

BARBDIN

Barbados Drug Information Network Report

An Analysis of the 2016 Data



Prepared by

The National Council on Substance Abuse



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1. Summary of Key Findings

1.1 National Council on Substance Abuse: Drug Education Programming

- The National Council on Substance Abuse (NCSA) is the leading agency responsible for drug education efforts across the island.
- During 2016, the NCSA programmes targeted males and females between the ages of 3 and 65 years.
- Of NCSA's three programmes, the Primary School programme had the largest reach (47%) during 2016.

1.2 Edna Nicholls Centre

- Twenty-eight students, all of whom were male, tested positive for marijuana use at the Edna Nicholls Centre during 2016.
- The majority of students testing positive for marijuana use were between 13 and 15 years of age.

1.3 Treatment

Psychiatric Hospital

- Mental and behavioural disorders due to drug use accounted for just over one-third (36%) of all admissions to the Psychiatric Hospital during 2016.
- Most patients diagnosed with mental and behavioural disorders due to drug use were males in the 20-24 age group.
- The majority of persons admitted for mental and behavioural disorders due to drug use were admitted for marijuana, cocaine, alcohol or poly drug use.
- Mental and behavioural disorders due to marijuana use were most common among persons 24 years of age and under.
- Mental and behavioural disorders due to alcohol use were most common among those ages 45 and over.
- There were no reports of mental and behavioural disorders due to cocaine use among persons under the age of 20 or over 65 years.

Substance Abuse Foundation (SAF)

- Seventy-four persons sought treatment at the SAF during 2016, the majority of whom were males between the ages of 26 and 55.
- Self, the court and the Psychiatric Hospital were the main sources of referral for the year.
- Crack cocaine, alcohol and marijuana were the main substances for which treatment was sought, either alone or in combination.
- There was a near even split of persons seeking treatment for poly drug (51%) and single drug use (49%).
- Only persons ages 36 and over sought treatment for alcohol.
- Only persons ages 45 and under sought treatment for marijuana.

Centre for Counselling Addition Support Alternatives (CASA)

- Eighty-one persons sought treatment at CASA during 2016, the majority of whom were males under the age of 30.
- The under 20 age group was the single largest group of treatment seekers.
- Poly drug use (49.4%) and marijuana use (38.3%) were the two most common reasons for which treatment was sought.
- The Psychiatric Hospital, Probation Department, Drug Treatment Court and family were the main sources of referral for persons seeking treatment at CASA in 2016.

Inmate Drug Rehabilitation and Counselling (IDRC) Programme

- Sixty-four persons were admitted to the IDRC programme in 2016, the majority of whom were male (73%) and between the ages of 20 and 34 (62%).
- Marijuana was the main drug motivating the need for treatment among the inmates (56%), followed by crack cocaine (20%) and alcohol (14%).
- Most persons seeking treatment for marijuana were under the age of 30 (61.1%).
- The majority of persons seeking treatment for alcohol were over the age of 30 (88.8%).
- There was a near equal distribution of persons seeking treatment for crack cocaine across the 20 to 29, 30 to 39 and 40 and over age categories.
- Sixty-two per cent of the IDRC admissions in 2016 were court-ordered referrals.

1.4 Supply Control

Royal Barbados Police Force (RBPF)

- Drug offenses accounted for 20% of offenses recorded by the RBPF during 2016.
- The percentage of males (93%) charged with drug offenses was far greater than the percentage of females (7%).
- Most persons charged with drug offenses were between the ages of 20 and 49 years, with the 20 to 29 age category being the single largest group.
- Marijuana offenses far outnumbered cocaine offenses during the year.
- Possession of Cannabis was the most common cannabis-related offense and far outranked other cannabis offenses recorded during the period.
- Possession of Cocaine was the most common cocaine-related offense followed closely by Possession of Apparatus, Offering to Supply and Trafficking of Cocaine.
- Cannabis, both compressed and in plant form, was the most commonly seized drug during 2016.

H.M.P. Dodds

- Males far outnumbered females incarcerated for drug offenses in 2016, specifically Drug Possession, Possession of Drug Apparatus, Drug Trafficking, Drug Importation, Drug Cultivation.
- The majority of persons incarcerated for Drug Possession were in the 16 to 35 age category.
- The largest number of persons incarcerated for Possession of Drug Apparatus, Drug Trafficking and Drug Importation were in the 36 to 51 age group.

- There was a near even split between the number of persons in the 16 to 35 and 36 to 51 age groups who were incarcerated for Drug Cultivation.

1.5 Select Trend Analysis 2011-2016

- The NCSA's Primary School Programme consistently accounted for the largest proportion of persons participating in the Council's drug prevention programmes and activities between 2011 and 2016.
- Cannabis-related drug offenses were the most common between 2011 and 2016, with similar percentages being recorded between 2012 and 2016.
- Possession of Cannabis was the most common cannabis-related offense recorded between 2012 and 2015.
- Possession of Cannabis remained the single most common cannabis-related offense in 2016, however it no longer outranked the combined total of all other cannabis offenses. Rather, a near even split was observed.

1.6 Summary of Recommendations to Enhance National Response to Drug Situation

- Consider age-related trends in problematic drug use when designing interventions for various age groups – particularly problematic marijuana use among the younger generation and problematic alcohol and cocaine use among older persons.
- Incorporate information regarding opioids and amphetamines into local drug education initiatives where appropriate.
- Closely monitor data suggesting the continued presence of opioids and amphetamines in Barbados and pay special attention to any possible emerging trends.
- Include an integrative approach in the treatment of co-occurring substance use and mental health disorders.
- Investigate and address factors affecting women's access to substance abuse treatment – particularly the availability of child care services.
- Increase opportunities for persons in substance abuse treatment to develop and enhance their work-related skills and find employment.

1.7 Summary of Recommendations to Expand and Improve BARDIN

- Evaluate data collection approaches and adjust where necessary to ensure that the data captured accurately reflects the drug situation in Barbados.
- Ensure consistency in data collection by asking agencies/departments to use the same data collection categories each year. The introduction of Memorandums of Understanding may help in this regard.
- Expand BARDIN indicators to fill data gaps and allow for a fuller understanding of the local drug situation and its magnitude.

2. Introduction

The Barbados Drug Information Network (BARDIN) is the mechanism through which the National Council on Substance Abuse (NCSA) collects and disseminates information on the local drug situation¹. The main goal of Drug Information Networks (DINs), such as BARDIN, is to ensure that reliable and current data is available for trend analysis and to guide the development and modification of policies, programmes and other responses aimed at reducing the drug problem.

BARDIN reports are published annually and are primarily based on *existing* data received from stakeholder agencies in the Demand Reduction and Supply Control sectors². From time to time, findings from previously conducted surveys and other relevant studies/projects are also included in the reports. In the main, BARDIN is a *compilation of secondary data and publicly available information* and should not be confused with primary research. Primary research is carried out to investigate specific issues or answer specific questions and involves the use of questionnaires, surveys or interviews to collect new data.

The objectives of BARDIN are as follows:

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

The present report covers the period January 1 to December 31, 2016, and includes contributions from: the National Council on Substance Abuse, the Edna Nicholls Centre, the Psychiatric Hospital, the Centre for Counselling Addiction Support Alternatives, the Substance Abuse Foundation, the Inmate Drug Rehabilitation and Counselling Programme, the Royal Barbados Police Force and HMP Dodds. As in previous reports, the data is divided into three broad sections: Demand Reduction, Treatment and Rehabilitation, and Supply Control.

¹ A detailed explanation of BARDIN is presented in the 2011 BARDIN report which can be accessed at www.ncsa.org.bb

² These include drug treatment and rehabilitation providers, agencies responsible for drug prevention education/programming, law enforcement, prisons and other supply reduction agencies.

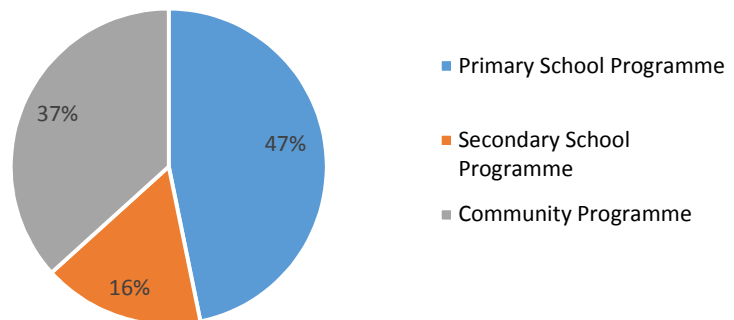
3. Demand Reduction

3.1 National Council on Substance Abuse

Drug Education Programming

Figure 1 presents the distribution of persons reached by the NCSA between January 1 and December 31, 2016. During this period, the Primary School Programme had the largest reach, accounting for 47% of persons participating in the Council’s programmes/activities (See Figure 1). This was followed by the Community (37%) and Secondary School (16%) Programmes respectively (See Figure 1).

Figure 1: Distribution of Persons Targeted by NCSA's Programmes/Interventions between January 1 and December 31, 2016



Source: The National Council on Substance Abuse

Detailed data regarding the number of participants as well as participant age and gender is presented in Table 1. The table shows that the NCSA targets both males and females of varying ages, from 3 to 65 years.

When considering the totals for each Programme (Community, Primary & Secondary Schools), it should be noted that mass-based events are not included as they have the potential to artificially inflate the number of persons reached.

Table 1: Persons Targeted by NCSA's Programmes/Interventions during 2016 by Age and Gender

Intervention	Age Range/ Population Targeted	No. of Males Targeted	No. of Females Targeted	Total no. of Persons Targeted
<u>Primary School Programme</u>				
General Drug Education	3-11 years	202	208	410
Safe & Unsafe	5-7 years	28	29	57
Jugs & Herrings	6-8 years	48	59	107
Drugs & My World	8-9 years	67	72	139
Drugs & Decisions	10-11 years	95	123	218
Games 4 Life	10-11 years	48	59	107
Cub Scouts & Brownies	7-11 years	211	74	285
TOTAL				1323
<u>Secondary School Programme</u>				
Drugs & Life Skills Awareness Programme	11-14 years	-	-	132
Drug & Life Skills Presentation	11-15 years	-	-	286
Drug Education within Government Skills Training Programme	Various ages	-	-	49
Mass-based Events	Various ages	-	-	6000*
TOTAL				467
<u>Community Programme</u>				
Edna Nicholls Centre ³	11-16 years	-	-	-
Irving Wilson – Peer Support	11-18 years	6	9	15
Project SOFT Residential Camp	11 years	16	16	32
STOP! THINK! CHOOSE!	Various ages	10	18	28
Drug Education Sessions	Various ages	-	-	546
Workplace Drug Interventions	16-65 years	55	107	162
SPORTS – Not Drugs Programme	11-15 years	6	6	12
Drugs & HIV	16-40 years	61	100	161
Barbados Youth Service Drug Education Programme	16-22 years	40	40	80
Mass-based Events	10-60 years	-	-	150*
Counselling	Various ages	2	-	2
TOTAL⁴		-	-	1038

Source: The National Council on Substance Abuse

³ The aim of the Edna Nicholls Out-of-School Programme is to provide rehabilitative programmes for secondary school students who have been suspended, referred or expelled from school. Please note that the NCSA conducted sessions at this institution during 2016; however data was not available for inclusion in this report.

⁴ This total excludes persons reached via the programme conducted at the Edna Nicholls Centre.

3.2 The Edna Nicholls Centre

Table 2 presents the number of persons admitted to the Edna Nicholls Centre during Terms 1, 2 and 3 of the academic year 2015/2016. From the Table, it can be seen that a total of 162 persons were admitted to the Centre during the period.

Table 2: Admissions to the Edna Nicholls Centre by Term between January 1 and December 31, 2016

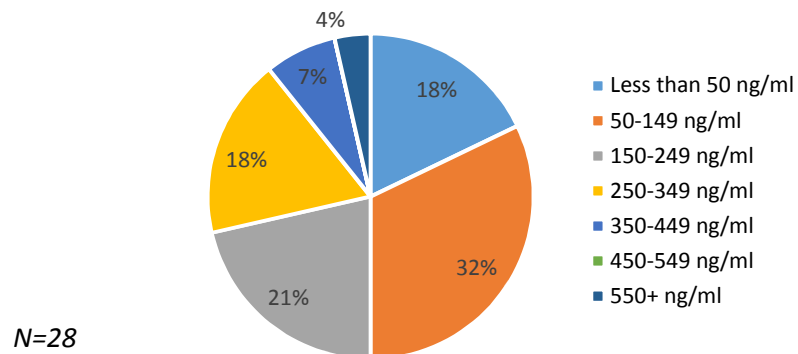
Term	Academic Year	Number of Students
2 (January – March 2016)	2015/2016	54
3 (April – July 2016)	2015/2016	55
1 (September – December 2016)	2016/2017	53
TOTAL		162

Source: The Edna Nicholls Centre

A total of 28 students, all of whom were male, tested positive for marijuana use. It should be noted that persons testing positive for marijuana use accounted for 17.3% of those admitted to the Edna Nicholls Centre during the period under review.

The drug test results for these students are presented in Figure 2. Eighteen per cent (18%) of the students were considered to have trace amounts of the drug within their system (less than 50 ng/ml) while the remaining 81% had results ranging from 50 ng/ml to over 550 ng/ml (See Figure 2).

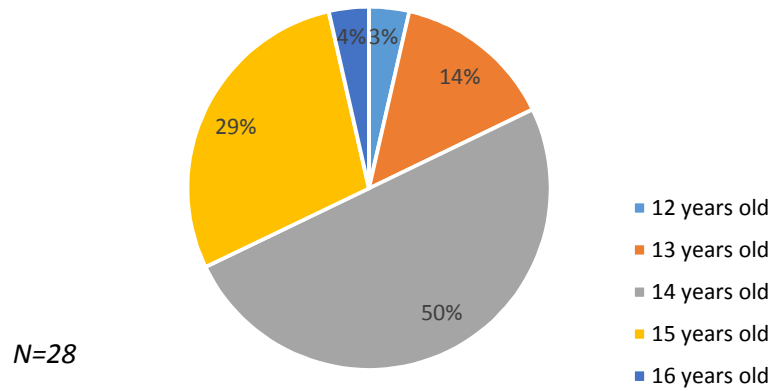
Figure 2: Marijuana Test Results for Students at the Edna Nicholls Centre Testing Positive for Marijuana Use between January 1 and December 31, 2016



Source: The Edna Nicholls Centre

Figure 3 shows that 93% of persons who tested positive for marijuana use or had trace amounts of the drug within their system were between the ages of 13 and 15. In addition, it is particularly noteworthy that 14 year olds accounted for 50% of the persons testing positive.

Figure 3: Age Distribution of Persons Testing Positive for Marijuana Use at the Edna Nicholls Centre between January 1 and December 31, 2016



Source: The Edna Nicholls Centre

4. Treatment and Rehabilitation

4.1 Psychiatric Hospital

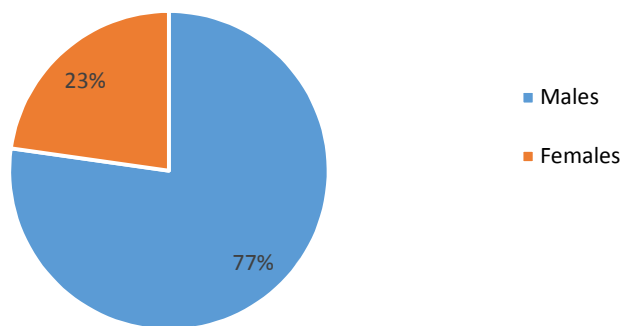
In previous BARDIN reports, the Psychiatric Hospital data was based solely on persons seeking substance abuse treatment from the Hospital's Drug Rehabilitation Unit. Unfortunately, such statistics were not available for inclusion in the present report.

Alternatively, the data presented here is a reflection of the general admissions to the Psychiatric Hospital during 2016, with a specific focus on persons who received diagnoses of mental and behavioural disorders due to drug use. While this does not provide an overview of those seeking substance abuse treatment during the period under review, it is useful as it provides an understanding of those whose psychiatric diagnoses were related to drug use.

2016 Admissions to the Psychiatric Hospital

During 2016, a total of 1270 persons were admitted to the Psychiatric Hospital, the majority of whom were males (77%) (See Figure 4).

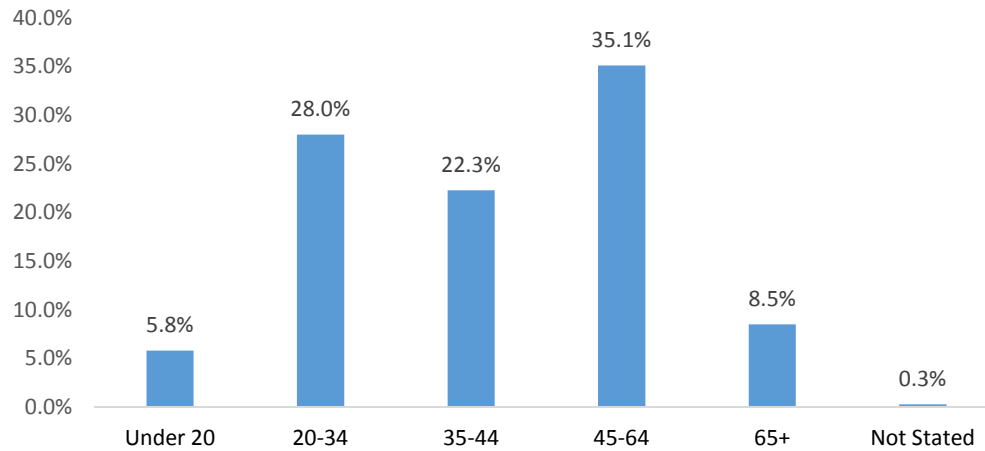
Figure 4: Gender Distribution of Persons Admitted to the Psychiatric Hospital between January 1 and December 31, 2016



Source: The Psychiatric Hospital

With respect to age, persons in the 45-64 age group were the most numerous (35.1%), followed by those in the 20-34 (28%) and 35-44 (22.3%) age groups respectively (See Figure 5). There were noticeably fewer persons in the Under 20 (5.8%) and 65 and over (8.5%) age groups admitted to the Psychiatric Hospital in 2016 (See Figure 5).

Figure 5: Age Distribution of Persons Admitted to the Psychiatric Hospital between January 1 and December 31, 2016

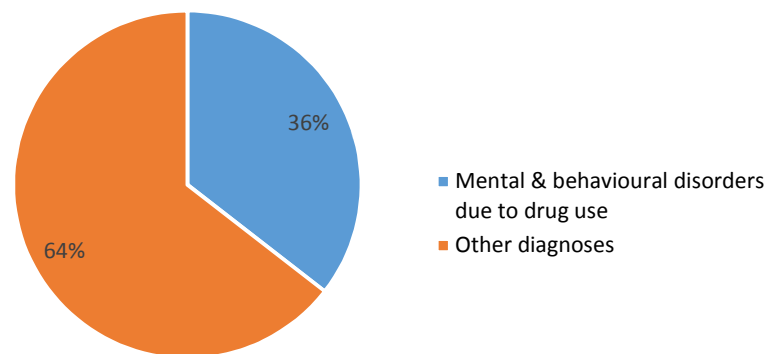


Source: The Psychiatric Hospital

Diagnoses Related to Drug Use

Just over one third (36%) of the Psychiatric Hospital's admissions in 2016 were for mental and behavioural disorders due to drug use (See Figure 6).

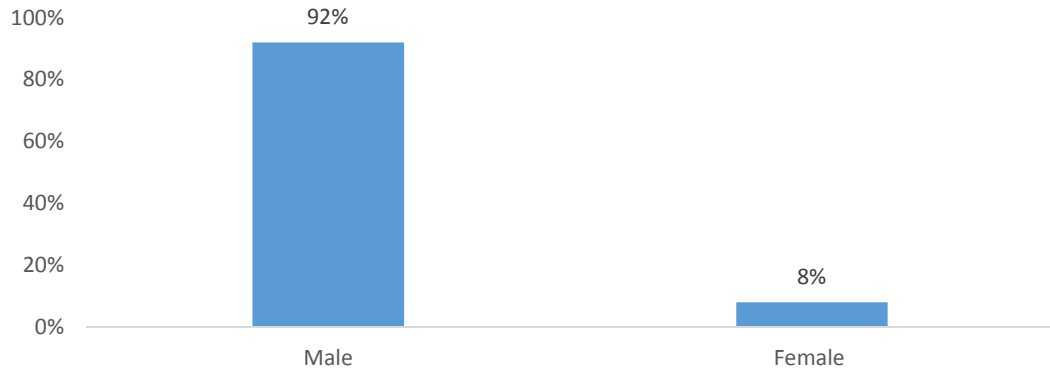
Figure 6: Diagnoses related to Drug Use vs. Other Diagnoses at the Psychiatric Hospital between January 1 and December 31, 2016



Source: The Psychiatric Hospital

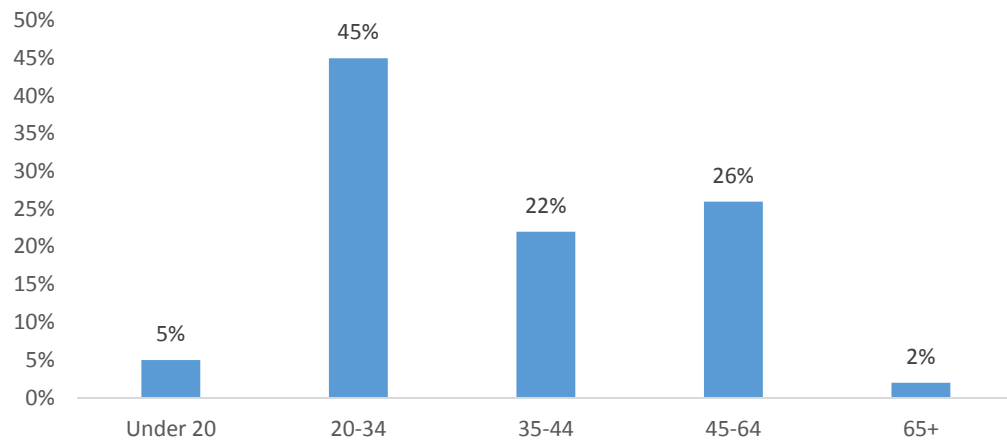
Males and persons in the 20 – 34 age group accounted for the majority of diagnoses related to drug use (See Figures 7 & 8).

Figure 7: Distribution of Males & Females Admitted to the Psychiatric Hospital with Diagnoses Related to Drug Use between January 1 and December 31, 2016



Source: The Psychiatric Hospital

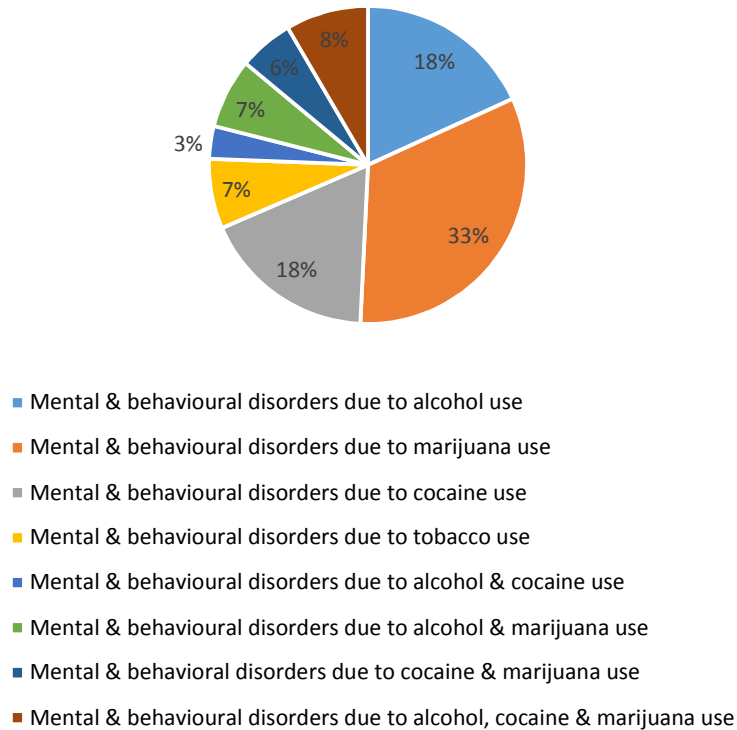
Figure 8: Age Distribution of Persons Admitted to the Psychiatric Hospital with Diagnoses Related to Drug Use between January 1 and December 31, 2016



Source: The Psychiatric Hospital

Figure 9 shows that, of the diagnoses related to drug use, approximately one-third (33%) were the result of marijuana use alone. This was followed by diagnoses resulting from cocaine use (18%) and alcohol use (18%) (See Figure 9). Poly drug use of varying combinations accounted for 24% of the diagnoses related to drug use while only a small percentage (7%) were related to tobacco use (See Figure 9).

Figure 9: Distribution of Persons Admitted to the Psychiatric Hospital for Mental & Behavioural Disorders due to Drug Use between January 1 and December 31, 2016



Source: The Psychiatric Hospital

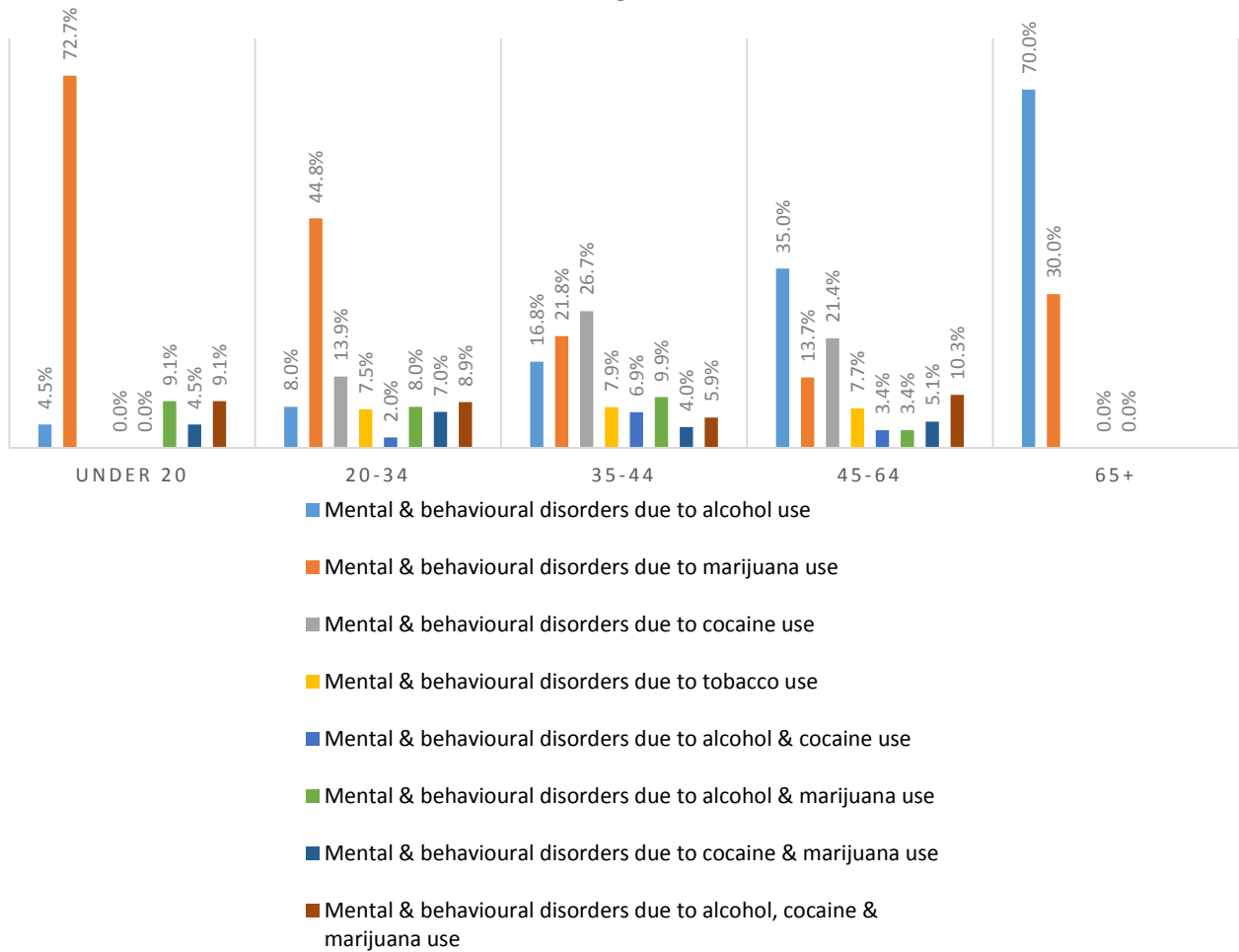
Figure 10 shows that mental and behavioural disorders due to marijuana use was the most common diagnosis among the Under 20 and 20 to 24 age groups respectively. For the 35 to 44 age group, mental and behavioural disorders due to cocaine use was the most common diagnosis (See Figure 10). This was closely followed by disorders due to marijuana use and alcohol use respectively (See Figure 10).

Alcohol use appears to be more problematic among older persons as mental and behavioural disorders due to alcohol use was the most common diagnosis among persons in the 45 to 64 and 65 and over age categories (See Figure 10). Marijuana was the only other drug which appeared to be problematic among those 65 and over (See Figure 10).

More generally, Figure 10 suggests that marijuana is the main problem drug for those under the age of 35, and more so for those under the age of 20. Cocaine on the other hand appears most problematic

among persons in the 20 to 64 age range. While some cocaine use is noted in poly drug combinations in the under 20 age group, diagnoses attributed to cocaine use alone were only reported for persons between 20 and 64 years. Also evident in the chart is the fact that diagnoses related to cocaine use alone increase to a peak in the 35 to 44 age group and decline only marginally thereafter in the 45-64 age group. Problems with alcohol use appear to increase with age, resulting in alcohol being more of a problem for older persons – those 45 and over – and more so, for those 65 and over.

Figure 10: Distribution of Persons Receiving Drug-Related Diagnoses at the Psychiatric Hospital between January 1 and December 31, 2016 by Age and Diagnosis



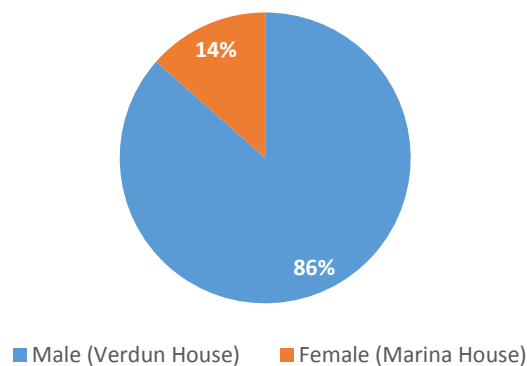
Source: The Psychiatric Hospital

4.2 Substance Abuse Foundation Inc.⁵

Demographic Profile

Seventy-four persons (74) received treatment from the Substance Abuse Foundation Inc (SAF) between January 1 and December 31, 2016. Of those, 64 were male (treated at Verdun House) and 10 were female (treated at Marina House). Figure 11 presents the percentage distribution of males versus females.

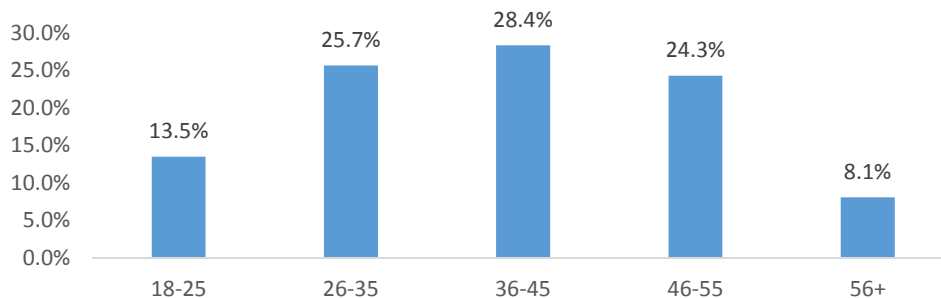
Figure 11: Gender Distribution of Persons Treated at the Substance Abuse Foundation between January 1 and December 31, 2016



Source: Substance Abuse Foundation Inc.

With respect to age, the 36-45 age category was the single largest group of treatment seekers closely followed by the 26-35 and 45-55 age groups respectively (See Figure 12). The percentage of persons in the 18-25 and 56 and over age groups was notably lower (See Figure 12). Overall, the majority of persons receiving treatment from the SAF in 2016 were between the age of 26 and 55 (See Figure 12).

Figure 12: Age Distribution of Persons Treated at the Substance Abuse Foundation between January 1 and December 31, 2016

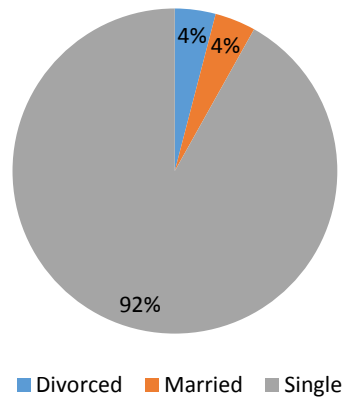


Source: Substance Abuse Foundation Inc.

⁵ The Substance Abuse Foundation Inc comprises of 2 treatment facilities: Verdun House and Marina House. Verdun House caters to males 18 years of age and older while Marina House caters to females 18 years and over.

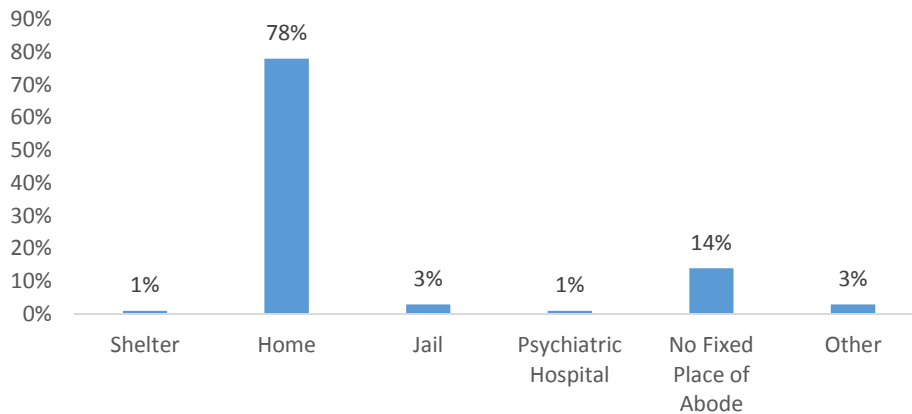
In addition to the foregoing demographic characteristics, the majority of SAF treatment seekers during 2016 were single persons (See Figure 13) who lived at home (See Figure 14) and had no dependents (See Figure 15). With respect to employment and education, most persons had at least a secondary level education (See Figure 16) and were employed (See Figure 17).

Figure 13: Relationship Status of Persons Treated at the Substance Abuse Foundation between January 1 and December 31, 2016



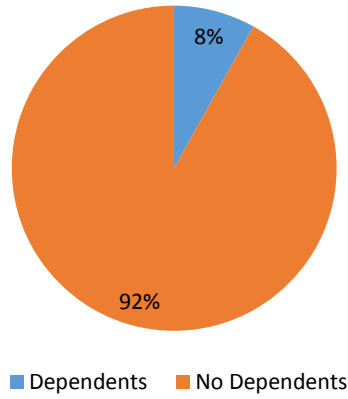
Source: Substance Abuse Foundation Inc.

Figure 14: Living Arrangements for Persons Treated at the Substance Abuse Foundation Between January 1 and December 31, 2016



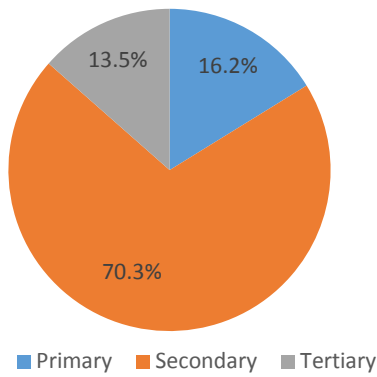
Source: Substance Abuse Foundation Inc.

Figure 15: Distribution of Persons With and Without Dependents Treated at the Substance Abuse Foundation between January 1 and December 31, 2016



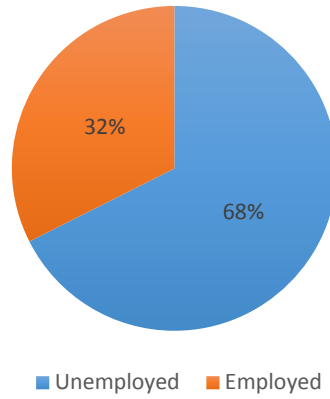
Source: Substance Abuse Foundation Inc.

Figure 16: Education Level of Persons Treated at the Substance Abuse Foundation between January 1 and December 31, 2016



Source: Substance Abuse Foundation Inc.

Figure 17: Employment Status of Persons Treated at the Substance Abuse Foundation between January 1 and December 31, 2016

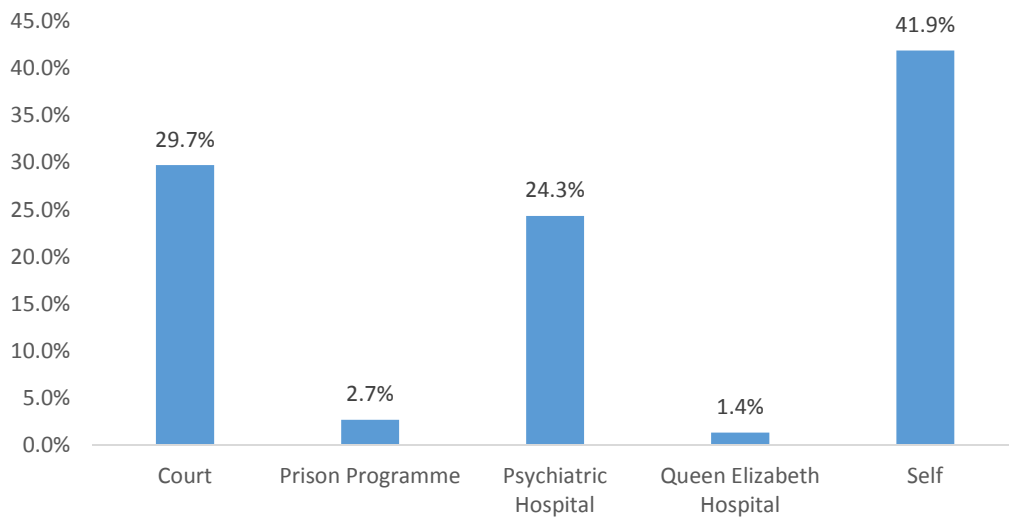


Source: Substance Abuse Foundation Inc.

Sources of Referral

The most common sources of referral among persons receiving treatment at the SAF during 2016 were: self, the Court and the Psychiatric Hospital respectively (See Figure 18). There were notably fewer referrals from the Prison and the Queen Elizabeth Hospital (See Figure 18).

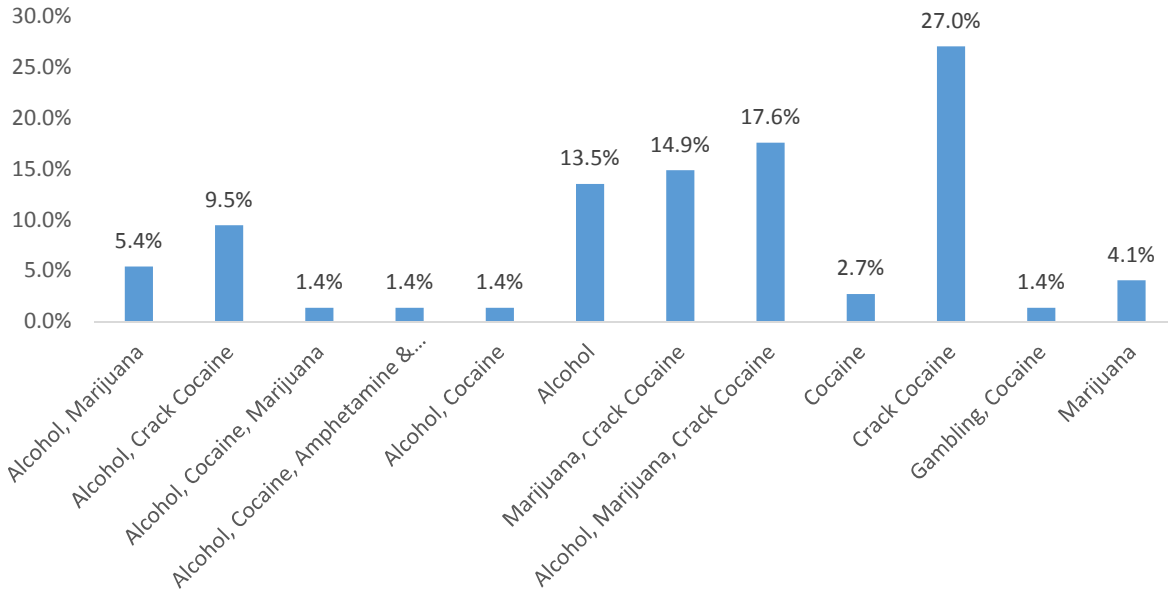
Figure 18: Referral Sources for Persons Treated at the Substance Abuse Foundation between January 1 and December 31, 2016



Source: Substance Abuse Foundation Inc.

Drug Use Profile

Figure 19: Substances for which Treatment was Sought at the Substance Abuse Foundation between January 1 and December 31, 2016

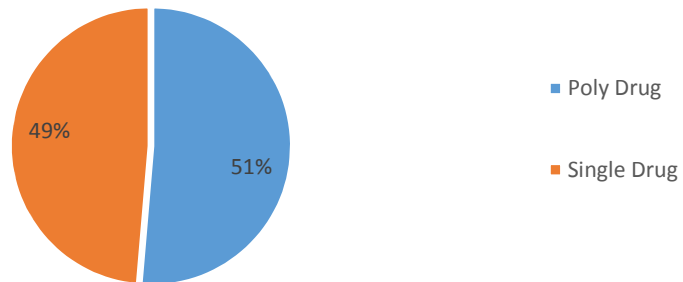


Source: Substance Abuse Foundation Inc.

The most common drugs/drug combinations for which treatment was sought at the SAF during 2016 are as follows: crack cocaine; alcohol, marijuana and crack cocaine; marijuana and crack cocaine; alcohol; alcohol and crack cocaine respectively (See Figure 19). Special attention should be paid to the poly drug combination which includes amphetamines and opioids, as this marks the first appearance of such drugs in a BARDIN report (See Figure 19).

The data was further analyzed to determine the distribution of persons treated for single drug use versus poly drug use. Figure 20 shows that while there was an almost equal distribution, poly drug users slightly outnumbered those who were treated for single drug use during 2016.

Figure 20: Distribution of Persons Treated for Single and Poly Drug Use at the Substance Abuse Foundation between January 1 and December 31, 2016



Source: Substance Abuse Foundation Inc.

Table 3 presents the drugs for which persons sought treatment at the SAF by age. The majority of persons seeking treatment for crack cocaine alone were between the ages of 26 and 55, with the 46 to 55 age group being the single largest (See Table 3).

It is noteworthy that only persons ages 36 and over presented for treatment regarding alcohol use alone (See Table 3). Thus, suggesting that alcohol may be more problematic among older persons. The opposite is true for marijuana, which appears to be more problematic among younger persons, specifically those ages 45 and under (See Table 3). This is generally the case for marijuana use alone as well as marijuana use in combination with other drugs – with the exception of combinations involving crack cocaine (See Table 3).

Poly drug use was most common among persons between the ages of 26 and 55 (See Table 3).

Table 3: Distribution of Drugs for Which Treatment was Sought at the Substance Abuse Foundation Between January 1 and December 31, 2016 by Age

Drug/Drug Combination	Number of Persons Admitted	Age Category				
		18-25	26-35	36-45	46-55	56+
Crack Cocaine	20	3	5	4	7	1
Alcohol	10	-	-	4	4	2
Marijuana	3	1	1	1	-	-
Marijuana & Crack Cocaine	11	2	3	3	-	3
Alcohol & Marijuana	4	4	-	-	-	-
Gambling & Crack Cocaine	1	-	1	-	-	-
Alcohol & Crack Cocaine	7	-	3	1	3	-
Alcohol, Marijuana & Crack Cocaine	13	-	4	5	4	
Alcohol, Cocaine, Amphetamine & Opioids	1	-	-	1	-	-
Alcohol, Cocaine & Marijuana	1	-	-	1	-	-
Alcohol & Cocaine	1	-	1	-	-	-
Cocaine	2	-	1	1	-	-

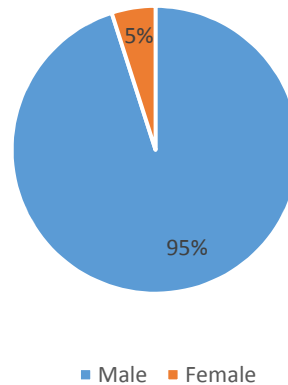
Source: Substance Abuse Foundation Inc.

4.3 Centre for Counselling Addiction Support Alternatives (CASA)

Demographic Profile

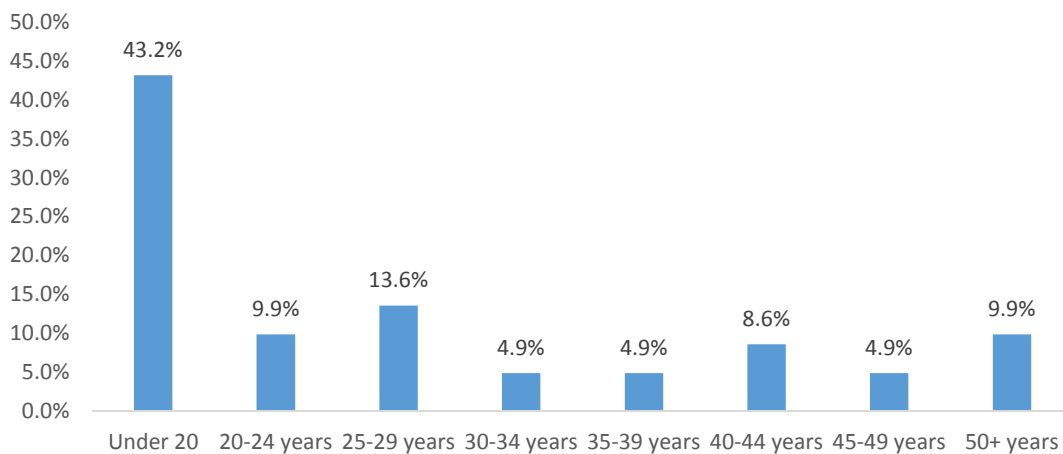
Eighty-one (81) persons received substance abuse treatment at the Centre for Counselling Addiction Support Alternatives (CASA) between January 1 and December 31, 2016. The majority of treatment seekers were males (See Figure 21).

Figure 21: Gender Distribution of Persons Seeking Substance Abuse Treatment at CASA between January 1 and December 31, 2016



Source: Centre for Counselling Addiction Support Alternatives

Figure 22: Age Distribution of Persons Seeking Substance Abuse Treatment at CASA between January 1 and December 31, 2016



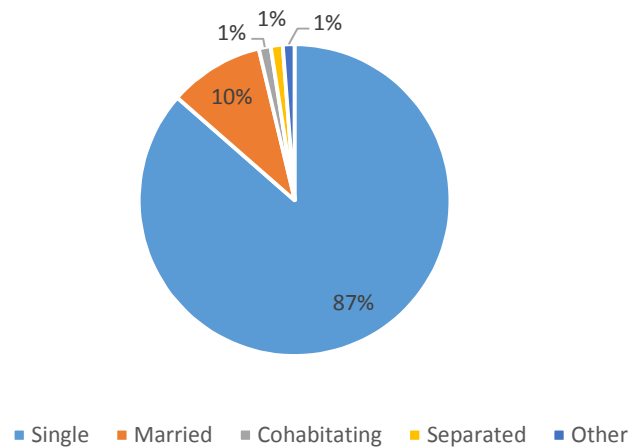
Source: Centre for Counselling Addiction Support Alternatives

The under 20 age category contained the single largest group of treatment seekers at CASA during the period under review. This was followed by the 25-29, 20-24, 50+, and 40-44 age categories respectively (See Figure 22). Persons from other age groups were also treated with less frequency.

Previous BARDIN reports have also shown the Under 20 age category to be the single largest group of treatment seekers. However, the percentage of treatment seekers within this category was lower in 2015 and 2016. It is possible that this may be due to the fact that CASA is now a treatment provider for the Drug Treatment Court (DTC) and persons targeted by the DTC programme are typically older than CASA's traditional clientele. More specifically, the inclusion of these persons in the calculations will create an obvious shift in the distribution of clients within each age group.

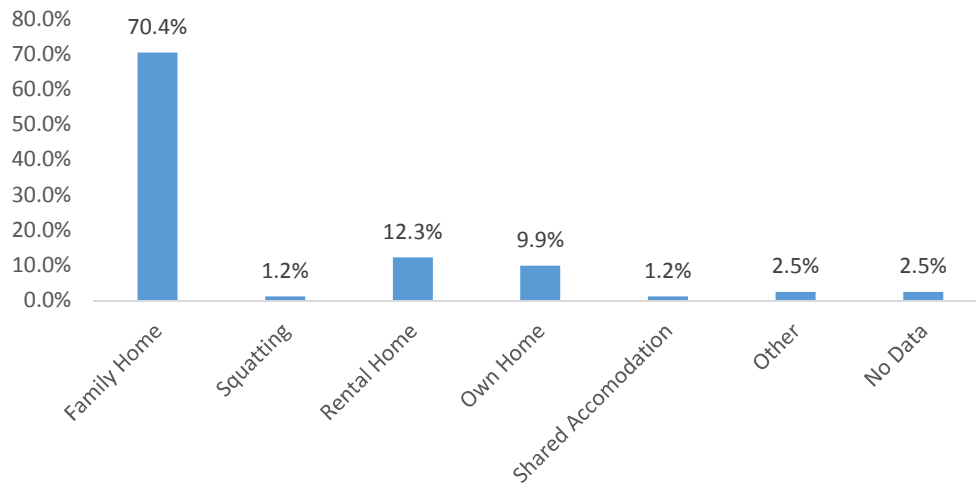
In addition to age and gender, the following demographic characteristics were also assessed: relationship status, living arrangements, employment status and education level. Analysis revealed that the majority of clients receiving treatment at CASA during 2016 were single persons who lived in their family home (See Figure 23 and Figure 24). Most persons also had a secondary school education (See Figure 25). With respect to employment status, employed persons accounted for the largest percentage of treatment seekers (40.7%) (See Figure 26). This was followed by students and unemployed persons (28.4% each) (See Figure 26).

Figure 23: Relationship Status of Persons Seeking Substance Abuse Treatment at CASA between January 1 and December 31, 2016



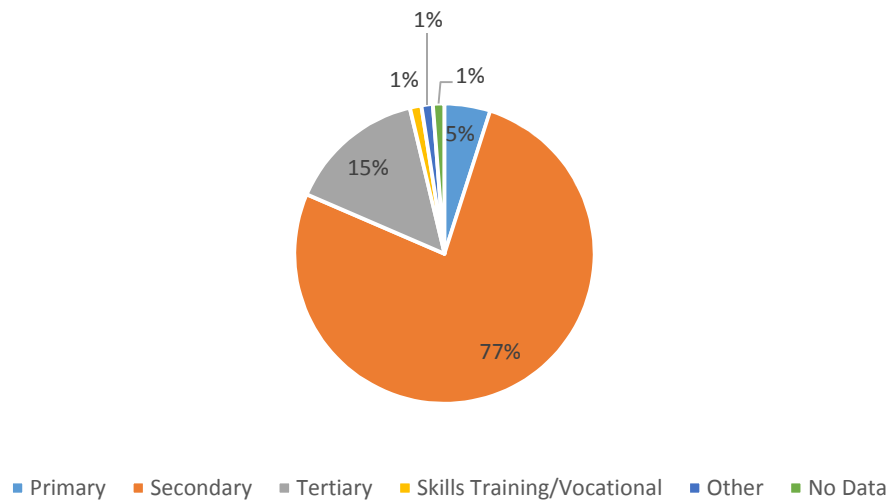
Source: Centre for Counselling Addiction Support Alternatives

Figure 24: Living Arrangements of Persons Seeking Substance Abuse Treatment at CASA between January 1 and December 31, 2016



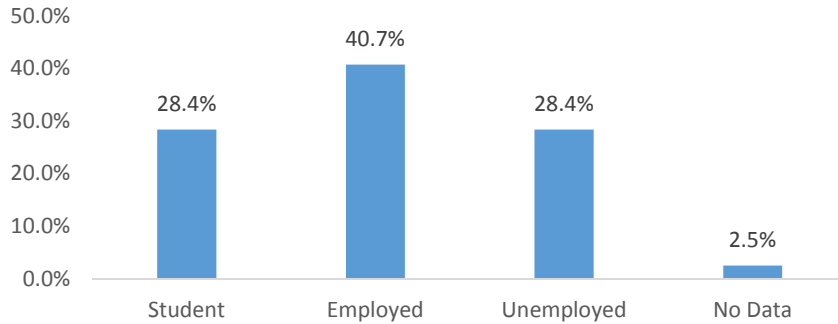
Source: Centre for Counselling Addiction Support Alternatives

Figure 25: Education Level of Persons Seeking Substance Abuse Treatment at CASA between January 1 and December 31, 2016



Source: Centre for Counselling Addiction Support Alternatives

Figure 26: Employment Status of Persons Seeking Substance Abuse Treatment at CASA between January 1 and December 31, 2016

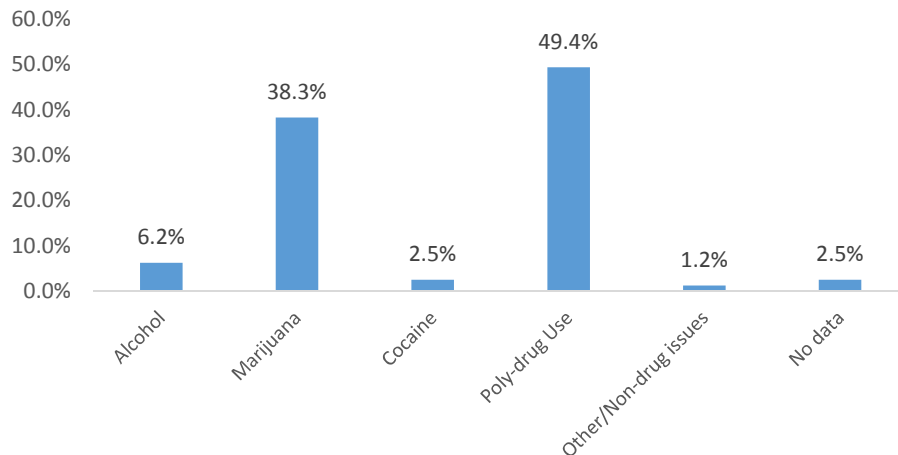


Source: Centre for Counselling Addiction Support Alternatives

Drug Use Profile

Just under half (49.4%) of all persons treated at CASA during 2016 were treated for poly substance use (See Figure 27). Marijuana was the second most common (38.3%) drug which motivated the need for treatment (See Figure 27). Alcohol and cocaine accounted for 6.2% and 2.5% of treatment seekers respectively (See Figure 27). There were also a small number of persons (1.2%) who were treated for non-drug related issues e.g. anger management and gambling (See Figure 27).

Figure 27: Substances for which Treatment was Sought at CASA between January 1 and December 31, 2016

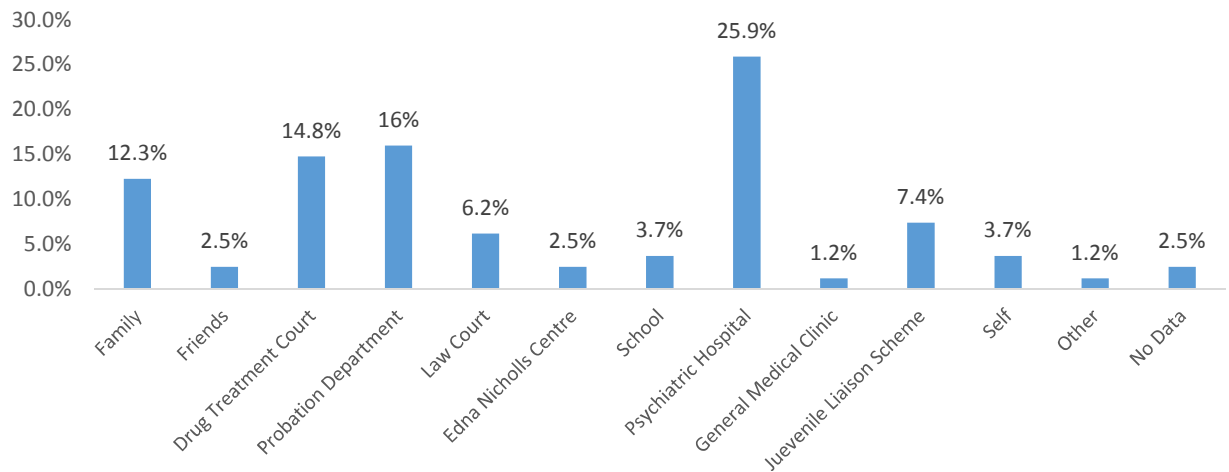


Source: Centre for Counselling Addiction Support Alternatives

Sources of Referral

Figure 28 displays the sources of referral for persons who received substance abuse treatment at CASA during 2016. The most common sources of referral were the Psychiatric Hospital, the Probation Department, the Drug Treatment Court and Family respectively (See Figure 28). There were also a number of other less common referral sources (See Figure 28).

Figure 28: Referral Sources for Persons Seeking Substance Abuse Treatment at CASA between January 1 and December 31, 2016

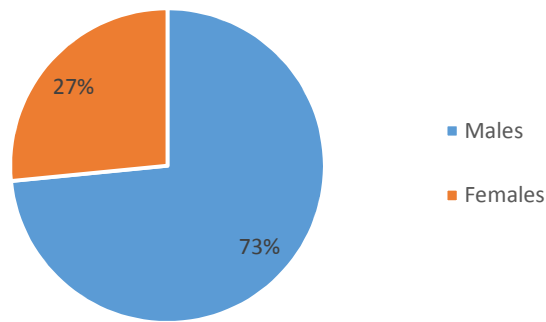


Source: Centre for Counselling Addiction Support Alternatives

4.4 Inmate Drug Rehabilitation and Counselling Programme

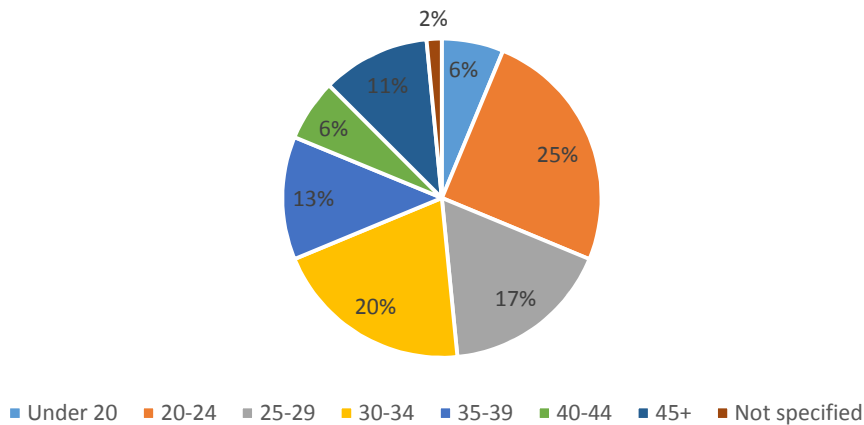
Sixty-four persons were admitted to the Inmate Drug Rehabilitation and Counselling (IDRC) Programme at Her Majesty's Prisons (HMP) Dodds during the 2016 calendar year. Males accounted for 73% of the admissions while females accounted for the remaining 27% (See Figure 29). With respect to age, just under two-thirds (62%) of persons enrolled in the IDRC programme were between the ages of 20 and 34 (See Figure 30).

Figure 29: Gender Distribution of Persons Admitted to the IDRC Programme between January 1 and December 31, 2016



Source: HMP Dodds

Figure 30: Age Distribution of Persons Admitted to the IDRC Programme between January 1 and December 31, 2016

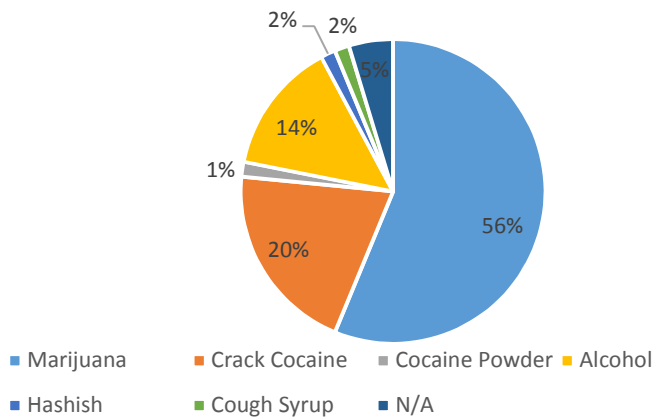


Source: HMP Dodds

Drug Use Profile

Figure 31 presents the drugs for which treatment was sought by those admitted to the IDRC programme in 2016. Marijuana was the main substance motivating the need for treatment among the inmates (See Figure 31). This was followed by crack cocaine and alcohol respectively (See Figure 31). Few persons sought treatment for cocaine powder, hashish and cough syrup (See Figure 31). It should be noted that the category “N/A” represents drug traffickers who, due to the nature of their offense, were referred to the IDRC programme and therefore did not seek treatment for the abuse of any particular drug.

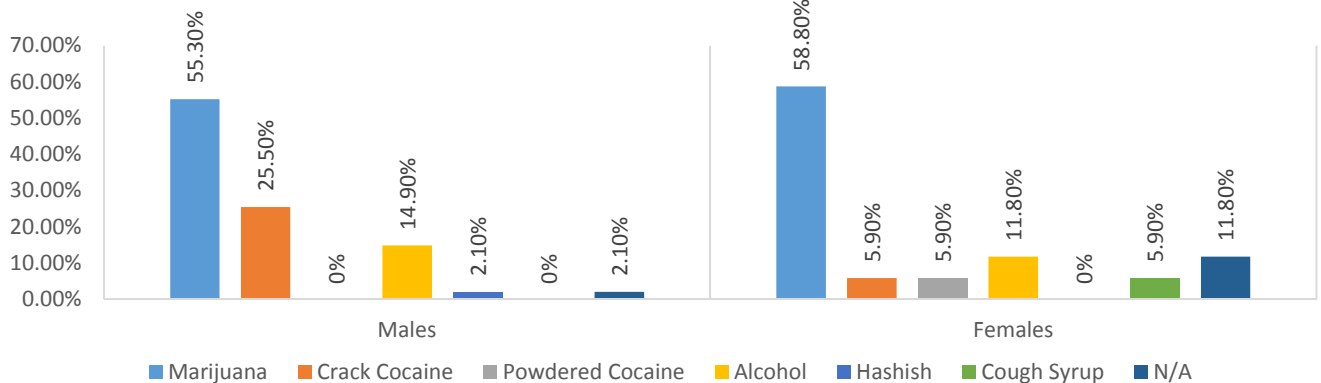
Figure 31: Substances for Which Treatment was Sought in the IDRC Programme Between January 1 and December 31, 2016



Source: HMP Dodds

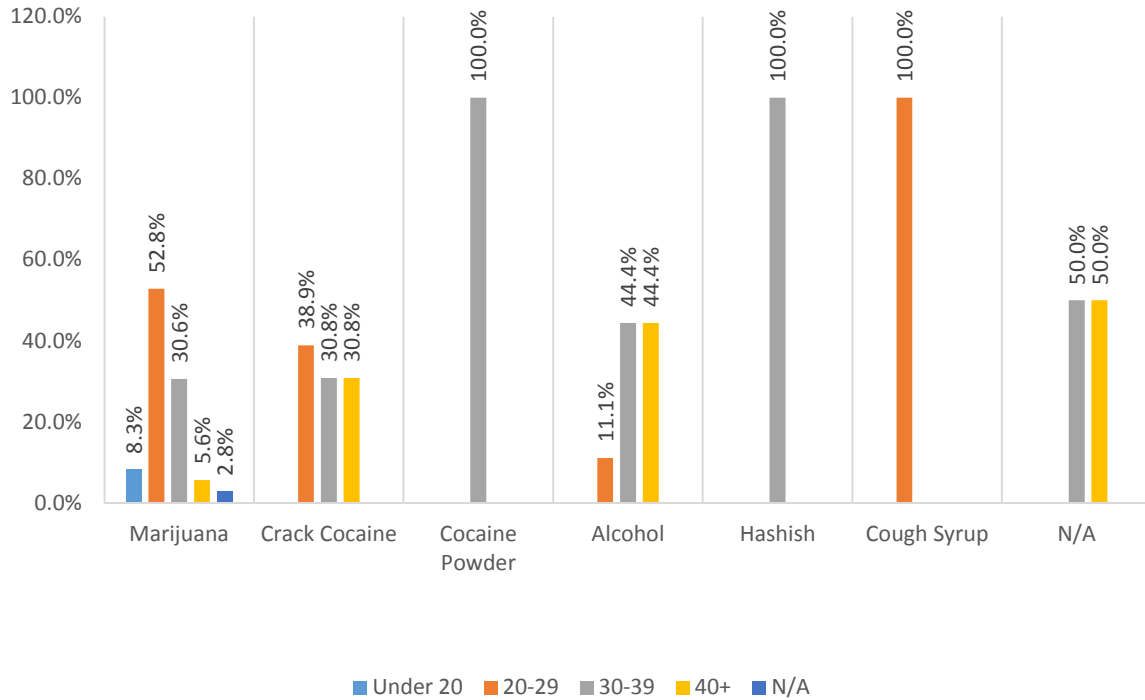
This data was analyzed by gender, the results of which are presented in Figure 32. Marijuana was the most common substance for both males and females (See Figure 32). Crack cocaine was the second most common drug for males while alcohol was the second most common drug for females (See Figure 32).

Figure 32: Substances for Which Treatment was Sought in the IDRC Programme between January 1 and December 31, 2016 by Gender



Source: HMP Dodds

Figure 33: Substances for Which Treatment was Sought in the IDRC Programme between January 1 and December 31, 2016 by Age



Source: HMP Dodds

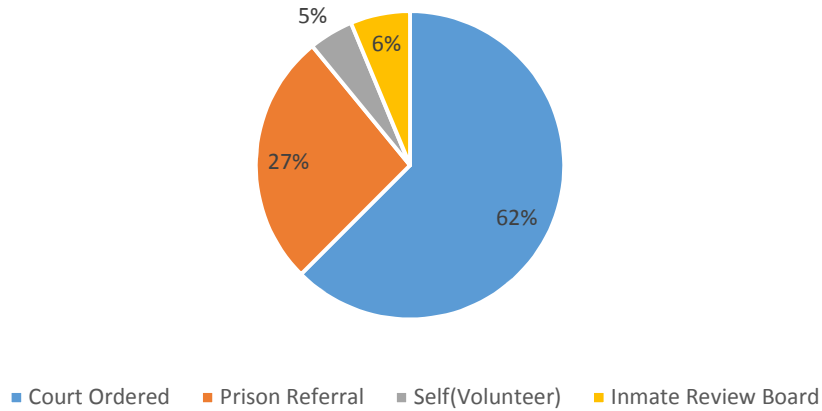
Figure 33 shows that just under two-thirds (61.1%) of persons seeking treatment for marijuana use were under the age of thirty (See Figure 33). In the case of crack cocaine, there was a near equal distribution of persons across the 20-29, 30-39 and 40 and over age categories, with the 20-29 age group being the marginal leader (See Figure 33).

Cocaine powder and alcohol appeared to be more problematic among older persons. This can be said as the majority of inmates (88.8%) receiving treatment for alcohol use were over the age of 30 (See Figure 33). Similarly, the lone person treated for cocaine powder was between the ages of 30 and 39 (See Figure 33).

One person sought treatment for Hashish and they were in the 30-39 age group (See Figure 33). Likewise, only one person was treated for the abuse of cough syrup and they were in the 20-29 age category (See Figure 33).

Sources of Referral

Figure 34: Referral Sources for Persons Admitted to the IDRC Programme between January 1 and December 31, 2016



Source: HMP Dodds

The majority of persons admitted to the IDRC programme during 2016 were court ordered (See Figure 34). Prison referrals accounted for the second largest percentage of admissions (See Figure 34). There were very few self-referrals⁶ or referrals from the Inmate Review Board (See Figure 34).

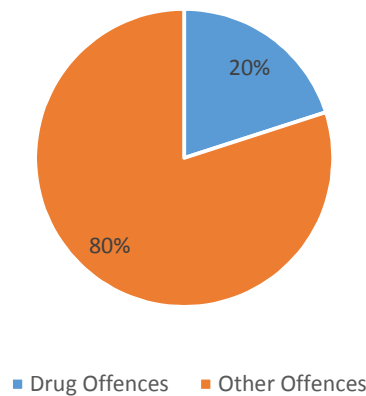
⁶ Self-referrals refer to persons who voluntarily seek treatment.

5. Supply Control

5.1 Royal Barbados Police Force

The Royal Barbados Police Force (RBPF) recorded 8004 offenses during the period January 1 to December 31, 2016. Of these, 20% were drug offenses (See Figure 35).

Figure 35: Drug Offenses vs. Other Offenses Recorded by the RBPF between January 1 and December 31, 2016

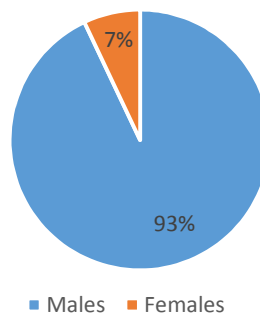


Source: The Royal Barbados Police Force

Demographics of Persons Charged with Drug Offenses

The number of males charged with drug offenses far outnumbered the number of females (See Figure 36).

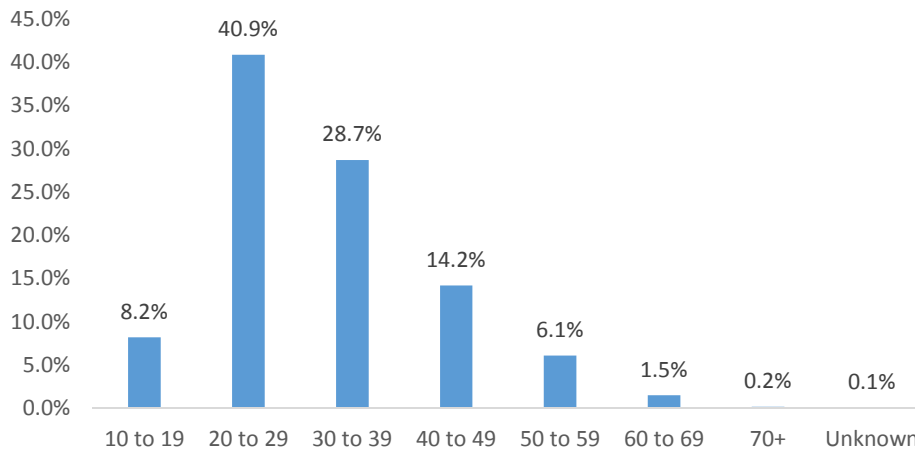
Figure 36: Gender Distribution of Persons Charged with Drug Offenses between January 1 and December 31, 2016



Source: The Royal Barbados Police Force

As it pertains to age, persons charged with drug offenses ranged from 10 years to 70 and over. However, the majority of persons charged with such offenses were between the ages of 20 and 49, with the 20 to 29 age category being the single largest group (See Figure 37).

Figure 37: Age Distribution of Persons Charged with Drug Offenses between January 1 and December 31, 2016

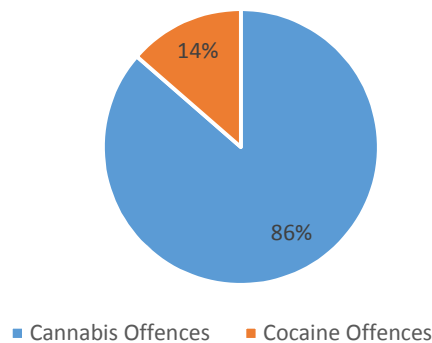


Source: The Royal Barbados Police Force

Distribution of Drug Offenses by Drug Type

From Figure 38, it can be seen that the 2016 drug offenses were of two types: they were either marijuana-related or cocaine-related. The marijuana offenses far outnumbered the cocaine offenses during this period (See Figure 38).

Figure 38: Drug Offenses by Drug Type for the Period January 1 to December 31, 2016

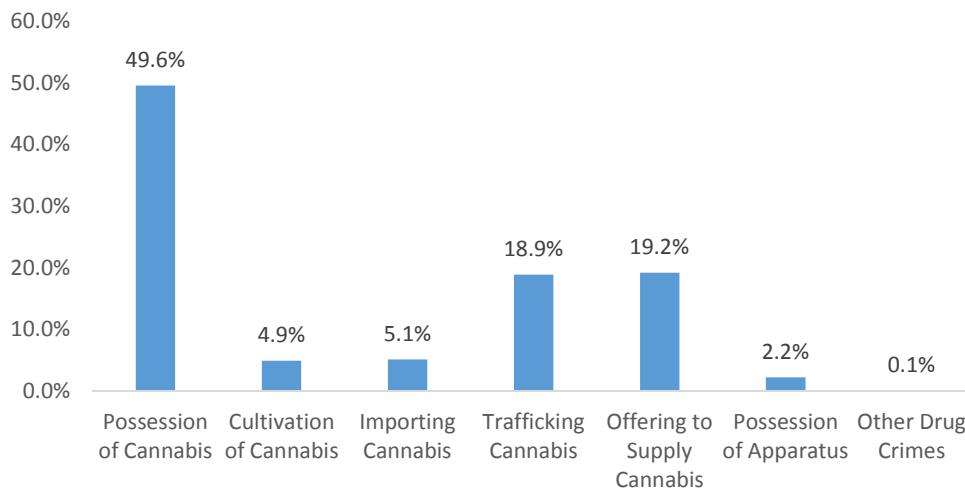


Source: The Royal Barbados Police Force

Cannabis Offenses

Figure 39 presents the distribution of cannabis offenses for the period January 1 to December 31, 2016. From the graph it can be seen that Possession of Cannabis was the most common cannabis-related offense followed by Offering to Supply and Trafficking Cannabis, respectively (See Figure 39). Offenses such as Importing Cannabis, Cultivation of Cannabis, Possession of Apparatus and Other Drug Crimes were far less numerous (See Figure 39).

Figure 39: Distribution of Cannabis Offenses for the Period January 1 to December 31, 2016

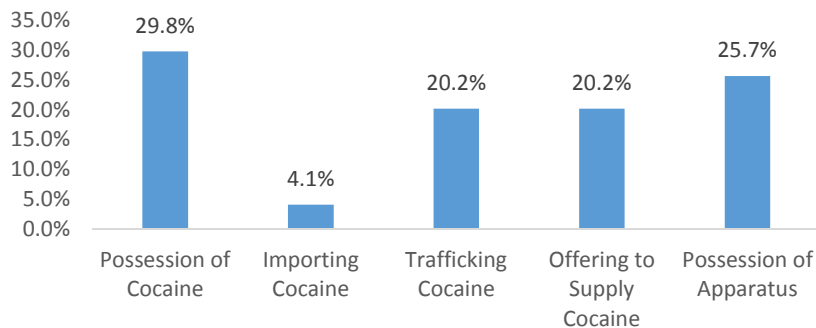


Source: The Royal Barbados Police Force

Cocaine Offenses

Figure 40 reveals that Possession of Cocaine was the most common cocaine-related offense in 2016. This was closely followed by Possession of Apparatus, Offering to Supply and Trafficking of Cocaine (See Figure 40). Importing Cocaine was the least common cocaine-related offense for the year (See Figure 40).

Figure 40: Distribution of Cocaine Offenses for the Period January 1 to December 31, 2016



Source: The Royal Barbados Police Force

Drug Seizures

Table 4 presents the quantities of the various drugs seized by the RBPF Narcotics Unit during 2016. Cannabis, both compressed and in plant form, was the most commonly seized drug during the period.

Table 4: Drug Seizures by the Narcotics Unit between January 1 and December 31, 2016

Drug	Quantity Seized
Compressed Cannabis	2959.29 Kg
Cannabis Plants	27, 602
Cocaine	172.345 Kg

Source: The Royal Barbados Police Force

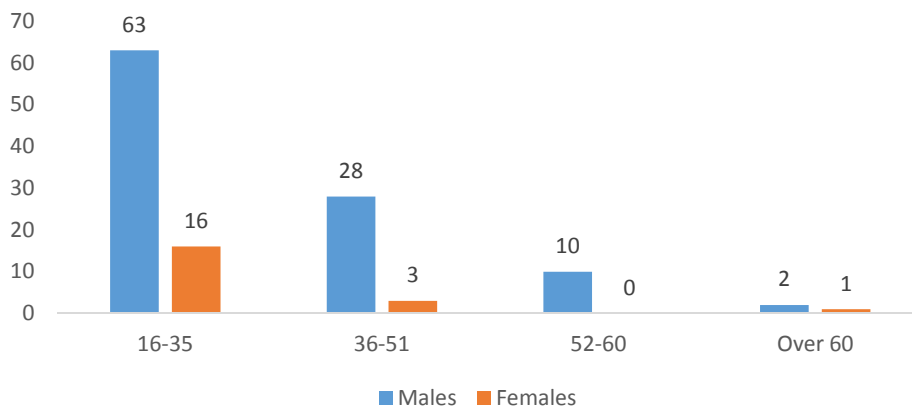
5.2 H.M.P. Dodds

A total of 1325 persons were admitted to HMP Dodds between January 1 and December 31, 2016. Among those, were persons admitted for various drug offenses. Figures 41 through 45 display the gender and age distribution for the drug offenses recorded during this period. It should be noted that for each chart, raw numbers are used and not percentages due to the small number of persons in some categories.

Overall, Figures 41 through 45 reveal that males far outnumbered females in terms of incarcerations for drug offenses during 2016. This may be a reflection of the wider incarceration statistics, as there are typically more males than females incarcerated at HMP Dodds.

Drug Offenses

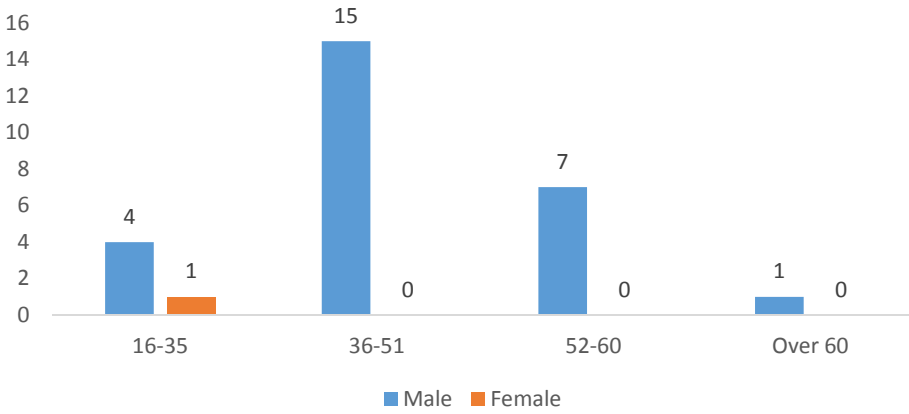
Figure 41: Distribution of Persons Incarcerated for Drug Possession between January 1 and December 31, 2016 by Age and Gender



Source: HMP Dodds

Figure 41 displays the age and gender distribution of persons incarcerated for “Drug Possession” during the period under review. From the chart, it can be seen that the majority of persons incarcerated for this offense were in the 16-35 age category. Also apparent is the fact that the number of incarcerations decreased as age increased (See Figure 41).

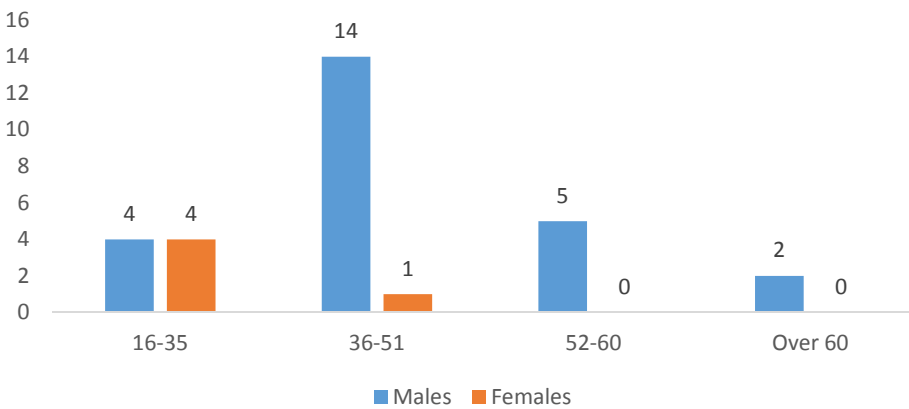
Figure 42: Age and Gender Distribution of Persons Incarcerated for Possession of Drug Apparatus between January 1 and December 31, 2016



Source: HMP Dodds

Figure 42 shows that the majority of persons incarcerated for the “Possession of Drug Apparatus” were in the 36-51 age category. Also noteworthy is the fact that only one female was incarcerated for this offense during 2016 (See Figure 42).

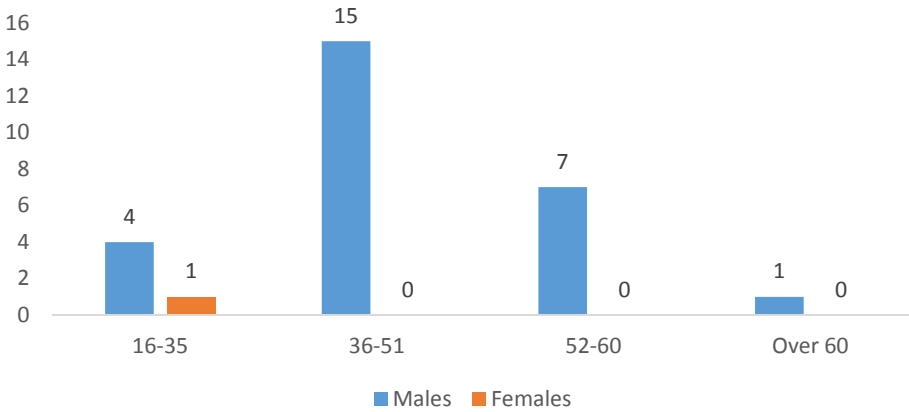
Figure 43: Age and Gender Distribution of Persons Incarcerated for Drug Trafficking between January 1 and December 31, 2016



Source: HMP Dodds

Likewise, the 36 to 51 age category also contained the single largest number of persons incarcerated for “Drug Trafficking” (See Figure 43). No females over the age of 52 were incarcerated for this offense in 2016 (See Figure 43).

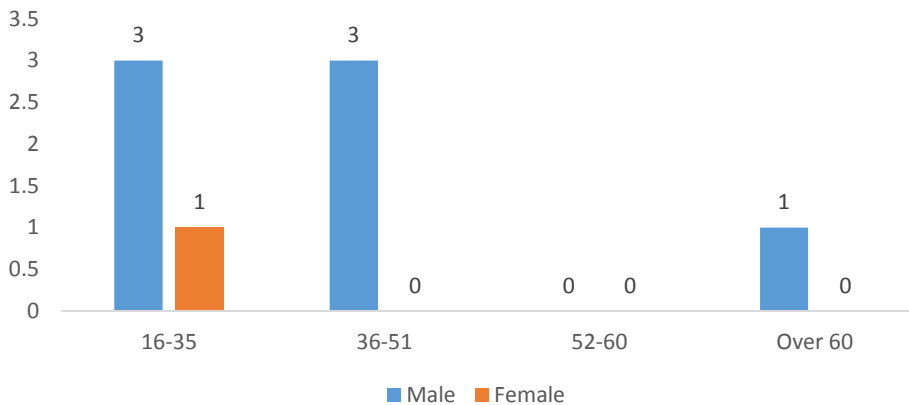
Figure 44: Age and Gender Distribution of Persons Incarcerated for Drug Importation between January 1 and December 31, 2016



Source: HMP Dodds

With respect to “Drug Importation”, the majority of persons incarcerated for this offense were in the 36 to 51 age group (See Figure 44). As in the case of “Possession of Drug Apparatus”, only one female was incarcerated for “Drug Importation” during this time, and she was in the 16 to 35 age group (See Figure 44).

Figure 45: Age and Gender Distribution of Persons Incarcerated for Drug Cultivation between January 1 and December 31, 2016



Source: HMP Dodds

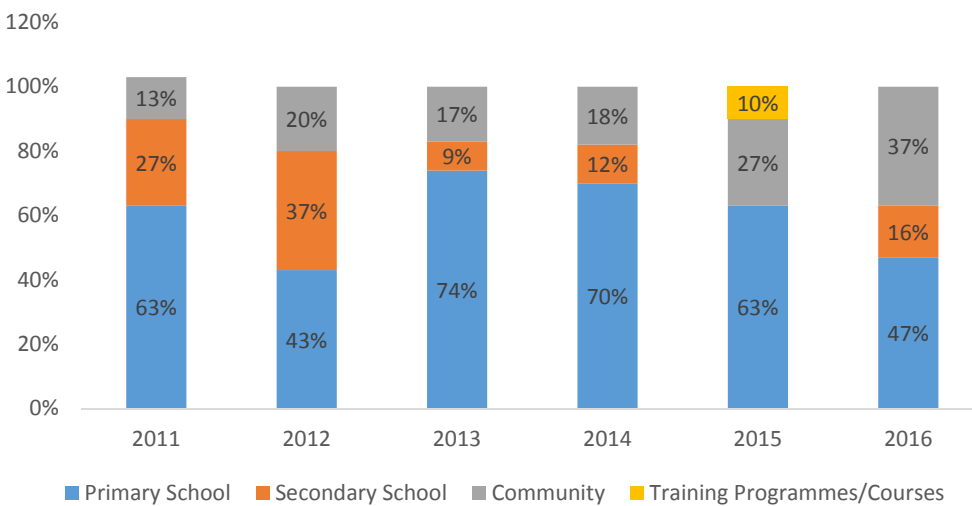
Most persons charged with “Drug Cultivation” were below the age of 52 (See Figure 45). Both the 16 to 35 and 36 to 51 age categories contained an equal number of males incarcerated for this offense, while the lone female was in the 16 to 35 age group (See Figure 45).

6. Select Trend Analysis

Select trend analyses were included in the 2013, 2014 and 2015 BARDIN reports. However, data collection challenges for the year 2016, particularly the unavailability of some data and inconsistencies in data collection, severely limited the ability to evaluate the usual trends. As such, trend data will only be presented for the National Council on Substance Abuse and the Royal Barbados Police Force.

6.1 National Council on Substance Abuse

Figure 46: NCSA Interventions by Department for the Period 2011 through 2016



Source: Barbados Drug Information Network

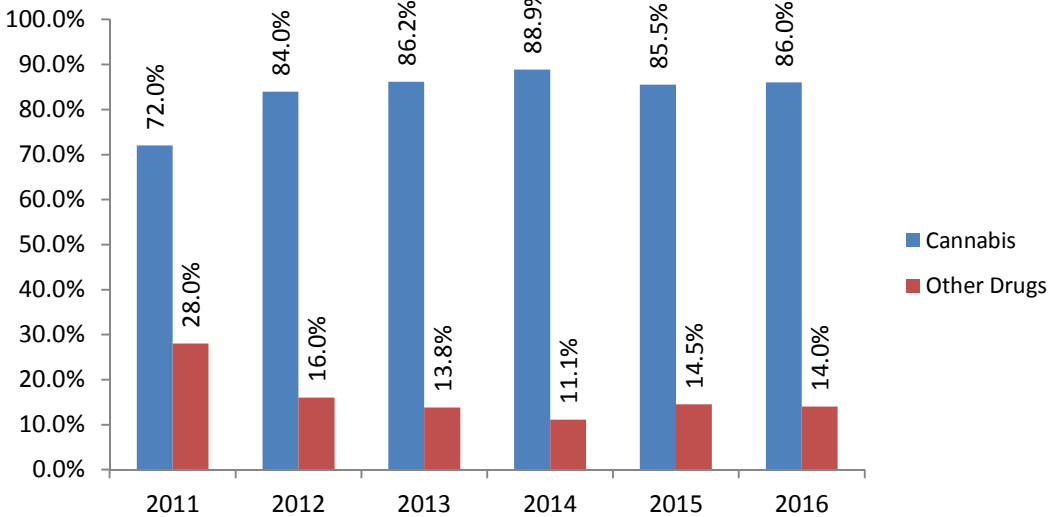
Figure 46 shows that NCSA's Primary School Programme consistently accounted for the largest proportion of persons participating in the Council's drug prevention programmes and activities between 2011 and 2016. Community programming had the second largest reach for the years 2013 through 2016 while the Secondary School programme had the second largest reach in 2011 and 2012 (See Figure 46).

It is important to note that Figure 46 does not include Secondary School data for the year 2015 due to the fact that the Secondary School Drug Education programme was reviewed and redesigned during that year. As a result, NCSA temporarily suspended formal drug education within secondary schools to accommodate the process.

6.2 Royal Barbados Police Force

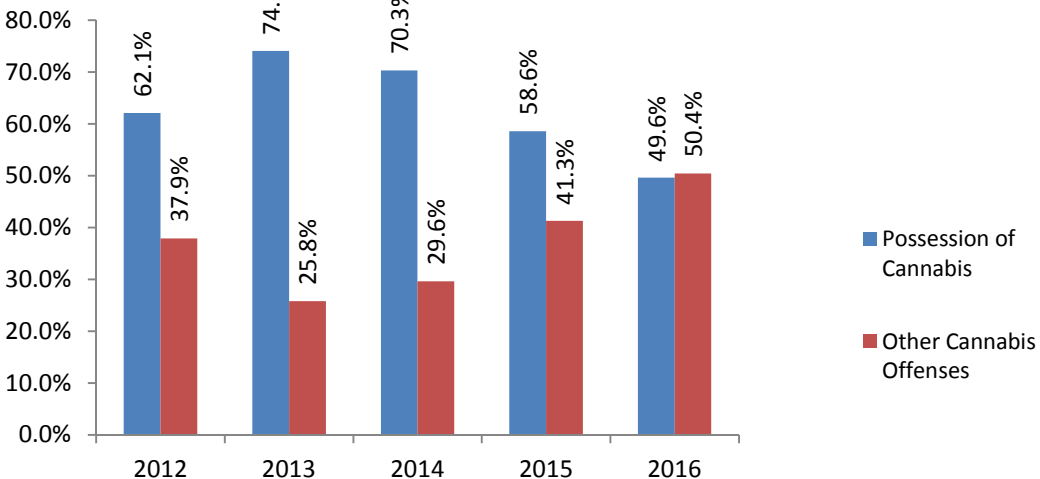
Figure 47 shows that cannabis-related drug offenses were the most common during the years 2011 through 2016. Additionally, the percentage of cannabis offenses were very similar between 2012 and 2016 (See Figure 47).

Figure 47: Drug Offenses Recorded by the RBPF for the Period 2011 through 2016



Source: Barbados Drug Information Network

Figure 48: Cannabis Offenses Recorded by the RBPF for the Period 2012 through 2016



Source: Barbados Drug Information Network

With regards to cannabis offenses alone, Possession of Cannabis was the most common between 2012 and 2015 (See Figure 48). Possession of Cannabis remained the single most common cannabis-related offense in 2016, however, it no longer outranked the combined total for all other cannabis offenses (See Figure 48). Rather, a near even split was observed (See Figure 48).

7. Discussion

The 2016 Findings & their Implications

This report shows that the consumption of crack cocaine, marijuana and alcohol, used singly or in various combinations, continued to present challenges for persons seeking treatment in 2016. It is not surprising that alcohol and marijuana are within this group, given their general ease of access. Likewise, the increasing cultural acceptance and declining levels of perceived harm associated with marijuana use (National Council on Substance Abuse, 2015), may also be reasons why marijuana continues to be one of the most common motivators for treatment year after year.

The findings suggest that, overall, marijuana is more problematic among the younger generation while alcohol and crack cocaine are having a greater impact on older persons. This information should be factored into drug prevention programming to ensure that appropriate interventions are directed at various groups.

In addition, the reported use of amphetamines and opioids in combination with alcohol and cocaine, though minimal, should be of some concern due to the highly addictive nature of amphetamines and opioids. While this is their first appearance in a BARDIN report, it should serve as a cue for their ongoing monitoring in the event that this is the start of an emerging trend. Likewise, local professionals in the demand reduction and supply control sectors should also be on the lookout for other New Psychoactive Substances (NPS) in Barbados as these are a growing problem worldwide.

The existence of persons with both mental health and substance use disorders, referred to as co-occurring disorders (CODs), is another key finding of this report. It was found that 30% of persons admitted to the Psychiatric Hospital during 2016 experienced mental and behavioural disorders due to drug use. Much like the substance abuse treatment statistics from the SAF, CASA and the IDRC programme at HMP Dodds, the vast majority (93%) of these cases involved the use of marijuana, alcohol and cocaine – either alone or in combination.

Co-occurring substance use and mental health disorders are common, with affected persons typically having diagnoses which include mood disorders, anxiety disorders, and/or schizophrenia (Mericle, Ta, Holk & Arria, 2012; Peters, Wexler, & Lurigio, 2015). Undiagnosed, untreated, or undertreated CODs can lead to poorer outcomes for patients, such as the increased likelihood of homelessness, incarceration, medical illnesses, suicide, or early death (Substance Abuse and Mental Health Services Administration, 2016). Findings suggest that this population is best served through integrated treatment (Substance Abuse and Mental Health Services Administration, 2016) and therefore health care and treatment providers in Barbados need to ensure that adequate emphasis is placed on providing dual mental health and drug treatment services in such cases.

With regards to the distribution of males and females seeking treatment, this report shows that the number of males is disproportionately higher. This has been a consistent finding throughout all of the previous BARDIN reports (2011-2015) and may suggest the need to examine and address factors affecting women's access to treatment in Barbados.

Generally, women are more likely to face barriers when it comes to accessing and receiving substance abuse treatment (Green, 2006). Anecdotal reports from local treatment centres suggest that one such factor affecting women in Barbados is the lack of available child care services. It is not surprising that this is the case, as Barbados is traditionally a matrifocal society, with women serving as the main income earners as well as childrearsers within the household. As such, they may find it difficult and impractical to leave their families and responsibilities in order to access treatment. In light of this, special efforts should be made to investigate and mitigate this potential barrier to treatment.

The statistics also show that unemployment is common among treatment seekers in Barbados and that persons enrolled in the treatment programmes typically only have a secondary level education. This is noteworthy as research has shown that persons who receive treatment for drug addiction but are unable to find work tend to relapse into drug use and become involved crime (Chaple et al., 2016; Håkansson, & Berglund, 2014). While the treatment programmes offered by the SAF allow clients to develop and enhance their work-related skills and provide opportunities for them to find work, a more significant effort should be made to extend such opportunities to persons seeking treatment at the Psychiatric Hospital, CASA and HMP Dodds.

As it pertains to the supply control sector, marijuana continues to be the drug capturing the attention of local authorities, both in terms of seizures and the overall number of offenses meted out by the RBPF. As in previous reports, Possession of Cannabis remains the most common drug offense recorded during the year. For both marijuana and cocaine, "Possession" charges are the most numerous - this is particularly obvious in the case of marijuana, where the "Possession" charges *far* outrank any other. This is not surprising as "Possession" tends to be somewhat of a blanket charge, whereby anyone caught with a drug (be it marijuana, cocaine or any other), whether for presumed personal or supply/trafficking purposes, will receive a charge of "Possession" in addition to the other relevant charges applied.

Given that Barbados is not a drug producing country, it is expected that categories such as "Importation" and "Trafficking" would also account for a high percentage of the charges apportioned by the RBPF. This, however, was not the case, thus pointing to a possible area for further exploration.

Recommendations for Enhancing the National Response to the Drug Situation

Below is a summary of the recommendations emerging from the foregoing discussion. These are aimed at enhancing the national response to the local drug situation.

1. Consider age-related trends in problematic drug use when designing interventions for various age groups – particularly problematic marijuana use among the younger generation and problematic alcohol and cocaine use among older persons.
2. Incorporate information regarding opioids and amphetamines into local drug education initiatives where appropriate.
3. Closely monitor data suggesting the continued presence of opioids and amphetamines in Barbados and pay special attention to any possible emerging trends.
4. Include an integrative approach in the treatment of co-occurring substance use and mental health disorders.
5. Investigate and address factors affecting women’s access to substance abuse treatment – particularly the availability of child care services.
6. Increase opportunities for persons in substance abuse treatment to develop and enhance their work-related skills and find employment.

Impact of Data Collection Challenges on 2016 Report & Its Utility

As mentioned earlier in this report, there were numerous data collection challenges for the year 2016. These hindered the ability to make comparisons with data from previous years and prevented any substantial trend analysis.

The intention is for BARDIN reports to be used to develop a comprehensive and appropriate response to the local drug situation. However, the utility of the information presented is reduced when we are restricted to analyzing a single year in isolation thereby making it difficult to interpret or draw meaning from the data.

Overall, the limited ability to identify trends – as was the case in the current report - is a significant shortcoming as such information is central to effective policy making and programming efforts.

Recommendations for the Expansion and Improvement of BARDIN

In an effort to increase the value of data presented in future BARDIN reports, a number of recommendations are presented below. These promote trend analysis and the filling of data gaps.

1. Improve Data Collection & Reporting

Synthetic drugs and NPS are a growing concern worldwide. This edition marks the first appearance of NPS in a BARDIN report. However, this does not suggest that such drugs are scarce on the island, it merely means that they are not appearing in official statistics and this may be due in part to the way in which data is collected. For instance, there have been anecdotal reports from treatment centres of persons seeking treatment for the abuse of synthetic marijuana (e.g. K2, Spice); however, treatment personnel have indicated that no distinction is made between traditional marijuana and synthetic marijuana in their record keeping. This may prevent the early identification of emerging trends and in turn delay the implementation of any appropriate measures needed to address the problem. Thus, consideration should

be given to modifying data collection approaches to ensure that they can accurately capture the drug situation in Barbados.

2. Ensure Consistency in Data Collection

From year to year, there have been inconsistencies in the data collection categories used by contributing agencies (e.g. age groups). These are due in part to changes in data collection personnel as well as changes in data collection approaches at the agencies. Such changes reduce the ability to compare data over time and identify trends. As such, it is recommended that agencies use the same data collection categories each year.

It should be noted that at present, BARDIN operates on the principle of good will and the relationships established with the participating agencies. However, it is possible that the introduction of formal Memorandums of Understanding may aid in the improvement of data collection and reporting, both in terms of consistency and timeliness.

3. Address Data Gaps

Efforts should be made to expand the coverage offered by BARDIN. While BARDIN currently provides an overview of the local drug situation, there are data gaps in a number of areas. These include but are not limited to: drug-related accidents, mortality and morbidity; drug-related money laundering and asset seizure cases; and data on controlled chemical substances. These gaps reduce the ability to fully determine the magnitude of the drug problem and by extension prevent the formulation a comprehensive response. As such, every effort should be made to fill these gaps.

8. Conclusion

To ensure the successful treatment and reintegration of persons afflicted with substance use disorders, barriers to treatment should be removed, work skills and employment opportunities for recovering addicts should be enhanced, and co-occurring disorders should be treated through the use of integrated treatment plans.

While alcohol, marijuana and cocaine continue to be the main substances driving the need for treatment in Barbados, opioids and amphetamines have emerged on the local drug scene. The presence of these new drugs must be addressed by prevention, treatment and law enforcement personnel and efforts must be made to closely monitor these and other NPS so as to ensure a timely and adequate response to new and emerging drug trends.

BARDIN remains an important tool which can be used to understand the local drug situation. However, expansion and improvements in data collection and reporting at the country level would promote a more accurate determination of the magnitude and scope of the problem thereby allowing for more effective policy making and programming.

9. References

- Campbell-Heider, N., & Baird, C. (2012). Substance abuse prevention and treatment within the Criminal Justice System: An Overview of the issues. *Journal of Addictions Nursing, 23*, 7–13, doi: 10.3109/10884602.2011.647422.
- Chaple, M., Sacks, S., Mckendrick, K., Marsch, L., Belenko, S., Lukefeld, C., Prendergast, M., & French, M. (2016). A comparative study of the therapeutic education system for incarcerated substance abusing offenders. *The Prison Journal, 96*, 485-508. doi; 10.1177/0032885516636858
- Green, C. A. (2006). Gender and Use of Substance Abuse Treatment Services. *Alcohol Research & Health, 29*(1), 55-62. Retrieved from: <http://psycnet.apa.org/record/2006-06304-009>
- Håkansson, A., & Berglund, M. (2014). Risk factors for criminal recidivism – a prospective follow-up study in prisoners with substance abuse. *BMC Psychiatry 12*, 1-8. doi: 10.1186/1471-244X-12-111.
- Mericle, A., Ta, V.M., Holck, P., & Arria, A. (2012). Prevalence, patterns and correlates of co-occurring substance use and mental health disorder in the US: Variations by race/ethnicity. *Compr Psychiatry, 53*(6), 657-665 doi:10.1016/j.comppsy.2011.10.002
- National Council on Substance Abuse (2015). *Barbados Drug Information Network: An analysis of the 2014 data*. Retrieved from: <http://www.ncsa.org.bb/images/stories/research/barbados%20drug%20information%20network%20-%20an%20analysis%20of%20the%202014%20data.pdf>
- OAS/CICAD (2017). *Standardized indicators for national drug information networks in the Caribbean*. Washington, DC: OAS
- Peters, R., Wexler, H., & Lurgio, A. (2015). Co-occurring substance use and mental disorders in the criminal justice system: A new frontier of clinical practice and research. *Psychiatric Rehabilitation Journal, 38*, 1-6. doi.org/10.1037/prj0000135
- Skeem, J., Manchak, S., & Peterson, J. (2011). Correcting policy for offenders with mental illness: Creating a new paradigm for recidivism reduction. *Law Hum Behav 35*, 110–126 doi: 10.1007/s10979-010-9223-7.
- Substance Abuse and Mental Health Services Administration (2016). *Co-occurring disorders*. Retrieved from <https://www.samhsa.gov/disorders/co-occurring>