

The Government of Barbados

The Barbados National Anti-Drug Plan

2015-2020

National Council on Substance Abuse

Revised:

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Cnr. 1st Avenue Belleville & Pine Road, St Michael, Barbados

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The NCSA is deeply grateful to Dr. Keith Nurse, of the University of the West Indies (UWI) who facilitated, on short notice, the National Consultation and led the process of incorporating the views of stakeholders into a coherent framework. We are also indebted to the staff of the Inter-American Drug Abuse Control Commission (CICAD) of the Organization of American States (OAS) for their technical advice, support and encouragement.

Preamble

The Government of Barbados and its lead agency the National Council on Substance Abuse:

- Recognising that the drug challenge demands a comprehensive, balanced and multi-disciplinary approach that requires common and shared responsibility among all states;
- Recognising also that drug dependence is a chronic, relapsing disease that should be treated as a public health issue;
- Fully cognisant that drug policy must respect human rights in terms of law enforcement, due process and in health and treatment;
- Fully cognisant also that the drug problem is a major developmental challenge and has economic, social and political implications;
- Convinced that the development of drug policy must be underpinned by scientific evidence and open to public scrutiny;
- Recalling the commitment to prepare a National Anti-Drug Plan to guide the country's efforts in dealing with the challenges posed by the abuse of legal and illegal drugs in the short, medium and long term

Reiterates its commitment by preparing and submitting an Anti-Drug Plan for the period 2015 to 2020 which represents the collective efforts of the Government, Non-Governmental agencies, Civil Society and other stakeholders

Foreword

Statement by the Honourable Adriel Brathwaite, Attorney General and Minister of Home Affairs



Barbados has for several years tackled the drug phenomenon outside of a formal strategic planning framework. It is universally recognized that for countries to challenge this hydra-headed menace they must employ strategies that bring all the resources at their disposal into a common space and marshal them in a national effort that is coherent with the regional and hemispheric approach. This government has therefore committed itself to produce a strategic framework which will guide all our actions to tackle this global challenge.

The use and abuse of legal and illegal drugs negatively affect the quality of life of all our citizens and those who have chosen to make Barbados their home. This menace has the potential to undermine our institutions and weaken our democracy. We pay a heavy price in lost lives, wasted youth, high health costs, diverted resources and the weakening of families and communities. Barbados is a Small Island Developing State (SID) that has been able to craft its way successfully in the world based on our most productive resource: our People. Our highest and noblest task, therefore, is to protect this generation and those to come from the scourge of illegal drugs. The Barbados National Anti-Drug Plan (2015 – 2020) underscores the sustained commitment of the government to deal vigorously with drug use and abuse and those who are involved in the trafficking of these substances.

This National Anti-Drug Strategy has been crafted to be inclusive; to engage all stakeholders; to identify what they consider to be their priorities; and, importantly, to effectively take the actions that are needed to achieve them. The Plan, I am convinced, offers a faithful representation of all the perspectives of stakeholders in a balanced, integrated and evidenced-based manner. Of particular interest, is the inclusion of a response to the challenge of over-the-counter (OTC) and prescription medications, this area remains one of the most elusive safety problems facing our health professionals.

The Barbados National Anti-Drug Plan is intended to be a tool that drives and directs what we do nationally to respond to drug use and abuse. In the formulation of the Plan, every effort has been made to ensure that mechanisms are built in to allow for the monitoring and evaluation of the results. In other words, we should at discrete intervals be able to measure implementation and indicate objectively whether we are achieving stated targets. The governance structure proposed in the Plan is another

feature which in many ways is novel and will allow all voices and perspectives to receive consideration.

My government therefore commits to the full implementation of this plan by ensuring:

- the allocation of sufficient resources to fund and maintain all of the components;
- that significant external grant funding will be secured for the traditionally under financed demand reduction components;
- and that the legislative environment is updated as required.

I wish to take this opportunity to express my gratitude to the National Council on Substance Abuse (NCSA) for the leadership they have provided to bring this plan to fruition. I wish also to convey my thanks to the Inter-American Drug Abuse Control Commission (CICAD) of the Organization of American States (OAS) which has been a reliable and supportive partner in our anti-drug efforts.

I recommend this document to all our citizens.

November 2015

Acronyms

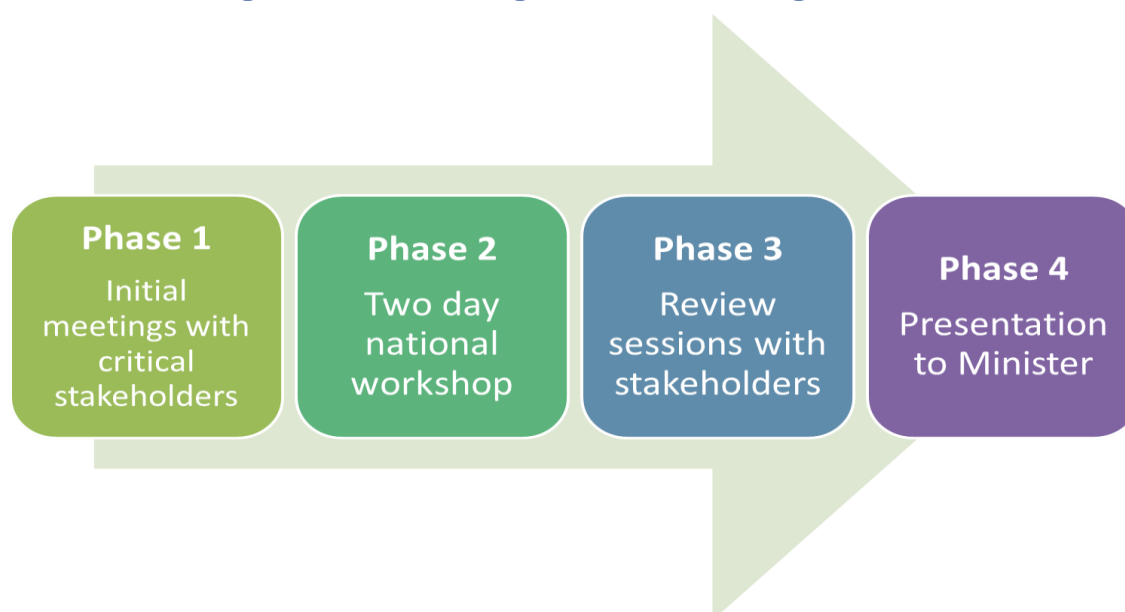
BARDIN	Barbados Drug Information Network
BNADP	Barbados National Anti-Drug Strategic Action Plan
CADRES	Caribbean Development Research Services Inc.
CASA	Centre for Counselling and Addiction Support Alternatives
CICAD	Inter American Drug Abuse Control Commission
CJRPU	Criminal Justice Research & Planning Unit
COWS	Challenges, Opportunities, Weaknesses, Strengths
CSFs	Critical Success Factors
DTC	Drug Treatment Court
FIU	Finance Intelligence Unit
FSC	Forensics Science Centre
GEG	Governmental Expert Group
INCB	International Narcotics Control Board
MEM	Multi-lateral Evaluation Mechanism
MOU	Memorandum of Understanding
NCE	National Coordinating Entity
NCSA	National Council on Substance Abuse
NGOs	Non-Governmental Organizations
OAS	Organization of American States
OTC	Over-The-Counter Medications
PEST	Political, Economic, Social, Technological
RBPF	Royal Barbados Police Force
SIDUC	Inter American System of Uniform Drug-Use Data
UNODC	United Nations Office on Drugs and Crime
UWI	University of the West Indies

Executive Summary

The Barbados National Anti-Drug Plan (BNADP) 2015 - 2020 is an initiative of the Government of Barbados, implemented through the National Council on Substance Abuse with the support of the Inter American Drug Abuse Control Commission (CICAD) of the Organisation of American States (OAS).

This 5-year strategy underscores the commitment of the Government of Barbados to protect its citizens from the scourge of illegal drugs which negatively impacts the quality of life for society as a whole:- communities, families and individuals. At the same time the anti-drug plan is a tangible demonstration of Barbados' hemispheric obligation to the OAS and its Multi-lateral Evaluation Mechanism (MEM). 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. Several key agencies contributed to the Plan during a year-long process.

Figure 1: The Strategic Action Planning Process



As in other key initiatives, the Barbados anti-drug policy requires an informed, systematic and forward-looking agenda to harness capabilities and resources to ensure long-term sustainability and viability. It is on this basis that the BNADP embarked on a strategic action planning process with the aim to outline the long-term mission and vision for the Anti-Drug Policy for Barbados.

The strategic action plan articulates the current position of the Anti-Drug Effort, identifies pathways to a preferred future for the BNADP, and outlines the requisite action necessary for the implementation, monitoring and evaluation of the plan. The plan serves as a catalyst to forge an agenda for change, growth and sustainability that will secure the mission of the BNADP, through creating ownership of strategies and building consensus among key stakeholders.

To achieve the strategic imperatives of the BNADP the plan prioritizes institutional strengthening as the overarching framework to allow for increased stakeholder participation, effective management of scarce resources, and a mobilization framework premised on networking and coordinated advocacy.

The key benefits for the BNADP from the strategic action planning process are:

- Enhanced political leadership and commitment to the drug response, visible locally and internationally
- Establishment of an effective interagency network to enable inter-agency communication, monitoring and evaluation
- The harmonization and alignment of governmental, corporate and non-governmental policies, procedures and plans.
- An improved legislative framework with respect to the five strategic areas outlined in the Plan
- A reduction in illicit importation, use and misuse of drugs (legal and illegal), alcohol and other narcotic substances.
- Increased productivity and effective utilization of resources
- Active use of technology to expedite the process of data collection and the dissemination of information

The BNADP takes, as its frame of reference, the Hemispheric Drug Strategy 2011-15ⁱ formulated as strategic guidelines for member states in crafting a response to the drug problem throughout this Hemisphere. This strategy describes five thematic areas- Institutional Strengthening, Demand Reduction, Supply Reduction, Control Measures and International Cooperation.

As mentioned earlier, reference is also made to the evaluation tool of the Hemisphere- the Multi-Lateral Evaluation Mechanism (MEM)ⁱⁱ which evaluates drug responses in the Member States and makes recommendations based on the existing capacity of member states. During the last Evaluation Round of the MEM, twelve recommendations were assigned to Barbados and these are recognized in the Action Plan and Implementation Strategy of the BNADP.

The Strategy is presented in three sections: Section A defines the drug situation against the backdrop of the OAS ***Report on the Drug Problem in the Americasⁱⁱⁱ*** and The United Nations Office on Drugs and Crime (UNODC) ***World Report 2012^{iv}***. Of particular relevance to the small island developing states in the English Speaking Caribbean, is the concern that the illegal drug challenge is evolving with a key shift away from developed to developing countries.

In this regard, the BNADP identifies four core issues which, when addressed, provides a multi-sectorial response to this emerging trend. These core issues are:

1. Legislative Reform
2. Resource Management
3. Information Sharing Mechanisms
4. Monitoring & Evaluation

Section B outlines the strategic direction of the Plan, identifying the factors which are critical to the success of the plan. It also gives the plan of action with the monitoring and evaluation component clearly defined, in order to ensure that programmes/projects can be systematically measured and evaluated. This is critical to ensuring that the strategy maintains relevance to the Barbadian situation. The monitoring and evaluation of the Anti-Drug Plan is critical to achieving stated goals and this task to be effective will require the continuous collection and analysis of data and information on programmes, projects and activities. The M&E function in the Anti-Drug Plan will be facilitated by the inclusion of indicators that are Specific, Measurable, Attainable, Realistic and Time-bound (SMART). An overview of the financial and human resources required for the successful implementation of the Strategy is also provided.

In Section C, the policy framework is discussed to include a governance structure which, once operationalised, will ensure the life of the Strategy beyond political and other constraints. The strategy, though wide ranging, is limited in its scope to direct the activities of non-governmental organizations given the absence of a coordinating/regulatory body for those organizations. However, the inclusion of these bodies in the governance structure of the BNADP will encourage active participation in the implementation of activities of the strategic plan during and beyond the stated timeframe. Key stakeholders will need to meet periodically to determine the status of the Plan and to make adjustments as required.

The agency best placed to perform such a function is the National Council on Substance Abuse. It is suggested that in some specific cases that a Memorandum of

Understanding (MOU) or Exchange of Letters be used to formalize the collaboration and sharing of information.

This Strategy represents a dynamic process rather than a static document, and as such, allows the flexibility needed to respond in a timely manner to emerging trends in the abuse of both legal and illegal drugs in Barbados.

Section A: Rationale & Situational Analysis

1. Rationale

- 1.1.** The changing dynamics in the world drug situation, demands that Barbados utilize a strategic plan which provides an effective, balanced, integrated and evidence-based approach to the drug phenomenon. The plan allows for:
- The generation of measurable outcomes in both drug prevention and supply reduction efforts
 - The constructing of evidenced-based interventions
 - Provision of a factual basis for comparative resource allocation across sectors
 - A decrease in duplication of effort across sectors
 - A mechanism to coordinate the collaboration of all stakeholders engaged in drug control efforts
- 1.2.** The implementation of BNADP provides opportunities for Barbados to benefit from international programmes aimed at strengthening national capacities whilst ensuring that the drug efforts of the country are integrated with other ongoing activities in the hemisphere. This is facilitated through:
- Meeting the objectives of the Hemispheric Drug Strategy and the Hemispheric Plan of Action 2011- 2015.
 - Fulfilling the Multi-Lateral Evaluation Mechanism (MEM) recommendations
- 1.3.** The Barbados National Anti-Drug Plan (BNADP) provides the overarching framework for all drug control efforts in the country. It details the current and potential threats and vulnerabilities which Barbados faces as a result of the illicit importation, use and misuse of drugs (legal and illegal). The plan is established on the premise that it is only through the strategic cooperation of all agencies in Barbados that these challenges can be effectively confronted.
- 1.4.** The BNADP establishes a governance structure which is inclusive and is intended to capture the perspectives and views of all stakeholders. The governance structure makes the plan agile and adaptable to the ever changing drug scenarios which challenge all countries. The governance structure in sum proposes a strategic planning process to effectively guide the response to drug use in Barbados.

2. Defining the Drug Problem

The Context

- 2.1. The challenge of illegal drugs and the effectiveness of drug policy have been perennial subjects on the agendas of the Inter American System. Countries have long recognized that the illegal drug trade poses a barrier to sustainable development and threatens the hard won democracies in the Hemisphere. The OAS **Report on Drug Use in the Americas**^v notes that approximately **45%** of all cocaine users in the world are in the Americas, approximately **50%** of all heroin users and **25%** of all marijuana users. A disturbing trend is the increasing use of cocaine paste, crack, inhalants, amphetamines and the abuse of pharmaceuticals. The report also informs that the trade generates some \$151 billion (United States dollars) in drug retail alone.
- 2.2. The United Nations Office on Drugs and Crime (UNODC) in its **World Report 2012** has posited some predictions on the evolution of the illegal drug challenge. One key development cited is a shift in the trade away from developed to developing countries. Of course, the movement to developing countries is to countries that are, in the main, less able to deal with the complex challenges posed by this menace. At the same time, demographic trends indicate that the total number of drug users in developing countries will increase significantly due not only to population growth but due also to the age profile (younger populations) and rapid urbanization.
- 2.3. This appears to be supported by data in Criminal Justice Research & Planning Unit (CJRPU) “Report on the Prevalence and Nature of Marijuana Use in Barbados”^{vi} which indicates that based on qualitative data obtained from inmates at Her Majesty’s Prisons “there is a strong correlation for early marijuana use and criminal behaviour”. The Report adds that “the age of first use of marijuana in Barbados is between 6-9 years old and further states that the information from key informants at the Psychiatric Hospital corroborates this finding”. Another disturbing trend, according to the UNODC, is the likely closing of the gender gap as there are more female users in the wake of disappearing socio-cultural barriers and gender equality.
- 2.4. The UNODC has concluded that Governments and societies will continue to face different and difficult policy choices when facing drug-related and crime-related problems while attempting to maintain democratic traditions and to guarantee human rights. In addition, the policy advice emanating from international agencies, while similar, is not always the same in terms of

emphasis and countries will be forced to take decisions based on their national context.

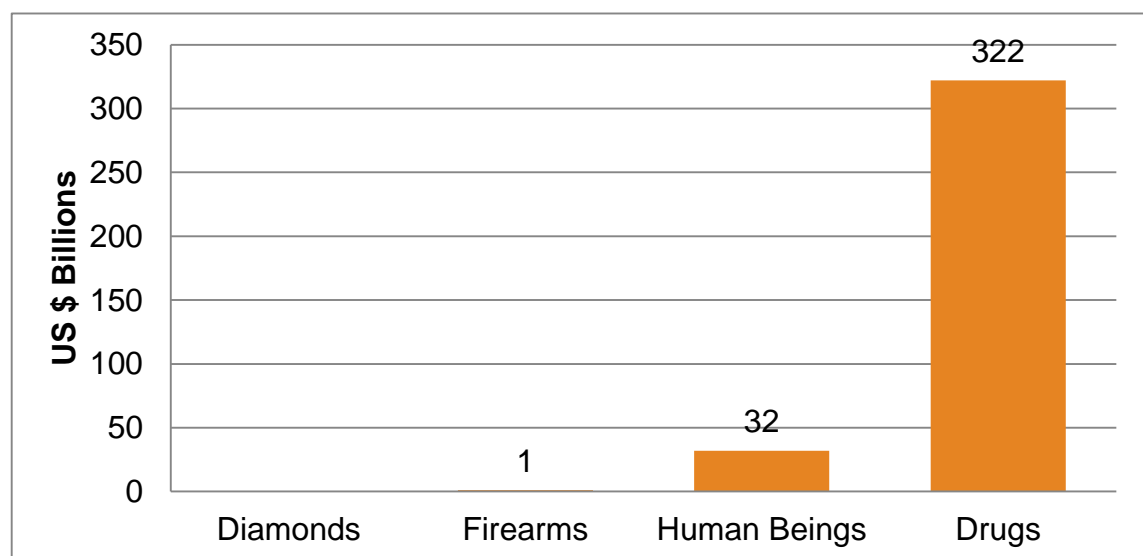
The Debate

- 2.5. The discussions in the Hemisphere have crystallized essentially around two schools of thought. The first has posited a core argument that the traditional approach has failed and that there is now a need to reduce the focus on the criminal justice system and transition to an approach which treats drug dependent individuals as in need of treatment and rehabilitation. Drug dependency, under the latter approach, would have a public health focus and be supported by robust evidence-based prevention campaigns. There is also, in this approach, an openness to experiment with removing some drugs from the prohibited list¹.
- 2.6. On the other hand, some countries have mounted robust arguments in favour of maintaining the *status quo* and have indicated that it would be extremely premature to abandon the traditional approach. They make the point that in their jurisdictions they have invested in drug policies which are in accordance with the Hemisphere Drug Strategy and Plan of Action 2011 – 2015 and these policies cannot be easily reversed and need time to work. They oppose strongly any attempt to exclude any drug from the present prohibited list.
- 2.7. Observers to these discussions have, nevertheless, discerned that while there remains a sharp divide in the discussions on the approach to the drug challenge some areas of consensus have emerged. It would appear that there is agreement that addiction is a public health issue and therefore treatment and rehabilitation needs to be an element of any successful drug strategy. The OAS Secretary General in presenting ***The Report on the Drug Problem in the Americas*** to the Permanent Council of the OAS on May 20, 2013 made clear that the report is not a conclusion but the start of a “long awaited debate”. He went on to state that “the drug problem must be dealt with taking into account each country’s different situation; countries with fewer resources and less institutional strength have more difficulty dealing with the impact of drug trafficking; the phenomenon requires a public health approach; and the approach to the problem must be multifaceted, flexible, must take into account differences, and the countries of the regions must be united in their diversity”.

¹ The current list of narcotic drugs under international control, prepared by the International Control Board in accordance with the Single Convention on Narcotic Drugs 1961, Protocol of 25 March 1972 amending the Single Convention on Narcotic Drugs 1961

- 2.8.** The Report on the Drug Problem in the Americas, distinguishes itself from other reports by stating very early that there is no single drug problem in the Americas but many problems related to the stage of the process: cultivation, production, transit, sale and consumption. This distinction is not only applicable between countries but also within countries. The UN World Drug Report 2007 informs that the illegal drugs trade is one of the largest global businesses, at some \$322 billion.

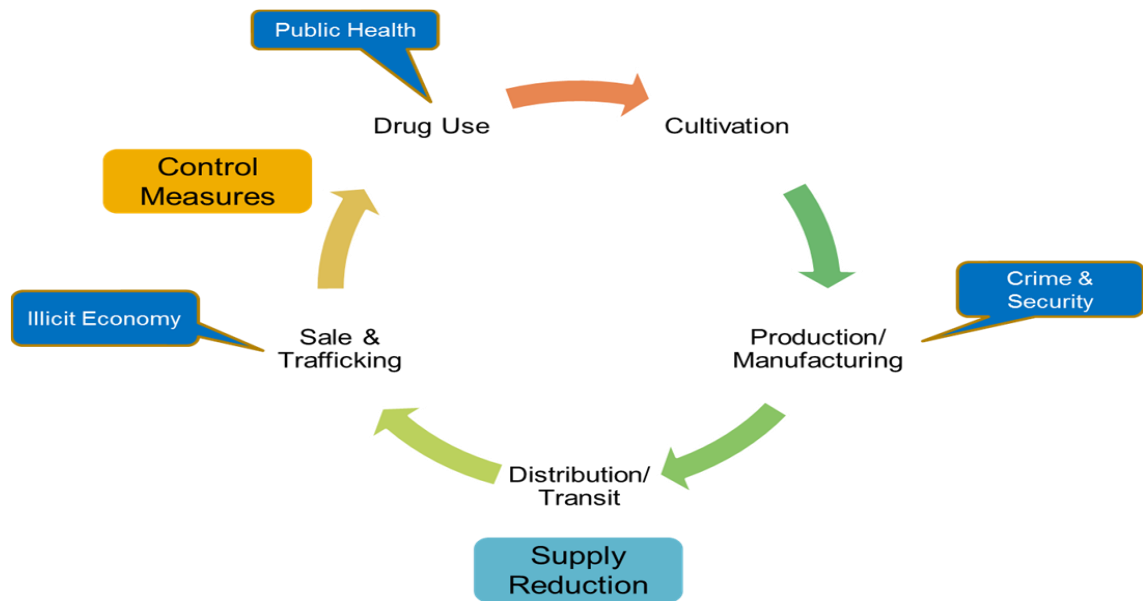
Figure 2: Estimated Global Value of Illicit Markets



Source: UN World Drug Report 2007

- 2.9.** The consumption of illicit drugs not only has serious physical, social and economic consequences for the individual consumer, but also imposes enormous costs on society as a whole. As indicated in Figure 3, the drug value chain has at least five inter-connected elements:
- Cultivation;
 - Production and Manufacturing;
 - Distribution and Transit;
 - Sale and Trafficking
 - Drug Use

Figure 3: The Drug Value Chain



2.10. There is increasing recognition that the drug challenge to society has six key dimensions:

- Drugs and Development;
- Drugs, Crime and Violence,
- Drugs and Public Health,
- Legal and Regulatory Alternatives,
- Production and Supply of Drugs, Pharmaceuticals and Chemical Precursors, and
- The Economics of Drug Trafficking.

2.11. The main responses to the drug problem can be categorised into the following thematic groups:

- Institutional Strengthening
- Demand Reduction (Prevention, Treatment and Rehabilitation, Prescription and Over the Counter Drugs)
- Supply Reduction (Interdiction and Enforcement)
- Control Measures (Border Control, Customs)
- International Cooperation and
- Monitoring & Evaluation

3. Drug Use in Barbados

Introduction

- 3.1.** This section provides an overview of the drug situation in Barbados. As stated elsewhere in this Plan, the main drugs of abuse are alcohol, marijuana and crack cocaine. A recently conducted Opinion Survey on Marijuana (2014)^{vii} revealed that of those interviewed, 67% of respondents admitted to having experimented with alcohol, while 43% have experimented with marijuana and 13% with cocaine. 56% of respondents overall were occasional users of alcohol, 32% were occasional users of marijuana and 7% were occasional users of cocaine.
- 3.2.** With regard to tobacco, comprehensive systems are already in place to address the use/misuse of this substance. It is to be noted that the misuse/abuse of prescription and over-the-counter medications (legal drugs), present a new challenge in drug control efforts; in light of this a response to the misuse of prescription and over-the-counter medications is also included in the Plan.

Alcohol

- 3.3.** The OAS has identified alcohol as one of the most widely used substances in the American Hemisphere (OAS, 2011), of which Barbados is a part. This is reflected in the findings of Barbados' National Primary School Survey (2009)^{viii}, the Secondary School Survey (2014)^{ix} and the National Household Survey (2006)^x, all of which highlight alcohol as being used by a greater percentage of persons than any other drug.
- 3.4.** An examination of the hemispheric findings regarding alcohol use among secondary school students ages 13 to 17 reveals that Barbados' prevalence rates (Lifetime, Past Year, Past Month) trend towards the higher levels found within this part of the world (OAS, 2011). Nevertheless, Barbados is not among the countries classified as having the highest prevalence in the hemisphere (OAS, 2011).
- 3.5.** It should be noted however, that when segregated by age, Barbados has one of the highest prevalence rates for lifetime alcohol use among students ages 14 and under, surpassed only by Dominica, Grenada, Trinidad and Tobago and St. Lucia.

- 3.6.** With regards to gender differences in alcohol consumption among the secondary school population, research has shown that male students within the hemisphere typically have higher Past Month prevalence rates (consumption of alcohol in the month prior to being surveyed) (OAS, 2011). This holds true for Barbados as it was found that the past month prevalence rates were slightly higher among male students (males: 34.1%, females: 33.8%) (NCSA, 2014).
- 3.7.** Across the hemisphere, Past Month prevalence rates within the general population, ages 12 to 64, range from 10.11% (El Salvador) to 66.7% (Canada) (OAS, 2011). Barbados' Past Month prevalence rate within the said population was 39.1% (NCSA, 2006); thus, it can be said that this country's Past Month prevalence rates trend towards the lower to mid-range levels observed throughout this part of the world. Alternately, Barbados' (55.2%) (NCSA, 2006) Past Year prevalence rate (alcohol consumption in the 12 months prior to being surveyed) was in the mid- to upper levels observed within the hemisphere, which ranged from 18.61 (El Salvador) to 68.49 (Chile) (OAS, 2011). It should be noted that in Barbados, more males than females consumed alcohol in the 12 months prior to being surveyed (OAS, 2011). This finding was consistent across the hemisphere (OAS, 2011).

Prescription and Over-The-Counter (OTC) Medications

- 3.8.** Prescription drug abuse is not a new problem, but one that deserves renewed attention. The abuse of certain prescription drugs — opioids, central nervous system (CNS) depressants, and stimulants — can lead to a variety of adverse health effects, including addiction and even death.
- 3.9.** In order to avoid dependency and addiction that may result from the misuse/ abuse of legally obtained drugs i.e. prescription and OTC drugs, it is necessary to critically assess the regulations and mechanisms which currently exist.
- 3.10.** The absence of empirical evidence impacts on the ability to quantify the extent of the misuse/ abuse of legal drugs in Barbados; however the National Plan must take cognizance of the threat posed by the misuse/ abuse of these substances.
- 3.11.** Information provided from key stakeholders indicates several challenges associated with managing this problem as shown in the following tables.

Figure 4: Prescription Drugs/OTC Political, Economic, Social and Technological (PEST) Analysis

POLITICAL	
i.	Adoption of the Barbados Anti-Drug Plan
ii.	Pharmacy Council - Strengthen regulations including sanctions to be implemented and enforced
iii.	Need legislation to expand the list of all chemical precursors and the mechanism to control their entry at the port of entry
iv.	Need legislation to regulate herbal and alternative medicines and practitioners
ECONOMIC	
i.	Includes development issues e.g. impact absenteeism, access to treatment etc.
ii.	Cost of a Pain Management Clinic is prohibitive
SOCIAL	
i.	A need for targeted educational interventions for different populations e.g. individual/family/community and specialized social interest groups
TECHNOLOGICAL	
i.	The need for interconnectivity between public pharmacies or between public and private pharmacies
ii.	A platform is needed to link BDS/BPS/RBPF/Customs – re importation of drugs
iii.	BARDIN should be expanded to include prescription and OTC drugs
iv.	Embrace technology as a tool to inform the general public

Figure 5: Prescription Drugs/OTC Challenges, Opportunities, Weaknesses and Strengths (COWS) Analysis

CHALLENGES	
i.	Not adequately resourced to address/police existing mandates and legislation (financial, human, technological)
ii.	Number of chemical precursors in local legislation is limited (currently 12) INCB has 23 – CICAD has 200+ products on the list
iii.	Lack of formal network between drug inspectors and other regulatory and enforcement agencies
iv.	Lack of formal training for members of the network
OPPORTUNITIES	
i.	Increased training for RBPF/Customs/Postal Service/BDF/Coast Guard/BDS in the area of Prescription/OTC Drugs
ii.	Provision of adequate resources for retooling financial, human and technological needs
iii.	Amendment of legislation and enforcement (Drug Abuse & Control, Health Services Acts)
iv.	Institutional strengthening – e.g. increasing the presence of drug inspectors at ports of entry
v.	Improved inter-agency collaboration
vi.	Increased opportunities for inter-agency public education
vii.	Phased implementation of a new Health Information System to address issues in the public sector re issue of pharmaceuticals
viii.	Draft Barbados Drug Service Bill pending which will tighten legislation
WEAKNESSES	
i.	Hard to track “herbal preparations”/alternative medicine because there is no regulatory framework (Alternative medicines include plants, psychotropic herbs and male enhancement drugs)
ii.	Herbal/alternative medicine practitioners are not regulated
iii.	The operations of the Pain Management Clinic are limited
iv.	There are no administrative sanctions in place for offenders (Pharmacy/Alternative Practitioners)
i.	Lack of contributions by the Customs & Excise Department on this issue

STRENGTHS	
i.	Pharmacy Council in place – needs institutional strengthening
ii.	Established procedure for import of controlled drugs through the BDS
iii.	The majority of agencies involved are willing to work together
iv.	Widespread legislation exists but needs to be refined/included in respective mandates
v.	Pain Management Committee established

3.12. The importance of the Customs and Excise Department in the control of prescription and OTC drugs cannot be overstated. This Department must be encouraged to participate actively in the response to this challenge.

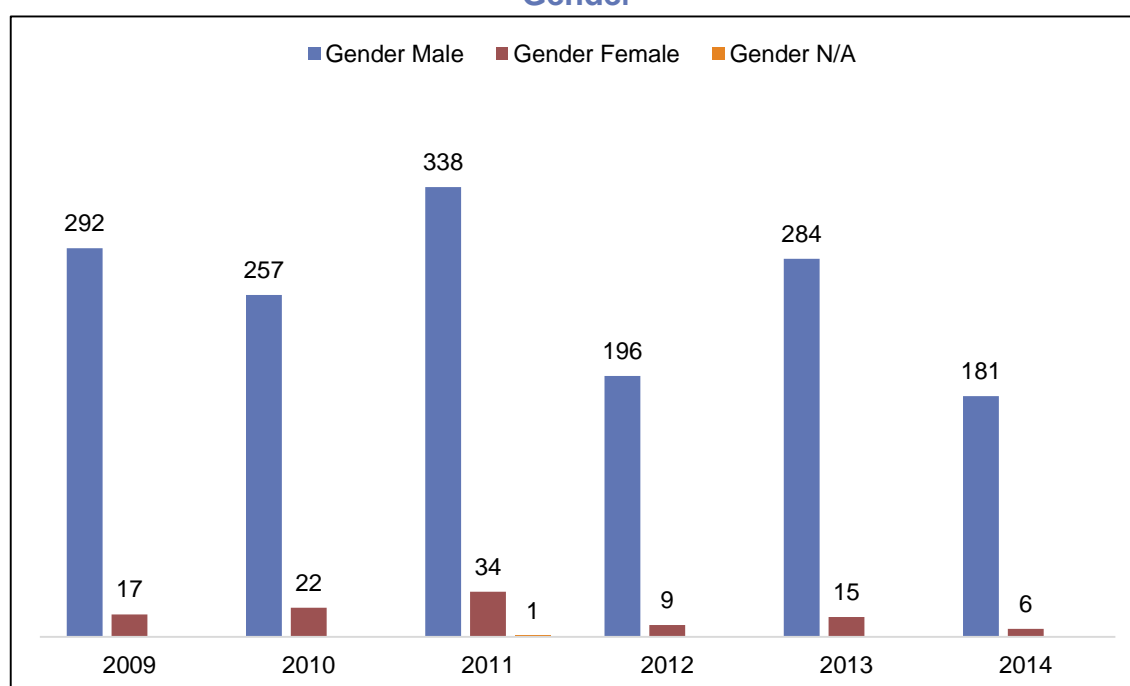
3.13. Contributing agencies also note there is a need for a concerted effort to engender collaboration between the Ministries of Agriculture and Health relative to the regulation and control of herbal products.

3.14. The response to the challenge presented in this area requires a multi-sectorial effort as the legislation cuts across all thematic areas. However, the adoption of this National Plan provides opportunities to re-evaluate and implement strategies to mitigate the potential negative impacts of the misuse of legal drugs.

Marijuana

3.15. Marijuana has been shown to be the most commonly used illicit drug across the hemisphere (OAS, 2011; OAS, 2013) and this holds true for Barbados (NCSA, 2006a; NCSA, 2006b; NCSA, 2009^{xi}). This is supported by findings of CJRPU Report which showed that for the period 2009 – 2014, marijuana related cases accounted for approximately 46.54% of all cases adjudicated in the Magistrate's Courts of Barbados.

Figure 6: Persons Convicted of a Marijuana Related Offence by Year and Gender



Source: A Report on the Prevalence and Nature of Marijuana Use in Barbados, 2009-14 (CJRPV)

- 3.16.** The Past Month prevalence rates for marijuana use among secondary school students within the hemisphere range from 0.40% (Haiti) to 13.80% (United States). Thus, Barbados' Past Month prevalence rate (11.0%) (NCSA, 2014) lies towards the higher end of the observed range within this part of the world. This can also be said for the Past Year prevalence rate for marijuana use among Barbadian secondary school students (16.9%) (NCSA, 2014).
- 3.17.** When considering the general population, Barbados' prevalence rates (Past Year, Past Month) are among the highest in hemisphere. In fact, Barbados has the fourth highest prevalence rates (Past Year, Past Month) when compared to the eighteen other hemispheric countries for which such statistics are available (OAS, 2011). The only countries with rates higher than those uncovered locally are the United States, Canada and Belize (OAS, 2011). When interpreting this finding, one should note that all of the comparison countries in this instance were located in North, South and Central America.
- 3.18.** An examination of Past Year prevalence rates by gender within both the secondary school population and the general population shows a trend of male use surpassing that of female use throughout the hemisphere (OAS, 2011). This is also the case in Barbados (OAS, 2011; NCSA, 2014; CJRPV 2014).

- 3.19.** Of special note is the comparison of marijuana and tobacco use statistics from across the hemisphere. This highlights the fact that tobacco use is typically greater than marijuana use among the secondary school population (OAS, 2011). However, research has shown the opposite to be true in Barbados and the wider Caribbean, as lifetime, Past Month and Past Year prevalence rates for marijuana outstrip those for tobacco within this group (NCSA, 2014; OAS, 2011).

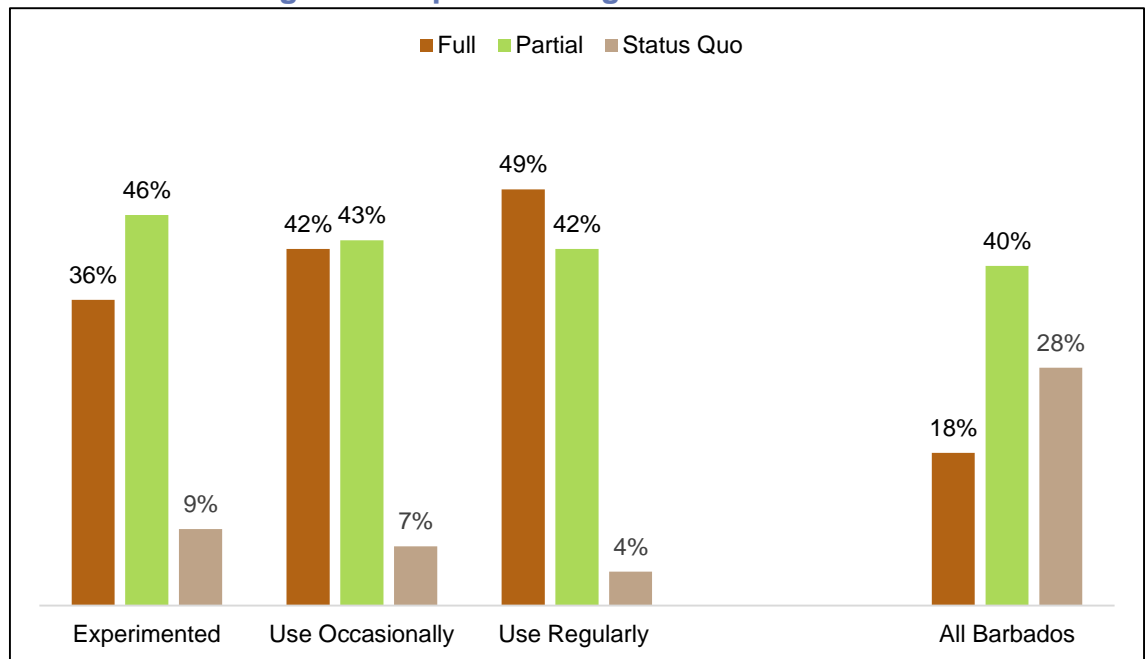
Figure 7: Tobacco & Marijuana Prevalence Rates

	Lifetime	Past Year	Past Month
Tobacco	18.1%	6.8%	3.0%
Marijuana	22.0%	16.9%	11.0%

Source: 2013 Secondary School Survey (NCSA, 2014)

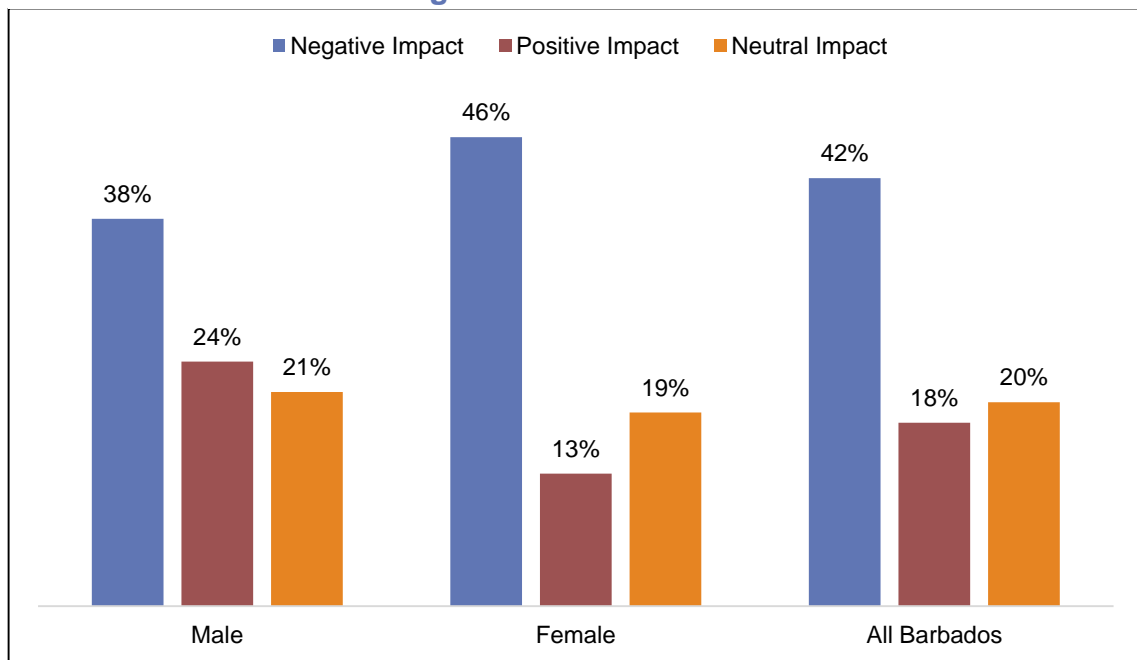
- 3.20.** Countries around the world are involved in discussions surrounding the issue of decriminalisation and legalisation of marijuana. As it relates to use, some 40% of Barbadians support partial legalisation of marijuana while 18% support full legalisation and 28% of Barbadians would prefer the use of marijuana to remain “illegal” as shown in Figure 8 (CADRES, 2014).
- 3.21.** When questioned about the effect on society if marijuana was completely legalised, some 42% of respondents participating in the Opinion Survey on Marijuana, indicated that they believed that there would be a negative impact on society if legalisation were pursued (Figure 9), while 18% believed there would be a positive impact. 20% of respondents believed there would be no impact on society if marijuana was completely legalised (CADRES, 2014).

Figure 8: Impact of Drug Use/Views on Use



Source: Opinion Survey on Marijuana, 2014
(CADRES, 2014)

Figure 9: Views on Use



Opinion Survey on Marijuana, 2014
(CADRES, 2014)

Cocaine

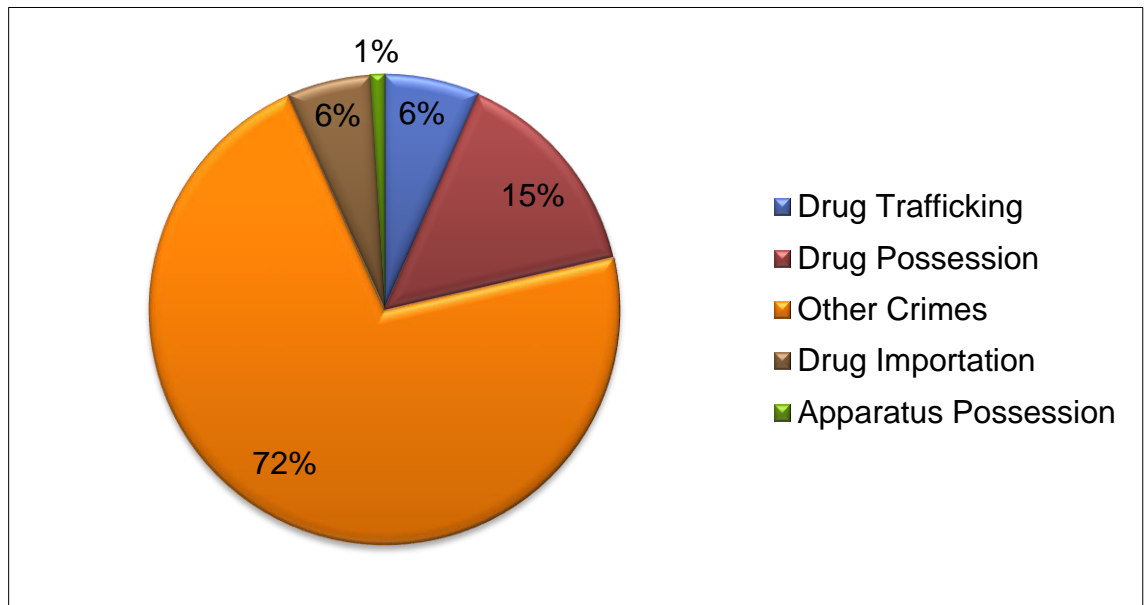
- 3.22.** Prevalence rates for cocaine vary widely across the hemisphere. In the secondary school population, Lifetime prevalence rates range from 0.53% (St. Vincent and the Grenadines) to 6.70% (Chile) while Past Year prevalence rates range from 0.17% (Suriname) to 3.40% (Chile) and Past Month rates from 0.07% (Suriname) to 1.78% (Guyana) (OAS, 2011). That said, the prevalence rates in Barbados trend towards the lower levels observed within the hemisphere (Lifetime = 2.8%, Past Year = 1.6%, Past Month = 1.3%) (NCSA, 2014).
- 3.23.** Within the general population, ages 12 to 64, there are also broad differences in prevalence rates among the countries within the hemisphere. Lifetime rates range from 0.66% (Paraguay) to 16.74% (United States), Past Year rates range from 0.10% (Ecuador) to 2.24% (United States) and Past Month rates range from 0.03% (Guatemala) to 1.03% (El Salvador) (OAS, 2011). Of note is the fact that all three of Barbados' prevalence rates (Lifetime, Past Year, Past Month) were among the five lowest within the hemisphere for each time span (OAS, 2011). In fact, Paraguay was the only country with a Lifetime prevalence rate lower than that of Barbados; while Ecuador and Guatemala were the only two countries with lower Past Year prevalence rates (OAS, 2011). With respect to Past Month prevalence, Guatemala was the only country with a lower rate than Barbados (OAS, 2011).
- 3.24.** With regards to gender differences in cocaine use, males typically outstrip females in their use of this drug both within the secondary school population and the general population (Lifetime prevalence, Past Year prevalence, Past Month prevalence) (OAS, 2011). The same is true for Barbados, wherein a larger proportion of males used cocaine during all three of the outlined timeframes (OAS, 2011; NCSA, 2014).

Drugs, Crime and Offences

- 3.25.** Research by UNODC and the World Bank shows that drug trafficking is associated with rising rates of homicide and gun proliferation. Speaking in 2011, the then Deputy Commissioner of the Royal Barbados Police Force indicated that the “main driver of crime and violence in Barbados is the impact of intra-regional drug trafficking” (Barbados Advocate 2011)^{xii}. He asserted that “the explosion of the international drug trade has institutionalized criminal behaviour, increased property-related crime by drug users and underpinned a steady increase in the availability of firearms. We are also mindful that poverty, unemployment, social marginalization and inequality, corruption, criminal

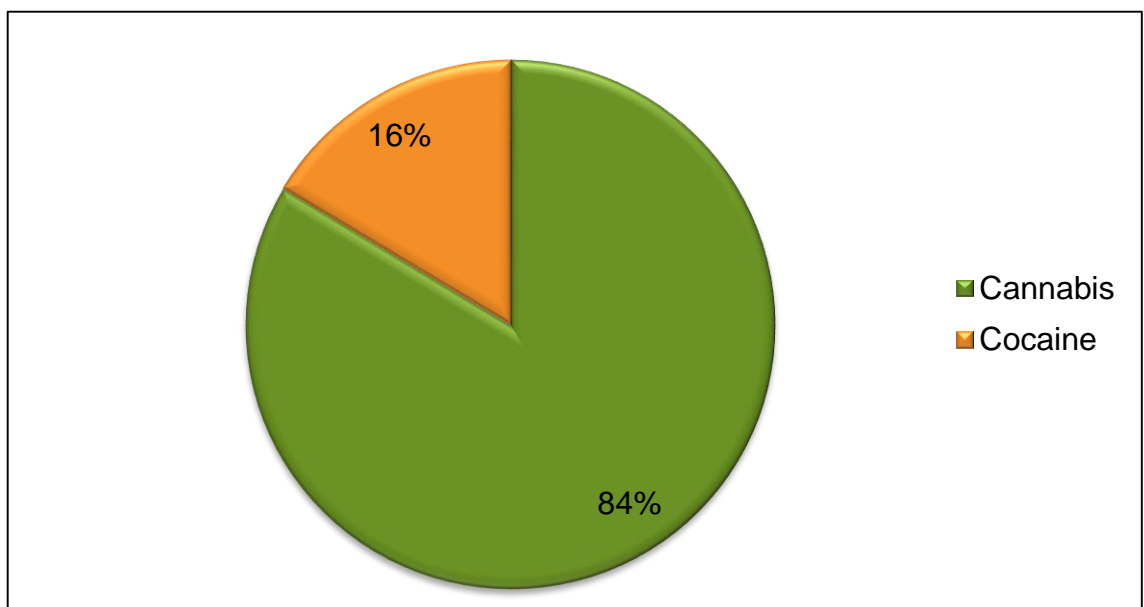
deportees and a criminal justice system that is yet to realize its full potential and objective, are also contributory to crime,” he said.

Figure 10: Offences for which persons were admitted to HMP Dodds in 2011



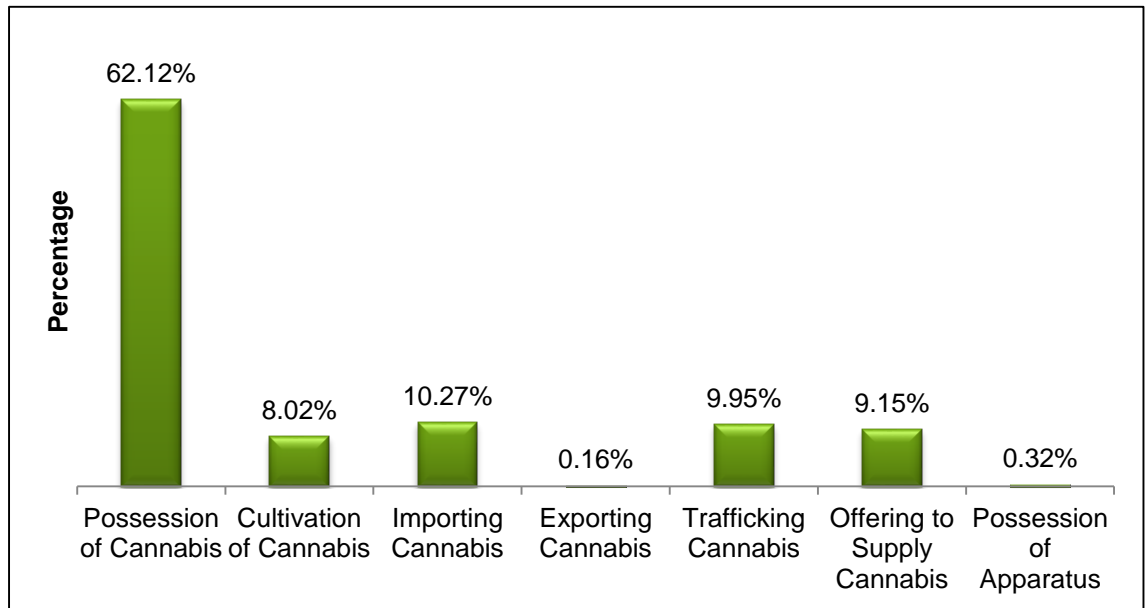
Source: HMP Dodds

Figure 11: Cannabis vs. Cocaine Offences in 2012



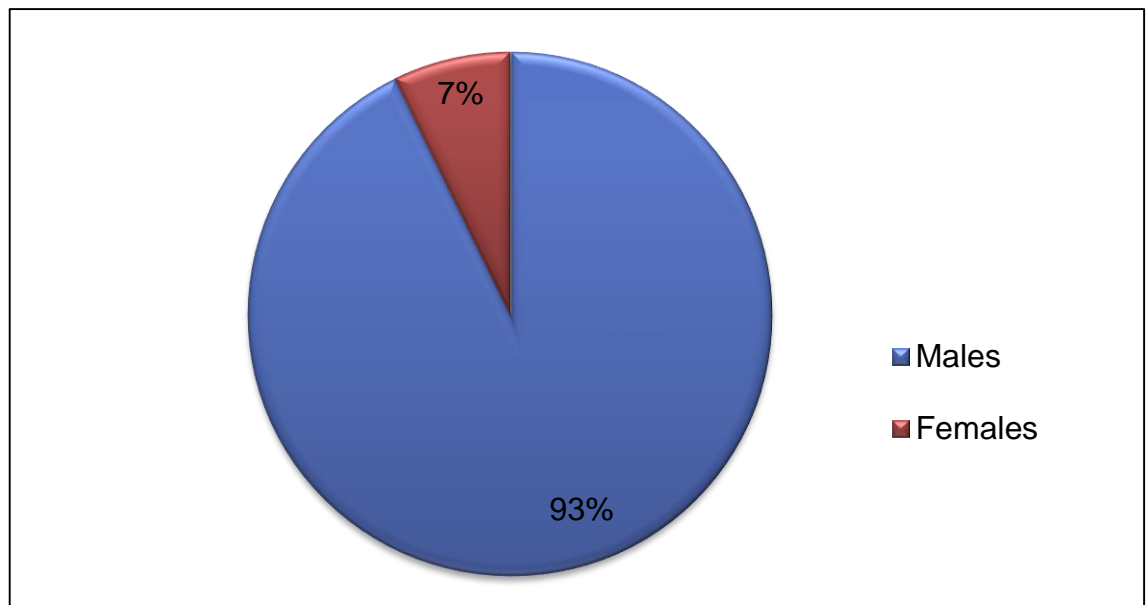
Source: Royal Barbados Police Force

**Figure 12: Persons Charged with Cannabis Offences by Offence Type:
January - December 2012**



Source: Royal Barbados Police Force

**Figure 13: Gender Distribution of Persons Admitted to HMP Dodds for
Drug Offences: January - December 2012**



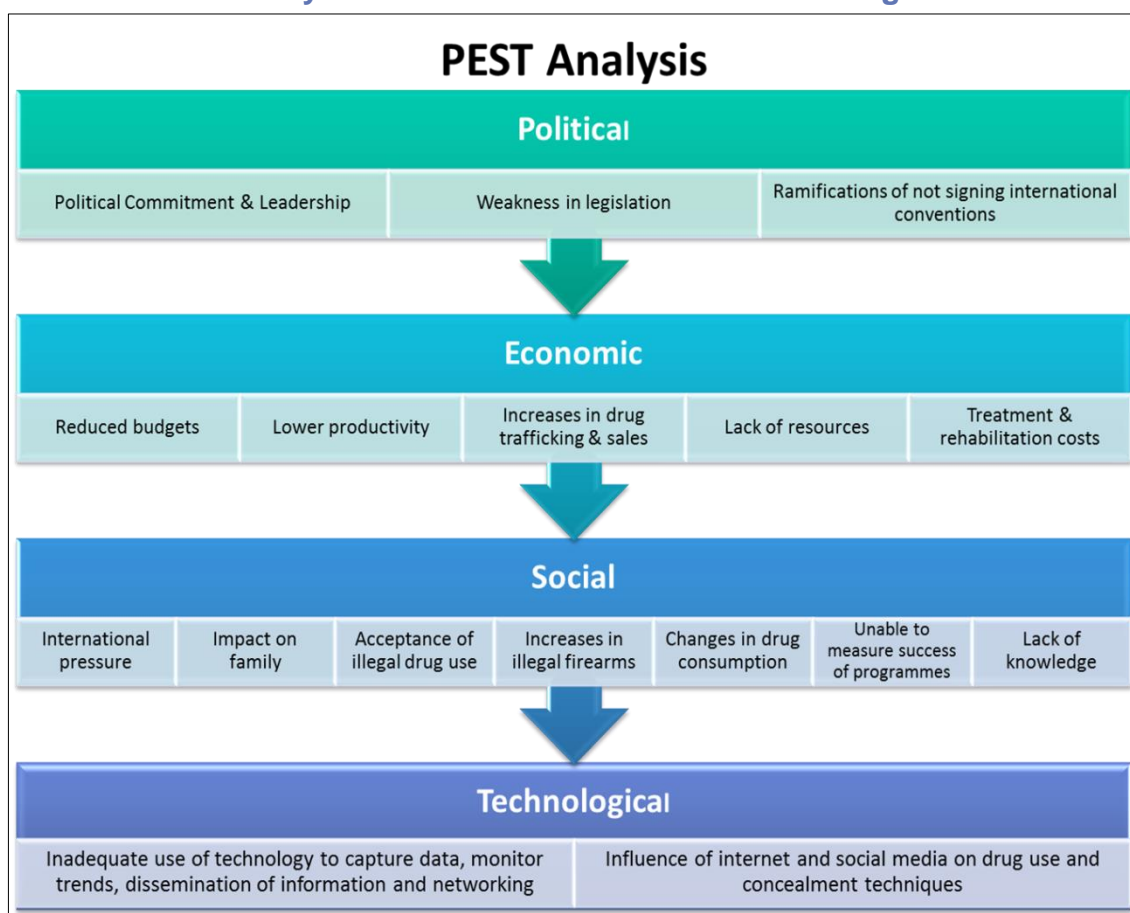
Source: H.M.P. Dodds

4. Identification of Core Issues

4.1. Arising out of an examination of the drug situation in Barbados, several issues have been identified which impact the response to drug abuse. These issues are presented diagrammatically in Figure 14 below. Four common core issues have been identified among stakeholders as necessary for the success of this Strategy. These are:

- Legislative Reform
- Resource Management
- Information Sharing Mechanisms
- Monitoring & Evaluation

Figure 14: Summary of Political, Economic, Social & Technological (PEST) Analysis Conducted at Stakeholder Meetings



4.2. Chief among these issues is the urgent need for legislative reform of statutes and regulations which are dated and perhaps no longer provide the most efficient responses. Stakeholders have therefore proposed a review of

legislation which equally addresses the criminal justice as well as the public health approaches in crafting more effective drug policies.

- 4.3.** In articulating this Strategy, all of the Budget documents (2012-13) for the participating stakeholders were reviewed. Taken together with the inputs arising out of the stakeholder meetings, it is evident that a resource audit (human/ technological and financial) is necessary so that there is more effective management of inter-agency and intra-agency resources. Duplication of resources has been identified as one of the major challenges in the response to reducing drug abuse in Barbados.
- 4.4.** A related challenge identified is the lack of information-sharing especially between agencies. The establishment of effective information sharing mechanisms creates integrated, coordinated and strengthened responses that actively involve all relevant stakeholders.
- 4.5.** Effective monitoring and evaluation is important as it provides evidence on which to base any needed changes through informed decision-making. In the absence of effective monitoring and evaluation, it would be difficult to know whether the intended results are being achieved as planned, what corrective action may be needed to ensure delivery of the intended results, and whether initiatives are making positive contributions towards the Barbados response to the drug challenge. The BNADP therefore treats Monitoring and Evaluation as a critical input throughout the life of this Strategy and provides a clear outline for such.

5. The Anti-Drug Effort in Barbados

- 5.1. The reality that drug abuse was a problem that needed serious attention and control first emerged in the early 1900's when the first international controls were instituted. Over the years, various international agreements were negotiated restricting the sale and use of different substances to medical purposes. Efforts by the United Nations resulted in a coordinated response and in 1961 the Single Convention on Narcotic Drugs (1961) joined together various existing treaties restricting the sale and use of different substances to medical purposes. This was supplemented in 1972 by a Protocol stressing the need for treatment and rehabilitation services.
- 5.2. In addition, the Convention on Psychotropic Substances (1971) established an international control system for a list of pharmaceutical drugs and other substances that affect the mind and in 1988, the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances addressed drug trafficking and included provisions against money laundering and the diversion of chemicals used in the manufacture of illicit drugs.
- 5.3. The framework for the development of Barbados' antidrug effort has been shaped by this country's membership and participation in the Inter-American Drug Abuse Control Commission (CICAD) which was established in 1986 and promotes regional co-operation and co-ordination among OAS member states. More recently, CICAD initiated the 2011-2015 Hemispheric Plan of action on drugs. The main purpose of this Action Plan is to support implementation of the Hemispheric Drug Strategy by identifying the objectives and setting out priorities for activities to be carried out during the period in the areas of Demand reduction; institutional strengthening; supply reduction; control measures; international cooperation.
- 5.4. For many years the drug problem was perceived by the international community to lie on the "supply side." However, the situation is gradually changing, with more attention being given to demand reduction efforts. In Barbados, agencies involved in the anti-drug effort are being encouraged to take cognizance of the fact that drug use should be regarded as a public health concern in order to treat this challenge as a chronic life-style disease.
- 5.5. At present, a number of Governmental and Non-Governmental Organisations are involved in the anti-drug effort at various levels in an attempt to address issues related to legal and illegal drugs including alcohol and tobacco, and their attendant challenges.

- 5.6.** The Demand Reduction effort is led by the National Council on Substance Abuse (NCSA), the only governmental agency charged with this mandate, while the effort on the supply side is led by the Royal Barbados Police Force (RBPF). A brief outline of some of the key agencies involved in the anti-drug effort is detailed below, the full list of Contributing Stakeholder Agencies can be found at Appendix One.

Demand Reduction Effort

Prevention:

THE NATIONAL COUNCIL ON SUBSTANCE ABUSE

- 5.7.** The National Council on Substance Abuse (NCSA) was established as a Statutory Board in May 1995 under the aegis of the Ministry of Home Affairs. Although the focus of the Council is demand reduction, it is tasked with various functions as prescribed by the NCSA Act (1995-13) including Council is mandated to:

- Devise, undertake and promote programmes and projects aimed at the prevention, elimination or control of substance abuse;
- Manage facilities for the treatment and rehabilitation of persons affected by substance abuse; and
- Cooperate with local, regional and international organizations with interests similar to those of the Council.

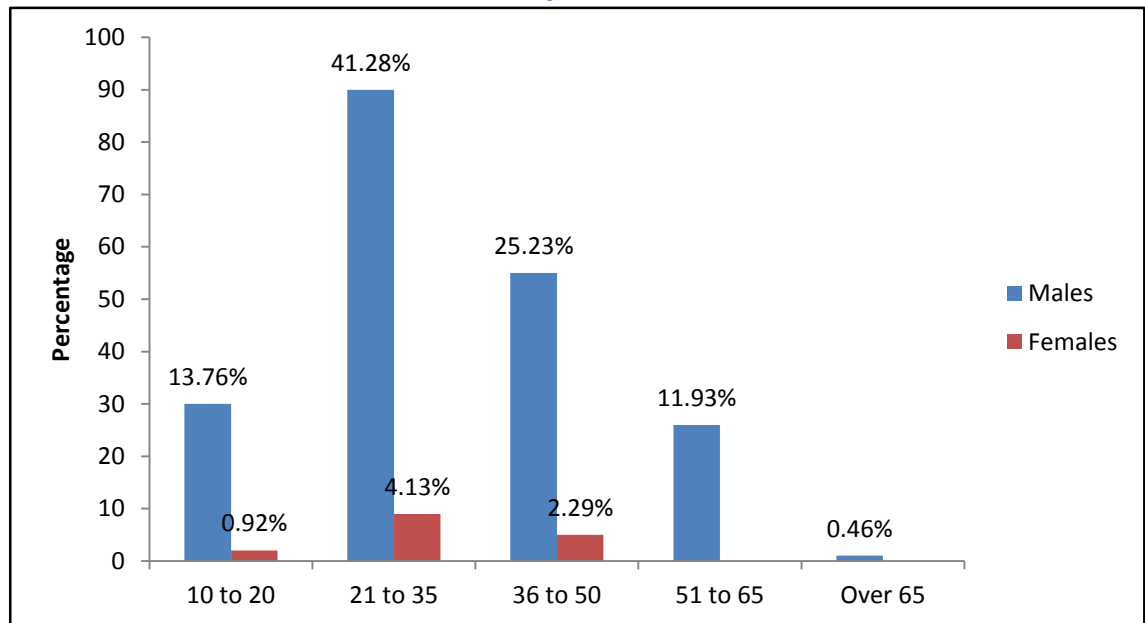
- 5.8.** The NCSA is recognised by the hemispheric body OAS through CICAD as the focal point of contact for activities related to the MEM.

Treatment and Rehabilitation:

THE PSYCHIATRIC HOSPITAL

- 5.9.** The institution which has the capability to effectively deal with situations involving substance abuse is the Psychiatric Hospital which is Government owned and operated. The unit receives referrals from a wide cross section of sources and performs assessments for placement in the day or residential rehabilitation programmes as necessary. Detoxification is provided based on assessment.

Figure 15: Drug Admissions to the Psychiatric Hospital by Age and Gender: January to December 2012



Source: The Psychiatric Hospital

- 5.10.** Figure 15 outlines the drug admissions to the Psychiatric Hospital for the year 2012. From the graph it can be seen that the 21-35 age group had the most admissions, followed by the 36-50, 10-20, 51-65 and over 65 age groups respectively. It is also evident that the males outnumbered the females in each age category.

Figure 16: 2012 Drug Admissions by Age and Drug Type

<u>Drug</u>	<u>Age Group</u>				
	< 20	21-35	36-50	51-65	65+
Marijuana	23	18	6	-	-
Cocaine	-	12	12	-	-
Alcohol	-	13	13	10	1
Marijuana & Cocaine	4	11	-	1	-
Marijuana & Alcohol	1	15	2	3	-
Alcohol & Cocaine	-	4	5	1	-
Marijuana, Alcohol & Cocaine	3	25	20	9	-
Other	-	1	-	-	-

Source: The Psychiatric Hospital

- 5.11.** An examination of the above table displaying the drug admissions to the Psychiatric Hospital by drug type reveals that the use of marijuana alone was the most common reason for admission among persons under the age of 20. Alternately, the combined use of Marijuana, Cocaine and Alcohol was the main complaint for the 21 to 35 and 36 to 50 age groups; while alcohol alone was the most common reason for admission for the 51-65 and 65+ age groups.

THE SUBSTANCE ABUSE FOUNDATION- VERDUN HOUSE

- 5.12.** Verdun House is a non-governmental institution offering a residential two-phase treatment programme based on the Minnesota model using the 12-Step process of recovery.
- 5.13.** Verdun House submits that in 2000 there was an intake of 32 persons with this number reaching a high of 82 in 2009 and 79 in 2012. Treatment is carried out in two phases of 90 and 180 days respectively. It should be noted that the cost of treatment for 270 days is approximately BDS \$31,500 dollars per person. The statistical information provided indicates that during the period under review, 961 persons, ranging from 18 years of age to over 56 years of age, were treated at Verdun for crack cocaine, alcohol, marijuana use including one

each for crystal meth, Pethidine, ecstasy, OxyContin and Valium abuse. (See treatment cycle table below).

Figure 17: The Treatment Cycle

<u>Year</u>	<u>Total Clientele</u>	<u>Yearly Treatment Days</u>	<u>Average</u>
2000	32	3105	97
2001	75	6492	87
2002	87	10526	121
2003	77	14015	182
2004	72	13866	193
2005	74	10294	139
2006	78	10210	131
2007	81	11737	145
2008	81	15379	190
2009	82	12613	154
2010	75	9118	122
2011	67	9593	143
2012	79	6108	77

CENTRE FOR COUNSELLING ADDICTION SUPPORT ALTERNATIVES (CASA)

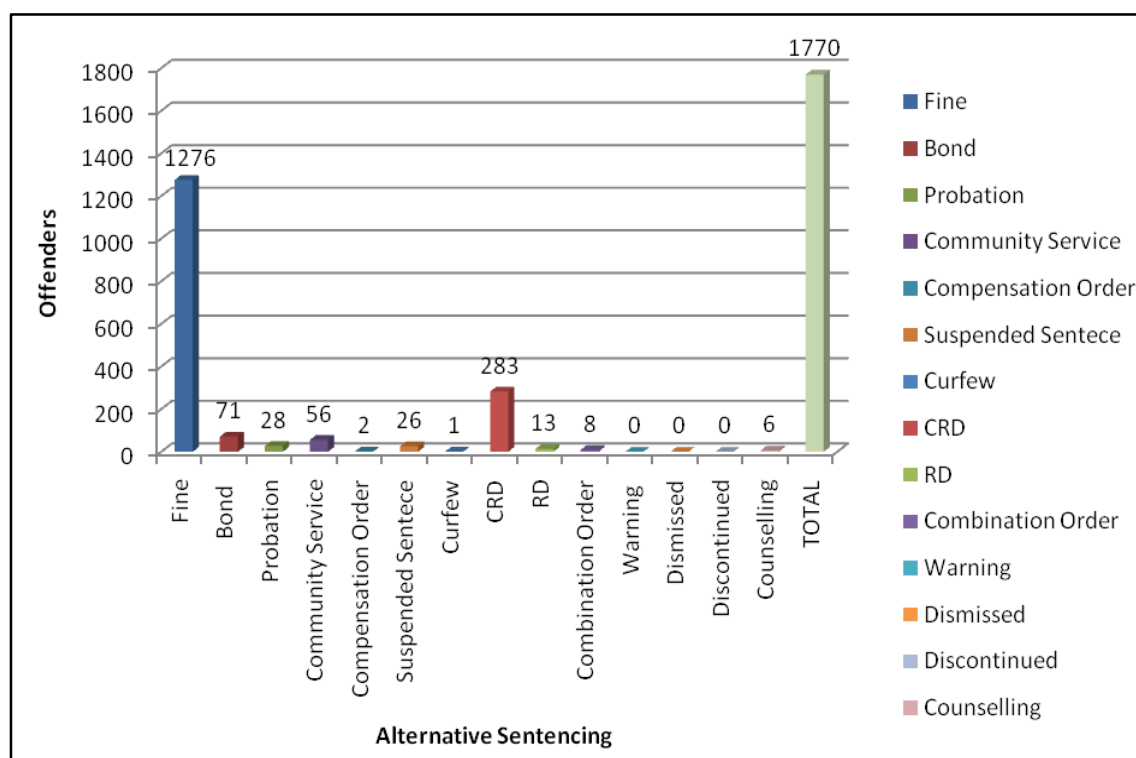
- 5.14.** CASA is a non-profit, non-governmental community-based substance abuse treatment centre established in 2001 with the purpose of helping individuals and families experiencing substance abuse and related problems. CASA is a non-residential facility and caters to persons age 12 and upwards who are experiencing difficulties with legal and illegal drugs.

THE CRIMINAL COURTS

- 5.15.** The Courts in Barbados see a large group of drug offenders who appear before them on a regular basis for a variety of non-violent crimes. It is often obvious that these offenders are in need of treatment and not incarceration. Most of these offenders have been to prison and have not experienced treatment, counselling or meaningful follow-up. In instances where there has been treatment it is often insufficient to deal with the years of addiction. The offender is often lost in a revolving door of relapse and recidivism which weigh heavily on the public finances. The CJRPU Report (2014) indicates that “on average over the six years (2009-2014) the Government of Barbados spent \$35,132,694 housing persons in prison for drug-related offences”.

- 5.16.** Information provided by the Criminal Justice Research and Planning Unit (2014) reflects attempts to mitigate this challenge by utilising alternatives to incarceration as shown in the diagram below.

Figure 18: Alternatives to Incarceration



Source: Criminal Justice Research and Planning Unit

- 5.17.** Consideration has also been given to the fact that many countries in the Hemisphere have, over the last few years, begun to examine the treatment of the judicial system of non-violent offenders and are exploring alternatives to incarceration. One of the alternatives that has been examined and has proven to be successful in all participating countries has been Drug Treatment Courts (DTCs). Apart from being cost-effective, a review of these Courts in the Hemisphere has indicated that DTCs have been able to reduce effectively:

- Crime
- Relapse into drug abuse, and
- The size of the prison population.

- 5.18.** Barbados in March 2013 signed a Memorandum of Understanding with the Inter American Drug Abuse Control Commission of the Organization of American States to establish a DTC pilot. The Drug Treatment Court is currently at the end of the pilot period. The Government of Barbados through

its lead agency, the National Council on Substance Abuse (NCSA), will continue to offer support to this mechanism and will be open to explore other alternatives to incarceration for non-violent offenders.

Supply Reduction & Control Measures

THE ROYAL BARBADOS POLICE FORCE (RBPF)

- 5.19.** The key mandate of the RBPF is to provide the highest quality police service in partnership with our community to ensure a safe and stable environment and is the lead agency in Supply Reduction and Control Measures.
- 5.20.** During the period 2008 to 2012 statistical data from the RBPF shows that the amount of cocaine seized was 376.89 kg, while the amount of marijuana seized was 30.492.96 kg.

Figure 19: Drug Seizure Statistics 2008 – 2012

	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
Cannabis (Compressed)	5295.23 kg	4087.81 kg	10148.41 kg	6373.90 kg	4587.61 kg
Cocaine	50.35 kg	96.55 kg	66.68 kg	143.89 kg	19.43 kg
Cannabis Plants	5984	10167	10994	17239	21030
Ecstasy	0	0	0	1	1
Heroin	0	0	0	0	0.002 kg
# of Arrests	281	192	253	233	246

Source: Royal Barbados Police Force

CUSTOMS AND EXCISE DEPARTMENT

- 5.21.** The main function of this department is to expedite and facilitate legitimate trade and travel, while collecting and protecting Government revenue, safeguarding the health, security and economic viability of our Nation and continuously providing high quality services to all persons.
- 5.22.** While no figures are presented here on the seizures by this department, it is well known that the Customs and Excise Department continues to make a serious effort in the prevention of the importation of drugs through our ports of entry.

FINANCIAL INTELLIGENCE UNIT (FIU)

5.23. The Anti-Money Laundering Authority (AMLA) is the body established under section 8 of the Money Laundering (Prevention and Control) Act, 2011-23. The executive functions of the Authority are carried out by the Financial Intelligence Unit (FIU). The Financial Intelligence Unit (FIU) became operational on 1 September 2000. The FIU is responsible for the collection, analysis and dissemination of information relating to suspicious or unusual transaction reports. This unit collaborates with the Royal Barbados Police Force and the office of the Director of Public Prosecutions, which is responsible for prosecutions and related forfeiture or confiscation actions. The following Acts and Treaties make up the anti-money laundering legislative framework:

- Drug Abuse (Prevention and Control) Act Cap. 131
- Proceeds of Crime Act Cap. 143
- Mutual Assistance in Criminal Matters Act Cap. 140A
- Money Laundering and Financing of Terrorism (Prevention and Control) Act 2011-23
- Anti- Terrorism Act Cap. 158
- Treaty between Government of Barbados and the Government of the USA on Mutual Legal Assistance in Criminal Matters
- Several other bilateral treaties

THE BARBADOS DRUG SERVICE

5.24. The mandate of the Barbados Drug Service is to strengthen the operational capabilities through staff empowerment, public participation and cost sharing, and to lend support to the pharmaceutical services in the rest of the Caribbean region. Its areas of accountability as it relates to the Anti-Drug Plan are:

- The Drug Inspectorate
- The Drug Information Centre (DIC)

The Barbados Drug Service, like the Customs & Excise Department, has a major role to play in the response to the challenges of the misuse/abuse of prescription and over-the-counter drugs.

FORENSIC SCIENCES CENTRE (FSC)

5.25. The Forensic Sciences Centre is an integral arm of the judicial system and provides impartial scientific evidence to the courts and tribunals with respect

to drug testing. The main pieces of existing legislation which govern the mandate are:

- Drug (Abuse and Prevention) Act Cap 131
- Evidence Act Cap 121
- Forensic Procedures and DNA Identification Act 2005-3

REGIONAL SECURITY SYSTEM (RSS)

5.26. The RSS assists RSS Member States Law Enforcement in their Counter Drug efforts. Its mandate is to conduct Detection, Monitoring, Tracking and Reporting (DMT&R) of narcotics trafficking and smuggling in the eastern Caribbean area of operations. Its regional stakeholders include RSS Member State Drug Squads and Coast Guard units, while internationally it collaborates with the National Crime Agency UK, US Drug Enforcement Administration, Joint Inter Agency Task Force South, French Customs and Navy CTG 4.6 and Netherlands Navy Curacao CTG 4.4.

6. Resources, Budget & Financial Implications

- 6.1.** In an attempt to quantify the anti-drug effort in Barbados, information was sought from 30 governmental agencies. However, this has been an extremely difficult challenge given the lack of clearly defined anti-drug activities by respective agencies. This in turn contributes to the inability to properly estimate the cost of the national response to the drug challenge by the respective Government Agencies. An accurate estimation of what is spent by the Government and other agencies can only be achieved if mechanisms are put in place to track and identify how resources are disbursed in the budgeting process. Detailed information on expenditures would do much more than identifying the total financial resources; it will also provide a basis for comparative analysis between the main sectors (e.g. between supply reduction and treatment and rehabilitation). Financial governance has proven to be a weak area in the overall architecture and will have to be given priority attention over the life of the Plan.
- 6.2.** Information collected from these agencies suggests that there appears to be a grossly uneven distribution of financial resources skewed towards supply reduction activities. This spread of resources appears to be common in countries across the Hemisphere, e.g. in the year 2000, the United States drug-control budget reached 18.4 billion dollars, nearly half of which was spent financing law enforcement while only one sixth was spent on treatment. In the year 2014, approximately 54% of the requested drug control budget was for enforcement, 40% for treatment and 5.4% for prevention (National Drug Control Budget, FY 2015 Funding Highlights, Office of the National Drug Control Policy, March 2014).
- 6.3.** The Government recognizes that dedicated resources are required to tackle the complex issue of drug abuse in all its aspects. The National Council on Substance Abuse is the only governmental agency whose total budget is directed towards drug demand activity, but whose mandate encompasses activities which span all of the thematic areas outlined in this anti-drug plan.
- 6.4.** The Government is committed to providing these resources, within its capacity, and to strategically seek resources from friendly governments and international agencies. The global financial crisis has imposed pressure on financial resources from all sources and it is thought prudent to be cautious in setting budget targets for this activity. The commitment of the government to this important area of national life remains steadfast and it will exert best efforts to

ensure that state and statutory authorities devote resources from their annual estimates to the challenge of drug abuse.

- 6.5.** The lack of information with which to properly quantify the response to drug abuse in Barbados is identified in this Plan as an area requiring urgent action. In order to accurately cost the national response to the drug challenge, an approach which mirrors that taken in the national response to the HIV epidemic is proposed. In this approach, a national budget is coordinated by a central body and stakeholders can access the funds through the submission of work plans which must first be approved by a National Anti-Drug Plan Unit. This concern is underscored in the Report on the Prevalence and Nature of Marijuana Use in Barbados (2014) which calls for “a need for research that will measure the true economic and social cost of crime in Barbados including the marijuana trade”.
- 6.6.** Stakeholders must be encouraged to share project costs while maximising production through the inclusion of project costs in their respective annual budgetary proposals. This process is seen as offering Ministries and departments an opportunity not only to prioritise their recommendations but also to provide a further opportunity for them to continuously engage in the projects which could emanate from the collective recommendations. Key stakeholders in ensuring that this approach achieves its goal will be the Ministry of Home Affairs and the National Council on Substance Abuse.

Section B: The Strategic Planning Process

7. The Strategic Planning Process

Methodology

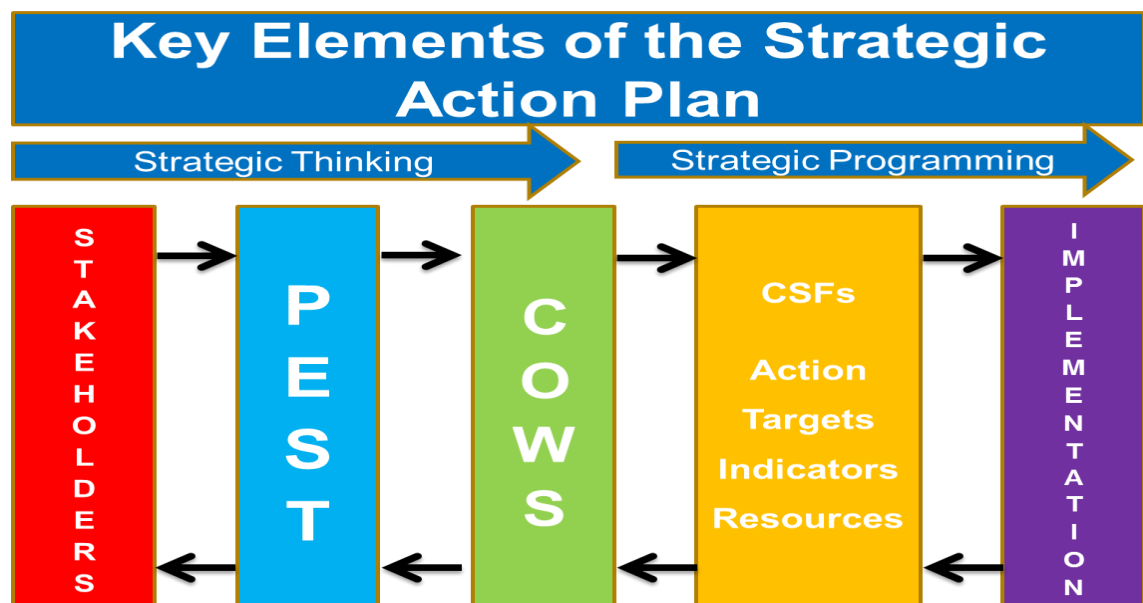
- 7.1.** As in other key initiatives, the Barbados anti-drug policy requires an informed, systematic and forward-looking agenda to harness capabilities and resources to ensure long-term sustainability and viability. It is on this basis that the BNADP embarked on a strategic action planning process with the aim to outline the long-term mission and vision for the Anti-Drug Policy for Barbados.
- 7.2.** The strategic action plan:
- Articulates the current position of the Anti-Drug Effort,
 - Identifies pathways to a preferred future for the country, and
 - Outlines the requisite actions, implementation and monitoring systems as part of a robust evaluation process.
- 7.3.** The plan will serve as a catalyst to forge an agenda for change, growth and sustainability that will secure the mission of the BNADP, through creating ownership of strategies and building consensus among key stakeholders.
- 7.4.** To achieve the strategic imperatives of the BNADP, the Plan prioritizes institutional strengthening as the overarching framework to allow for increased stakeholder participation, effective management of scarce resources, and a mobilization framework premised on networking and coordinated advocacy.
- 7.5.** The strategic action planning process, spearheaded by NCSA embodied four key phases of engagement:
- Phase 1: Gathering of initial data from key agencies and stakeholders
 - Phase 2: A two-day National Consultation of Stakeholders, which involved the use of crafted management tools, worksheets and role-play with the key agencies and stakeholders of the Anti-Drug community as a means of gathering their input and perspective on key issues and options
 - Phase 3: Follow-up work with key stakeholders, research (e.g. design and administration of a survey instrument) and analysis to refine the implementation agenda to include data on budgets and to develop a logical framework for the roll out of the strategic action planning process

- Phase 4: A key phase is the validation process where the key findings, strategies and implementation agenda presented to key decision-makers of the Ministry of Home Affairs and the Office of the Attorney-General

7.6. The National Consultation of Stakeholders generated the following analyses:

- A Stakeholder Analysis (e.g. governmental agencies, media, NGOs, civil society).
- An Environmental Scan (Political, Economic, Social, Technological issues)
- A COWS Analysis (Challenges, Opportunities, Weaknesses, Strengths).
- Critical success factors (CSFs) and a roadmap for the implementation of the action steps.

Figure 20: Key Elements of the Strategic Action Plan



Expected Benefits

7.7. Once successfully implemented, the key benefits emerging from the strategic action planning process for the BNADP are expected to be:

- Enhanced political leadership and commitment to the drug response, visible locally and internationally;
- Establishment of an effective interagency network to enable inter-agency communication, monitoring and evaluation;
- The harmonization and alignment of governmental, corporate and non-governmental policies, procedures and plans;
- An improved legislative framework with respect to the five strategic areas outlined in the Plan;
- A reduction in illicit importation, use and misuse of drugs (legal and illegal), alcohol and other narcotic substances;
- Increased productivity and effective utilization of resources; and
- Active use of technology to expedite the process of data collection and the dissemination of information

8. Benchmarks & Targets by Thematic Area

Institutional Strengthening:

8.1. Goal:

To strengthen and sustain national mechanisms (legal and institutional) in order to coordinate and manage the implementation of the national initiatives for drug control.

8.2. Objectives:

- Design and implement a National Anti-Drug Plan.
- Assign responsibilities among institutions involved.
- Develop and implement anti-drug policies that are evidence-based.
- Strengthen the national observatory on drugs.
- Promote periodic, independent evaluations of policies, programmes and interventions.
- Engage in continuous training of all officials involved in drug control.
- Ensure the adequate provision of resources for the full implementation of the Plan.

8.3. Targets:

1. A National Anti-Drug plan that serves as the framework for all anti-drug activities in Barbados and is a link to regional and international efforts.
2. Stakeholder interventions in accordance with the National Anti-Drug Plan.
3. Strengthened national surveillance systems to enhance the coordination and effectiveness of the various agencies working in drug control.
4. A national monitoring and evaluation mechanism to ensure that targets established in the Anti-Drug Plan are being achieved and to effect corrective action to the Plan.

Demand Reduction:

8.4. Goal:

To reduce the use and abuse of legal and illegal substances among all age groups, whilst enhancing the quality and accessibility of treatment and rehabilitation services available to substance users.

8.5. Objectives:

- Design demand reduction policies which focus on early intervention, treatment, rehabilitation and the strengthening of support services.
- Disseminate information on the risks associated with drug use utilizing new information technologies, popular culture and the mass media.
- Utilize data and research to craft and implement programmes for distinct at risk populations with specific measurable targets.
- Design and implement programmes with education and skills development opportunities that promote healthy lifestyles.
- Provide the education system with substance abuse prevention methodologies and approaches.
- Engage the adult population through family, community and workplace prevention programmes.
- Explore treatment, rehabilitation, and recovery models for drug dependent offenders as an alternative to incarceration.
- Strengthen relationships with academic and research institutions in order to facilitate research and studies that generate evidence on the various aspects of the demand for drugs.
- Enhance the registration and continuing education of professionals, technicians and other officials involved in implementing drug demand reduction.
- Subject drug demand programmes to ongoing monitoring and scientific evaluation.
- Establish and improve existing mechanisms to gather and share health related information amongst public health care providers.

8.6. Targets:

1. Official operating standards for specialized treatment facilities that provide treatment services for persons associated with drug use.
2. Models of court-supervised treatments which are alternatives to incarceration (including Drug Treatment Courts for drug dependent offenders).
3. A communications strategy for the drug sector which incorporates messages for target groups and utilizes new communication technology and popular culture.
4. Memoranda of Understanding with academic and research institutions with respect to the drug phenomenon.
5. Studies and research findings on aspects of drug demand reduction published on a regular basis.

Supply Reduction:

8.7. Goal:

To decrease the illicit supply of drugs in Barbados and reduce the threats posed by drug trafficking and related crime.

8.8. Objectives:

- Establish and improve existing mechanisms to gather and share information/intelligence on the drug trade.
- Elaborate a comprehensive regulatory system to prevent and control the diversion of chemicals.
- Enhance mechanisms to detect the cultivation and production of drugs in Barbados.
- Conduct studies and research that contribute to the early identification and monitoring of new and emerging trends in the illicit drug trade.

8.9. Targets:

1. A reduction in the amount of illegal drugs available in Barbados and drug related crime.
2. An integrated procedure to monitor and prevent the diversion of pharmaceutical products
3. A regulatory system to prevent and control the diversion of chemical substances.
4. Research findings on new and emerging trends in the illicit drug trade.

Control Measures:

8.10. Goal:

To introduce measures which enhance the capacity of the government of Barbados to prevent the entry into the country of illegal drugs and other materials and to establish appropriate domestic control over chemical precursors.

8.11. Objectives:

- Adoption of appropriate domestic legislation to control the trade in chemical precursors.
- Establish supply reduction programmes which focus on preventing the illicit manufacture of synthetic and plant-based drugs.
- Take steps to prevent the diversion of pharmaceutical products with psychoactive properties to illicit uses.
- Strengthen national agencies engaged in the control of illicit drug trafficking and related crime.
- Establish measures for effective collaboration in criminal investigations, investigation procedures, and the collection of evidence and the exchange of information among countries.
- Prevent the diversion of firearms, ammunition, explosives and other related materials.
- Establish legislation to treat with the issue of the management and disposition of assets and/or forfeited in cases of illegal drug trafficking, money laundering and other related crimes.

8.12. Targets:

1. Specialized training courses for law enforcement officials (including customs and immigration) and members of the judiciary.
2. A mechanism, supported by training, to control and prevent the acquisition of illegal drugs and other substances over the internet.
3. A national registry for the importation, exportation and transit of firearms, ammunition, explosives and other materials.
4. The protective services of Barbados introduce special investigative techniques to enhance their intelligence gathering and assist in treating with issues of corruption and money laundering.

International Cooperation:

8.13. Goal:

To engage in the principle of international cooperation through instruments which address the drug problem and coordinate national efforts for effective regional, hemispheric and global action.

8.14. Objectives:

- Sign and ratify relevant international instrument of the international community
- Foster international cooperation programmes
- Promote hemispheric judicial cooperation mechanisms and mutual legal assistance.
- Encourage and promote technical assistance as well as the exchange of best practice and lessons learned.

8.15. Targets:

1. Ministry of Foreign Affairs should take the lead to determine the status of international treaties and conventions in this area.
2. Barbados should examine the following treaties and conventions with a view to becoming a State party. These are:
 - i. The Inter-American Convention on Mutual Assistance in Criminal Matters.
 - ii. The United Nations Convention against Corruption, 2003.
 - iii. The United Nations Convention against Transnational Organized crime and its protocols.
 - iv. Inter-American Convention against Corruption, 2000 and its three Protocols.

Monitoring & Evaluation

8.16. Goal:

To strengthen and promote the monitoring and evaluation function in all aspects of the implementation of the Anti-Drug Plan to ensure that stated objectives are achieved.

8.17. Objectives:

- Collation of strategic information by stakeholders on the implementation of the Anti-Drug Plan
- Evaluation of results at discrete periods over the life of the Anti-Drug Plan
- Inclusion of the monitoring and evaluation function from the inception in all programmes and projects
- Promotion of periodic, independent evaluations of policies, programmes and interventions
- Engagement in continuous training in monitoring and evaluation for all officials involved in anti-drug efforts.

8.18. Targets:

1. A well-functioning National Drug Observatory and Drug Information Network.
2. A cadre of trained personnel to carry out monitoring and evaluation of programmes and projects.
3. Utilisation of independent evaluators to assess the Anti-Drug Plan at the mid-term and at its conclusion.
4. An increased awareness by policy makers of the importance of monitoring and evaluation.
5. A schedule of training in monitoring and evaluation for stakeholders involved in the anti-drug response.

Section C: The Way Forward

9. Action Plans & Priorities

- 9.1.** The critical success factors (CSFs) once identified, were used to convert strategy into measurable action steps. This offers a mix of specific actionable core issue areas as well as cross-cutting areas. The cross-cutting areas are deemed to be critical to the sustainability of the strategy as they allow for global relevance, benchmarking and evidence-based policymaking. This would ensure that the core areas operate in alignment and that resource allocation is optimised.
- 9.2.** Action Plans based on the CSFs for each thematic area are outlined on the following pages.

Institutional Strengthening - Critical Success Factors

- Reduce duplication of effort
- Harmonise use of Human Resources
- Strengthen institutional capacity building
- Strengthen community of interest (e.g. Key Stakeholders)
- Establish feedback mechanisms for monitoring & evaluation
- Establish framework for cross-sectorial management advocacy
- Identify a champion to facilitate access to the highest levels of decision making
- Create a framework for networking, coordination and collaboration
- Establish a coherent framework for key stakeholders, media and the wider public

Implementation Timelines

<u>Adoption of BNADP</u>	Year 1	Year 2	Year 3	Year 4	Year 5
Implementation of BNADP					
Stakeholder Meetings					
Monitoring & Evaluation					
<u>Resource Management</u>					
Audit of Resources					
Gap Analysis					
Training					
Allocation of Resources					
Attendance at Regional & International Workshops, Seminars & Conferences					
<u>Marketing & Promotion</u>					
Coordination of a National Marketing Campaign					

Demand Reduction - Critical Success Factors

- Improve stakeholder communication
- Develop awareness, engagement and communication strategies for socializing institutions (families, churches, community groups)
- Build capacity and improve the provision of specialist skills for personnel within schools and communities
- Improve the co-ordination of resources
- Review and amend existing legislation, regulations and policies
- Utilise emerging technologies
- Develop, implement, monitor and evaluate drug education and awareness programmes

Implementation Timelines

<u>Programme Development</u>	Year 1	Year 2	Year 3	Year 4	Year 5
Stakeholder Meetings					
Gap Analysis					
Establishment of programme development committees & implementation of programmes					
Expansion of the Pain Management Clinic					
Monitoring & Evaluation					
<u>Organisational Strengthening</u>					
Gap Analysis					
Allocation of Resources					
Implementation of PROCCER Training Models					
Full implementation of the Health Information System					
Monitoring & Evaluation					
<u>Legislation</u>					

Review - Re Minors, Drug Testing, OTC Control & Other Relevant Areas					
Stakeholder Meetings					
Legislation Modification Process					
Monitoring & Evaluation					
<u>Regularisation of Treatment Centres</u>					
Enactment of Minimum Standards of Care Legislation					
Registration of Treatment Centres & Counselling Service Providers					
Establishment of Treatment Centres for Women and Youth					
Monitoring & Evaluation					
<u>Drug Treatment Court</u>					
Implementation of DTC					
Stakeholder Meetings					
Monitoring & Evaluation					

Supply Reduction - Critical Success Factors

- Improve the co-operation and collaboration between local, regional and international law enforcement agencies
- Increase the enforcement presence at all ports of entry to improve the targeting and profiling of passengers, cargo, containers and crew
- Improve levels of effectiveness and efficiency for the expedition of drug matters within the judicial system
- Enhance the knowledge and skills base of all Law Enforcement and Customs officers in the areas of supply reduction, demand reduction, detection, intervention and cultivation

Implementation Timelines

<u>Information & Intelligence Sharing System</u>	Year 1	Year 2	Year 3	Year 4	Year 5
Stakeholder Meetings					
Sharing of information through the National Drug Observatory					
MOU's signed					
<u>National Security</u>					
Joint Law Enforcement Teams at all Ports Of Entry					
Air And Sea Monitoring System Implemented					
<u>Judicial System</u>					
Review & Revision of Drug & Firearm Legislation					
Workshops for Relevant Stakeholders					
Interagency Committee established					
Drug Treatment Court					
<u>Resource Management</u>					
Audit of Resources and Technological Capabilities					
Gap Analysis					

Training					
Allocation of Resources					
Attendance at Regional & International Workshops, Seminars & Conferences					

Control Measures - Critical Success Factors

- Formulate and implement effective legislation
- Develop and strengthen enforcement capabilities
- Create mechanisms for effective information sharing and communication between stakeholders
- Establish a national record-keeping mechanism for all imported chemical precursors
- Establish national reference standards
- Enhance synergy with the judiciary
- Develop an information sharing system

Implementation Timelines

<u>Standard Operating Procedures</u>	Year 1	Year 2	Year 3	Year 4	Year 5
Stakeholder Meetings					
Utilisation of a standardised record keeping system to include a registry of importers					
Implementation of regulatory standards and operating procedures					
<u>Legislation</u>					
Review of Legislation					
Stakeholder Meetings					
Legislation Modification Process					
Monitoring & Evaluation					
<u>Resource Management</u>					
Audit of Resources					
Gap Analysis					
Training					

Allocation of Resources					
Attendance at Regional & International Workshops, Seminars & Conferences					
<u>Border Control</u>					
Stakeholder Meetings					
Gap Analysis					
Allocation of Resources					
Monitoring & Evaluation					
<u>Information & Intelligence Sharing System</u>					
Stakeholder Meetings					
Sharing of information through the National Drug Observatory					
MOU's signed					

International Cooperation - Critical Success Factors

- Secure the buy-in of the political directorate in recognizing the importance of fostering successful international relationships e.g. the signing of international conventions.
- Devise an Anti-Drug Plan in keeping with the Hemispheric Drug Strategy.
- Utilize cross-training opportunities regionally and extra-regionally to realize the objectives of the anti-drug plan.
- Participate in global/hemispheric discussions to better track and counteract trends and typologies as it relates to drug supply/demand.
- Ensure a unified position by local stakeholders to bolster overall international cooperation.

Implementation Timelines

<u>International Conventions</u>	Year 1	Year 2	Year 3	Year 4	Year 5
Review of Outstanding Conventions					
Stakeholder Meetings					
Development of Discussion Paper/Policy Paper					
Ratification of Outstanding Conventions					
<u>Resource Management</u>					
Audit of Resources					
Gap Analysis					
Training					
Allocation of Resources					
Attendance at Regional & International Workshops, Seminars & Conferences					

Monitoring & Evaluation - Critical Success Factors

- Establish a National Drug Observatory and Drug Information Network
- Engage trained monitoring and evaluation specialists to measure and evaluate identified targets
- Encourage policy makers and other relevant persons to recognise the importance of monitoring and evaluation.
- Ensure all relevant programmes and projects have a funded monitoring and evaluation component from the outset
- Improve record keeping of relevant agencies (health, criminal justice, police, etc.)

Implementation Timelines

<u>National Drug Observatory</u>	Year 1	Year 2	Year 3	Year 4	Year 5
Stakeholder Meetings					
Sharing of information through the National Drug Observatory					
MOU's signed					
<u>Resource Management</u>					
Audit of Resources					
Gap Analysis					
Training					
Allocation of Resources					
Attendance at Regional & International Workshops, Seminars & Conferences					

10. Policy Framework

Proposed Governance Structure for the Barbados Anti-Drug Plan

- 10.1. The strength of the BNADP rests in the governance of the plan to ensure its successful implementation. In light of this, it is expected therefore that the Minister of Home Affairs will lead its implementation.
- 10.2. The BNADP requires interagency cohesion and communication in a structured and responsive environment that is carefully managed. As government's lead demand reduction agency, the National Council on Substance Abuse, mandated by its Act to "co-ordinate or facilitate groups and organisations in the effort to eradicate or control substance abuse," is well-placed to execute this management function. As a statutory board, the Council reports directly to the Minister of Home Affairs who has been identified as the lead agent of this strategy.
- 10.3. The strategic vision of the NCSA is "To be **the** authority in Barbados for drug abuse reduction." Encompassed in the vision therefore is the responsibility to ensure that all stakeholders are working towards the common goal of ensuring that systems are established to effectively respond to the drug challenge.
- 10.4. An Anti-Drug Plan Unit will be created within the structure of the NCSA to manage the implementation of the plan (*see appendix 5*). This Unit will play a critical role in the proposed governance structure of the Barbados National Anti-Drug Plan, as outlined below.

Figure 21: Proposed Governance Structure



Roles within the Governance Structure

Oversight Committee

- 10.5.** This Committee should be convened and chaired by the Minister of Home Affairs and should include the CICAD Commissioner, the Chair of the Board of the NCSA, the NCSA Manager. The selection of other committee members will be at discretion of the Minister of Home Affairs.
- 10.6.** This Committee should meet three times a year and will have as its main focus the overall implementation of the Anti-Drug Plan. The Oversight Committee will ensure that there is effective coordination and collaboration between the various stakeholders, thereby ensuring that regional and international commitments are fulfilled.

Anti-Drug Plan Unit

- 10.7.** The Unit will be based at the NCSA and will be responsible for preparing research papers and reports, sourcing information, data and analysis on the implementation of the Plan and ensuring that agencies keep to deadlines. The Unit should be led by a senior member of the NCSA staff and should be able to draw upon the capabilities within the agency to support the implementation of the Anti-Drug Plan. The Unit will be responsible for keeping the Oversight

Committee, Board and Management of the NCSA informed on the status of implementation of the Anti-Drug Plan.

- 10.8.** The unit will also be the central body supporting the work of all anti-drug agencies which will be required to present annual work plans to the Anti-Drug Plan Unit to ensure adherence to the provisions of the Anti-Drug Plan.
- 10.9.** As stated earlier, the Barbados National Anti-Drug Plan is the product of a collaborative effort between the OAS/CICAD, the Government of Barbados, the National Council on Substance Abuse and its partners. It is expected that the approval of the Barbados National Anti-Drug Plan will enhance cohesion, cooperation, communication and collaboration among all sectors working to arrest the scourge of drug abuse, addiction and drug trafficking in Barbados. To this end, it may be necessary to enlist the expertise of persons from other government agencies as required to strengthen the capabilities of the Anti-Drug Unit. This will ensure the sustainability and further development of the plan.

Multi-Sectorial Committee

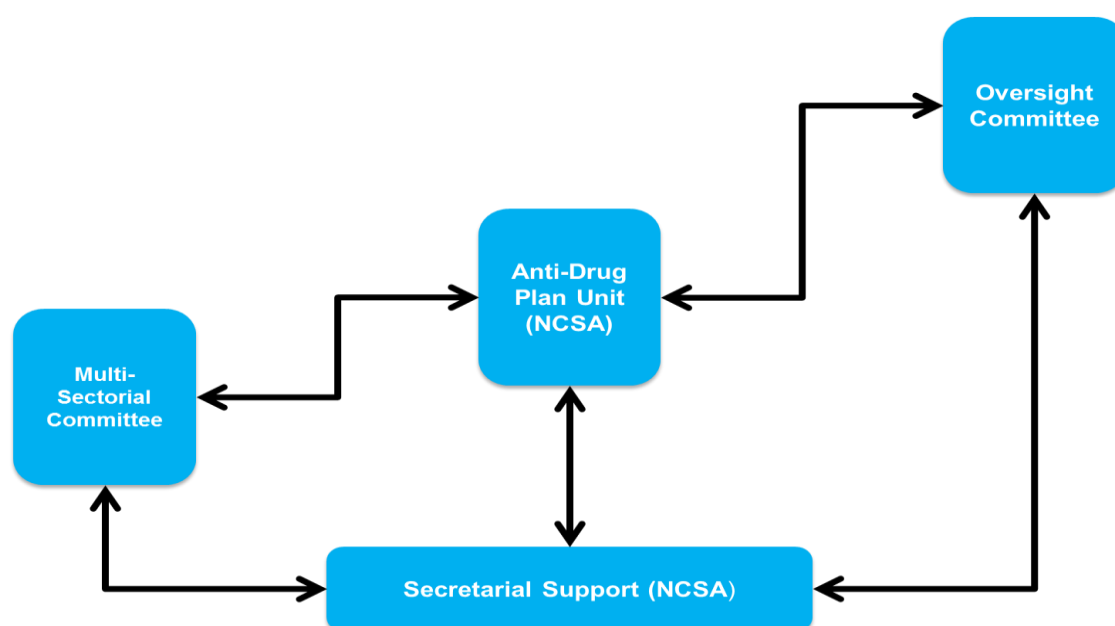
- 10.10.** This Committee should be a small permanent body which should be convened by the NCSA with representation from all relevant sectors (based on thematic groups) involved in the anti-drug effort. The chairmanship of this Committee should rotate among the thematic groups identified in the Anti-Drug Plan (Demand Reduction, Supply Control, Treatment and Rehabilitation, etc.). A conscious effort should be made in the selection of this Committee to include agencies and bodies that are involved in the preparation of the survey for the Multilateral Evaluation Mechanism (MEM) of the Organization of American States (OAS).
- 10.11.** To this end, this Committee should meet every two months on issues related to the implementation of the Barbados Anti-Drug Plan. The focus of the multi-sectorial committee should be to ensure that the targets in the Anti-Drug Plan are realized on schedule and that adjustments, where necessary, are made to keep the Plan relevant to the existing conditions.

Figure 22: BNADP Governance Meeting Schedule

	MONTHS																	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Multi-Sectorial Committee	Black	White	Black	White	Black	White	Black	White	Black	White	Black	White	Black	White	Black	White	Black	White
Anti-Drug Plan Unit	White	Blue	White	Blue	White	Blue	White	Blue	White	Blue	White	Blue	White	Blue	White	Blue	White	Blue
Oversight Committee	White	White	Orange	White	White	White	Orange	White	White	White	Orange	White	White	White	Orange	White	White	White

10.12. The NCSA will provide secretarial and support services for the Oversight Committee and the Multi-Sectorial Committee. The NCSA, as required, will prepare the appropriate documentation for the deliberations of those bodies in addition to the previously mentioned functions.

Figure 23: The BNADP Reporting Structure



10.13. This proposed governance structure will provide a tool for assessing the cost of the inter- and intra-agency interventions in a realistic manner.

11. Conclusion

- 11.1.** The response to the drug challenge is an enormous undertaking. A National Anti-Drug Plan should not be seen as the end of a process, but rather the beginning; and the responsibility for its success is to be shared among government institutions, communities at large, families and individuals.
- 11.2.** One challenge with which Barbados is faced is the lack of resources which is compounded by the uneven allocation of existing resources. The adoption of the BNADP must also be buttressed by the political commitment to implement this strategy.
- 11.3.** A still underutilized means of mobilizing additional resources for dealing with the challenges posed by drug abuse is by appeals to the private sector. Businesses must be encouraged to partner with government by investing in projects which support the anti-drug initiative.
- 11.4.** At the regional and international level, the country must continue to participate and engage in the on-going discussions on approaches to the drug challenge in the Hemisphere and garner resources, technical assistance and effort aimed at capacity building.
- 11.5.** Success can only be achieved if an attempt is made to bring all stakeholders into a common space operating with a common vision.

12. Appendices

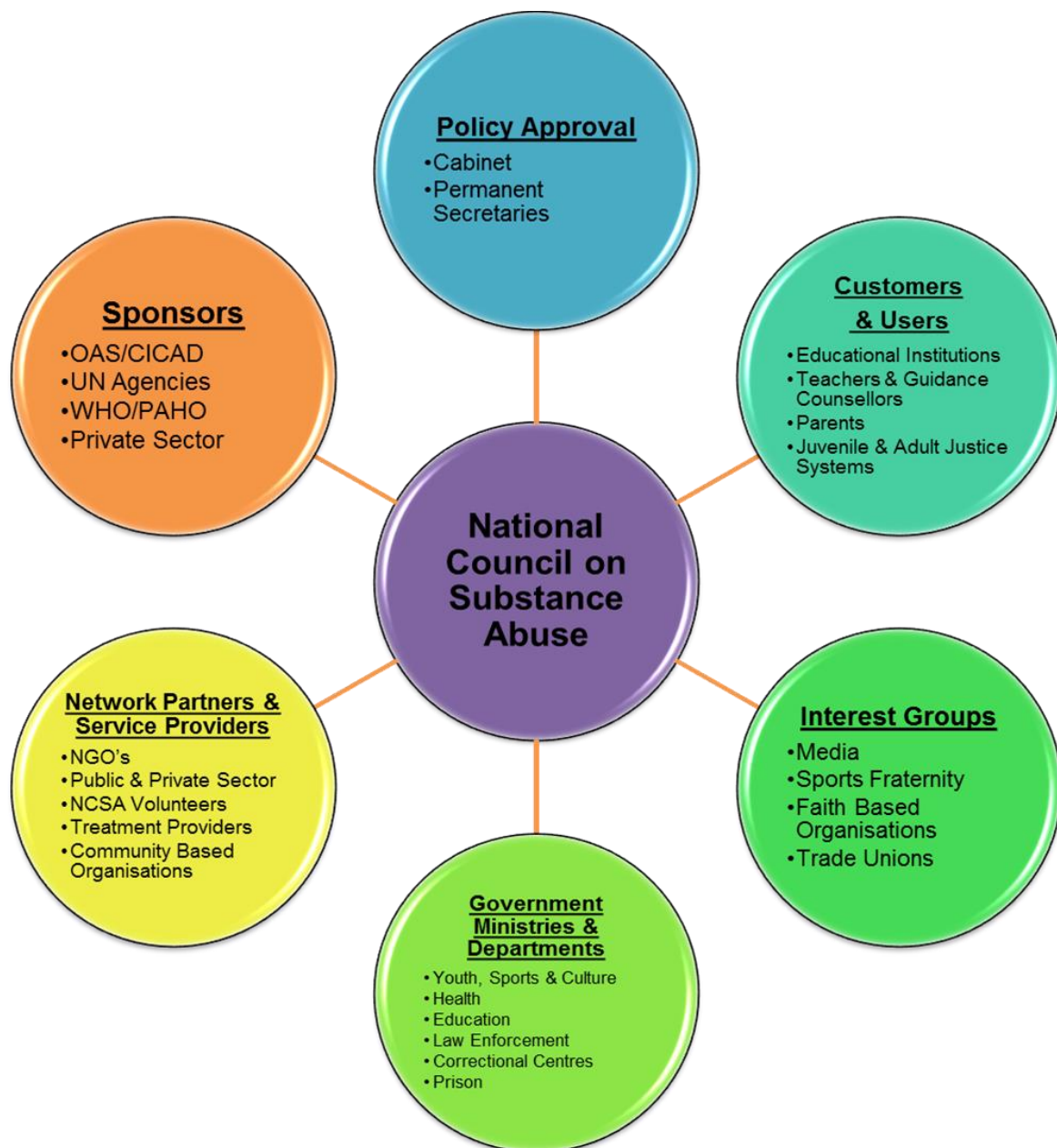
- Appendix 1 – Contributing Stakeholder Agencies by Thematic Area
- Appendix 2 – Stakeholder Map
- Appendix 3 – Glossary of Terms
- Appendix 4 – Institutional Framework
- Appendix 5 – National Council on Substance Abuse Organisational Chart

Appendix 1: Contributing Stakeholder Agencies by Thematic Area

Institutional Strengthening	
<ul style="list-style-type: none"> • Criminal Justice Research and Planning Unit • Ministry of Education, Science Technology & Innovation • Ministry of Finance & Economic Affairs • Ministry of the Civil Service • National Council on Substance Abuse 	
Demand Reduction: Prevention	
<ul style="list-style-type: none"> • Association of Public Primary School Principals • Barbados Association of Secondary School Principals • Barbados Community College • Barbados Government Information Service • Barbados Youth Service • Bureau of Gender Affairs • Community Development Department • Criminal Justice Research and Planning Unit • Drug Education and Counselling Services • Erdiston Teachers' Training College • Government Industrial Schools 	<ul style="list-style-type: none"> • Ministry of Culture, Youth and Sports • Ministry of Education, Science Technology & Innovation • Ministry of Housing, Lands and Rural Development • Ministry of Tourism • Ministry of Transport & Works • National Committee for the Prevention of Alcohol & Drug Dependency • National Council on Substance Abuse • National HIV/AIDS Commission • Probation Department • Royal Barbados Police Force • Royal Barbados Police Force/Juvenile Liaison Scheme • Samuel Jackman Prescod Polytechnic
Demand Reduction: Treatment and Rehabilitation	
<ul style="list-style-type: none"> • Barbados Prisons Service • Barbados Youth Service • Centre for Counselling Addiction Support Alternatives • Drug Education and Counselling Services • Gessemame Christian Fellowship 	<ul style="list-style-type: none"> • Government Industrial Schools • Ministry of Health • Probation Department • Psychiatric Hospital • The Salvation Army • Verdun House
Demand Reduction: Prescription/OTC Medications	
<ul style="list-style-type: none"> • Barbados Drug Service • Barbados Pharmaceutical Society 	

<ul style="list-style-type: none"> • Barbados Postal Service • Ministry of Health • National Council on Substance Abuse • Psychiatric Hospital • Royal Barbados Police Force
Supply Reduction
<ul style="list-style-type: none"> • Barbados Defence Force • Criminal Justice Research and Planning Unit • Customs & Excise Department • Forensic Sciences Centre • Ministry of Health • National Council of Substance Abuse • Regional Security Systems • Royal Barbados Police Force
Control Measures
<ul style="list-style-type: none"> • Barbados Drug Service • Barbados National Standards Institute • Barbados Postal Service • Customs & Excise Department • Financial Intelligence Unit • Ministry of Health • Office of the Attorney General • Royal Barbados Police Force
International Cooperation
<ul style="list-style-type: none"> • Barbados Drug Service • Customs & Excise Department • Financial Intelligence Unit • Ministry of Health • Ministry of Foreign Affairs & Foreign Trade • National Council of Substance Abuse • Office of the Attorney General • Royal Barbados Police Force
Monitoring and Evaluation
<ul style="list-style-type: none"> • Criminal Justice Research and Planning Unit • National Council on Substance Abuse

Appendix 2: Stakeholder Map



Appendix 3: Glossary of Terms

<u>Term</u>	<u>Definition</u>
Abuse	The ingestion, inhalation, injection or application or administration by means of a substance by an individual to his/her body to the detriment of the physical, mental, psychological, social or economic well-being of that individual, family, community or society as a whole.
Border	Subject to provisions of the Law of the Seas Convention defining coastal waters and economic zones, the perimeters of an Island or country whether those perimeters are formed by water or the outer land limits of another country where the two countries meet.
Criminal Behaviour	Refers to two basic types of drug crime: Enforcement crimes - among traffickers, and between traffickers and civilians and police; these actions are triggered by traffickers' efforts to avoid arrest and prosecution and Business crimes -- being part of business disputes and acquisition crimes such as robbery and extortion.
Demand Reduction	Refers to efforts aimed at reducing the public desire for illegal and illicit drugs and alcohol.
Drug Trafficking	Described as being a global illicit trade involving the cultivation, manufacture, distribution and sale of substances which are by law subject to restrictions and prohibitions.
Import:	To bring or cause to be brought into Barbados by air or sea.
Law Enforcement	Agencies which have specific powers under prescribed legislation to arrest detain and prosecute persons found to be in breach of the drug laws of the nation.
Money Laundering	The conversion of profits from illegal activities into financial assets that appear to have legitimate origins and uses with the three significant stages being placement, layering and integration.
Multilateral Evaluation Mechanism	A diagnostic tool which is designed to measure the progress in actions taken by OAS/CICAD member states to address the global drug problem and other related offences.
Chemical Precursors	Compounds used in the illicit manufacture of synthetic drugs such as cocaine, heroin, ecstasy or methamphetamines. These chemicals have varied legitimate uses and are utilised in the synthesis of plastics, pharmaceuticals, cosmetics, perfumes, detergents or aromas.

Rehabilitation	The methods/processes used by various institutions to detoxify persons whose metabolic system has been deranged because of use or abuse of substances.
Stakeholders	Various government departments, non-governmental agencies and individuals whose expertise was engaged in the development of the BNADP.
Treatment and Rehabilitation	The means by which medical and psychological evaluation is conducted on persons whose metabolic system has been altered though substances used or abused. This is done as a means of bringing such persons back to a suitable functional state or to a useful place in society.

Appendix 4: The Institutional Framework

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

Key Ministries

- Ministry of Civil Service
- Ministry of Education, Science, Technology and Innovation
- Ministry of Finance & Economic Affairs
- Ministry of Health
- Ministry of Home Affairs
- Office of the Attorney General

Key Departments

- Barbados Defence Force
- Barbados Drug Service
- Barbados National Standards Institute
- Barbados Prison Service
- Bureau of Gender Affairs
- Child Care Board
- Community Development Department
- Criminal Justice Research and Planning Unit
- Customs and Excise Department
- Division of Youth Affairs
- Financial Intelligence Unit
- Forensic Sciences Centre
- Government Industrial Schools
- Government Information Service
- Immigration Department
- National Council on Substance Abuse
- National HIV/AIDS Commission
- Probation Department
- Psychiatric Hospital
- Queen Elizabeth Hospital

- Royal Barbados Police Force

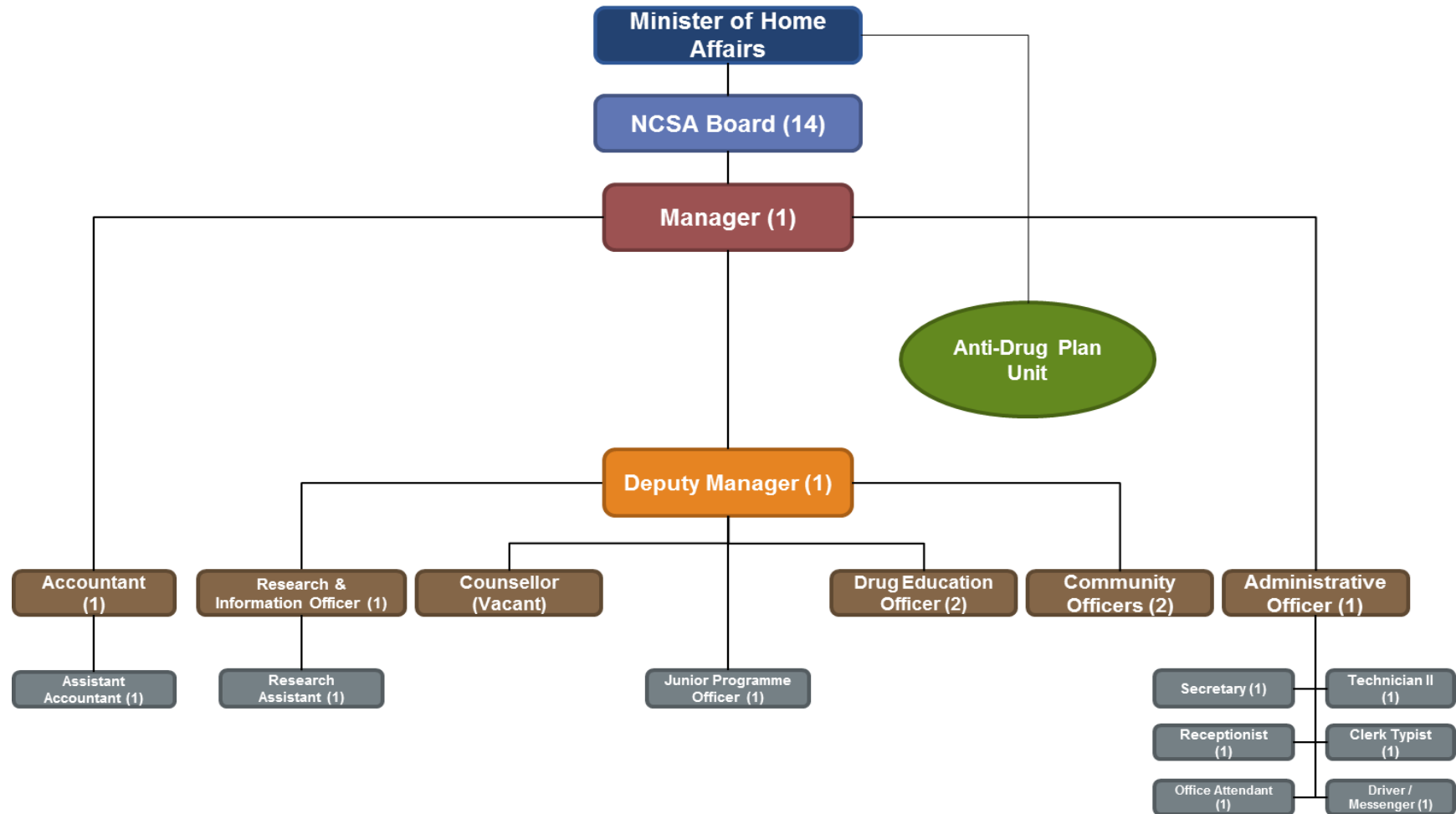
Additional Ministries & Departments

- Ministry of Agriculture– Analytic Services
- Ministry of Foreign Affairs
- Ministry of Labour, Social Security and Human Resource Development
- Barbados Postal Service
- Bureau of Social Policy
- Disability Unit
- National Assistance Board
- National Sports Council
- Welfare Department

Non- Government Entities

- Faith Based Organisations
- NGO's and CBO's
- UWI - School of Clinical Medicine and Research, Institute of Social and Economic Studies; Faculty of Social Sciences.

Appendix 5: NCSA Organisational Chart



13. References

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