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**THE BARBADOS
NATIONAL ANTI-DRUG
PLAN**

2002- 2007

March 2, 2004

OBJECTIVES

- § Decrease incidence of drug use by 20% over next five years
- § Increase rehabilitation success rates by 30% over next five years
- § Put a comprehensive and integrated research and diagnosis information system in place by 2005
- § Identify suspicious financial transactions
- § Reduce criminal activity associated with illegal drugs by 35%
- § Reduce the availability of chemical precursors to manufacture illegal drugs by 60%



This Barbados National Anti-drug Plan 2002-2006 was funded by the OAS/CICAD and prepared by Community Asset Development Consultants (CADCo) for the National Council on Substance Abuse (NCSA) under the direction of a Multi-Sectoral Working Group constituted as below:

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Foreword by
The Hon. Mia A. Mottley
Attorney General



Barbados is well on its way to becoming a fully developed nation. This reality, once only a distant vision and seemingly ambitious, is now immanent and within our grasp. However, there are vexing challenges. The abuse of legal and illegal drugs is a disease that not only kills the potential of individuals and families, but if left unchecked, cripples private enterprise and the state as a whole. Its negative and pervasive health, social, cultural, and economic effects are being felt by every sector and strata of Barbadian society while the trade in illegal drugs and weapons threatens the security of the island with its paralyzing wake of violent crime.

It is with a keen awareness of the above multifaceted challenges, coupled with the vulnerability of a small island state battling sophisticated international criminals, that my Ministry sought to expeditiously develop this comprehensive five year National Anti-drug Plan for Barbados. At the same time, its completion underscores the Government's sustained commitment to acknowledging, and acting on, the hemispheric dimensions of the drug problem by fulfilling an important component of our obligation to the OAS-MEM process.

As we implement this plan, it is important to remember that the next five years will be critical in determining what legacy we leave for future Barbadians. Will it be one of addiction, violence, and poverty or will we bequeath **health, safety, and prosperity**? Let us work together, strengthen our resolve, and renew our commitment to achieving the goals that we have set ourselves **for the sake of our children**.

Mia Mottley
Attorney General

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EXECUTIVE SUMMARY

The **Barbados National Anti-Drug Plan (BNADP) 2002-2007** is an integrated solution to the problem of substance use and abuse in Barbados. This five-year strategy encompasses both “Demand Reduction”¹ and “Supply Reduction”² through the priority areas of **Prevention, Treatment and Rehabilitation, Research and Diagnosis, Anti-money Laundering, Law Enforcement, and Chemical Precursor Control**. It builds on achievements of the earlier 1996-2001 National Drug Strategy.

The Government of Barbados is committed to fulfilling its hemispheric obligation to fight illegal drugs and substance use and abuse through full participation in the Organization of American States (OAS) based Inter-American Drug Abuse Control Commission (CICAD) and its Multi-lateral Evaluation Mechanism (MEM). This plan is a tangible demonstration of that commitment. Its preparation was coordinated by Government’s lead agency in this area, The National Council on Substance Abuse (NCSA), also recognized as Barbados’ National Anti-drug Commission by the OAS/CICAD.

The BNADP was developed in three stages:

- § The OAS/CICAD and the NCSA worked together to compile diagnostic information, identify the stakeholders, and appoint a National Liaison Officer to prepare the plan.
- § A National Workshop involving the key stakeholders was mounted to characterize the drug problem, build consensus, critically evaluate the current situation, and develop policies, objectives, and strategies.
- § A Multi-Sectoral Working Group (MSWG) comprising one member from each priority area was selected in order to interpret, analyze, and revise the documents produced by the workshop and to write the first draft of the strategy to be approved by the Government.

Implementation of the plan will cost just over BDS \$42 million over the next five years. The Government of Barbados is committed to funding BDS \$26 million while BDS \$16 million will be sourced externally. Implementation will require the restructuring of the NCSA to enable it to properly coordinate and facilitate the collaboration and cooperation of agencies locally, regionally, and internationally, in the implementation, monitoring, evaluation, and publicizing of the activities.

¹ Those activities that are aimed at preventing the use and abuse of substances and the treatment and rehabilitation of victims are Demand Reduction activities.

² Those activities that are aimed at stopping production and trafficking of illegal drugs are Supply Reduction activities.

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Over the 5-year implementation period, the following goals will be achieved:

- § Trained prevention specialists, closer inter-institutional collaboration, and strengthened resistance promotion, will enhance national and community prevention programmes to reduce the incidence of substance abuse cases.
- § A fully functioning, diverse, and well articulated treatment and rehabilitation programmed with minimum standards as set out by an accreditation and certification board.
- § An ongoing upgrade of Anti-money Laundering infrastructure and training with heightened public awareness about this activity.
- § A significant increase in drug interdictions by properly equipped, trained, and well coordinated law enforcement agencies.
- § A sophisticated, centralized, research and diagnosis system supported by a cadre of highly trained researchers at all levels to inform policy, programmes, and assess performance.
- § Tight control of chemical precursors that can be used for the manufacture of illegal drugs through enhanced research, institutional capacity, and coordination.
- § Fully updated legislation with a system for ongoing review in all areas.

Apart from the general overall benefits to be derived from controlling the negative impact of drug abuse, implementation of this BNADP will also support specific agencies and sectors. Additional funding and technical assistance will be mobilized to build the institutional capacity of Non-Governmental Organizations (NGO's), Community Based Organizations (CBO's), Government Agencies, and Private Sector Agencies involved in the prevention of substance abuse and treatment and rehabilitation activities. Funding will also be available for their programmes and projects. Law enforcement agencies will benefit from enhanced infrastructure, specialized training, and the acquisition of modern technological resources in all areas.

The Government of Barbados is in the process of completing a 10 year National Strategic Plan that covers all areas of the country's development. The BNADP will inform this overall national development strategy in relation to substance abuse by defining priorities and goals, assigning responsibilities, and identifying the economic resources required to achieve the goals and assess performance.

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SUMMARY BUDGET

Sector	Budget		
	National	External	Total
NCSA - Administration	5,000,000	0	5,000,000
Prevention	7,222,500	7,715,000	14,937,500
Treatment and Rehabilitation	5,872,600	3,922,600	9,775,200
Research and Diagnosis	575,000	248,000	823,000
Anti-Money Laundering	375,000	375,000	750,000
Law Enforcement	5,175,000	2,975,000	8,150,000
Chemical Precursor Control	1,785,000	1,053,000	2,838,000
Total	26,005,100	16,288,600	42,293,700

Special emphasis will be placed on accessing funding and appropriate technical resources locally and internationally.

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SECTION I

OVERVIEW OF THE BARBADOS CONTEXT



OVERVIEW OF BARBADOS

GEOGRAPHY

Barbados, the most easterly of the Caribbean islands, is situated 74.53 miles east of the Windward Islands and 285.7 miles north west of Venezuela. It is 4¹/₂ hours from New York, 5 hours from Toronto, and 8 hours from London by air. The island is small (166 sq miles) and relatively flat with the highest point reaching only 1,104 ft.

DEMOGRAPHY

Barbados has the demographic profile of a developed country. The latest United Nations Development Programme (UNDP) Human Development Index (HDI) based on national income, education, and health, places Barbados 29th out of more than 150 countries surveyed. It is fourth among developing countries.

In 2000, the population grew marginally from 1999 by 500 persons to reach 267,900. The growth rate of 0.2 % was consistent with the previous 10-year average. The dependent population was 109,458 (72% youth and 28% elderly).

Barbadians of African descent make up 92% of the population; European decent 4%; 3% Mixed; Indian and Asian decent 1%.

Although the population count does not include the number of tourists on the island at any given time, this consideration must be borne in mind since tourism is the islands' leading industry. In 2000, tourists increased the number of persons living on the island by an average of 47,338 during the winter season and just under 44,418 during the summer season.

GOVERNANCE

Barbados is an English speaking, former British Colony that has been independent since 1966. A member of the British Commonwealth, it has a bicameral legislature with separation of powers between legislative, executive, and judiciary arms. The Constitution is based on the British style of parliamentary democracy and elections are held every 5 years.

The Governor General as Head of State represents the British Monarch. Executive authority is vested in the Prime Minister and Cabinet who are collectively responsible to parliament.

The legal system is derived from English common law and statutes. The Courts administer the laws of Barbados. These consist solely of local legislation. The judicial system is composed of a lower Magistrates and the Supreme Court that includes a court of Appeal and a High Court. Final appeal from Barbadian courts is to the Privy Council. The Attorney General is responsible for the administration of the legal and judicial system.

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

SOCIO-ECONOMIC AND CULTURAL CONTEXT

It is important that the policies, objectives, and strategies developed to mitigate the negative individual and social impact of substance abuse take into account the social, cultural, and economic context of Barbados. Government's financial commitments to these areas of development are already significant. Therefore, new initiatives that involve further spending will heavily depend on future sustained economic growth and external funding.

SOCIAL CONTEXT

EDUCATION

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

There are subsidized government nurseries after which academic tuition is free through to tertiary level. However, only a minority pursues tertiary education. Primary and Secondary education is compulsory until age 16. Post secondary institutions include the Erdiston Teacher Training College, the Barbados Institute of Management and Productivity (BIMAP), The Barbados Community College (BCC), The Samuel Jackman Prescod Polytechnic (SJPP), and the University of the West Indies Cave Hill Campus (UWI). There is also support and coordination of vocational and technical training by the Technical and Vocational Education and Training Council (TVEC), and the Barbados Vocational Training

Board (BVTB). In addition, schools are available for students with special needs including the deaf and blind, students with learning difficulties, the disabled, and those with dyslexia.

In 2000, there were

- § 62 Public Primary Schools with 26,039 pupils,
- § 30 Private Primary Schools with 3618 pupils,
- § 23 Public Secondary Schools with 20,128 pupils, and
- § 10 Private Secondary Schools with 1293 pupils.

The BVTB offers 26 courses at 17 locations around the island and cater to an average of 338 students annually. Other vocational courses are facilitated by TVEC in association with various educational institutions.

Enrolment of Barbadians at Tertiary Institutions for 1999-2000 was as follows:

Institution	Male	Female	Total
UWI	1425	2570	3995
Erdiston	28	65	93
SJPP	1590	855	2445
BCC	1131	2409	3540
Total	4273	6099	10,073

There has been a definite trend of greater female enrolment at the tertiary level.

Government has committed itself to consolidating its various tertiary training institutions to form a new University College.

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

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

HEALTH

Life expectancy at birth is 76.4 years with infant mortality being 16.7 per thousand.



Although this sector has done well over the years, it is currently undergoing reform to address recent concerns of equity, quality of care, efficiency, and effectiveness in the management of the health services and its finances.

The programmes of the Ministry include:

- § health promotion
- § primary care
- § secondary care
- § tertiary and emergency care
- § mental health
- § geriatric care and assessment

§ rehabilitation services for children and adolescents with developmental disabilities and

§ pharmaceutical services.

These programmes are complemented by a vibrant private sector which provide medical services, nursing home care, pharmaceutical services, and complementary and alternative medicine.

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

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

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

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counseling programmes while strengthening treatment and care.

Mental Health Services are being re-oriented away from institutional care, while focusing more on community-based care. Government is collaborating with the Pan-American Health Organization (PAHO)/World Health Organization (WHO), on this initiative.

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

A major constraint to the health sector is the shortage of human resources, especially nurses. Government is developing short- and medium-term strategies to address the problems occasioned by the shortage of health care professionals.

POVERTY

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

The Urban Development Commission (UDC) and the Rural Development Commission (RDC) also address issues of poverty through housing and physical development projects in low-income communities along with providing

financial and technical support to farmers and small and micro-businesses.

LAW AND ORDER

During the year 2000 the general level of crime rose by 7%, especially in area of firearm offences, drugs, and drug related offences. However, there was a decrease of crime against visitors, theft, and sexual offences. Murders also decreased marginally.

ECONOMIC CONTEXT

Barbados has a market economy with both private and public sectors actively involved in determining the goods and services made available to consumers. There has been a shift from Agriculture towards services over the last four decades. The principal exports are Tourism; Financial Services; Sugar; Rum; Chemicals; Electrical Components; Light Manufacturing. The principal imports are Machinery; Food and Beverages; Construction Materials. The USA; Canada; CARICOM; Japan; and the UK are Barbados' major trading partners.

Barbados has its own currency, the "Barbados Dollar (BDS)" which is tied to the US dollar at 2:1 (BDS to US).

The Government of Barbados has set itself the goal of achieving "A fully developed economy endowed with the productive capacity, and equipped with the institutional systems and arrangements which will enable it to take maximum advantage of opportunities which are unfolding." The economic mission includes achieving full employment, the eradication of poverty within the next nine years, a first world quality of life, and social and economic justice. The Government is currently finalizing its 10-

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year strategic plan to accomplish the above objectives.

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

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

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

In light of these developments, economic growth in Barbados for 2001 is expected to be much less than 2%, compared to rates of 2.3% in 1999 and 3.7% in 2000. The economy is now in its ninth year of sustained growth, the longest sustained period of economic growth since published real accounts data were compiled in 1974. Inflation is at 2.5% and unemployment is in its eighth consecutive

year of decline at 9.3%. Per capita GDP was estimated at BDS\$16,100.

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

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

CULTURAL CONTEXT

An understanding of Barbados' culture is key to the design and implementation of an anti-drug strategy. The dominant



cultural practices are those that are derived from the islands English colonial/African slave past combined with popular American and Jamaican culture.

Alcohol consumption is deeply interwoven in the socialization process. For the poor, the traditional "rum shop" is where older men gather to bond, discuss politics, sports, business, etc, while drinking as much alcohol as they can

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handle in the spirit of competition. This is also the place where young men are given their various “rites of passage” on the road to becoming a man. There are several annual festivals, the main one being the Crop Over Festival. Alcohol consumption is particularly open and prevalent during these activities.

The Rastafarian culture is popular among a growing number of youth. The religion traditionally promotes marijuana use as sacred while denouncing cigarette smoking and alcohol consumption.

Black American and Jamaican ghetto culture is also heavily influencing the fashions, music, and drug use and abuse habits of the youth.

HISTORY OF DRUG ABUSE PREVENTION IN BARBADOS

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

There were early substance abuse bodies on government budget. These included the Advisory Committee on Drugs (1985), the Psychiatric Hospital Drug Team (1986), the Drug Education Committee (1987 Under the Ministry of Health), and the National Anti Narcotics Committee (1987 NANC). In 1991 the Government created the National Advisory Council on Drugs (NACD) which divided Law Enforcement, Treatment and Rehabilitation, and Information and Prevention Strategies into sub-committees. There was a lack of capacity to implement realistic strategies, and this led to a rethinking of the approach.

In attempting to reduce the level of legal and illegal drug abuse, the United Nations International Drug Control Programme's (UNDCP) Integrated Demand Reduction

Project (IDER) was initiated within the context of Barbados' National Drug Strategy.

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

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

In April 1995, the three-year project entitled “**Assistance to the National Integrated Demand Reduction Programme**”, was initiated and funded by the UNDCP and the Government of Barbados (Ministry of Home Affairs) to be managed by the NACD. This was the start of a tripartite programme of cooperation.

Project implementation and the coordination of participating organizations was executed by the National Drug Resource Centre (NDRC³)

³ It should be noted that the name National Drug Resource Centre (NDRC) was relinquished and the National Council On Substance Abuse was then instated

which also acted as the secretariat of the NACD and was housed at Trents, St. James. The NACD provided guidance and the policy framework of the NDRC. Under the instruction of the Minister of Home Affairs, the Honourable David Simmons, Q.C., the NACD was subsumed by the NCSA with the passage of the National Council on Substance Abuse Act 1995-13. This transition facilitated the rapid response that is necessary for an effective system of demand reduction. The lengthy bureaucratic procedures and limited capacity of the NACD proved inefficient. In addition, there was a need for some autonomy.

ACHIEVEMENTS

The strategy has six major expected end-of-project outcomes aimed at six main target groups. Below is a list of the expected outcomes that were achieved.

1. The establishment of the NCSA as a permanent administrative, coordinating and data resource centre with trained staff, coordinating and implementing an integrated strategy.
2. A significant improvement in the knowledge and understanding of the drug abuse phenomenon in Barbados through the use of Rapid Assessment Studies.
3. The availability of trained peer counselors, educative materials and the establishment of anti-narcotics clubs in secondary schools.
4. Demand reduction programmes based on socio-cultural economic activities, established within the six communities identified.

5. The availability of trained community leaders with capabilities to perform early detection, to provide basic counseling and to assist in rehabilitation.
6. Minimal progress in expanding treatment and rehabilitation through the provision of a rehabilitation programme at H M. Prisons and, the establishment of a half-way house.

**CHARACTERIZATION OF
THE DRUG PROBLEM**

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

This project was conducted between October 1999 and July 2000. The methodology employed used the six communities from phase 1 (Pinelands; Deacons; Haynesville; Eden Lodge; Silver Hill; The City) plus an additional six communities (Sayers Court Christ Church; Ellerton St. George; Redman's Village St. Thomas; Belleplaine St. Andrew; Bayville St. Michael; Maynard's St. Peter). Secondary data was used from the first study while primary data was collected from various groups, some of which included, national and community key informants, drug users and pushers, out of school youth, participants in the community projects and student focus group discussions.

KEY FINDINGS

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

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

Approximately 10 thousand hectares of the island is under cultivation. 8.6 thousand hectares is being used for Sugar Cane. In addition, $\frac{1}{5}$ of the land is rocky or residential land. Although the tropical climate is ideal for Marijuana cultivation, the topography and lack of large forested areas makes the country easy to police. The coast, especially in the north with its secluded bays and distance from urban areas, is more difficult to monitor and is frequently used for trafficking.

These analyses have indicated several concerns, including the fact that

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

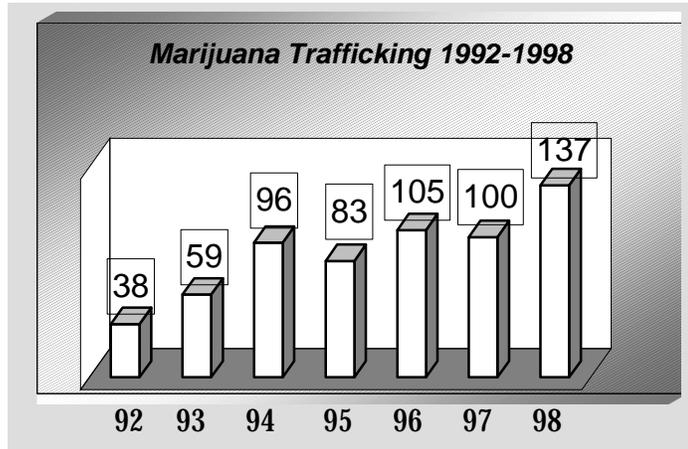
NATURE AND EXTENT OF DRUG USE

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

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

An estimated 89% of students experimented with alcohol, and 50.7% of

these had taken a drink within the past year. One-half of the students below the legal drinking age of 16 had drunk in the past year.



Approximately 22% of the students had experimented with illegal drugs at some point. There was a significant age related trend for users increasing from a low of 0.8% 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 group were 22 times more likely to have smoked than those in the youngest age group.

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

The primary source for money came from salaries, followed by families and friends. Only a small percentage admitted to using illegal means such as stealing and prostitution.

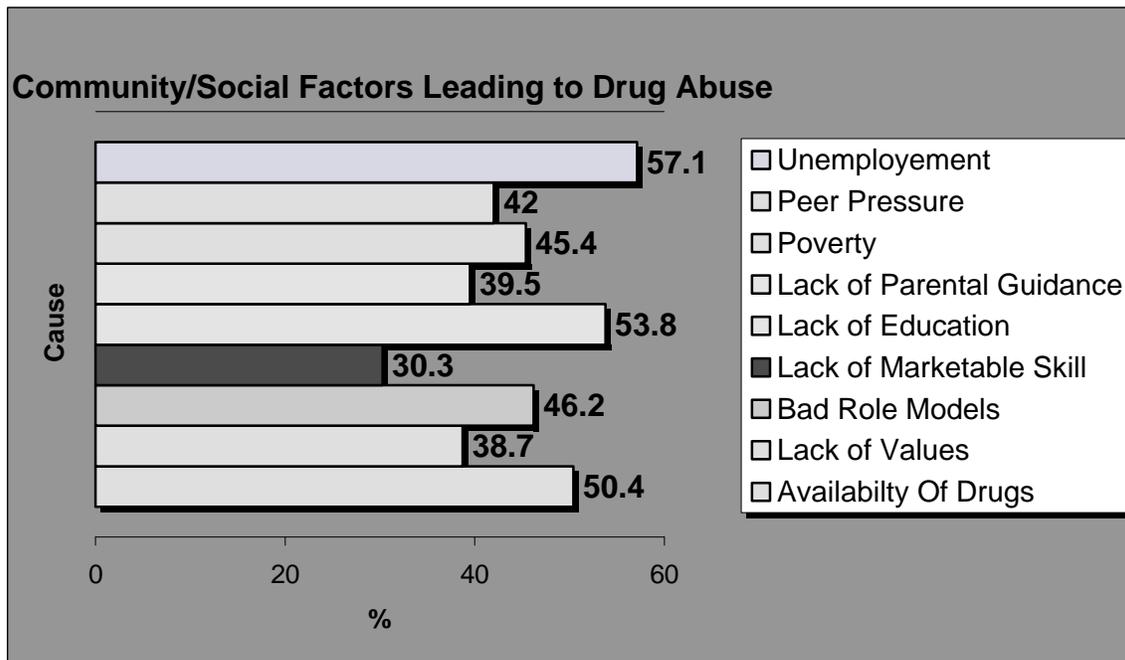
As to the reasons why persons who used drugs continued use, the type of drug used influenced the results. Cocaine users

suggested addiction, marijuana users suggested relaxation and meditation, while alcohol drinkers just enjoyed the feeling.

These differences were also reflected in the desire to quit. 48% of the entire sample had no desire to quit in the past year, 7 out of 10 cocaine users (70%) continuously contemplated quitting as compared to 19.4% for marijuana and 39.6% for alcohol.

need to incorporate alcohol and cigarettes in all prevention education programmes. These programs should commence in primary schools, where children are most likely to take their first drink.

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



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

Compared to persons who refrained, persons who smoked cigarettes were 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

HEALTH IMPACT OF DRUG USE

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

Information from Tamarind House, the Drug Rehabilitation Unit of the Psychiatric Hospital, stated that during the

years 1996-1998, of the 1207 admissions, 36% was for marijuana, 28% for alcohol, and 10% for cocaine. Additionally, 27% were treated for poly-drug abuse. Estimates from Teen Challenge placed the percentage of admissions due to cocaine at about 70%. The ages of persons treated at the Drug Unit ranged from mid-adolescence to 65 years. One of every two admissions (50%) was to persons between the ages of 20-34 and 29.6% in the 35-44 ranges. The results at Tamarind House age-related to alcohol indicated that 44% were between the 35-44, 36% between 45-64; 13.4% were for persons less than 35.

The statistics for marijuana related problems indicated that over two thirds (69.5%) were between the ages of 20-34 yrs and another 14.9% to persons less than 20 yrs. Less than 1 of every 10 (6%) marijuana related clients were over 35 yrs. As with marijuana, 2 of every 3 (64.7%) admissions for cocaine-related problems were to persons aged 20-34 yrs. The second largest group (31.9%) was persons between the ages of 35-44 yrs.

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

IMPACT ON CRIME AND CRIMINAL JUSTICE SYSTEM

While the causal connection of drugs and alcohol to criminal behavior is complex, crimes of violence consistently show relationships with the use of these substances. Drug users report frequent fights between users and pushers, key informants report such cases as burglary,

theft and shoplifting (57.1%), and prostitution (43.7%). Seventeen (1%) students were confronted by police for drugs and/or alcohol. Fifty-one (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 believed that due to the abuse of drugs an estimated 80%, or 4 out of every 5 incarcerations, involve drugs in some capacity. This was supported by a 1997 study of criminal risk factors among prison inmates, where illicit drug use emerged as the single most significant correlation to criminal behaviour and imprisonment. Of those that were interviewed, 23.4% 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. Eighty six percent of the men in that study used illicit drugs with one-half of those being marijuana users and 42.6% poly-drug or cocaine users. This was expected to continue and increase without a proper system of treatment and rehabilitation.

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

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SECTION II

CRITICAL ASSESSMENT

**CRITICAL ASSESSMENT OF
PREVENTION**

HEALTH

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

The existing facilities and resources should be fully utilised while optimising the design and implementation of new programmes. For example, various governmental institutions that fall under the Ministry of Health could deliver drug prevention services. There are resource persons available at the QEH and the Psychiatric Hospital, as well as community health nurses at the polyclinics. However, in general, a challenge is presented by the fact that health professionals have minimal experience in drug prevention.

Currently, the lack of communication on what programmes and resources are available is a severe planning constraint. It would therefore be important to implement ongoing strategies and set up systems that facilitate the development of a register of available human and other resources and promote closer inter-agency coordination.

FORMAL EDUCATION

Guidance counselors in the secondary schools deliver some drug prevention education formally, and resource persons

from the Psychiatric Hospital provide limited training. In addition, Drug Education is one component of the Health and Family Life Education (HFLE) programme currently being phased into the primary school curriculum. Officers from the RBPF also facilitate the Drug Abuse Resistance Education (DARE) programme in some primary schools on a very limited scale.

Currently, the programmes in primary, secondary, and tertiary institutions are not monitored with regard to drug prevention education. Drug prevention education is not regarded as a primary item in student development. As a result, very limited time is allocated to deal with the subject as part of the curriculum. A method of integrating drug prevention issues into the curriculum has to be developed. Also, to ensure that all students avail themselves of the programmes, an aspect of student assessment and development in relation to drug prevention should be mandatory and for credit.

Few opportunities for further training are available to resource persons who can teach drug prevention. This contributes to the lack of expertise and the limited number of available resource persons. It will be necessary to create an awareness of the issues involved by those responsible for formal training. Training programmes are especially needed for specialization in the field of substance abuse prevention for various target groups, for example, those who interact with persons at risk.

INFORMAL EDUCATION

NGO's, churches, and other groups are utilizing trained drug prevention resource personnel. They make direct contact with members of the various groups and use didactic material that has high visual impact. Unfortunately, the material, its

graphics and delivery, is not always relevant to the local population. It is important to develop and provide more local, high quality, culturally appropriate material. The availability of these resources should be promoted publicly so that all stakeholders will be aware of how it can be accessed.

The target audience of many of the current programmes is mainly the youth and young men in particular. Although there is need for more support for young people, organizations should be encouraged to broaden their audience to include women and older persons. Support mechanisms should also be put into place for those that are trained as peer supporters.

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

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

PRODUCTION AND DISTRIBUTION OF DIDACTIC MATERIALS

There are materials available and the production of additional local resources has been supported financially by various United Nations (UN) agencies in the past. Continued production to diversify and increase the extremely limited stock is critical.

It is clear that only people, who are interested in drug prevention, are accessing key information. In order to broaden this usage to include every home, high quality, high impact, local material should be delivered frequently via television, posters, radio and the Internet.

Most of the current information is youth oriented and available only in the form of brochures and pamphlets, any new material produced must also targets adults and use a variety of media.

INTER-INSTITUTIONAL COORDINATION

There has been some interfacing of institutions and at one stage the Substance Abuse Network (SAN) was established. SAN was however plagued by the effects of institutional envy, territoriality, and the lack of commitment to close collaboration. The coordination of all efforts under a mandatory regulatory framework would pave the way to having a single coordinating body with clear goals that should include the regular evaluation of programmes, the distribution of resources to the collaborating institutions and training. Strict guidelines would prevent any new co-ordinating body succumbing to the effects of previous entities.

PROMOTING RESISTANCE

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

AWARENESS CAMPAIGNS

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

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

Future awareness initiatives should also include information on legislation.

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

HIGH RISK GROUPS

High-risk groups tend to be difficult to approach, generally have little accurate knowledge about drugs and come under heavy negative peer pressure. To counter this, community programmes that target high-risk groups have been put into place, at community centres across the island. However, the community programmes often lack trained personnel and cater to a specific sector of society. The centres themselves are not fully accessible and close at specific times. In recognition of

this, Government has concrete plans to develop the community centres by extending opening hours, expanding programmes and enhancing security.

A process of identifying and working with people "at risk", especially on a one to one basis should include the drug education officers in all schools (or at least one for 2 schools), the positive motivation of high risk persons, and the development of more vigorous drug awareness programmes in all institutions.

WORKPLACE PROGRAMMES

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

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

One definite area that requires more attention is the need for ongoing recreation programmes for employees.

PROGRAMMES IN PRISON AND DETENTION CENTRES

Despite the bureaucratic obstacles, an appropriate and adequate programme has recently been implemented. However, it will require more trained personnel to oversee the facilitation of the programme while extending it to the entire prison

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population. Follow up care programmes will also be critical and should involve family and friends.

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

STREET PEOPLE

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

CRITICAL ASSESSMENT OF TREATMENT AND REHABILITATION

AWARENESS CAMPAIGN

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

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

OUTREACH

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

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

EMERGENCY

There is access to emergency service for individuals suffering the impact of

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

ASSESSMENT AND REFERRAL

A number of diverse programmes are already providing some level of assessment and/or referral. These include:

- § Alcoholics Anonymous (AA)/Narcotics Anonymous (NA)
- § The Coalition Against Substance Abuse (CASA)
- § Churches
- § Counselors and therapists (Private)
- § Division of Youth Affairs
- § Family Services (Probation Department)
- § Family programmes (RBPF)
- § Guidance counselors at schools
- § Juvenile Liaison Scheme
- § NCSA
- § National Council for the Prevention of Alcoholism and Drug Dependency (NCPADD)
- § Medical practitioners
- § PAREDOS

- § RBPF
- § Polyclinics
- § The Drug Rehabilitation Unit
- § Teen Challenge
- § Verdun House

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

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

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

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

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

INSURANCE

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

NATIONAL AND INTERNATIONAL SUPPORT AND FUNDING

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

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

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

MINIMUM STANDARDS OF CARE

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

PROGRAMME EVALUATION

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

ACCREDITATION

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

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

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

CERTIFICATION BOARD

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

INTER-INSTITUTIONAL COORDINATION

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

RESIDENTIAL TREATMENT

There is a variety of flexible treatment services available that include:

- § Short term residence for male clients age 16 and over as provided by the psychiatric unit,
- § Medium term residence for male and female clients age 18 and over as provided by Verdun House, and
- § Long term residence for male clients age 18 and over as provided by Teen Challenge.

Accreditation and Certification boards should be created and sustained to deal with these issues, as well as with ethical standards and minimum standards of service.

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

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

WOMEN

The Drug Rehabilitation Unit offers services to women who are relegated to being accommodated amongst the general psychiatric population of the hospital. This arrangement is clearly inefficient and unsatisfactory. There is a specific women's programme at Verdun House, though capacity is limited and the existing programme should be expanded, upgraded, and strengthened. Closer collaboration where appropriate, with other providers of services to women is necessary.

The public is not sufficiently aware of the options for women. This should be

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addressed through the awareness campaign.

Women have great difficulty accessing treatment and a facility designed to include mothers with young children will not only facilitate treatment with larger capacity, but will also be an invaluable tool in breaking the cycle of substance abuse.

ADOLESCENTS

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

OUTPATIENTS

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

FAMILY MEMBERS OF THE SUBSTANCE ABUSER

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

DUAL DISORDERS

At present, these clients are either left on the general wards at the psychiatric clinic or enter the facility at Verdun House resulting in ineffective levels of care. A specialized unit for clients with a primary mental health disorder and a secondary diagnosis of chemical dependency needs to be developed within the psychiatric hospital.

ELDERLY AND/OR PHYSICALLY CHALLENGED

The buildings of the agencies serving these populations need to be upgraded to ensure sufficient accessibility and specialized therapeutic tracks need to be developed.

OFFENDERS AND SURVIVORS OF INTERPERSONAL VIOLENCE AND/OR SEXUAL ABUSE.

Insufficient levels of care are afforded this significant population and existing programmes to offer therapeutic assistance to this group need to be strengthened, adequate training given, and sensitization factors addressed within the community at large.

INSTITUTIONAL POPULATION

There is an ongoing programme at HM Prisons but this suffers from inadequate staffing, a lack of funding, dearth of resources and a need for the sensitization of stakeholders. Significant strengthening of this existing programme is required and further models developed.

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

Further policy to introduce mandatory drug testing in the workplace is also suggested.

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

RE-INTEGRATION

There is a small but diverse number of agencies that seek to facilitate reintegration. These include:

Verdun House

§ After Care Groups

§ Halfway House

Teen Challenge

§ Skills Building

§ Training Phase

Psychiatric Hospital

§ After Care Groups

The Prisons Welfare and After Care Committee

§ After Care Groups

Everton House

§ Halfway House

NCSA, AA, Al Anon, EAP, NA

§ Support Groups

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

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

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

TRAINING

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

RESEARCH

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

**CRITICAL ASSESSMENT OF
RESEARCH AND DIAGNOSIS**

RAPID ASSESSMENT STUDIES

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

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

**NATIONAL COUNCIL ON
SUBSTANCE ABUSE**

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

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

must be carefully considered is that of confidentiality.

**MULTILATERAL EVALUATION
MECHANISM**

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

**CICAD INSTRUMENTS – SIDUC
AND CICDAT**

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

**CRITICAL ASSESSMENT OF
ANTI-MONEY LAUNDERING**

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

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

The money launderer's goal is to: -

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

If the proceeds of crime are allowed to be lodged unhindered in financial institutions, criminals can at first gain influence over the institutions and, eventually, fully control them. Where criminal proceeds are used to buy and operate legitimate business, competitors find themselves unable to compete and

are driven out of business. Left unchecked, money laundering can destabilize financial institutions, financial sectors and, in certain cases entire economies.

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

LEGISLATIVE FRAMEWORK

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

- § Drug Abuse (Prevention and Control) Act 1990
- § Proceeds of Crime Act CAP 143
- § Mutual Assistance in Criminal Matters Act CAP 140A
- § Money Laundering (Prevention and Control) Act 1998-38 as amended by the Money Laundering (Prevention and Control) (Amendment) Act 2001
- § Treaty between the Government of Barbados and the Government of the USA on Mutual Legal Assistance in Criminal Matters
- § Several other bilateral treaties

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

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

“A person engages in money laundering where

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

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

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

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

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

1. Chairperson
2. Deputy Chairperson
3. The Solicitor General or nominee
4. The Commissioner of Inland Revenue or nominee
5. The Commissioner of Police or nominee

6. The Supervisor of Insurance or nominee

7. The Comptroller of Custom or nominee

8. The Registrar of Corporate Affairs and Intellectual Property or nominee

9. A representative of the Central Bank of Barbados

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

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

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

TECHNICAL EXPERTISE AND TRAINING

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

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

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

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

LOCAL, REGIONAL AND INTERNATIONAL COORDINATION

Barbados is a member of the Caribbean Financial Action Task Force (CFATF). It was subject to a Mutual Evaluation by that organization in 1997 and given a satisfactory report. A second round examination is due November 12-16, 2001

Several mechanisms are in place for sharing information. The FIU under the Money Laundering (Prevention and Control) Act 1998 – 38 as amended may share information with any foreign national financial intelligence unit

- a) where the unit is located in a state that is party to any agreement with Barbados in respect of the exchange of information under this Act; and
- b) where the unit is satisfied that the state has given appropriate undertakings for protecting the confidentiality of the information and controlling the use that will be made of it.

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

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

PUBLIC AWARENESS

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

**CRITICAL ASSESSMENT OF
LAW ENFORCEMENT**

LEGISLATION

There is an effective legal framework in place to support Law Enforcement agencies:

- § Customs Officers have powers of arrest and detention,
- § There are adequate provisions relating to the importation of drugs, and
- § Coast Guard legislation allow for effective control of the coastal waters.

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

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

AIR AND SEAPORT CONTROL

There is a need to review and enhance the total security of all ports of entry. Trained customs officers and security guards are deployed at the ports of entry. However, their performance is limited by the lack of equipment, e.g. electronic scanning equipment to X-ray large packages, and inadequate Marine assets to patrol the coastline. A review of the physical lay-out of the airport geared at avoiding illicit entry would also increase their

effectiveness. More attention must be paid to the background of persons deployed in sensitive areas.

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

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

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

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

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

**INTELLIGENCE AND
INFORMATION SHARING**

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

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

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

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

This unit would have to be supported by training to enhance the ability of officers to produce intelligence from raw data. It

would also provide a critical feedback mechanism that is lacking at present.

INVESTIGATIVE SYSTEM

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

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

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

TRAINING

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

COMMUNICATION SYSTEM

Timely transmission of information and intelligence characterizes the present system. Unfortunately, a lack of standardized communications equipment, the absence of a computer linked

network, and the lack of secure inter-agency telephone and fax lines hinder the optimal operation of the system. A computerized system that allows for sharing of information using databases should be set up.

JOINT TASK FORCE

The benefits of joint operations include:

- § mutual respect and knowledge of each agency's laws,
- § better coordination, and improved success through the pooling of human and material resources,
- § enhanced cooperation, and
- § international recognition.

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

CRITICAL ASSESSMENT OF CHEMICAL PRECURSOR CONTROL

LEGISLATION

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

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

STUDY TO DETERMINE USE OF CHEMICALS

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

STUDY TO DETERMINE USE OF NARCOTIC AND PSYCHOTROPIC SUBSTANCES

There is a databank based on usage patterns for pharmaceutical drugs. However, there is no comprehensive

study to determine illicit use. Furthermore, there is no legislation to support the taking of intimate samples (blood, urine, etc.).

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

INSTITUTIONAL FRAMEWORK

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

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

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

STRENGTHENING OF FORENSIC LABORATORIES

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

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

Secretariat is located within the office of the FSC.

CONTROL OF LICIT COMMERCIAL ACTIVITIES

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

STRENGTHENING OF CUSTOMS CONTROL MECHANISM

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

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SECTION III

**LEGAL AND
ADMINISTRATIVE
FRAMEWORK**

LEGAL CONTEXT

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

THE “DRUG ABUSE (PREVENTION AND CONTROL) ACT”, 1990, CAP 131

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

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

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

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

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

THE “PROCEEDS OF CRIME ACT”, 1990, CAP.143

The principal objects of this Act are to:

- § deprive persons of the proceeds of, and the benefits derived from, the commission of scheduled offences;
- § provide for the forfeiture of property used in, or in connection with, or for the purpose of facilitating, the commission of scheduled offences;
- § provide for the forfeiture of property derived, obtained or realized directly or indirectly from the commission of scheduled offences;
- § provide for the making of confiscation orders in respect of property shown to have been derived, obtained or realized by a person directly or indirectly, from the commission of scheduled offences;
- § enable law enforcement authorities to trace such proceeds, benefits and property.

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The scheduled offences are

- § Possession of controlled drugs for the purpose of supply contrary to section 6 (3) of the Drug Abuse (Prevention and Control) Act, 1990.
- § Trafficking in controlled drugs contrary to section 18 of the Drug Abuse (Prevention and Control) Act, 1990.
- § Assisting another to retain the benefit of drug trafficking contrary to section 19 of the Drug Abuse (Prevention and Control) Act, 1990.
- § Money Laundering contrary to section 61 of the Proceeds of Crime Act.
- § Possession of property derived from unlawful activity contrary to section 62 of the Proceeds of Crime Act.

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

THE "MUTUAL ASSISTANCE IN (CRIMINAL MATTERS) ACT", 1992, CAP 140A

This piece of legislation was enacted to facilitate mutual legal and judicial assistance between Barbados and other national jurisdictions and will facilitate the

extradition to and from Barbados of persons accused of drug offences.

The Act makes detailed provisions for the mutual assistance in:

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

Other relevant legislation include:

- § Money Laundering (Prevention and Control) Act, 1998, Cap. 129
- § National Council on Substance Abuse Act, 1995, Cap. 46
- § Evidence Act, 1994, Cap.121
- § Financial Institutions Act, 1996, Cap.324A
- § Customs Act, 1963, Cap. 66
- § Extradition Act, 1979, Cap.189
- § Firearms Act, 1998
- § Maritime International Cooperation Act, 1998
- § Police Act, 1998, Cap.167
- § Diagnostic Agriculture Other Services Act, 1997, Cap. 252A
- § Factories Act, 1984, Cap.347

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INTERNATIONAL LAWS, TREATIES, AND CONVENTIONS

The Government of Barbados has signed and ratified the following:

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

INSTITUTIONAL FRAMEWORK

The following institutions form the framework within which the plan will be implemented.

MINISTRIES

OFFICE OF THE ATTORNEY GENERAL

- § Anti-money Laundering Authority
- § Customs and Excise Department
- § Financial Intelligence Unit
- § Forensic Sciences Centre
- § Immigration Department
- § Royal Barbados Police Force
- § National Council on Substance Abuse
- § Task Force on Crime Prevention

MINISTRY OF AGRICULTURE AND RURAL DEVELOPMENT

MINISTRY OF COMMERCE, CONSUMER AFFAIRS AND BUSINESS DEVELOPMENT

- § Barbados National Standards Institute

MINISTRY OF DEFENSE AND SECURITY

- § Barbados Coast Guard
- § Barbados Defense Force

MINISTRY OF EDUCATION, YOUTH AFFAIRS AND SPORTS

- § Barbados Youth Service
- § Schools
- § Division of Youth Affairs

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MINISTRY OF PHYSICAL DEVELOPMENT
AND THE ENVIRONMENT

Economic Studies; Faculty of Social
Sciences

MINISTRY OF HEALTH

INTERNATIONAL FUNDING AGENCIES

§ Barbados Drug Service

External funding for the implementation
of this BNADP will be sourced from:

§ Psychiatric Hospital

MINISTRY OF HOME AFFAIRS

§ EU

§ Government Information Service

§ OAS/CICAD

§ Government Industrial School

§ UNDCP

§ H.M. Prisons

§ Probation Department

MINISTRY OF LABOUR, AND SOCIAL
SECURITY

§ Employment Assistance Programme -
Office of Public Sector Reform

OFFICE OF THE PRIME MINISTER

§ National HIV/AIDS Commission

MINISTRY OF SOCIAL TRANSFORMATION

§ Child Care Board

§ Community Development
Department

§ Welfare Department

MINISTRY OF TOURISM AND
INTERNATIONAL TRANSPORT

NON-GOVERNMENT ENTITIES

§ Churches

§ Corporations

§ NGO's and CBO's

§ UWI -School of Clinical Medicine and
Research; Institute of Social and

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**ADMINISTRATIVE
FRAMEWORK**

MANAGEMENT

In its 1995-1997 Anti-drug Master Plan, Government recognized the need for a central organization to coordinate policies for both demand and supply. This process will be completed through a restructured NCSA. An 11 member high level NCSA board will be put in place comprising

- § A Chairperson selected by the Attorney General,
- § The Permanent Secretary in the Office of the Attorney General,
- § A high level representative from the RBPF,
- § A high level representative from the BDF,
- § A high level representative from the Customs and Excise Department, and
- § Six chairpersons from sub-committees representing Prevention, Treatment and Rehabilitation, Chemical

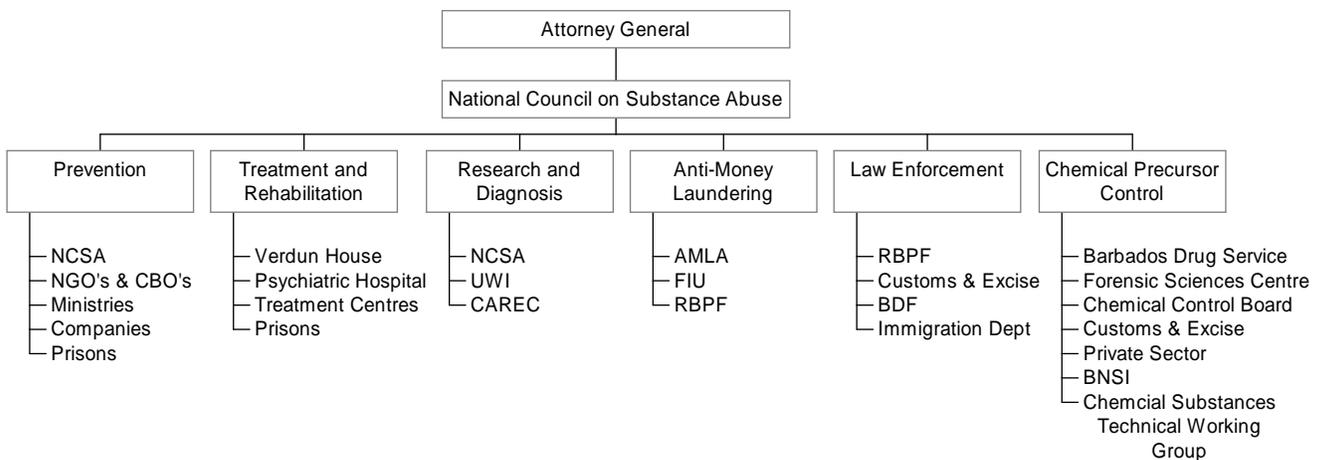
Precursor Control, Anti-Money Laundering, Law Enforcement, and Research and Diagnosis.

The NCSA will then be able to fully implement its mandate and perform the following activities.

- § Monitor overall implementation of the BNADP and its individual project components.
- § Procure, manage, and disburse funds.
- § Assess and facilitate new proposals and projects.
- § Manage public relations.

FINANCING

The BNADP is an extension of current activities being funded by the Government of Barbados. The Government of Barbados is committed to at least maintaining its current level of funding as well as ensuring that recurring costs are adequately met. Significant funding will be sourced externally.



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SECTION IV

POLICIES

POLICIES

PREVENTION

As a matter of policy:

1. The NCSA, as the Government's regulatory body for substance abuse prevention, will be responsible for all national drug prevention initiatives.
2. Substance abuse and addiction will be recognized as health issues.
3. Intervention efforts of Governmental and Non-government agencies will be monitored.
4. Community level programming will be continued in order to promote opportunities and conditions that decrease the incidence of vulnerable groups who adopt lifestyles that encourage substance abuse.
5. Programmes within the Prisons and other detention centers will be properly structured.
6. Information sharing in demand reduction will be encouraged and promoted.
7. Regional and International networking in demand reduction will be promoted.
8. Established advertising guidelines will be promoted and followed.
9. International guidelines on advertising Alcohol and Tobacco will be recognized.

10. Drug prevention components will be included in the curriculum for the entire education system.
11. Religious, moral, and ethical studies will be reemphasized in schools.
12. Educational material about the legal drinking age will be provided when Alcohol licenses are issued.
13. Alcohol will be recognized as an addictive drug and its abuse will be addressed and treated as vigorously as illegal drugs.

TREATMENT AND REHABILITATION

As a matter of policy:

1. Government will only recognize accredited institutions.
2. All treatment and rehabilitation programmes will be strengthened and maintained.
3. There will be ongoing strengthening of national, regional, and international collaboration.
4. Treatment and Rehabilitation will be available to all those in need.
5. The public will be made aware of all services available along the continuum of care

RESEARCH AND DIAGNOSIS

As a matter of policy:

1. There will be ongoing research to identify the extent of the substance abuse problem at the national level, recognizing that research and diagnosis will inform

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- all of the areas involved in the execution of the national anti-drug plan.
2. The findings of surveys and other data collection activities related to substance abuse in Barbados will be disseminated as widely as possible using all communication channels.
 3. Priority will be given to situations that impact negatively on the public, or a subset of society or institution, in such a way that urgent information is required when planning research activities.
 4. Data will be collected continuously in order to monitor trends in substance abuse.
 5. Ethical standards will be maintained by employing the appropriate methodology, ensuring the consent, anonymity, and confidentiality of the respondent.
 6. The integrity of any agency carrying out research must be ensured.
 7. All reports from the NCSA to its Ministry will be accompanied by a synopsis that can be used to prepare a cabinet paper.
 8. The results of surveys and other data collecting activities will be available to the public upon approval by cabinet.
 9. High risk groups will be targeted.
 10. Periodic national household surveys will be conducted.

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

ANTI-MONEY LAUNDERING

As a matter of policy:

1. Legislation will be continually reviewed by all anti-money laundering stakeholders.
2. The capacity of regulatory agency to prevent and control money laundering activity will be continually enhanced.

LAW ENFORCEMENT

As a matter of policy:

1. Stringent mechanisms will be put in place to protect Barbados from the importation and exportation of illegal drugs and firearms.
2. Mandatory customs declaration forms will be processed by customs officers after being initially vetted by immigration personnel.
3. All law enforcement officers will receive adequate training before being assigned to duty at ports of entry.
4. Joint communiqués will be issued on completion of combined exercises between law enforcement agencies.
5. Inter-agency, governmental and non-governmental cooperation, and coordination at the national, regional, and international levels will be promoted.

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6. Drug investigation legislation will be created, enhanced, and strengthened, in response to a changing environment.
7. First time offenders with minor charges will be separated from “hardened criminals” in order to reduce the rate of recidivism.
7. All testing procedures must conform to international standards.
8. All laboratory personnel must be certified.

CHEMICAL PRECURSOR CONTROL

As a matter of policy:

1. Legislation will be updated and enacted, as appropriate, in keeping with international standards, to control the importation, transplantation, distribution, use and disposal of chemical and psychotropic substances.
2. A register of all transactions involving chemicals will be maintained for monitoring purposes.
3. Agencies will share relevant databases.
4. Relevant agencies will actively participate in regional and international programmes for communication.
5. A proposed legal regulatory authority will be cognizant of and responsive to the trends in demand, supply, and use and abuse of chemical and psychotropic substances and their impact on the environment, health, and safety of the public of Barbados.
6. All studies must be validated.

SECTION V

IMPLEMENTATION

IMPORTANT ASSUMPTIONS

The full implementation of this plan assumes that:

- § The economy will support the allocation of sufficient resources to fund and maintain all of the components.
- § Significant external grant funding will be secured for the traditionally under financed demand reduction components.
- § Government will upgrade the legislative environment as required.

SIGNIFICANT RISKS

Full implementation of the BNADP could be compromised by shifts in international funding priorities. The change in the global political and economic environment, especially since the start of the “War on Terrorism”, has created uncertainty surrounding the availability of future funding for anti-drug efforts.

KEY TASKS

- § By April 2002, the plan is to be approved by Cabinet.
- § By July 2002, the NCSA will be restructured.
- § By November 2002, all sub-committees of the NCSA are to be established.

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IMPLEMENTATION OF PREVENTION

GOAL

To reduce the use and abuse of legal and illegal substances among all age groups.

KEY INDICATOR

Incidence of drug use controlled at current level and further decreases by 20% by 2006.

RESPONSIBLE PARTIES

LEADERSHIP

National Council on Substance Abuse

NATIONAL PLANNING

NCSA; Min. Education; Min. Social Transformation; Min. Health; GIS

IMPLEMENTATION

NCSA; All relevant Ministries and Departments; All Educational Institutions; Churches; CBO's; NGO's; Private Sector

1

TRAINING AND EDUCATION

Provide training about legal and illegal drug and substance abuse prevention at all levels.

1.1

EXPECTED RESULTS

Informal education about legal and illegal drugs is enhanced.

INDICATORS

1.1.1

Between April 2002 and March 2007, advocacy campaign for producers and merchandisers to modify their advertising and their use of young people in advertisements will be mounted. *\$60,000*

1.1.2

Between October 2002 and March 2007, high impact educational materials for the public will be developed and distributed. *\$2,000,000*

1.1.3

By December 2002, critical information will be compiled and distributed to targeted high-risk groups.

1.1.4

Between April 2002 and March 2007, awareness campaigns that include the use of posters, websites, award competitions, cultural initiatives, and projects targeting school children, journalists and media persons will be developed and mounted. *\$4,000,000*

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1.2

EXPECTED RESULTS

Formal education on legal and illegal drugs and substance abuse is enhanced.

INDICATORS

1.2.1

By October 2002, training courses for teachers, service providers, staff and care givers of penal and detention centers and children's homes will commence. *\$400,000*

1.2.2

Between April 2002 and December 2004, Workplace Education Training will be mounted. *\$240,000*

1.2.3

By September 2002, a national policy on substance abuse education will be in place.

1.2.4

By September 2003, a drug awareness credit programme for all primary, secondary, and tertiary education institutions, and NGO's, will be established. This will include placing drug guidance counselors in every school. *\$3,000,000*

1.2.5

By September 2003, an anti-substance abuse diploma will be given to the first set of graduates.

1.2.6

By September 2003, the drug education component of the Health and Family Life Education curriculum will be expanded.

1.2.7

By September 2003, a broad based drug awareness curriculum for service providers will be developed.

2

COORDINATION

Enhance inter-institutional coordination and cooperation among substance abuse prevention agencies.

2.1

EXPECTED RESULTS

National coordinating body is established to optimize the use of resources for maximum impact.

INDICATORS

2.1.1

By July 2002, a national drug awareness and prevention coordination committee will be established.

2.1.2

By July 2002, key substance abuse prevention stakeholders will be identified.

2.1.3

By August 2002, a cooperation awareness programme will be developed and mounted.

2.1.4

By September 2002, a regulatory framework to monitor programming, resources, etc. of key stakeholders will be in place.

2.1.5

By December 2002, a substance abuse directory will be created. *\$7,500*

3

DRUG RESISTANCE

Promote drug resistance skills.

3.1

EXPECTED RESULTS

Specific measures that target high-risk groups are developed and implemented.

INDICATORS

3.1.1

By September 2002, programmes that target prisoners and ex-prisoners will be strengthened. *\$200,000*

3.1.2

Between April 2002 and March 2007, programmes that use community centres and community initiatives for substance abuse prevention will be fully developed and implemented. *\$5,000,000*

3.1.3

By April 2003, a survey to identify “at risk” groups will be completed. *\$30,000*

3.1.4

By April 2004, voluntary drug testing will be implemented.

3.1.5

By January 2004, all personnel within the prisons and detention centers will be trained in substance abuse prevention.

4

LEGISLATION

Enhance legislation to support prevention activities.

4.1

EXPECTED RESULTS

Current legislation will be enhanced and new legislation enacted.

INDICATORS

4.1.1

By April 2003, current legislation will be amended to include severe penalties for selling alcohol to minors.

4.1.2

By April 2003, current legislation will be amended to have educational material on legal drinking age, and associated penalties issued along with licenses to sell alcohol.

4.1.3

By April 2003, legislation will be enacted to establish guidelines for advertising alcohol, tobacco, and any other addictive substance.

**IMPLEMENTATION OF
TREATMENT AND
REHABILITATION**

GOAL

To enhance the quality and accessibility of treatment and rehabilitation services available to substance users.

KEY INDICATOR

Rehabilitation success rates increased by 30% over the period 2002-2006.

RESPONSIBLE PARTIES

LEADERSHIP

Verdun House

NATIONAL PLANNING

NCSA; Verdun House

IMPLEMENTATION

Verdun House; NCSA; UWI; BCC; Verdun House; Min. of Health; GIS; Psychiatric Hospital; Teen Challenge; CASA; HM Prisons;

5

UPGRADE SERVICES

Upgrade existing treatment and rehabilitation facilities and services, while making them accessible and affordable.

5.1

EXPECTED RESULTS

Clients have access to affordable and effective services.

INDICATORS

5.1.1

By December 2002, legislation on insurance coverage for treatment and rehabilitation services for addictions will be in place. *\$60,000*

5.1.2

By December 2003, insurance coverage for treatment and rehabilitation services for addictions will be available. *\$15,000*

5.1.3

By December 2005, Employment Assistance Programmes will be accessible to all workers.

5.2

EXPECTED RESULTS

Accreditation and certification systems are established.

INDICATORS

5.2.1

By July 2002, an accreditation board will be established. *\$137,500*

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5.2.2

By July 2002, a certification board will be established. *\$92,000*

5.2.3

By April 2003, appropriate legislation will be enacted to support accreditation and certification. *\$5,000*

5.2.4

By April 2004, minimum standards will be developed and implemented. *\$65,000*

5.2.5

Between December 2003 and December 2006, training will be provided to meet certification needs. *\$230,000*

5.2.6

By December 2004, a pool of professionals will have been developed and certified.

5.3

EXPECTED RESULTS

Programme evaluation systems are in place.

INDICATORS

5.3.1

By October 2002, a survey of existing services and their technical, financial, and infra-structural status will be completed. *\$16,000*

5.3.2

By October 2002, a system will be in place to evaluate resource requirements and the impact of programmes on an ongoing basis. *\$55,000*

5.3.3

By September 2003, a confidential database will be created. *\$27,500*

5.4

EXPECTED RESULTS

Outreach programmes developed and implemented.

INDICATORS

5.4.1

By September 2002, key community stakeholders will be trained. *\$20,000*

5.4.2

By April 2003, crisis facilities at the street level will be established. *\$1,238,000*

5.5

EXPECTED RESULTS

Specialized programmes for target groups are developed.

INDICATORS

5.5.1

By April 2003, existing facilities will be upgraded and new facilities identified. *\$1,830,000*

5.5.2

By December 2004, new facilities and services will be established for women. *\$870,000*

5.5.3

By December 2004, new facilities and services will be established for women and children. *\$877,200*

5.5.4

By December 2004, new facilities and services will be established for prisoners. *\$255,000*

5.5.5

By December 2005, new facilities and services will be established for adolescents. *\$1,342,200*

5.5.6

By December 2005, new facilities and services will be established to assist with reintegration. *\$1,785,800*

5.5.7

By December 2005, new facilities and services will be established for a drug court liaison. *\$475,000*

5.6

EXPECTED RESULTS

Funding is accessed for Treatment Centres and programmes.

INDICATORS

5.6.1

By August 2002, a comprehensive fund raising proposal for treatment services will be prepared. *\$10,000*

5.6.2

By April 2004, significant funding is accessed for treatment and rehabilitation services from Government and Non-government sources.

6

BUILD PUBLIC AWARENESS

Build public awareness about treatment and rehabilitation services.

6.1

EXPECTED RESULTS

Public awareness about the importance, availability, and effectiveness of treatment and rehabilitation services is significantly increased.

INDICATORS

6.1.1

By August 2002, a campaign to deliver information through appropriate media will be developed. *\$5,000*

6.1.2

Between September 2002 and September 2004, a campaign will be mounted. *\$180,000*

7

COORDINATION

Promote inter-institutional coordination between Treatment and Rehabilitation service providers.

7.1

EXPECTED RESULTS

The flow of information, techniques, and resources between service providers locally, regionally, and internationally is significantly increased.

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INDICATORS

7.1.1

By January 2003, there will be a significant increase in the efficiency of information dissemination. *\$175,000*

7.1.2

By January 2003, there will be a significant increase in inter-agency collaboration. *\$1,500*

7.1.3

By January 2004, a formal national, regional, and international network of treatment and rehabilitation service providers will be established. *\$27,500*

IMPLEMENTATION OF RESEARCH AND DIAGNOSIS

GOAL

To set up a comprehensive Research and Diagnosis system to inform, monitor, and evaluate all aspects of demand and supply reduction activities.

KEY INDICATOR

By December 2005, a comprehensive and integrated information system is in place.

RESPONSIBLE PARTIES

LEADERSHIP

National Council on Substance Abuse

NATIONAL PLANNING

NCSA; National Task Force on Crime Prevention

IMPLEMENTATION

NCSA; National Task Force on Crime Prevention; Police; Customs; UWI; BCC; CAREC

8

CENTRALIZE

Centralize data and analysis by strengthening existing national and regional agencies that are involved in any aspect of data collection and research.

8.1

EXPECTED RESULTS

Quality information (timely, accurate, and relevant) is released by the NCSA.

INDICATORS

8.1.1

By April 2002, stronger links will be established with the media (electronic and print). *\$2,500*

8.1.2

By September 2002, a comprehensive mailing list of institutions and key individuals will be in place.

8.1.3

By September 2002, the relevant local, regional, and international journals for the publication of information will be identified.

8.1.4

By April 2003, the production and distribution of drug related statistical summaries would have commenced. *\$25,000*

8.2

EXPECTED RESULTS

A relationship with local, regional, and international institutions that can provide

the technical expertise to enhance Barbados' research capabilities is established.

INDICATORS

8.2.1

Between April 2002 and January 2004, representatives will visit institutions when necessary in order to facilitate technical exchanges and collaborative relationships. *\$60,000*

8.2.2

By August 2002, a relationship will be established with CAREC.

8.2.3

By September 2002, persons will be identified locally with various levels of expertise in research. *\$2,500*

8.2.4

By September 2002, a research proposal will be sent to relevant institutions in order to procure funding and technical assistance. *\$10,000*

8.3

EXPECTED RESULTS

A system to facilitate the ongoing collection of national data for the purposes of education, planning, and the detection of trends is established

INDICATORS

8.3.1

By July 2002, a working group comprising persons certified to liaise with NCSA will be formed. *\$15,000*

8.3.2

By August 2002, key agencies/institutions will be identified with a view to establishing a network between them with the NCSA as the central coordinating agency. *\$15,000*

8.3.3

By September 2002, a coordinating centre will be established. *\$60,000*

8.3.4

By December 2003, technical assistance and training will be provided to 10 key institutions and all suitably qualified personnel. *\$50,000*

8.3.5

By December 2004, a National Drug Information System will be in place. *\$70,000*

8.4

EXPECTED RESULTS

All stakeholders have a greater insight into the nature of the drug problem through enhanced collection and analysis of data.

INDICATORS

8.4.1

By April 2002, implementation on the uniform statistical systems on control of the supply area (CICDAT) - anti-money laundering, and law enforcement- will commence with assistance from the OAS/CICAD. This will involve quarterly collection of statistics from Police, Customs, and agencies responsible for tracking chemical precursors.

8.4.2

Between August 2002 and April 2007, epidemiological surveys will be conducted periodically. These will include:

§ Rapid Assessment surveys conducted every two to three years,

§ National Household Surveys every five years,

§ School surveys every two years, and

§ Baseline surveys for prisons, police stations and workplaces. *\$270,000*

8.4.3

Between April 2002 and April 2007, the Inter-American Drug Use Data System (SIDUC) will continue with assistance from the OAS/CICAD. It will include surveys of:

§ Emergency room patients every four months,

§ Patients in treatment and rehabilitation centres every four months, and

§ Secondary school students every two years. *\$140,000*

8.4.4

By September 2003, pilot studies in relation to trends and diverse manifestations of drug use and abuse will be developed and implemented.

9

DEVELOP RESEARCHERS

Develop technical expertise in the area of research, so that there will be a readily available cadre of persons to assist in research and diagnosis.

9.1

EXPECTED RESULTS

Professionals and workers at various levels have enhanced skills in relation to drug abuse research.

INDICATORS

9.1.1

Between April 2002 and April 2005, seminars will be conducted by the NCSA to provide information and training in research methodology and evaluation techniques. *\$18,000*

9.1.2

By September 2002, ongoing work attachments on research assignments will be provided for students at various institutions and at various levels. *\$50,000*

9.1.3

By September 2003, general research capabilities will be developed by the NCSA through collaborations with UWI and BCC.

9.1.4

By September 2004, judicial expertise in the area of research and evaluation in Barbados will be developed among key research professionals. *\$50,000*

IMPLEMENTATION OF ANTI-MONEY LAUNDERING

GOAL

To prevent or control money laundering activities in Barbados.

KEY INDICATOR

Suspicious transactions will be identified.

RESPONSIBLE PARTIES

LEADERSHIP

Anti-Money Laundering Authority

NATIONAL PLANNING

AMLA

IMPLEMENTATION

AMLA; Barbados Stock Exchange; CALP; The Central Bank of Barbados; CFATF; Customs and Excise Department; Director of Public Prosecutions (DPP); Financial Institutions; FIU; Inland Revenue; INTERPOL; Min. Economic Development; Min. Finance; Min. Foreign Affairs; Office of the Attorney General (Justice); Office of Industry and International Business; Registrar of Cooperatives; Registrar of Corporate Affairs and Intellectual Property; RBPF; Supervisor of Insurance

10

ONGOING TRAINING

Provide ongoing financial, legislative, and training support to agencies involved in anti-money laundering

10.1

EXPECTED RESULTS

Anti-money laundering agencies maintained at high level of alertness, efficiency, and effectiveness.

INDICATORS

10.1.1

Between April 2002 and March 2007, all front-line operators and middle management officials will be trained.

10.1.2

Between April 2002 and March 2007, all Investigators and Prosecutors will be trained. *\$250,000*

10.1.3

Between April 2002 and March 2007, training officers from among the Law Enforcement, Judicial, and Financial Sectors will be maintained. *\$250,000*

10.1.4

By April 2002, a public relations strategy will be developed and implemented to create awareness among members of the public as it relates to the risks of involvement in money laundering activities. *\$250,000*

IMPLEMENTATION OF LAW ENFORCEMENT

GOAL

To strengthen the ability of law enforcement agencies to effectively and efficiently deal with activities associated with illegal drugs.

KEY INDICATOR

35% reduction in activities associated with illegal drugs.

RESPONSIBLE PARTIES

LEADERSHIP

To be determined by agencies during implementation.

NATIONAL PLANNING

BDF; Customs and Excise; Immigration Dept.; RBPF

IMPLEMENTATION

BDF; Barbados Coast Guard; Customs and Excise, Immigration Dept.; RBPF, Min. of Home Affairs; Office of the Attorney General

11

REDUCE DRUGS

Reduce the availability of drugs in Barbados.

11.1

EXPECTED RESULTS

Reinforcement of linkages between local, regional, and international law enforcement agencies.

INDICATORS

11.1.1

By April 2002, the National Joint Headquarters (NJHQ) will be established to enhance and strengthen inter-agency (Governmental and non-governmental) cooperation and coordination at the national, regional, and international levels. *\$1,500,000*

11.1.2

By December 2002, information and intelligence sharing, coupled with improved communications between Barbados and drug source states, as well as other regional and international countries will be further strengthened.

11.1.3

By April 2003, a National Joint Task Force on drugs will be established.

11.1.4

Between April 2002 and December 2004, the level of joint sharing of information and intelligence with other Law Enforcement agencies at the national level will be significantly improved.

11.2

EXPECTED RESULTS

The enforcement presence at Ports of entry is increased with further concentration on the targeting and profiling of passengers, cargo, and crews.

INDICATORS

11.2.1

By December 2003, a National Threat Assessment will be developed with provision for updates on a needs basis.

11.2.2

By December 2003, air and sea support capabilities of the BDF will be significantly enhanced. *\$2,000,000*

11.2.3

By December 2003, land and maritime patrols will be significantly intensified.

11.3

EXPECTED RESULTS

The effectiveness and efficiency of the judicial system to expedite drug matters is improved.

INDICATORS

11.3.1

Between April 2002 and March 2007, existing Customs and Excise, RBPF, and Coast Guard legislation will be strengthened to remove any legal loopholes. *\$200,000*

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11.3.2

Between April 2002 and March 2007, drugs and firearms legislation will be periodically updated.

11.3.3

By December 2003, a correctional institution for first time offenders will be established.

11.3.4

By June 2003, a Drug court will be created. *\$500,000*

11.4

EXPECTED RESULTS

The knowledge and skills of law enforcement officers in the areas of detection, interdiction, and demand reduction are improved.

INDICATORS

11.4.1

Between April 2002 and March 2007, national, regional, and international joint training exercises will be conducted. *\$250,000*

11.4.2

Between April 2002 and March 2007, law enforcement officers will be exposed to International Training and related seminars on an annual basis. *\$125,000*

11.4.3

By September 2002, a national training plan will be developed.

11.5

EXPECTED RESULTS

Mechanisms for Customs and Excise and immigration control units are significantly strengthened.

INDICATORS

11.5.1

Between April 2002 and March 2007, officers will be re-trained in drug detection techniques and other related topics. *\$125,000*

11.5.2

By December 2002, additional state of the art, mobile equipment to X-ray baggage and cargo will be acquired. *\$2,000,000*

11.5.3

By December 2002, communications sharing capability among entities at ports of entry e.g. airlines and security personnel will be significantly enhanced.

11.6

EXPECTED RESULTS

Multi-agency operations are coordinated.

INDICATORS

11.6.1

Between April 2002 and March 2007, weekly meetings of the Heads of Law Enforcement Operations will be convened for the purpose of sharing and analyzing information, and planning operations.

DRAFT

11.6.2

By April 2002, systems that can best utilize the information to be provided through the National Joint Headquarters will be devised.

11.6.3

Between April 2002 and March 2007, anti-drug operations will be continuously assessed and evaluated.

11.6.4

Between April 2002 and March 2007, the development of human and equipment resources will be maximized. *\$500,000*

11.7

EXPECTED RESULTS

The cultivation, manufacture, and distribution of illicit drugs in Barbados is eliminated.

INDICATORS

11.7.1

Between April 2002 and March 2007, intelligence through networking with the wider community will be increased.

11.7.2

Between April 2002 and March 2007, coordinated joint patrols and operations between the RBPF and BDF will be increased.

11.7.3

Between April 2002 and March 2007, training for all law enforcement officers in Chemical Precursors will be enhanced. *\$150,000*

11.7.4

By September 2002, strategic partnerships with the plantation managers and other landowners will be established.

11.7.5

By April 2003, legislation for controlled deliveries and interception will be developed and enacted.

11.8

EXPECTED RESULTS

Funds to assist law enforcement officers in the fight against illicit drugs are increased.

INDICATORS

11.8.1

By April 2003, legislation will be enacted to allow for assets and other chattel seized from persons charged for drug offences to be utilized by law enforcement agencies in their continued efforts at suppressing the flow of illegal drugs into and through Barbados.

11.8.2

Between April 2002 and March 2007, adequate financial resources will be provided to law enforcement agencies.

**IMPLEMENTATION OF
CHEMICAL PRECURSOR
CONTROL**

GOAL

To prevent the use of chemical precursors for the manufacture of illegal drugs.

KEY INDICATOR

60% reduction in the availability of chemical precursors to manufacture drugs.

RESPONSIBLE PARTIES

LEADERSHIP

Barbados Drug Service

NATIONAL PLANNING

Barbados Drug Service; FSC; CSTWG

IMPLEMENTATION

Academic Institutions; Barbados Drug Service; Barbados National Standards Institute (BNSI); Chief Parliamentary Counsel's Office; Customs and Excise; FSC; Manufacturers; Min. of the Environment; Min. of Finance; Min. of Health; NCSA; National, Regional and International Regulatory Authorities; Office of the Attorney General; RBPF; Retailers; Solicitor General's Office

12

LEGISLATION

Revise, enact, and enforce legislation to control the use and abuse of narcotic drugs, psychotropic substances, precursors, and other chemical substances in accordance with national and international standards.

12.1

EXPECTED RESULTS

Existing legislation is reviewed, updated, and harmonized to embrace and reflect the true nature and content, as well as to provide for ease of use of the legislation.

INDICATORS

12.1.1

By April 2003, the following acts will be revised:

§ *The drug abuse (prevention and control) Act 1990, Cap. 131 with possible title change "Chemical and drug abuse (prevention and control) act 1993);*

§ *The evidence act, 1994, Cap.121;*

§ *Other pertinent legislation. \$30,000*

12.1.2

By September 2003, clear guidelines for disposal of chemicals will be developed and published. *\$50,000*

12.2

EXPECTED RESULTS

A regulatory administrative system is established to enforce the enacted legislation.

INDICATORS

12.2.1

By August 2002, the key players and their respective responsibilities within the administrative system will be identified.

12.2.2

By April 2003, a national regulatory authority with specific terms of reference will be created. *\$30,000*

13

DEVELOP FRAMEWORK

Develop the institutional framework to control chemical precursors.

13.1

EXPECTED RESULTS

National communication systems to facilitate the exchange of information on prescribed activities as it relates to the enacted legislation is strengthened and, where necessary, established.

INDICATORS

13.1.1

Between April 2002 and March 2007, training will be provided to ensure efficiency within the system. *\$250,000*

13.1.2

By June 2002, a mechanism for collecting, processing, and distributing data collected within the system will be created. It will provide information on:

§ The number of authorization certificates for import and export,

§ The number of registered trading companies,

§ The number of pre-notifications,

§ The number of returns of issued certificates,

§ The number of reported infringements, and

§ The frequency of internal and external audits. *\$900,000*

13.1.3

By September 2002, the laws related to chemical control will be published. *\$1,150,000*

13.1.4

By September 2002, a national communication mechanism involving the key players in the administration will be created. *\$50,000*

13.1.5

By April 2003, Databases for chemical control will be completed and maintained. *\$80,000*

13.2

EXPECTED RESULTS

Regional and international communication systems to monitor and control the use of narcotic drugs, psychotropic substances, and precursors are strengthened, and where necessary, established.

INDICATORS

13.2.1

Between April 2002 and March 2007, personnel will be trained. *\$50,000*

13.2.2

Between April 2002 and March 2007, there will be annual audits. *\$40,000*

13.2.3

By September 2002, reporting protocols will be devised.

13.2.4

By September 2002, databases will be created.

13.2.5

By April 2003, a rigorous licensing and reporting system will be developed.

13.2.6

By April 2003, a network will be established.

13.2.7

By September 2003, compliance to reporting protocols will be completed.

13.3

EXPECTED RESULTS

Forensic and other national laboratory services are strengthened to enhance the prescribed activities as cited in the enacted legislation.

INDICATORS

13.3.1

By August 2002, laboratories will be identified to provide the necessary services.

13.3.2

By September 2003, all testing procedures will conform to international standards. *\$500,000*

13.3.3

By September 2004, quality assurance and control systems in the laboratories will be implemented and enhanced.

13.3.4

By December 2004, all laboratory personnel will be certified.

14

COORDINATION

Coordinate appropriate activities with respect to the handling, storage, transportation, recycling, and disposal of chemical substances as cited in the enacted legislation.

14.1

EXPECTED RESULTS

An efficient, computerized, system of tracking all chemicals, their use, and their movement, entry, and exit from the island is developed.

INDICATORS

14.1.1

By September 2002, all methods of storage, etc of chemical substances will be researched and detailed.

14.1.2

By September 2002, a mechanism to mandate the documenting of all transactions involving chemical substances will be created.

14.1.3

By April 2003, customs control mechanisms and activities in relation to chemical control will be strengthened.

14.1.4

By April 2004, all necessary standards relevant to the handling, storage, transportation and disposal of all chemical substances will be legislated.

14.1.5

By December 2004, a computerized system to assist with documentation to ensure efficient tracking will be in place. *\$500,000*

15

DEVELOP STUDIES

Develop studies that will determine the real demand for Narcotic drugs, chemicals, and psychotropic substances.

15.1

EXPECTED RESULTS

Scientifically researched information is available to inform decisions.

INDICATORS

15.1.1

By August 2002, expressions of interest for studies will be invited by public tender. *\$50,000*

15.1.2

By April 2003, data from all manufactures, etc, will be collected and collated to determine the annual quotas of chemicals needed as well as the rational use of narcotics and psychotropic substances. *\$300,000*

15.1.3

By September 2003, studies to determine the demand and rational use of chemical substances in Barbados will be completed.

15.1.4

By September 2003, studies to determine the illicit use of chemical substances in Barbados will be completed.

**MONITORING AND
EVALUATION**

Monitoring and Evaluation of the implementation of the National Anti-Drug Plan will be a function of the NCSA. Implementation will be reviewed quarterly with biannual reports being sent to Cabinet.

The NCSA's research unit will be responsible for coordinating relevant agencies in relation to their research. Each agency, under direction of the NCSA, will continually provide information on the status of various components under the plan.

Ongoing analysis of their institutional capacity, and the efficiency and effectiveness of the organizations and their programmes, will be provided to the NCSA to inform policy and programming decisions.

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SECTION VI

BUDGET

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INDEX OF ABBREVIATIONS

AA	Alcoholics Anonymous.....	24
ACP	African, Caribbean, and Pacific.....	12
AIDS	Acquired Immune Syndrome	10
BCC	Barbados Community College	9
BDS	Barbadian Dollar	11
BIMAP	Barbados Institute of Management and Productivity	9
BNADP	Barbados National Anti-Drug Plan.....	5
BNSI	Barbados National Standards Institute	62
BVTB	Barbados Vocational Training Board	9
CAREC	Caribbean Epidemiology Centre	29
CARF	Commission for the Accreditation of Rehabilitation Facilities.....	25
CARICOM	Caribbean Community.....	11
CASA	Coalition Against Substance Abuse	24
CBO	Community Based Organization.....	6
CFATF	Caribbean Financial Action Task Force.....	32
CICAD	Inter-American Drug Abuse Control Commission.....	5
CICDAT	Statistics on the control of the supply of drugs	29
CSTWG	Chemical Substances Technical Working Group.....	36
DARE	Drug Abuse Resistance Education.....	20
DEA	Drug Enforcement Agency	13
DPP	Director of Public Prosecutions	57
EDUCTECH 2000	Education Sector Enhancement Programme	10
EU	European Union.....	12
FIU	Financial Intelligence Unit.....	31
FSC	Forensic Sciences Centre	36
GIS	Government Information Service.....	23
HDI	Human Development Index.....	8
HFLE	Health and Family Life Education.....	20
HIV	Human Immuno Virus.....	10
IDER	Integrated Demand Reduction.....	14
INCB	International Narcotics Control Board.....	35
INTERPOL	International Criminal Police Organization	32
MEM	Multilateral Evaluation Mechanism	5
MSWG	Multi-Sectoral Working Group	5
NA	Narcotics Anonymous.....	24
NACD	National Advisory Council on Drugs.....	13
NANC	National Anti-Narcotics Committee	13
NCPADD	National Council for the Prevention of Alcoholism and Drug Dependency	24
NCSA	National Council on Substance Abuse	5
NDRC	National Drug Resource Centre.....	14
NGO	Non-Governmental Organization.....	6
NJHQ	National Joint Headquarters.....	34
OAS	Organization of American States.....	5
OECD	Organization for Economic Cooperation and Development.....	12
PAHO	Pan-American Health Organization.....	11
PAREDOS	Parent Education for Development in Barbados	24
PEC	Poverty Eradication Committee	11
PMO	Project Management Office.....	34
QEH	Queen Elizabeth Hospital.....	10
RAS	Rapid Assessment Survey.....	15

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RBPF	Royal Barbados Police Force.....	18
RDC	Rural Development Commission.....	11
SAN	Substance Abuse Network.....	21
SBS	Special Benefit Service.....	11
SIDUC	Inter-American uniform drug use data system.....	29
SJPP	Samuel Jackman Prescod Polytechnic.....	9
TVEC	Technical and Vocational Education and Training Council.....	9
UDC	Urban Development Commission.....	11
UN	United Nations.....	21
UNDCP	United Nations International Drug Control Programme.....	13
UNDP	United National Development Programme.....	8
UWI	University of the West Indies.....	9
WHO	World Health Organization.....	11

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**LIST OF INDIVIDUALS AND ORGANIZATIONS WHO ATTENDED
THE WORKSHOP**

First Name	Last Name	Institution
Desmond	Sands	Anti-Money Laundering Authority
Fernella	Cordle	Barbados Coast Guard
Vernessa	Alleyne	Barbados Community College
Capt. Jeffrey	Forde	Barbados Defense Force
Maryam	Hinds	Barbados Drug Service
Trevor	Richards	Barbados Drug Service
Cherri-Ann	Dixon-Holford	Barbados Family Planning Association
Patrick	Beckles	Barbados Football Association
Lester	Springer	Barbados National Standards Institute
Kay	Holder	Barbados Youth Service
Patricia	Hackette-Codrington	Bureau of Gender Affairs
Ryan	Drakes	Central Bank of Barbados
Orlando	Jones	Coalition Against Substance Abuse
Edwin	Harewood	Customs and Excise Department
Rudolph	Parris	Customs and Excise Department
Kenneth	Chandler	Division of Youth Affairs
Marjorie	Clarke	EAP - Office of Public Sector Reform
Cheryl	Holder	Family Services Section, Welfare Dept
Cheryl	Corbin	Forensic Sciences Centre
Grantley	R. Carvalho	Government Industrial School
Margaret	Hope	Government Information Service
Alexander	Daniel	H.M. Prisons
Pamela	Lorde	Kiwanis Club Barbados Central
Judy	Millington	Kiwanis Club Barbados Central
Fredrica	Harper	Leo Club of Bridgetown
Hilana	Layne	Leo Club of Bridgetown

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First Name	Last Name	Institution
Winston	Sealy	Lions Club of Bridgetown
Sylvester	Niles	Lions Club of St.Michael
Gertrude	Welsh	Ministry of Education
Dr. John	Licorish	Ministry of Health
Gwendah	Alleyne	Ministry of Social Transformation
Betty	Wright	Ministry of Tourism
Roger	Husbands	National Council for the Prevention of Alcohol and Drug Dependency
Paulavette	Atkinson	National Council on Substance Abuse
Stephen	Brereton	Lions Club
Pernell	Clarke	National Council on Substance Abuse
Maurice	Foster	National Council on Substance Abuse (Board)
Danny	Gill	National Council on Substance Abuse (Chairman)
Wendy	Greenidge	National Council on Substance Abuse
Dr. Sharon	Harvey	National Council on Substance Abuse (Board)
Shurland	Hoyte	National Council on Substance Abuse (Board)
Cheryl	Willoughby	National Council on Substance Abuse
Sajitha	Caddle	National Council on Substance Abuse
Tessa	Chaderton-Shaw	National Council on Substance Abuse (Manager)
Ishmael	Morris	National Council on Substance Abuse (Dep. Manager)
Brian	Payne	National Council on Substance Abuse
Cecil	Henry	National Insurance Service
Nalita	Gajadhar	National Organisation of Women
Cathrine	Roach	Nursing Department BCC
Hallam	King	Office of the Attorney General
Rita	Marshall	Optimist Club Barbados
Marva	Springer	PAREDOS
Corynne	Haynes	Princess Margaret School

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First Name	Last Name	Institution
Percival	P. Sealy	Prison Advisory Board
Dorita	Lovell	Probation Department
David	Byron	Project Management Office Training
Dr. Ermine	Belle	Psychiatric Hospital
Orwin	Brathwaite	Psychiatric Hospital
Patsy	Crichlow	Psychiatric Hospital
Roderick	Harding	Psychiatric Hospital
Edward	Young	Psychiatric Hospital
Beverley	Drakes	Psychologist - Private Practice
Sgt. Christine	Holder	Regional Police Training Centre
Sgt. Andre	Goddard	Royal Barbados Police Force
Sgt. Winston	Holder	Royal Barbados Police Force
ASP Vincent	Springer	Royal Barbados Police Force
Sgt. Michael	Waterman	Royal Barbados Police Force
Morris	Blenman	Samuel Jackman Prescod Polytechnic
Dr. Anthony	Lwegaba	School of Clinical Medicine & Research, UWI
Rev. Malcolm	Babb	Spiritual Baptist Church
Rev. Marcus	Walrond	Spiritual Baptist Church
Stephen	Skeete	Teen Challenge Barbados
Stefan	Sherry	United Nations Drug Control Programme
Victoria	Beecher	Verdun House
Judy	King	Welfare Department
Alfred	Trotman	Young Men's Christian Association
Cleon	Armstrong	Young Men's Christian Association