increased opportunities for Counseling/Advice
f. _____ Other (Please Specify) _____
g. _____ Other (Please Specify) _____

C12. Are there any initiatives currently being taken in that direction? These include initiatives by Churches, Community Groups, Government, etc. Please describe.

C13. What are the main barriers or issues that currently prevent or may prevent an improvement in the situation in your community?

C14. Are there adequate amounts of the following resources for the provision of social assistance in your community?

a. _____ Human (Social workers, Youth workers, etc.)
b. _____ Financial
c. _____ Facilities

If no for any, please explain.

C15. What should happen in society at large to reduce drug-related problems?

C16. Are there any other comments you would like to make about the drug-related problems in your community? What is special about drug use in your community?

ID Number _____
(Office Use Only)

QUESTIONNAIRES FOR INTERVIEWS WITH DRUG USERS AND PUSHERS AT THE COMMUNITY LEVEL

D1. Community name: [ ]

D2. How was this subject located: ***(Select one answer only).***

1. Snowball referral
2. Knew before
3. Referred by Key Informant
4. In the streets or other public space
5. Other (Please describe)

D3. Date of interview: _____/_____/_____
dd / mm / yy

D4. Interviewer name: [ ]

D4.2

PERSONAL DRUG USE

The next few questions are about your personal drug use. We know that these are sensitive questions and would greatly appreciate your honesty.

Key 1:
1. No use past 30days
2. 1-3 times in 30days
3. 1-2 times per week
4. 3-6 times per week
5. Daily
6. Missing

Key 2:
1. Oral
2. Nasal
3. Smoking
4. Injection
5. Other
6. Refused

List of Drugs	If Yes on 1, complete 2-4.			
	(1) Have you Ever Used	**(2) Age at First Use (In years)**	**(3) Frequency of Use (past 30 days)**	**(4) Most Common method (past 30 days)**
a. Alcohol	1. Yes 2. No	_____	_____	_____
b. Marijuana	1. Yes 2. No	_____	_____	_____
c. Cocaine	1. Yes 2. No	_____	_____	_____
d. Heroine	1. Yes 2. No	_____	_____	_____
e. Other Drug	1. Yes 2. No	_____	_____	_____
f. Other Drug	1. Yes 2. No	_____	_____	_____

D5. For those drugs that you have used, what do you consider to be your Primary drug or drug of choice? ***(Select one only).***

1. Alcohol
2. Cocaine
3. Marijuana
4. Heroine
5. Other (Specify) _____

D6. How much did you spend on drugs during the last two weeks (in B$)? If drugs were obtained in other ways (e.g. by own trafficking, prostitution etc.), estimate the street value of the amount used.

_____ (B$)

D7. How was this money obtained? ***(Tick all that apply).***

a. _____ Salaries/Wages
b. _____ Stealing
c. _____ Prostitution
d. _____ Family/Friends
e. _____ Other (Specify) _____

D8. What have you sacrificed in order to sustain your drug habit? ***(Tick all that apply).***

a. _____ Family Life
b. _____ Savings/Money
c. _____ Food
d. _____ Sex/Body
e. _____ Self Esteem
f. _____ Other (Specify) _____

D9. How often have you thought about quitting drugs during the past 12 months?

1. Very Often 2. Often 3. Not Often 4. Never

D10. What is the main reason that you continue to use drugs***? (Please select one answer only).***

1. Addiction
2. More consciousness/Better Awareness
3. Clearer Thinking
4. Relaxation/Meditation
5. Religious Belief
6. Health Reasons/Relieves Asthma symptoms
7. Better Sex
8. Feels Good
9. Other (Specify) _____

D11. During the past 2 years, have you experienced any Social problems as a result of your drug use? ***(Please select all that apply).***

a. _____ Problems with spouse/girlfriend/boyfriend
b. _____ Problems with family
c. _____ Problems with the law/police
d. _____ Problems at work
e. _____ Other (Specify) _____

D12. During the past 2 years, have you experienced any physical problems as a result of your drug use? ***(Please select all that apply).***

a. _____ Hangovers
b. _____ Blackouts

c. _____ Wheezing and Nagging Cough
d. _____ Burned out nose bridge
e. _____ Collapsed Lung
f. _____ HIV Infection
g. _____ Other (Specify) _____

D13. During the past 2 years, have you experienced any mental problems as a result of your drug use? ***(Please select all that apply).***

a. _____ Aggressiveness/Violent Behaviour
b. _____ Negative Attitudes
c. _____ Hallucinations
d. _____ Forgetfulness
e. _____ Other (Specify) _____

D14. When you used non-medical drugs the very first time, who gave it to you? ***(Circle one only).***

1. Family
2. Friends
3. Casual Acquaintance
4. Drug Pusher
5. Other (Specify) _____

D15. What was your main reason for using non-medical drugs the very first time? (***Please circle one answer only).***

1. Curiosity
2. To be sociable
3. To enhance sexual pleasure
4. Treatment of health problem
5. Relief of psychological stress
6. Religious custom
7. To improve work performance
8. Other (Specify) _____

DEMOGRAPHICS AND SOCIAL SUPPORT:

D16. How old were you on your last birthday? _____ years

D17. Gender: 1. Male 2. Female

D18. What was the highest grade level that you actually completed***? (Please circle the actual grade).***

1. None, no school
2. Primary school — R InfA InfB 1 2 3 4
3. Secondary school — 1 2 3 4 5
4. Post secondary education — A levels, Undergraduate + (AA, BA, MA)

D19. What type of dwelling do you currently live in or did you live in most of the past 30 days? ***(Select one answer only).***

1. House/Apartment/Condo
2. Institution (Jail etc.)
3. No living place/On the Street/Homeless
4. Other (Specify) _____

D20. How often have you changed households in the last 12 months? By household, I'm referring to the collection of family and/or friends that you live with.

1.Very often 2. Often 3. Not often 4. Never

D21. With who do you currently live? ***(Please tick all that apply).***

a. _____ Partner/spouse or own family unit
b. _____ Mother
c. _____ Father
d. _____ Friends
e. _____ Alone
f. _____ Other (Please Describe) _____)

D22. How many children do you have? _____ Children ***(If none, go to D24).***

D23. Who takes care of them most of the time? ***(Please circle one answer only).***

1. Self
2. Partner
3. Parents
4. Other family
5. Friends
6. Others (Specify)_____

D24. How many weeks or months over the last 12 months were you employed?

_____ Weeks _____ Months

D25. Approximately how much money did you receive in wages during this period?

_____ (B$ Thousands)

D26. Have you had income from any other sources during this period (12 months)? (**Tick all that apply).**

a. _____ Trafficking
b. _____ Prostitution
c. _____ Family / partner support
d. _____ Support from state (welfare, etc.)
e. _____ Other support (Please describe) _____

D27. How many close friends would you say that you have? ***(If none, go to D29).***

1. A lot 2. Some, but not a lot 3. Very few 4. None

D28. What proportion of your close friends would you say also use drugs?

1. All or almost all 2. Majority 3. Minority 4. None

D29. Are you living with anyone who is a heavy drinker or drug user?

1. Yes 2. No

D30. Is your current partner/spouse also into drugs?
1. Yes 2. No

D31. During the past 3 months, how would you describe your relationships with the following? Say whether Extremely good, Good, Ok, Some problems or Lots of problems.

	(1) Extremely Good	(2) Good	(3) Ok	(4) Some Problems	(5) Lots of Problems	(6) Have None
a. Spouse/Partner	_____	_____	_____	_____	_____	_____
b. Parents	_____	_____	_____	_____	_____	_____
c. Brother or Sister	_____	_____	_____	_____	_____	_____
d. Friends	_____	_____	_____	_____	_____	_____
e. Co-workers	_____	_____	_____	_____	_____	_____

D32. Do you currently belong to a gang?

1. Yes
2. No

D33. During the past month (30 days), did you carry a weapon at any time?

1. Yes
2. No

D34. Are you currently involved in any Community Activities?

1. Yes (Please describe) _____
2. No

D35. What do you believe are the major problems in this community? ***(Tick all that apply).***

a. _____ Unemployment/No jobs
b. _____ Poverty
c. _____ Violence
d. _____ Problems with Police
e. _____ Poor political representation
f. _____ Other (Please Describe) _____

D36. Have the use of drugs increased, stayed the same or decreased during the **last 2 years** in this community?

1. Increased 2. Stayed the same 3. Decreased

QUESTIONS ABOUT A TYPICAL DRUG PUSHER: The next few questions are about the behaviors and habits of a typical drug pusher. Please answer as best you can.

D37. How would you describe the personal drug use of Pushers?

1. Usually uses all types of the drugs he/she sells
2. Uses only drugs considered less harmful (no cocaine, no heroin)
3. Uses no drugs

D38. How would you describe the drug pushers links to the community? ***(Please tick one answer only).***

1. Very well linked into the community at large
2. Not linked to the community at large, but to the drug scene of the community
3. Not at all linked to the community, comes from outside
4. Other (Please describe) _____

D39. How are drugs sold in this community? Give the usual quantities and prices.

Substance	Quantity	Price
a. Cocaine		
b. Marijuana		
c. Other (Specify)		

D40. About how many hours per day would a pusher **usually** spend selling drugs?

_____ Hours

D41. During this period, about how much money would a drug pusher make?

_____ (B$)

D42. During **the past year**, how often would you say that drug pushers in this community experienced the following problems? Say whether Very Often, Often, Not Often or Never.

Problems **How often were they:**	**(1)** **Very Often**	**(2)** **Often**	**(3)** **Not Often**	**(4)** **Never**
a. Arrested by Police	_____	_____	_____	_____
b. In fights with Rival Drug pushers	_____	_____	_____	_____
c. In fights with Users	_____	_____	_____	_____
d. In clashes with community leaders	_____	_____	_____	_____

ID Number _____
(Office Use Only)

QUESTIONNAIRE FOR INTERVIEWS WITH OUT OF SCHOOL YOUTH AT THE COMMUNITY LEVEL

Y1. Community name: [ ]

Y2. How was this subject located: ***(Circle one answer only).***

4. Snowball referral
5. Knew before
6. Referred by Key Informant
4. In the streets or other public space
5. Other (Please describe)

Y3. Date of interview: _____/_____/_____
dd / mm / yy

Y4. Interviewer name: [ ]

DEMOGRAPHICS AND SOCIAL SUPPORT:

Y5. How old were you on your last birthday? _____ years

Y6. Gender: 1. Male 2. Female

Y7. What was the highest grade level that you actually completed***? (Please circle the actual grade).***

1. None, no school
2. Primary school — R InfA InfB 1 2 3 4
3. Secondary school — 1 2 3 4 5
4. Post secondary education — A levels, Undergraduate + (AA, BA, MA)

Y8. With who do you currently live? ***(Please tick all that apply).***

a. _____ Partner/spouse or own family unit
b. _____ Mother
c. _____ Father
d. _____ Friends
e. _____ Alone
f. _____ Other (Please Describe) _____)

Y9. How many weeks or months over the last 12 months were you employed?

_____ Weeks _____ Months

Y10. Approximately how much money did you receive in wages during this period?

_____ (B$ Thousands)

Y11. How many close friends would you say that you have? ***(If none, go to Y13).***

1. A lot 2. Some, but not a lot 3. Very few 4. None

Y12. What proportion of your close friends would you say use drugs?

1. All or almost all 2. Majority 3. Minority 4. None

Y13. Are you living with anyone who is a heavy drinker or drug user?

1. Yes 2. No

Y14. During the past 3 months, how would you describe your relationships with the following? Say whether Extremely good, Good, Ok, Some problems or Lots of problems.

	(1) Extremely Good	(2) Good	(3) Ok	(4) Some Problems	(5) Lots of Problems	(6) Have None
a. Spouse/Partner	_____	_____	_____	_____	_____	_____
b. Parents	_____	_____	_____	_____	_____	_____
c. Brother or Sister	_____	_____	_____	_____	_____	_____
d. Friends	_____	_____	_____	_____	_____	_____
e. Co-workers	_____	_____	_____	_____	_____	_____

Y15. Have you ever belonged to a gang?

1. No
2. Yes, but not anymore
3. Yes, I still am

Y16. During the **past month** (30 days), did you carry a weapon at any time?

1. No/Never
2. Yes

Y17. What do you believe are the major problems in this community? ***(Tick all that apply).***

a. _____ Unemployment/No jobs0
b. _____ Poverty
c. _____ Violence
d. _____ Problems with Police
e. _____ Poor political representation
f. _____ Other (Please Describe) _____

Y18. Are you an active member of any social or community groups?

1. Yes (Specify) _____
2. No

Y19. Are there any activities that you would like to get involved in but they are not available in your community?

1. Yes (Specify) _____
2. No

Y20. Have the use of drugs increased, stayed the same or decreased during the **last 2 years** in this community?

1. Increased 2. Stayed the same 3. Decreased

The next few questions ask how much you worry about different things that might happen in your life. For each thing, say whether you worry about it **a lot, sometimes, or not at all.**

Y21. I worry about

	Not at all (1)	Sometimes (2)	A lot (3)
a. Mother or Father drinking or drug use	_____	_____	_____
b. The drinking and drug use in my neighborhood	_____	_____	_____
c. The fighting and violence in my home	_____	_____	_____
d. The fighting and violence in my community	_____	_____	_____
e. Getting a job	_____	_____	_____

Y22. Have you ever been offered cocaine, crack or marijuana by any of your friends or others in your community?

1. No
2. Yes, once
3. Yes, more than once

Y23. What was your **main reason** for saying no or refusing to use the drugs? ***(Circle one only)***

1. Fear of addiction
2. Did not want to
3. My values are against it
4. Drugs are dangerous
5. Drugs are illegal
6. It is wrong
7. Other (Specify) _____

Y24. Did you feel that you were being pressured to use these drugs?

1. No
2. Yes, once
3. Yes, more than once

Y25. If you wanted to purchase drugs, would you know where to get it?

1. Yes 2. No

Y26. If you were to find a bag of drugs, what would you do with it? ***(Circle one only)***

1. Sell it
2. Take it to the police
3. Leave it where you found it
4. Destroy it
5. Not sure
6. Other (Specify) _____

Y27. Do you feel that persons your age have sufficient opportunities to obtain the training that they need in order to get jobs?

1. Yes
2. No (Explain) _____

Y28. Would you be interested in receiving any of the following?

a. _____ Job/Vocational training (Specify) _____
b. _____ Educational training (Specify) _____
c. _____ Other training (Specify) _____

Y29. What can be done to reduce drug-related problems in your community?

ID Number _____
(Office Use Only)

QUESTIONNAIRE FOR PARTICIPANTS IN THE COMMUNITY PROJECTS IN THE SIX INITIAL COMMUNITIES

P1. Community name: [ ]

P2. Date of interview: _____/_____/_____
dd / mm / yy

P3. Interviewer name: [ ]

DEMOGRAPHICS

P4. How old were you on your last birthday? _____ years

P5. Gender: 1. Male 2. Female

P6. What was the highest grade level that you actually completed***? (Please circle the actual grade).***

1. None, no school	
2. Primary school	R InfA InfB 1 2 3 4
3. Secondary school	1 2 3 4 5
4. Post secondary education	A levels, Undergraduate + (AA, BA, MA)

The next few questions relate specifically to the community project with which you are involved. Answers to these questions are very important so please take your time and answer what you believe to be true.

P7. In terms of achieving its goals and objectives, would you say that the project has been generally:

1. Very successful
2. Successful
3. So so
4. Not successful

P8. Thinking about your expectations on becoming involved with the project, would you say that the project is:

1. Better than expected
2. As expected
3. Less than expected

P9. How would you describe the impact of the project on the following: Say whether Very low, Low, In between, High or Very high. ***(Read the list and tick the correct response).***

How was the impact on:	(1) Very low	(2) Low	(3) In between	(4) High	(5) Very high
a. Addressing the needs of this community	_____	_____	_____	_____	_____
b. Reducing the amount of youths using drugs	_____	_____	_____	_____	_____
c. Promoting the awareness of drug prevention	_____	_____	_____	_____	_____
d. Providing opportunities for youth	_____	_____	_____	_____	_____

P10. Would you recommend that this project be continued in this community?
1. Yes 2. No

P11. Would you recommend this project to your friends?
1. Yes 2. No

P12. Would you recommend this project being extended to other communities?
1. Yes 2. No

P13. Regardless of your answer to the previous question, if the project was to be extended to other communities, would you recommend:

1. Extending it with no changes
2. Extending it with minor or only a few changes
3. Extending it with major or a lot of changes

P14. Are these changes related to the: ***(Read the list and tick all that apply).***

a. _____ Design of the project
b. _____ Management/administration of the project
c. _____ Staffing for the project
d. _____ Funding for the project
e. _____ Other aspects of the project

P15. Can you briefly describe these suggested changes?

The next few questions are about your current social environment and the opportunities available to you. This includes your family, friends and your community.

P16. With who do you currently live? ***(Please tick all that apply).***

a. _____ Partner/spouse or own family unit
b. _____ Mother
c. _____ Father
d. _____ Friends

e. _____ Alone
f. _____ Other (Please Describe) _____)

P17. During the past 3 months, how would you describe your relationships with the following? Say whether Extremely good, Good, Ok, Some problems or Lots of problems.

	(1) Extremely Good	(2) Good	(3) Ok	(4) Some Problems	(5) Lots of Problems	(6) Have None
a. Spouse/Partner	_____	_____	_____	_____	_____	_____
b. Parents	_____	_____	_____	_____	_____	_____
c. Brother or Sister	_____	_____	_____	_____	_____	_____
d. Friends	_____	_____	_____	_____	_____	_____
e. Co-workers	_____	_____	_____	_____	_____	_____

This question is concerned with how much you worry about different things that might happen in your life. For each thing, say whether you worry about it **a lot, sometimes, or not at all.**

P18. I worry about	Not at all (1)	Sometimes (2)	A lot (3)
a. Mother or Father drinking or drug use	_____	_____	_____
b. The drinking and drug use in my neighborhood	_____	_____	_____
c. The fighting and violence in my home	_____	_____	_____
d. The fighting and violence in my community	_____	_____	_____
e. Getting a job	_____	_____	_____

P19. Are you an active member of any other social or community groups?

1. Yes (Specify) _____
2. No

P20. Are there any other activities that you would like to get involved in but they are not available in your community?

1. Yes (Specify) _____
2. No

P21. Do you feel that persons your age have sufficient opportunities to obtain the training that they need in order to get jobs?

1. Yes
2. No (Explain) _____

P22. Would you be interested in receiving any of the following?

a. _____ Job/Vocational training (Specify) _____
b. _____ Educational training (Specify) _____
c. _____ Other training (Specify) _____

P23. What do you believe are the major problems in this community? ***(Tick all that apply).***

a. _____ Unemployment/No jobs
b. _____ Poverty
c. _____ Violence
d. _____ Problems with Police
e. _____ Poor political representation
f. _____ Other (Please Describe) _____

P24. Have the use of drugs increased, stayed the same or decreased during the **last 2 years** in this community?

1. Increased 2. Stayed the same 3. Decreased

P25. How many close friends would you say that you have? ***(If none, go to Y13).***

1. A lot 2. Some, but not a lot 3. Very few 4. None

P26. What proportion of your close friends would you say use drugs?

1. All or almost all 2. Majority 3. Minority 4. None

P27. Have you ever belonged to a gang?

1. No
2. Yes, but not anymore
3. Yes, I still am

P28. Are you living with anyone who is a heavy drinker or drug user?

1. Yes 2. No

P29. Have you been offered cocaine, crack or marijuana by any of your friends or others in your community during **the past year**?

1. No
2. Yes, once
3. Yes, more than once

P30. Did you feel that you were being pressured to use these drugs?

1. No
2. Yes, once
3. Yes, more than once

P31.

Drugs	Have you ever used:	Have you used in the past year (12 months)
a. Marijuana	1. Yes 2. No	1. Yes 2. No
b. Cocaine	1. Yes 2. No	1. Yes 2. No
c. Alcohol	1. Yes 2. No	1. Yes 2. No
d. Other drugs (Specify)	1. Yes 2. No	1. Yes 2. No

P32. What was your **main reason** for saying no or refusing to use these drugs? ***(Circle one only)***

1. Fear of addiction
2. Did not want to
3. My values are against it
4. Drugs are dangerous
5. Drugs are illegal
6. It is wrong
7. Other (Specify) _____

P33. If you wanted to purchase drugs, would you know where to get it?

1. Yes 2. No

P34. If you were to find a bag of drugs, what would you do with it? ***(Circle one only)***

1. Sell it
2. Take it to the police
3. Leave it where you found it
4. Destroy it
5. Not sure
6. Other (Specify) _____

P35. What can be done to reduce drug-related problems in your community?

Appendix 2

List of Abbreviations Used in the Report

AIDS	Acquired Immuno-deficiency Syndrome
CBC	Caribbean Broadcasting Corporation
DARE	Drug Abuse Resistance Education
HIV	Human Immuno-deficiency Virus
NCSA	National Council for Substance Abuse
NGO	Non-government Organization
PAREDOS	Parents Education for Development in Barbados
PRIDE	Parents Resource Institute for Drug Education
RAS	Rapid Assessment Survey
RBDF	Royal Barbados Defense Force
RBPF	Royal Barbados Police Force
RSA	Rapid Situation Assessment
STD	Sexually Transmitted Disease
UNDCP	United Nations Drug Control Programme
UNESCO	United Nations Education, Scientific, and Cultural Organization
US	United States of America
WHO	World Health Organization