

**ST. VINCENT AND THE GRENADINES
NATIONAL DRUG INFORMATION SYSTEM**

ANNUAL NATIONAL REPORT 2009

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St. Vincent and the Grenadines

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PREFACE

National Report

The collection of data on drugs is of paramount importance here in St. Vincent and the Grenadines because it gives a national picture of the severity of the existing drug problems. The availability of such data will as a consequence aid long term planning and program implementation.

Institutional strengthening and technological improvements are avenues for improving communication, hence the importance of the formation of the National Drug Information Network. Therefore, emanating from this important agency is this National Annual Report.

The purposes of this National Report are:

- To provide a detailed analysis of the drug situation in St. Vincent and the Grenadines
- A means to raise awareness for drug-related problems
- To guide the development of prevention and treatment programs and policies
- To stimulate discussion on drug demand policies
- To inform and help guide drug supply reduction agencies in the development of their strategies
- To have available an important instrument of an integrated drug information system

The advantages of this National Report are that it:

- Involves multiple agencies and stimulates discussion among them as was evident in a recent workshop held by the National Drug Information Network
- Has been used successfully in other countries, both regionally and internationally
- It is not costly and once it has been produced, it can be easily updated
- Takes advantage of many level of expertise in the country

There is a standard format of National Reports in the Caribbean Region in order to:

- Increase comparability of information related to use and abuse of drugs between countries
- Facilitate the easy production of regional reports
- Further promote national reports as a standard document in the region.

ACKNOWLEDGEMENTS

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Ministry of Health and the Environment

The Royal St. Vincent and the Grenadines Police Force

Ministry of Social Development and Family Services

Ministry of Legal Affairs

Ministry of Education

The Statistical Office, Central Planning Unit, Ministry of Finance

Serious Offences Court

Her Majesty's Prisons

Liberty Lodge Boys Training Center

Marion House

EXECUTIVE SUMMARY

Having a good understanding of the level of drug consumption in St. Vincent and the Grenadines is a good starting point for policy discussions. Therefore generating estimates of the prevalence and incidence levels of drug consumption among the general population is one of the major tasks for the drug information network.

It is also necessary to have in place the infrastructure necessary to support data collection. As a result there is a need for improved capacity to analyze and interpret information on drug consumption, and this will depend on the application of good methods and the availability of human resources. Training, technical support and political will are vital as well as investment to ensure sustainability and success of the data collection systems.

In the declaration adopted at the 1998 special session of the UN General Assembly on Drugs, member states agreed to eliminate or significantly reduce the supply and demand for illicit drug by 2008. The UN General Assembly requested the United Nation Drug Control Program (UNDCP) to provide member states with assistance necessary to compile reliable and internationally comparable data and to report on global trends in drug production and abuse. At the country level, the program will develop and establish national capacities to collect, assess and report on drug abuse data for the development of national demand reduction policies and programs.

History of the Establishment of a Drug Information Network in St. Vincent and the Grenadines

In a previous attempt at developing a network, St. Vincent and the Grenadines held its first sensitization meeting for stakeholders in 2002. An interactive Network was formed under the acronym, DINSAG - Drug Information Network, St. Vincent and the Grenadines. The network comprised of professionals with access to existing data on drug use. Its goal was to improve data collection, exchange and compare data between agencies in order to eliminate or reduce drug abuse and its health and social consequences. At the same time it was thought that effective prevention strategies would have been established based on a sound and reliable data base. Unfortunately, however, the Network did not last very long as funds dried up and the focal point/coordinator migrated.

The Information Needs and Resource Analysis (INRA)

An Information Needs and Resource Analysis was conducted during the period October to December 2008, as a first step in the reactivation of the St. Vincent and the Grenadines Drug Information Networking Project. The Information Needs and Resource Analysis (INRA) involves auditing existing information on drug abuse, auditing the infrastructure and resources that are available to support data collection activities and identifying priority areas for the development of a drug information network.

The INRA is the first step in establishing ongoing drug abuse surveillance. The list of data sources related to drug abuse presented in this report is not exhaustive and is intended to serve as a resource to stimulate discussions on drug abuse information, directing the readers and agencies toward potential data sources that can be used to monitor all aspects of the drug abuse phenomenon.

INTRODUCTION

Country information

St. Vincent and the Grenadines is also known as Hairoun “land of the blessed”, a name given to it by the early inhabitants, the Caribs. St. Vincent and the Grenadines, part of the Windward Islands, is located at 13° 15 N, 61° 12 W. Its closest neighbours are Grenada, 120 km (75 miles) to the south, St. Lucia 40 km (24 miles) to the north and Barbados 160 km (100 miles) to the east. St. Vincent is the largest of the more than 30 islands that comprise the nation, covering roughly 390 sq. km (150 sq. miles). The Grenadines extend 72 km (45 miles) to the southwest, like a kite's tail. The major islands, north to south, are Young Island, Bequia, Mustique, Canouan, Mayreau, Union Island, Palm Island, and Petit St. Vincent are inhabited. However the majority of the thirty-two (32) islands, islets, rocks and cays that make up St. Vincent and the Grenadines are mostly volcanic, rugged in terrain and difficult to access in many areas.

The population of St. Vincent and the Grenadines derived from the 2001 Population and Housing Census was 109,022 with about a quarter of the people living in the capital, Kingstown and its suburbs and 8% on the Grenadines. The ethnic mix consists of 66% percent of African descent, 19% of mixed race, 2% Amerindian/black, 6% East Indian and 4% European. The labour force is estimated at 41,000 and recent data estimates an unemployment rate of 22%.

On the 27th October 1979, St. Vincent and the Grenadines attained political independence from Great Britain. In October 2009, the country will celebrate its 30th anniversary of Independence. St Vincent and the Grenadines is a parliamentary democracy within the Commonwealth of Nations. Queen Elizabeth II is head of state and is represented on the island by a Governor General. The unicameral parliament, the House of Assembly, has fifteen (15) elected representatives and six (6) senators who are appointed by the Governor General on the advice of the Prime Minister. The parliamentary term of office is five years, although the Prime Minister may call elections at any time as in the Westminster system.

A constitutional reform process is now in its final stages. For the past six years, the Constitutional Review Commission (CRC) and the House of Assembly have engaged in

consultations with the populace at home and in the diaspora on constitutional reform. A referendum on the matter will take place in November 2009. A two-thirds majority is required for the passage of the reformed constitution.

The legal system is derived from English common law and statutes. There are 12 courts in three magisterial districts. The Eastern Caribbean Supreme Court, comprising a high court and a court of appeals, is known as the St. Vincent and the Grenadines Supreme Court. The court of last resort is the judicial committee of Her Majesty's Privy Council in London.

Preliminary estimates showed that real Gross Domestic Product (GDP) grew by 7.0 percent in 2007 compared to 7.6 percent recorded in 2006. This growth in 2007 was due mainly to a 14.1 percent growth in the construction sector which was fuelled by the private sector projects. These projects were mainly tourism related and public sector construction projects through the Public Sector Investment Program (PSIP). Other sectors which accounted for the growth in 2007 were Communication (8.2 percent), Transportation (11.5 percent) and the Financial Services (5.4 percent). The Agricultural Sector recorded growth of 9.3 percent. This was influenced by the continued improvement in the production of other crops and a marginal increase within the banana industry. This is in keeping with the strategy of economic diversification in the agriculture sector.

The fiscal operations improved for the period 2007 compared with 2006. The overall deficit improved to represent a 4.0 percent of GDP in 2007 compared with a 4.9 percent of GDP in 2006. Capital expenditure through the PSIP increased by 22.9 percent in 2007, this increase was largely financed by grants and other borrowings.

The external overall balance recorded a surplus which represented 1.5 percent of GDP in 2007 compared with 2.4 percent of GDP in 2006. The current account deficit widened in 2007, it represented 32.7 percent of GDP. Factors which contributed to the deterioration in the deficit were the worsening of the merchandise trade balance by 14 percent, decline in the surplus balance on the services account due to a decrease in overall tourist receipts and a fall in the level of net inflows of current transfers. However, the deficit under the current account was mainly financed by the improvement of the surplus on the capital and financial account which was 33.9

percent of GDP in 2007 compared with 24.3 percent of GDP in 2006. Increases in the level of capital grants to government and foreign direct investment account for this movement.

The Consumer Prices for December 2007 increased by 0.1 percent. The point-to-point inflation rate stood at 8.3 percent compared with a 4.8 percent in 2006. The annual average "point to point" inflation rate in 2007 was 6.9 percent compared with 3.0 percent in 2006.. The "All Items" index moved from 111.4 in January 2007 to 123.4 in December, 2007. This increase was influenced by the upward movements in the groups "Food", "Alcoholic Beverages and Tobacco", "Clothing and Footwear", "Transportation and Communication", "Fuel and Light" and "Housing".

Broad Perception of the Drug Abuse Problem in St. Vincent and the Grenadines

- Based on a survey among key agencies who form the St. Vincent and the Grenadines Drug Network, the perception is that St. Vincent and the Grenadines has a drug problem and it is worsening. The situation is problematic and it is widespread. To quote one key informant, “almost every household seem to have a drug abuser with marijuana and alcohol being the most prevalent of the abused drugs”. This situation is troubling because of the increased involvement of young children as early as 10 years of age with marijuana and alcohol. Also of concern is the belief that knowledge of other non-traditional drugs of abuse is on the increase. The elevated level of homicides over the past two years is thought to be a spill off of the drug trade.
- There is general dissatisfaction with the measures aimed at supply and demand reduction. This is so particularly with regards to public education and advocacy and provisions for treatment and rehabilitation. The use of billboards and other forms of media should be increased.
- There was praise for some recent efforts by the Government to increase the visibility of the security (Black Squad) services, the Coast Guard Service and the Financial Intelligence Unit (FIU). The Drug Abuse Resistance Education (DARE) program is seen as very useful and in need of continued support. The current “Pan Against Crime” initiative which focuses on the involvement of young people in the playing of the steel pan is described as interesting and hopeful.
- These general comments substantiate those provided by the International Narcotics Control Strategy Report 2007. In this report, St. Vincent and the Grenadines was described as the largest producer of marijuana in the Eastern Caribbean and the source for most of the marijuana used in the region. The report further stated that extensive tracts are under intense marijuana cultivation in the inaccessible northern half of the country. As a result, the illegal trade had infiltrated the economy of St. Vincent and the Grenadines making some segments of the population dependent on marijuana production, trafficking and money laundering.

Background to Integrated Drug Information Network

A Drug Information Network (DIN) is defined as a group of people who, representing either themselves or an agency, collect, analyze and disseminate information on drugs for the purpose of monitoring trends, developing policy, and implementing appropriate programs and responses. This network encompasses all aspects of the drug phenomenon from the demand as well as from the supply side.

The members, who are part of the Drug Information Network, gather information and compile data from their particular areas of work and from other sources using an accepted format. This group would have met at pre-determined times during the year to present this information to the group and to discuss the implications on policy and practice. These meetings are also good for highlighting the existing information gaps and determining how they can be filled. These networks function best when they use clear and concise reports that can be disseminated to policy makers, program planners, and practitioners.

The specific objectives of the Network are to:

- Identify existing drug abuse patterns within the defined geographic areas and periods of times covered by the data.
- Identify changes in drug abuse patterns over defined periods of time including types of drugs, modes of administration and characteristics of drug users.
- Monitoring of and informing drug supply control efforts.
- Monitor the changes in the drug abuse pattern to determine if they represent an emergent drug problem.

- Harmonize information for use by other entities such as the United Nations Office on Crime and Drugs (UNODC) Annual Report Questionnaire (ARQ) and the OAS/CICAD Multilateral Evaluation Mechanism (MEM).
- Disseminate information to community agencies and interested professional groups.
- Engage in dialogue with policy makers on its implications for programming.

Structure of network

Organizations and Departments actively involved in the Drug Information Network include:

- Ministry of Health and the Environment
 - Mental Health Centre
 - Epidemiologist
 - Drug Inspector
 - Family Planning Unit
 - Health Promotion Unit
 - Medical Records Department; Milton Cato Memorial Hospital
- Law Enforcement
- Customs and Excise Department
- Drug Abuse Resistance Education Program
- Ministry of Social Development and Family Services
- Ministry of Legal Affairs
- Ministry of Education
- Ministry of Foreign Affairs
- Central Planning Unit
- Her Majesty's Prisons
- Liberty Lodge Boys Training Center
- Non-Governmental Organizations
 - Marion House

ASSESSMENT OF EXISTING DATA SOURCES

Information on Drug Supply

1. The Royal St. Vincent and the Grenadines Police Force

Information:

- Arrests, seizures, price and purity
- Number of persons arrested and convicted for cannabis and cocaine possession
- Number of drug cases reported by year
- Number of cannabis plants destroyed
- Quantity of cannabis, cocaine and cocaine rocks seized (grams)

Limitations:

- Purity of drug is not usually stipulated
- No specification of whether arrests were for possession for personal use or trafficking.

2. Serious Offences Court

Information:

- Number of Drug Cases filed in the Serious Offences Court

3. Her Majesty's Prisons

Information:

- Number of inmates imprisoned for drug related offences by age group and gender

Limitations:

- Terminology used for type of offence is antiquated and may cause confusion and double counting. Data on drunk driving or driving under the influence of drugs not recorded.

Information on Drug Consumption

Treatment data

1. Mental Health Centre (MHC)

Type of facility:

Government Inpatient Mental Health Treatment Facility. The Mental Health Centre (MHC) is a 145-bed capacity hospital, but total admissions currently stand at 214, of which 164 are males and 50 are females. The Centre caters for acute and chronic patients of both sexes with an inpatient ratio of 3:1 male: female. There were approximately 10 admissions per week, with an average length of stay of 4 weeks.

Information:

- Number of patients primarily treated for alcohol, marijuana, crack/cocaine, poly-substance abuse (marijuana and cocaine, marijuana and alcohol, cocaine and alcohol, marijuana, alcohol and cocaine), psychiatric disorders and dual diagnosis by gender and age group, new admission and readmission.

Limitations:

Lack of information on social indicators relating to marital status, employment status and method of referral.

2. Milton Cato Memorial Hospital (MCMH)

Type of facility: Government General Hospital, a secondary care institution

Information:

- Number of patients admitted as a result of substance use related disorder by type age and sex.
- Total patient days and average length of stay for patients admitted for mental and behavioural problems as a result of drug use.

Limitations:

It was not indicated whether only the primary drug of use was documented and it was not clear if polysubstance abuse was also being recorded by attending physicians on the wards.

3. Marion House

Type of facility: Non-governmental Social Service Centre

Information:

- Number of persons in Youth Assistance Program
- Number of substance abusers seen by sex and age

Limitations:

Incomplete data with regard to age and sex in some instances

Other existing data

1. The Statistical Office

The Statistical Office is a unit within the Central Planning Division of the Ministry of Finance and Planning. The Statistical Office carries out all censuses and surveys on behalf of the government of St. Vincent and the Grenadines. However other departments and private organizations also undertake surveys but they must first seek permission from the Statistical Office to conduct such activities.

Apart from surveys, data is collected from administrative records, from a third source of data and from regional agencies. Administrative records including data on imports and exports from the Customs and Excise Department; vital statistics with regard to births, deaths and marriages from the Registry Department; immigration data are provided by the Immigration Department. Other government departments such as Ministry of Education, Ministry of Health and the Environment, Prisons, Police Department and Magistracy. Regional agencies include Eastern Caribbean Central Bank, Caribbean Development Bank, World Bank and the International Monetary Fund. These data are to be supplied on an annual basis to the Statistical Office and compiled into a yearly Statistical Digest produced by the Statistical Office.

2. Health Planning and Information Unit

The Health Planning and Information Unit was established in 1984 in the Ministry of Health and the Environment. The Unit processes data that is collected from all reporting sources and as a result provides relevant, accurate and timely information. Its information system includes:

- Mortality, vital health statistics
- Non -Communicable Diseases
- Communicable Diseases
- Maternal and Child Health (Perinatal)/Family Planning
- Public Health Laboratory Information System

3. Reports to International Organizations

(a) Reports to National Narcotics Board

Among the duties of the Drug Inspector is to monitor the compliance with laws concerning the quality and types of pharmaceuticals entering the country and to make sure that legal narcotics and psychotropics are not diverted elsewhere. An achievement for St. Vincent and the Grenadines was the fact that the Precursor (drugs used to produce illegal drugs) Act was passed in January 2003. The Pharmacy Act was also passed in December 2004.

St. Vincent and the Grenadines has signed all the Conventions related to controlled drugs, that is the UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988), the Single Convention on Narcotics Drugs (1961) and the Convention on Psychotropic Substances (1971). Reports to the International Narcotics Control Board (Vienna) are made quarterly on the statistics of imports and exports of narcotic drugs and annually on substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances.

(b) Annual Report Questionnaire (ARQ)

Mandates for the submission of the ARQ are stated in the Single Convention on Narcotic Drugs, 1961 and the 1972 Convention on Psychotropic Substances. UN Member States are obligated by treaty to submit their response to the Commission on Narcotic Drugs (CND). The ARQ is used to compile the global illicit drug trends. The absence of a centralized drug related data collection and analysis agency continue to deter the timely submission of this report.

(c) Multilateral Evaluation Mechanism (MEM)

The MEM is a system within the Organization of American States (OAS) in which governmental experts compile and evaluate reports from governments in the region on their application of 83 parameters in the area of drug enforcement and prevention. The MEM is a unique and objective governmental evaluation process with a multilateral character to follow individual and collective progress of hemispheric efforts in the fight against drugs. Information is collected for 2-year cycles. The latest available report is the 2005 – 2006 publication.

SURVEY DATA

Secondary Schools Drug Prevalence Survey - 2006

The objectives of the survey were:

1. To determine the prevalence and incidence of drug use among secondary school students in St. Vincent and the Grenadines.
2. To inform policy makers of trends in drug use, stimulating the development of culturally appropriate interventions for reducing incidence.

Students enrolled in Forms 2, 4 and 5, ages 11 to 17, at public and private secondary schools in St. Vincent and the Grenadines participated in the survey. A total of 1,018 students (63.5% females and 36.5% males) provided data through the use of a self-administered questionnaire on the use of the following drugs: tobacco, alcohol, tranquillizers, stimulants, marijuana, cocaine, crack cocaine, ecstasy and solvents/inhalants.

The students among other things responded to the *perception of health risk*. A significant 88.3 percent reported that there would be some degree of harm if students smoked cigarettes while 56.6 percent indicated that frequently drinking alcohol is very harmful to one's health. Three in every five students (63.8 percent) reported that frequently taking tranquilizers or stimulants was very harmful to human health as compared to 52.7 percent who believed frequently inhaling solvents was harmful.

In terms of students *accessibility of illicit drugs*, 33.8 percent noted it was easy to obtain marijuana, 13.4 percent indicated cocaine was easily obtained while 4.7 percent and 6.2 percent respectively said it was easy to access cocoa paste and ecstasy.

With regards to *prevalence of the drugs* (lifetime prevalence), it was noted that prevalence of cigarette smoking was higher for males (26.1 percent) than it was for females (14.6 percent). The median age of first use for cigarette smoking was 12 years for the students. The median age of first use of alcoholic drinks was 12 years and three of every five students (63.2 percent) drank an alcoholic drink at least once in their lifetime. Marijuana was tried by 17.8 percent of students at least once in their lifetime and a total of 11.7 percent had used marijuana in the past year and 5.2 percent in the past 30 days preceding the survey.

Global Youth Tobacco Survey (GYTS) – 2007

The St. Vincent and the Grenadines GYTS was a school-based survey of students in Forms 1-3 conducted in 2007. A two-stage cluster sample design was used to produce representative data for all of St. Vincent and the Grenadines. The school response rate was 100%, the student response rate was 84.5%, and the overall response rate was 84.5%.

A total of 1,234 students participated in the St. Vincent and the Grenadines GYTS.

Highlights from the survey were:

- 19% of students currently use any tobacco product; 12% currently smoke cigarettes; 10% currently use other tobacco products.
- Environmental Tobacco Smoke is high; 31% live in homes where others smoke in their presence; 60% are around others who smoke in places outside their homes.
- 73% think smoking should be banned from public places.
- 66% think that smoke from others is harmful to them.
- 69% of smokers want to stop smoking.
- 75% of the students saw anti-smoking media messages in the past 30 days; 66% saw pro-cigarette ads in the past 30 days.
- 48% had been taught in class, during the past year, about the dangers of smoking.

Survey on Crime & Violence and the Criminal Justice System

The objectives of this survey were to:

1. Determine the possible causes of crime/factors contributing to the increase in the levels of crime.
2. Assess people's attitude towards crime and violence in St. Vincent and the Grenadines.
3. Measure the public's confidence in the police and the criminal justice system
4. Provide the basis for program development and public awareness.

A random sample of three hundred (300) households drawn from the eleven (11) census districts on mainland St. Vincent were selected to take part in the survey. Some of the major findings based on the opinions of the respondents to the survey were:

- the three major causes of crime were “drugs”, “lack of discipline from parents” and “poverty”, in that order.
- the main cause of crime was “drugs”.
- “people using drugs” was the biggest problem in most of the communities.
- respondents reported that local males under the age of 30 years commit most of the crimes in St. Vincent and the Grenadines.

OVERVIEW OF DRUG SITUATION AND TRENDS

Summary of main trends

Illicit Supply and Control of Drugs

The problem of substance abuse is now more than a challenge to the Governments and concerned citizens of the countries of the Caribbean including St. Vincent and the Grenadines. Drug related crimes have escalated tremendously in the quest for individuals to secure their supply of drugs or in order to obtain money to purchase drugs. Respondents to a recently conducted survey on Crime and Violence indicated that trafficking of drugs was the main cause of crime in St. Vincent and the Grenadines.

As a result, rival gangs have surfaced in order to seize control of the drug market. Hence an increasing number of individuals including young people who are involved in these activities come into contact with the legal system and may be sentenced to prison for a period of time. Dangerous drugs, is among one of the leading causes of imprisonment for the period 2006-2008.

Table 1: Police Statistics Collected During the Years 2006-2008

YEAR	NO. OF CASES REPORTED	NO. OF PERSONS ARRESTED	NO. OF FOREIGNERS ARRESTED	NO. OF PERSONS CONVICTED	NO. OF ARRESTS FOR CANNABIS	NO. OF ARRESTS FOR COCAINE
2006	503	378	29	308	308	71
2007	615	403	23	300	314	50
2008	708	560	29	423	500	68
Total	1826	1341	81	1031	1122	189

Source: The Royal St. Vincent and the Grenadines Police Force

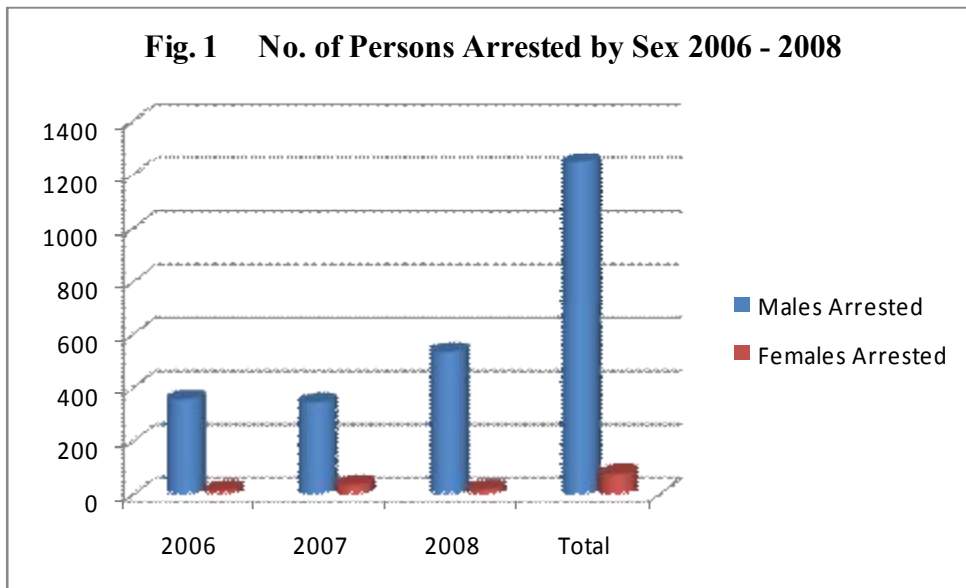
Data on the number of drug cases reported and the number of persons arrested and convicted for cannabis and cocaine for the period 2006-2008 are shown in **Table 1**. There were 1,826 cases reported during that time. A total of 1,122 persons were arrested for cannabis, 189 persons were arrested for cocaine and a total of 1031 persons were convicted. Eighty one foreigners (6 percent

of the total) were arrested during the three year period. The arrestees were mainly from the other OECS countries including St. Lucia and Grenada.

Table 2: Number of Persons Arrested by Sex 2006-2008

YEAR	MALES ARRESTED	FEMALES ARRESTED
2006	360	18
2007	349	40
2008	538	22
Total	1247	80

Source: The Royal St. Vincent and the Grenadines Police Force



The number of persons arrested for drugs fluctuated during the years 2006-2008, (**Table 2**). In 2006, 360 males and 18 females were arrested; in 2007, 349 males and 40 females and in 2008, 538 males and 22 females were arrested by the police. Males were always in the majority. The most arrests in every year were in the age group 20-29 yrs, followed by the age group 30-39 yrs.

Table 3: Amounts of Marijuana and Cocaine Seized 2006-2008

YEAR	CANNABIS PLANTS DESTROYED	CANNABIS (gr.) SEIZED	CANNABIS CIGARETTE SEIZED	COCAINE (gr.) SEIZED	COCAINE ROCKS SEIZED
2006	34,831	2,121,155	25	14,345	1,170
2007	615,890	3,031,444	21	306,935	431
2008	2,935,611	47,596,218	19	5,224	332
Total	3,586,332	57,748,817	65	326,504	1,933

Source: The Royal St. Vincent and the Grenadines Police Force

A total of 3,586,332 cannabis trees were destroyed during the three year period 2006 – 2008 (**Table 3**). During the same period the Narcotics Squad was able to seize the following quantity of drugs: 57,748,817 grammes of cannabis, 65 cannabis cigarette sticks, 326,504 grammes of cocaine and 1,933 cocaine rocks. The year 2008 recorded the largest quantity of destroyed cannabis trees, 2,935,611 as well as the largest amount of seized cannabis 47,596,218 grammes. The largest amount of seized cocaine was 306,935 grammes in the year 2007, and the most cocaine rocks seized was 1,170 in 2006.

Table 4: Drug Cases Filed in the Serious Offences Court 2006 - 2008

YEAR	POSSESSION OF CONTROLLED DRUG	CULTIVATION OF CANNABIS	ATTEMPT TO EXPORT DRUG
2006	270	2	3
2007	377	5	6
2008	438	10	1
Total	1085	17	10

Source: St. Vincent and the Grenadines Serious Offences Court

The number of cases filed in the Serious Offences Court for the possession of controlled drugs increased annually during the three year period 2006 – 2008. In 2007, the number of cases increased by 39.6 percent moving from 270 cases to 377 cases. In 2008, the number of cases rose by 16 percent to 438 when compared with the 377 cases for 2007.

Cases
for the

filed

OFFENCE	2006			2007			2008		
	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
Disorder, Assault Indecent Language and other Offences	33	-	33	41	-	41	75	-	75
Theft	98	2	100	59	3	62	82	2	84
Burglary	73	1	74	65	-	65	61	-	61
Criminal Trespass	6	-	6	6	-	6	37	-	37

cultivation of cannabis also increased marginally from 2 cases in 2006, to 5 cases in 2007 and 10 cases in 2008 (**Table 4**).

Table 5: Imprisonment by Offence 2006 - 2008

Robbery with Violence	1	-	1	7	-	7	14	-	14
Wounding	41	2	43	62	1	63	40	1	41
Murder	3	1	4	3	-	3	8	-	8
Dangerous Drugs	81	3	84	87	4	91	82	3	85
Other Offences	145	-	145	150	6	156	142	3	145
TOTAL	481	9	490	480	14	494	541	9	550

Source: Prison's Department

The data in **Table 5** shows imprisonment by offence for the years 2006, 2007 and 2008. In 2006, eighty four (84) persons were imprisoned for the use of or possession of “dangerous drugs”. The number increased slightly to ninety one (91) persons in 2007 while in 2008 there was reduction to eighty five (85) persons. It must also be noted that the number of persons imprisoned during the three year period increased from four hundred and ninety (490) in 2006 to five hundred and fifty (550) in 2008.

Of the total 490 in 2006, 39 percent belonged to the age group 16 – 25 years. In the year 2007, the total imprisoned was 494 of which 55 percent belonged to the 16 – 25 age group and in 2008, 42 percent of the total were within the age group 16 – 25 years.

Therapeutic Program at Her Majesty’s Prison

Introduction

The drug therapeutic community program was implemented at a time when law enforcement institutions were demanded by the National and International Human Rights Agencies to treat persons who are incarcerated humanely. Therefore, a program of this nature was necessary at the prison.

Statistics have shown that most offences for which inmates serve sentences at the prison are drug related. This fact emphasizes the importance of the program to the prison in its rehabilitative efforts.

Fully effective drug therapeutic programs consist of education and clinic components. Unfortunately due to limited financial resources only an educational component is available at the prison. The dissemination of information to the inmates is intended to educate them on the perils of drug abuse and how they can best correct their dependency on these chemicals.

In addition, the program addresses other aspects of the inmates' development, namely: rebuilding family ties, providing job and life skills training which the inmates in the drug program can use as alternative employment to drug cultivation. Other stakeholders provide after care services and employment after the inmates are discharged from prison. Stakeholders include Marion House, Ministry of Social Development, Ministry of Health, Ministry of Education and Ministry of National Security.

The program is unique in its operation, that is, it is managed by well guided policies, and it has officers who facilitate the program on a full time basis. The success and sustainability of the program is largely dependent on the commitment and focus of the prison authorities.

Program Goals

The program was launched on January 16th, 2004 and the actual program work commenced on January 17th, 2004.

The specific goal of the program is to provide substance abuse education and counseling within the Therapeutic Community Program.

The general goal of the program is to facilitate inmates' social reentry process in the community through collaboration between the prison and local service providers.

Forms and Protocols

The program utilizes many official forms, these are:

1. Therapeutic Community Program Schedule
2. Inmate Screening Form
3. History of Drug and or alcohol
4. Release Consent Form
5. Emergency Notification
6. Master Treatment Plan
7. Progress Notes
8. Service Plan
9. Medical Report Form
10. Inmate Medication Chart
11. Housing Assessment
12. HIV/AIDS Risk Assessment
13. Inmates discharge/transfer form
14. Inmates discharge referral form

The program also adheres to three protocols which are as follows:

1. **Eligibility Criteria Protocol**; this is the criteria used to determine the entry of inmates in the program.
2. **Treatment Team Posting Protocol**; this provides a systematic means for handling breaches of discipline.
3. **Incident Process Flow Chart**; this chart enables the therapeutic program team to determine what treatment should be used to correct an inmate/resident breach of discipline.

Achievements

The prison is satisfied that the program has had a positive impact on the life of the majority of inmates who attended. During the period January 2004 to March 2009 one hundred and fourteen (114) inmates registered in the Therapeutic Program. Seventy one (71) inmates completed the program and were discharged from prison, of these eighteen (18) returned to the institution. In addition, twenty four (24) inmates dropped out of the program.

The program facilitates thirty (30) inmates at a time. Inmates can participate for a minimum of one month and a maximum of two years in the program before his sentence is completed.

The program has gained high approval from the relatives of inmates, stakeholders and the community. In recognition of what the program is achieving, inmates are asked to contribute to national activities especially the school program against violence and crime. The sustainability of the program is dependent on the prison focus and commitment to it.

Eradication and Development Activities related to the reduction of illicit drugs

St. Vincent and the Grenadines is the largest producer of marijuana in the Eastern Caribbean and the source for much of the marijuana used in the region. Extensive tracts are under intensive marijuana cultivation in the inaccessible northern half of the country. The illegal drug trade has infiltrated the economy and some segments of the population are dependent on marijuana production and trafficking.

Compressed marijuana is sent from St. Vincent and the Grenadines to neighbouring islands via private speed boats. The country has also become a storage and transshipment point for narcotics, mostly cocaine transferred from Trinidad and Tobago and South America.

In 2008, the police reported seizing 5,224 grams of cocaine and 47,596,218 grams of marijuana. During the same year, 500 persons were arrested for marijuana and 68 for cocaine possession and a total of 2,935,611 marijuana plants were destroyed.

The Police, Customs and Excise Department and Coast guard at regular intervals, patrol the rugged terrain and adjacent sea of St. Vincent and the Grenadines and the chain of islands making up the Grenadines. Their effort is supplemented by Regional Security System (RSS) and intelligence provided by the United States Southern Command Partnership of the Americas.

The Special Services Unit (SSU) in St. Vincent and the Grenadines is involved in the eradication exercises of drugs in the inaccessible mountainous terrain. More than one hundred officers take part in these exercises. Smaller scale eradication exercises also take place on a regular basis. The Rapid Response Unit (RRU) is the supporting entity in the exercises. The Narcotics Drug Squad executes search warrants. They apprehend and seize frequently acting upon information received from local intelligence.

The increasing demand in North America and Europe for marijuana is a challenge to the sustainability of eradication projects. However, St. Vincent and the Grenadines continues to pursue the strengthening of its coordinated supply reduction mechanisms at both the national, regional and international level.

DRUG PRODUCTION

St. Vincent and the Grenadines does not have a system to detect and quantify the total area of illicit drugs. No marijuana plants grown indoors have been detected during the period 2006 – 2008. There is no formal crop eradication program but random crop eradication takes place. Fields that have been eradicated are not quarantined by the police. However, the police will make occasional visits to determine whether or not cultivators of the illicit crop have returned to the site. No illicit laboratories for organic or synthetic drugs have been found in St. Vincent and the Grenadines during the years 2006 – 2008.

DEVELOPMENT PROGRAMMES

Development activities to reduce the cultivation of illicit crops are being carried out in the country. This is in an effort to provide other income-generating alternatives and to reduce the potential for individuals to become involved in illicit crop cultivation or other illegal activities related to illicit drug production or trafficking.

Development programs being implemented are in the areas of forestry, agricultural development, fisheries, poverty reduction, ecotourism and micro enterprise development. The Ministry of Rural Transformation was created to spearhead transformative development activities but has experienced difficulties related to infrastructure, equipment, training and absorptive capacity at the community level in the implementation of development projects.

In an effort to contain the use of illicit drugs and related crime, a number of outreach ventures have been launched by the police for the dissemination of information on the implications of illicit drug use. Such ventures include the radio program “On the Beat”, a television program entitled “Crime Stop”, and a Drugs Awareness Resistance Education Program (DARE) in schools.

In the context of outreach to young males and females who may be predisposed to criminal activity, Marion House conducts counseling sessions. There is also a Crime Prevention Unit which is supported by programs developed at the national correctional facilities. The Juvenile Justice System incorporates “Liberty Lodge Boys Training Center”, a home for delinquent children and a Family Court has been established to deal with juveniles and also with domestic violence cases.

Existing legislation is being strengthened in the context of the review of Proceeds of Crime Act. The Financial Intelligence Unit is also involved in initiatives aimed at money laundering which could impact on the prevention of drug trafficking and related offences.

Drug Use and Abuse

Type of Drug	Lifetime			Last 12 months			Last 30 days		
	M	F	Total	M	F	Total	M	F	Total
Alcohol	72.1	58.1	63.2	53.9	39.1	44.5	38.9	27.0	31.3
Tobacco	26	14.6	18.7	7.4	3.3	4.8	4.3	1.4	2.4
Solvents & Inhalants	4.2	5.8	5.2	2.5	3.7	3.3	0.6	2.1	1.6
Hashish	0.5	0.2	0.3	0.0	0.0	0.0	0.0	0.0	0.0
Marijuana	29.7	10.9	17.8	18.9	11.7	11.7	9.3	2.8	5.2
Hallucinogens	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Heroin	0.6	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0
Morphine	0.2	0.3	0.3	0.0	0.0	0.0	0.0	0.0	0.0
Opium	0.3	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0
Cocaine HCL	0.9	0.4	0.6	0.3	0.4	0.3	0.3	0.2	0.2
Crack	0.6	0.2	0.3	0.3	0.2	0.2	0	0.2	0.1
Tranquilizers/Sedatives	2.6	3.9	3.4	1.1	1.9	1.6	0.6	1.3	1.0
Stimulants	4.3	2.1	2.9	2.7	1.0	1.7	2.3	0.6	0.2
MDMA (Estacy)	0.3	0.7	0.5	0.0	0.2	0.1	0.0	0.0	0.0
Other Drugs	3.4	3.5	3.4	5.2	3.3	4.0	2.1	1.2	1.5
Any Illicit Drug	35.1	17.1	23.7	21.0	12.2	15.4	9.9	5.0	6.8

Table 6 shows the prevalence of drug use among high school students. The survey was designed to determine the use of the drugs in their lifetime, during the last twelve months and with the last thirty days. Looking at the lifetime use, more males than females used alcohol, cigarettes, marijuana, cocaine and crack and stimulants during their lifetime. However, compared to their male counterparts, the females used more solvents and inhalants, morphine, tranquilizers and sedatives and ecstasy during their lifetime.

A similar situation was observed regarding use of the drugs during the last twelve months. The only exception was that more females used cocaine HCL during the past twelve months. During the last thirty days, the only difference here was that females used more crack than the males.

Category	% of those surveyed who believe that persons who carry out the following activities are at a moderate or great risk (or who think it is quite harmful or very harmful):
Occasionally smoke cigarettes	65.3
Often smoke cigarettes	85.4
Often drink alcoholic drinks	74.8
Get drunk	80.8
Occasionally take non-prescribed tranquilizers/stimulants	71.6
Often take non-prescribed tranquilizers/stimulants	73.7
Occasionally inhale solvents	57.8
Often inhale solvents	68.7
Occasionally smoke marijuana	67.4
Often smoke marijuana	81.2
Occasionally take cocaine or crack	83.0
Often take cocaine or crack	81.3
Occasionally take ecstasy	51.5
Often take ecstasy	58.0

The survey tried to determine from the respondents the perceived risk of drug use. It was interesting to note that among the students, 85.4 percent said that those who often smoke cigarettes were more at risk compared to the 81.2 percent who said those who often smoke marijuana were more at risk. For those who often take cocaine or crack, 81.3 percent thought these people were at risk.

Drugs such as ecstasy, if taken often, appear not to be too dangerous according to 51.5 percent of the respondents (**Table 7**).

**Table 8: Number of Admissions to the Mental Health Center
2006 - 2008**

YEAR	TOTAL ADMISSIONS	NEW ADMISSIONS	REPEAT ADMISSIONS	SUBSTANCE ABUSERS
2006	581	82	499	257
2007	555	41	514	124
2008	203	43	160	128

Source: Mental Health Center

Table 8 shows that new admissions to the Mental Health Center stood at 82 in the year 2006.

The totals decreased substantially during the next two years. There were 41 new admissions in

2007 and 43 in the year 2008. As a consequence, the number of substance abusers also declined significantly from 257 in 2006 to 124 and 128 in 2007 and 2008 respectively.

Table 9: Number of admissions by substance abused for the period 2006 - 2008

YEAR	Marijuana	Cocaine	Alcohol	Marijuana & Cocaine	Marijuana & Alcohol	Marijuana, Cocaine & Alcohol	Cocaine & Alcohol
2006	106	6	32	17	39	53	4
2007	80	2	23	11	3	5	0
2008	76	0	26	6	4	16	0

Source: Mental Health Center

Marijuana is the substance that is most abused based on the number of admissions to the Mental Health Center as depicted in **Table 9**. Admissions for alcohol abuse follow closely behind marijuana admissions in terms of substance abuse.

Several of the patients who were admitted to the Mental Health Center were there for abusing combinations of the different substances. This was more evident in 2006 as 15 percent of the patients were admitted for combined marijuana and alcohol abuse and 21 percent combined marijuana, cocaine and alcohol.

Table 10: Number of Substance Abusers by Sex 2006 – 2008

YEAR	MALE SUBSTANCE ABUSERS	FEMALE SUBSTANCE ABUSERS	TOTAL
2006	244	13	257
2007	114	10	124
2008	124	4	128

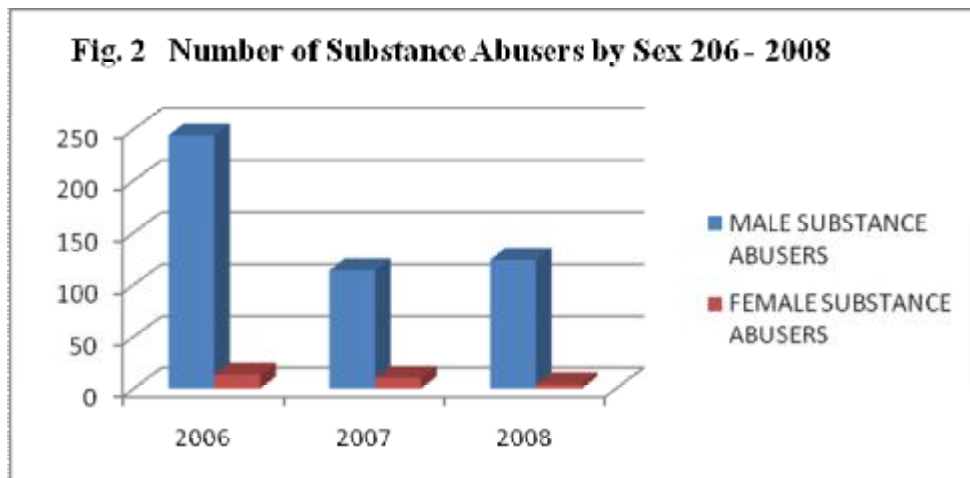


Table 11: Number of Substance Abusers by Age Group 2006 – 2008

YEAR	15-19	20-29	30-39	40-49	50-64	65+	TOTAL
2006	13	69	84	69	15	7	257
2007	14	41	28	23	10	8	124
2008	5	39	35	30	17	2	128

Source: Mental Health Center

Table 10 indicates that there are substantially more male substance abusers at the center. In 2006, males accounted for 95 percent of the patients, in 2007 it was 92 percent and in 2008, 97 percent of the patients were males.

The age group 30 – 39 had the largest number of patients in 2006 (33 percent). There were 41 patients or 33 percent of the total in the age group 20 – 29 in the year 2007 while for the year 2008, 30 percent of the substance abusers were also from the age group 20 – 29 (**Table 11**).

Table 12a: Number of Patients Admitted to MCMH for Substance Use Related Disorders by Type, Age & Sex for 2006

TYPE	SEX	<15	15-24	25-44	45-64	>64	Unknown	Total
Mental & Behavioral disorders due to alcohol use	Male	-	2	40	37	8	5	92
	Female	-	1	3	4	-	-	8
	TOTAL	-	3	43	41	8	5	100
Mental & Behavioral disorders due to marijuana use	Male	-	1	-	-	-	-	1
	Female	-	-	-	-	-	-	-
	TOTAL	-	1	-	-	-	-	1
Mental & Behavioral disorders due to cocaine use	Male	-	-	-	-	-	-	-
	Female	-	-	-	-	-	-	-
	TOTAL	-	-	-	-	-	-	-
Alcohol related medical problems	Male	-	-	16	18	3	-	37
	Female	-	-	3	2	1	-	6
	TOTAL	-	-	19	20	4	-	43

Source: Milton Cato Memorial Hospital

Table 12b:**Number of Patients Admitted to MCMH****for Substance Use Related Disorders by Type, Age & Sex for 2007**

TYPE	SEX	<15	15-24	25-44	45-64	>64	Unknown	Total
Mental & Behavioral disorders due to alcohol use	Male	-	2	30	28	3	1	64
	Female	-	-	1	6	1	-	8
	TOTAL	-	2	31	34	4	1	72
Mental & Behavioral disorders due to marijuana use	Male	-	2	4	-	-	-	6
	Female	-	-	-	-	-	-	-
	TOTAL	-	2	4	-	-	-	6
Mental & Behavioral disorders due to cocaine use	Male	-	-	2	-	-	-	2
	Female	-	-	-	-	-	-	-
	TOTAL	-	-	-	-	-	-	-
Alcohol related medical problems	Male	-	1	18	19	4	1	43
	Female	-	-	2	3	1	-	5
	TOTAL	-	1	20	22	5	1	48

Source: Milton Cato Memorial Hospital

Table 12c:**Number of Patients Admitted to MCMH****for Substance Use Related Disorders by Type, Age & Sex for 2008**

TYPE	SEX	<15	15-24	25-44	45-64	>64	Unknown	Total
Mental & Behavioral disorders due to alcohol use	Male	-	1	44	22	5	3	75
	Female	-	1	2	4	-	-	7
	TOTAL	-	2	46	26	5	3	82
Mental & Behavioral disorders due to marijuana use	Male	1	1	3	-	-	-	5
	Female	-	-	-	-	-	-	-
	TOTAL	1	1	3	-	-	-	5
Mental & Behavioral disorders due to cocaine use	Male	-	-	2	-	-	-	2
	Female	-	-	-	-	-	-	-
	TOTAL	-	-	2	-	-	-	2
Alcohol related medical problems	Male	-	4	25	26	11	1	67
	Female	-	-	1	2	1	-	4
	TOTAL	-	4	26	28	12	1	71

Source: Milton Cato Memorial Hospital

The number of patients admitted to the Milton Cato Memorial Hospital for substance use related disorders is shown in tables **12.a, 12.b and 12.c** for the years 2006, 2007 and 2008 respectively. With regards to “*mental and behavioral disorders due to alcohol use*”, 100 persons (8 of whom were females) were admitted in 2006. In 2007, there were 72 admissions (8 of whom were females) and in 2008, a total of 82 persons (7 females) were admitted to the hospital.

There were also admissions for “*alcohol related medical problems*” during the three year period. The numbers increased annually moving from 43 admissions in 2006 to 48 admissions in 2007 and 71 admissions in 2008.

In 2006, there was only 1 admission for “*mental and behavioural disorders due to marijuana use*”. However in 2007, 6 persons were admitted and 5 persons were admitted in 2008 for that disorder.

Two persons in 2007 and two persons in 2008 were admitted to the Milton Cato Memorial Hospital for “*mental and behavioural disorders due to cocaine use*”.

Table 13: Total Patient Days and Average Length of Stay for Patients Admitted to MCMH for Mental and Behavioural Problems as a Result of Drug Use 2006 – 2008

2006								
TYPE	<15	15-24	25-44	45-64	>64	Unknown	Total patient days	Average length of stay
Alcohol	-	8	100	181	22	53	364	4
Marijuana	-	3	-	-	-	-	3	3
Cocaine	-	-	-	-	-	-	-	-
2007								
Alcohol	-	4	87	173	11	1	276	4.3
Marijuana	-	3	8	-	-	-	11	1.8
Cocaine	-	-	3	9	-	-	12	6
2008								
Alcohol	-	5	137	302	243	7	697	9.3
Marijuana	1	1	9	-	-	-	11	2.2
Cocaine	-	3	-	-	-	-	3	3

Source: Milton Cato Memorial Hospital

The total patient days and average length of stay for patients admitted to the Milton Cato Memorial Hospital for mental and behavioural problems as a result of drug use for the period 2006 - 2008 are illustrated in **Table 13**.

Alcohol appeared to be the most abused substance. In 2006 the total patient days for the alcohol patients was 364 days with an average length of stay of 4 days. In 2007 the total patient days for these types of patients was 276 days with the average length of stay being 4.3 days. The number of patient days increased substantially in the year 2008 to 697 days with an average length of stay of 9.3 days.

The number of patient days for marijuana related problems was 11 days in 2007 and 2008 with the average length of stay 1.8 days in 2007 and 2.2 days in 2008.

Individuals in the age group 25-44 were in the majority in all three years with regard to mental and behavioural and medical problems related to alcohol and marijuana. A large percentage of those in the 45 – 64 age group were admitted as a result of alcoholic problems.

MARION HOUSE

Marion House is a social service agency. It coordinates and implements a Youth Assistance Program for school drop-outs and those who didn't start secondary school at all. The programs are operated at its main headquarters in Kingstown as well as in the rural town of Georgetown. There are 35 students in each program with the ages ranging from 15 – 20 years.

For the first six months the programme focuses on house training which involves life changing skills such as goal setting, conflict resolution and communication. Life changing skills is divided into five modules; (1) Self development (2) Human Development (3) Family Relations (4) Civic Awareness of culture (5) World of work. Sessions are conducted on Mondays, Tuesdays and Thursdays. On Tuesdays, the youth do community work in a selected community. However, very importantly on Fridays, there is a rap session where some youths admit to the use of substances including alcohol and marijuana. Counseling sessions are held with these young people.

Persons are also counseled outside of the Youth Assistance Programme. For example, one case worker at this agency had seen twenty-one (21) substance abusers during the period 2006 – 2008. Of this total, 20 were males. Most of the abusers, 62 percent, were within the age group 30 -44 years. The majority of the substance abusers were poly-addicts graduating from alcohol to marijuana then on to crack-cocaine.

NATIONAL ANTI - DRUG PLAN

The Draft National Anti-Drug Plan, 2004 – 2008, envisaged detoxification, treatment and rehabilitation services for substance abusers. The importance of preventative measures cannot be ignored. Therefore demand reduction programs including prevention programs in the Prisons, training of drug prevention practitioners, educational and community activities and treatment and rehabilitation are all-important components in the strategy to combat the use of drugs in St. Vincent and the Grenadines.

Other factors impacting on drug situation

Morbidity and Mortality

Table 14: Births and Deaths 2006 and 2007

BIRTHS	2006			2007		
	Males	Females	TOTAL	Males	Females	TOTAL
Kingstown	840	877	1717	890	854	1744
Out-District	36	43	79	40	38	78
Total	876	920	1796	930	894	1824

Deaths	2006			2007		
	Males	Females	TOTAL	Males	Females	TOTAL
Kingstown	362	266	628	364	285	649
Out-District	78	71	149	31	31	62
Total	440	337	777	395	317	712

Source:

In 2006, the Statistical Office recorded the crude birth rate as 17.9 per 1000 population and the crude death rate as 7.7 per 1000 population.

The total number of deaths in the year 2006 was 777. Four hundred and forty (440) or 56.6% were males and three hundred and thirty seven (337) or 43.4% were females. In the year 2007, the total number of deaths, (712) was lower than in the year 2006. In 2007, three hundred and ninety five (395) or 55.5 percent were males and three hundred and seventeen (317) or 44.5 percent were females.

Deaths by cause groups are only available for the year 2006. In 2006, 33 persons died as a result of the HIV/AIDS virus, 25 were males and 8 were females.

Liberty Lodge

The Liberty Lodge correctional centre presently has a compliment of thirty (30) young males with ages ranging from 10-17 years old. These boys are usually referred from Marion House, Social Welfare, Family Court and within recent times the highest concentration are coming from the Magistrates Court.

A questionnaire was used to obtain basic information on drug use from a sample of seventeen (17) boys at the facility based on their lifetime experience. The results are depicted in the attached table.

Table 15: Substance Abuse by Age at Liberty Lodge Boys School

SUBSTANCE	Age 12	Age 13	Age 14	Age 15	Age 16	Age 17	%
Beer	4	2	3	3	3	1	94.1
Guinness	4	2	3	3	3	1	94.1
Wine	3	2	4	3	3	1	94.1
Rum	3	2	4	3	3	1	94.1
Cigarette	4	1	3	2	2	0	70.6
Marijuana	4	2	3	2	3	1	88.2
Cocaine	2	0	2	1	0	0	29.4

The data shows that ninety-four (94.1) percent of the boys at the facility consumed beer, Guinness, wine and rum (**Table 15**). A very low percentage (29.4), experimented with cocaine while a significant 88.2 percent had already smoked marijuana. With regards to the smoking of cigarettes, just over 70 percent indicated that they smoked cigarettes.

The table also indicates that even at the tender age of 12 years, these young boys would have already been involved in drug and alcohol abuse.

Drug Prevention

The Drug Abuse Resistance Education (DARE) Program was implemented by the Police on February 12th 1997. The program targets primary school children ages 9-12 years on a national level. A total of five (5) uniformed police officers conduct counseling and lecture sessions on a daily basis in different schools. Drug abuse awareness and conflict resolution are also dealt with in these sessions. At present ninety percent of the primary schools are involved.

The Ministry of Education has a curriculum on Health and Family Life Education. Drug Abuse Prevention is included. The program is taught in all primary schools as well as forms 1 – 3 in secondary schools. The Ministry of Health and the Environment has a similar program which compliments that of the Ministry of Education. The program targets in and out of school youth.

There are established parents education programs that are being operated by the Ministry of Health and the Environment and VINSAVE, a non-governmental organization.

Social Welfare and Family Services

Table 16: Reports of Child Abuse 2006-2008

Forms of abuse	2006	2007	2008
Sex	36	47	40
Physical	73	41	30
Neglect	50	58	78
Abandonment	48	36	37
Verbal/Emotional	-	44	25
Non-Maintenance	129	104	170

Source: Social Welfare and Family Services

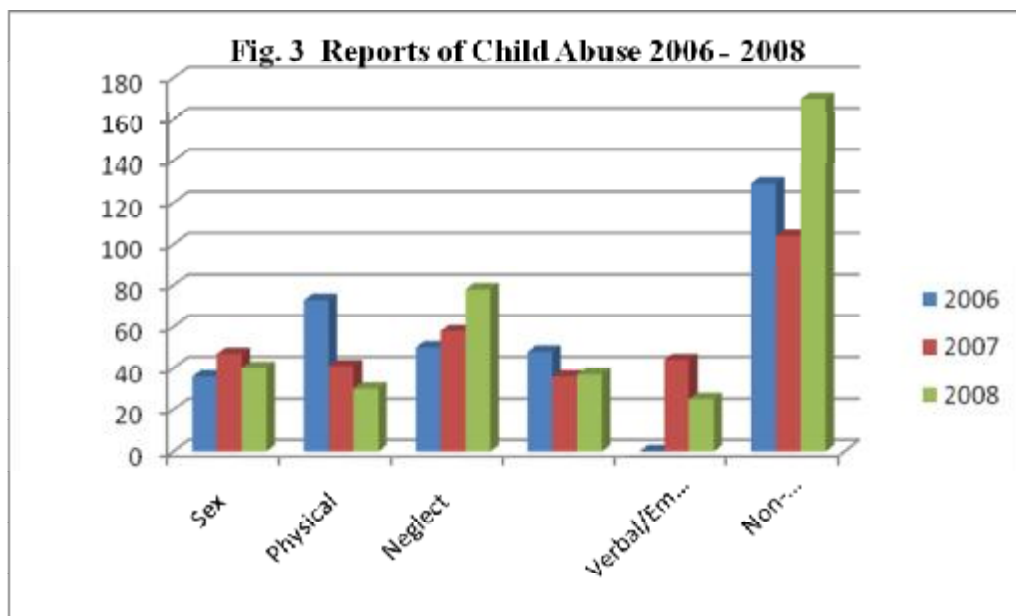


Table 16 shows the reports of child abuse made at the Family Services Department for the period 2006 - 2008. There was no indication as to whether there was drug abuse among these individuals or their caregivers.

This data is merely descriptive and cannot lend itself to any reference with regard to substance abuse. However, it is an issue that should be enquired about in cases of child abuse.

ADMINISTRATIVE AND LEGISLATIVE MEASURES

A number of administrative and legislative measures were taken during the past three years.

Administrative Measures

- An increase in the number of police youth clubs. The National Commission on Crime Prevention (NCCP) was given the mandate to revitalize existing and establish new Police Youth Clubs throughout St. Vincent and the Grenadines. Several communities have already been identified. The NCCP has already formulated a structure and developed a constitution for the organizations.
- The revitalization and expansion of the St. Vincent and the Grenadines Cadet Core working in close collaboration with the NCCP.
- The setting up of a Serious Crimes and Drug Court within the Magistracy.
- The building of a new correctional facility scheduled to become operational in late 2009.
- Implementation of Universal Secondary Education.

Legislative Measures

- Increasing the jurisdiction of magistrates from 2 years to seven years.
- Amendment of the Drug Prevention of Misuse Act thus significantly increasing the penalties (fines and confine) for drugs (see attached).

PROSECUTION AND PUNISHMENT OF OFFENCE

Nature of Offence	Mode of Prosecution	Class A & B Drug	Class A & B Drug	Class C Drug	Class C Drug
		1997	2008	1997	2008
Importation or exportation of a controlled drug	(a) Summary	3 years and \$100,000	7 years and \$500,000	2 years and \$75,000.00	6 years and \$400,000
	(b) on indictment	14 years and \$200,000	25 years and \$1,500,000	14 years and \$200,000	20 years and \$1,000,000
Production or being concerned in the production of a controlled drug	(a) Summary	3 years and \$100,000	7 years and \$500,000	2 years and \$75,000.00	6 years and \$400,000
	(b) on indictment	14 years and \$200,000	25 years and \$1,500,000	14 years and \$200,000	20 years and \$1,000,000
Supplying or offering to supply a controlled drug	(a) Summary	3 years and \$100,000	7 years and \$500,000	2 years and \$100,000	6 years and \$400,000
	(b) on indictment	14 years and \$200,000	25 years and \$1,500,000	14 years and \$200,000	20 years and \$1,000,000
Having possession of a controlled drug	(a) Summary	3 years and \$100,000	7 years and \$500,000	3 years and \$100,000	6 years and \$400,000
	(b) on indictment	7 years and \$200,000	25 years and \$1,500,000	5 years and \$75,000	20 years and \$1,000,000
Having possession of a controlled drug with intent to supply to another	(a) Summary	3 years and \$100,000	7 years and \$500,000	2 years and \$75,000	6 years and \$400,000
	(b) on indictment	14 years and \$200,000	25 years and \$5,000,000	10 years and \$200,000	20 years and \$2,500,000
Being the occupier or concerned in the management of premises and permitting or suffering certain activities to take place	(a) Summary	3 years and \$100,000	7 years and \$500,000	2 years and \$75,000	6 years and \$400,000
	(b) on indictment	14 years and \$200,000	25 years and \$1,500,000	10 years and \$200,000	20 years and \$1,000,000
Contravention of direction prohibiting practitioner, etc. from possession, supplying etc, controlled drugs	(a) Summary	3 years and \$100,000	7 years and \$500,000	2 years and \$75,000	6 years and \$400,000
	(b) on indictment	14 years and \$200,000	25 years and \$1,500,000	10 years and \$200,000	20 years and \$1,000,000
Contravention of direction prohibiting practitioner, etc. from prescribing, supplying etc, controlled drugs	(a) Summary	3 years and \$100,000	7 years and \$500,000	2 years and \$75,000	6 years and \$400,000
	(b) on indictment	14 years and \$200,000	25 years and \$1,500,000	10 years and \$200,000	20 years and \$1,000,000

FUTURE DIRECTIONS

Priority Areas for Future Development

National Anti-Drug Plan

The National Anti-Drug Plan was prepared more than ten years ago. The Ministry of Health and the Environment took steps to have the plan approved. However, this attempt was unsuccessful for a number of reasons. One of the reasons is that the plan was extremely costly to be implemented as prepared. In addition, the Ministry was unable to identify funding sources for the implementation and as a result did not receive the support of the Ministry of Finance.

The Government of St. Vincent and the Grenadines and other agencies continue to support each other in aspects of the draft plan through a number of anti-drug abuse activities. Marion House (an NGO) continues to provide counseling; The Ministries of Education and Health conduct Health and Family Life Education Programs in the schools and in the community. The Police and the National Commission against crime are implementing a vigorous nation-wide Pan Against Crime campaign and Drug Abuse Reduction Education (DARE) program in the schools.

Data Collection

It is important that the Statistical Office put in place a method for collaboration among other Government departments. Training in data collection is extremely essential for individuals working in these departments. This training can be done at the local level with the Training Division taking the lead role.

The Statistical Office is geared towards the production of economic statistics and therefore needs to give more attention to social development. The Office generally pays much more attention to the generation of National Accounts, Balance of Payments and Trade Statistics. Social Statistics should be addressed and also given priority. The Social Indicators and Millennium Development Goals Committee should not be allowed to disintegrate and it must be given the necessary support both financially and otherwise.

There is the need for the development and strengthening a data collection unit in the Police Department now that the department is fully equipped with computers. The existence of specialized units for example the National Joint Headquarters, the Financial Intelligence Unit and the Customs Intelligence unit makes the existence of a Data Collection Unit even more important.

Identification of sustainable activities of the network

There is a need to improve on the quality of data collected. For example with regard to data submitted by the MCMH there was uncertainty as to whether poly-substance use would have been documented if it existed or it was just the main substance of use that was recorded. It was thought that this could and should be reflected adequately in the Hospital Summary Sheet. However, it will be necessary to get the cooperation of the surgical, medical and accident and emergency doctors in capturing and recording information on drug use/abuse. Therefore DINSAG members will need to communicate and collaborate with other levels of staff in their respective departments in order to ensure the reliability and integrity of data collected.

St. Vincent and the Grenadines lacks documented and available qualitative research information on the drug situation. Therefore, in acknowledgement of the need for evidence based prevention programs consideration should be given to focus assessment studies and research investigating the following subjects:

- Addiction and Crime
- In and out-of-school youth
- Deportees
- Addiction in the prison
- Follow-up of alcohol study in schools

The Network currently needs assistance in the following:

- Training in epidemiological research methodologies. This would help to build competence within agencies to do surveys.
- An evaluation of tertiary prevention as well as the continuing development of treatment programs that need to be undertaken.
- A centralized office that organizes, compiles or coordinates drug-related statistics and other drug-related information need to be established.
- An evaluation of the effectiveness and relevance of existing alcohol, tobacco and control substance regulation need to be conducted.

Identification of needs in order to address priority areas

There is an urgent need for the Ministry of Health through the Minister of Health to effect a review of the membership of the Drug Advisory Council that is enshrined in the Drug (prevention of misuse) Act. This Council has been dormant for several years. The absence of a functional National Drug Council is a significant impediment to fulfilling the objective of drug abuse assessment and reduction and in fulfilling international obligations such as the timely completion of the Multilateral Evaluation Mechanism (MEM).

The functions of the National Drug Council, embraces all aspects of Drug Abuse control, including the making of provisions for treatment, rehabilitation, promoting research and cooperation or networking of stakeholders.

The improvement of current data collection strategies and the establishment of a national network in order to discuss a centralized data collection strategy and resolve matters of confidentiality are priorities. Network members would need to be trained in the analysis and presentation of statistics and should be able to discuss the exchange of data.

An advocacy committee could be formed to lobby for the Advisory Councils' reconstitution with sufficient financial support for its core functions as well as for the network.

The Ministry of Health and the Environment in collaboration with the Ministry of Finance also need to finalize and adopt the proposals made in Articles 1 to 9 of the Draft National Anti-Drug Plan for St. Vincent and the Grenadines 2004 - 2008. In accordance with these proposals, a National Drug Council for the coordination of Drug Control need to be established and be responsible for defining, promoting and coordinating the policy of the Government for the control of drug abuse and trafficking. This council should be supported by a Working Committee (National Anti-Drug Working Committee) responsible for the implementation of the policy established by the council and the day-to-day coordination of the Government's action.

Policy implications for drug demand reduction activities

Research can drive policy and the implementation of evidence - based prevention programs. For example research has proven that drug treatment programs in prisons can succeed in preventing patients' return to criminal behaviour, particularly if they are linked to community-based programs that continue treatment when the client leaves prison¹ and thereby reducing the costs to society due to crime. Taking into consideration data previously presented for the different institutions, it is in the interest of St. Vincent and the Grenadines to become engaged in substance abuse research including general population surveys and to implement appropriate drug prevention and treatment programs. These programs should target the youth and at risk groups, parents and the general communities.

Treatment and Rehabilitation

St. Vincent and the Grenadines has not established any guidelines or regulations on standards of care for drug abuse treatment. At the same time the country does not maintain a registry of treatment services and programs nor does it have instruments for accrediting treatment services and programs. In addition, no mechanism exists to evaluate the quality of services provided and the drug treatment personnel do not receive in-house training in their specialities.

St. Vincent and the Grenadines has one outpatient public drug treatment modality for adults, both males and females, and one residential public drug treatment modality. The country also offers one public network for early detection, outreach and referral cases, one public detoxification service, one public treatment and rehabilitation service and one private self-help group. These last two services have national coverage.

Marion House, a non-governmental organization is a social service center geared towards adolescents and prisoners. The center provides drug counseling to adolescents who are usually referred through school counselors and to persons on release from prison. The Liberty Lodge Boys School offers treatment for adolescent offenders. There are no centers or services geared specifically towards women.

CONCLUSION

Key agencies here in St. Vincent and the Grenadines have shown willingness to develop their data collection strategies. There is also support for centralized data collection. In order to improve current data collection strategies, standardized data collection forms are needed in the institutions that are in direct contact with the drug users. Training in the use of the forms as well as data entry and analysis would be useful to ensure easy access to the data. The now dormant, but legislated National Drug Council should be reconstituted as the coordinating agency.

The main illicit drugs used in St. Vincent and the Grenadines are marijuana, cocaine, and crack-cocaine. At present, there exist no qualitative data to determine accurately the extent of the impact of the illicit drug trade. Law enforcement data confirms that St. Vincent and the Grenadines is a major trafficking point for the transportation of cocaine and marijuana emanating from South America and destined to Europe and North America. A considerable amount of marijuana is grown in the difficult to access northern hills of St. Vincent. In addition, heroin was confiscated in St. Vincent and the Grenadines in 2007. So far, there are no recorded cases of the use of ecstasy or heroin in the various institutions in contact with drug users.

St. Vincent and the Grenadines has a moderately developed infrastructure for data collection activities. Most institutions in direct contact with drug users have no access to computers with basic database software. However, personnel have adequate skills to use data collection forms manually and in some cases also skills to enter data into a database. Currently there is no national database.

The main needs in St. Vincent and the Grenadines are to develop and standardize current data collection, a central data collection point and training and networking of people involved in the fields. The most critical needs for drug control are the development and adoption of a National Anti-drug plan, the reconstitution of the National drug Council and the strengthening of regulation under the Drug (prevention of misuse) Act and the Pharmacy Act. It is also recommended that national surveys be undertaken to facilitate evidence base decision making.

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APPENDICES

List of Acronyms

ARQ	Annual Reports Questionnaire
CAREC	Caribbean Research and Epidemiological Centre
CARICOM	Caribbean Community
CARIDIN	Caribbean Drug Information Network
CARIFORUM	Caribbean Forum of African, Caribbean and Pacific States
CICAD	Inter-American Drug Abuse Control Commission
CND	Commission on Narcotic Drugs
DAESSP	Drug Abuse Epidemiological Surveillance System Project
DINSAG	Drug Information Network-St. Vincent and the Grenadines
EDF	European Development Fund
EU	European Union
FIU	Financial Intelligence Unit
GDP	Gross Domestic Product
GYTS	Global Youth Tobacco Survey
INRA	Information, needs and resources analysis
INTERPOL	International Police Organization
MCMH	Milton Cato Memorial Hospital
MEM	Multilateral Evaluation Mechanism
MHC	Mental Health Centre
MOH & E	Ministry of Health and the Environment
NDC	National Drug Council
NACMD	National Advisory Council on the Misuse of Drugs
OAS	Organization of American States
PSIP Public	Sector Investment Program
RSS	Regional Security System
GAP	Global Assessment Program
SIDUC	Uniform Drug Use Data System
SSU	Special Services Unit
UN	United Nations
UNODC	United Nations Office on Crime and Drugs

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List of Members of the Information Network

Drug Inspector

Marion House

St. Vincent and the Grenadines Police Force

Customs and Excise Department

Mental Health Hospital

Pharmaceutical Services

Epidemiologist

Chief Health Educator

Ministry of Legal Affairs

Liberty Lodge Boys Training Center

Financial Intelligence Unit

Ministry of Education

Her Majesty's Prison

Magistrate Department

Ministry of Foreign Affairs