Bahamas Drug Information System

Annual National Report 2001

March, 2003
Bahamas

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Acknowledgements

On behalf of the Commonwealth of the Bahamas, thanks is expressed to all governments, agencies and individuals who contributed in any way to the funding, guidance and implementation of the Caribbean Drug Abuse Epidemiology and Surveillance System Project. Special recognition must be given to CARICOM, responsible for bringing like minds together during the early years; CAREC, for agreeing to incorporate the Drug Epidemiology Unit within its portfolio; CARIFORUM, the European Development Fund, the United UNODC/Global Assessment Programme and the OAS/CICAD for contributions to project funding and/or technical support; and Dr. Ken Garfield Douglas, Project Director, for his tireless efforts in getting the project to its current status.

At the country level, to the MOH and in particular the National Health Information and Research Unit, who contributed tremendously in staff man-hours; Mr. William Weeks, Chairman, and Ms. Sherilyn Wallace, Executive Director, of the National Drug Council, for facilitating the effort in many aspects; and to all other government and private agencies and individuals who participated in the first network meeting and who have committed themselves to its objectives.

Executive Summary

Background

Years of planning for the creation of a Regional Drug Abuse Epidemiology and Surveillance System Project culminated when representatives from the 15 CARIFORUM countries participated in the 1st Network Meeting in Trinidad in July 2001. Since 1996, the Caribbean Community (CARICOM) Heads of Government approved a Regional Programme on Drug Abuse Abatement and Control (REPDAAC) with six components: Epidemiology; Preventive Education; Public Awareness; Law Enforcement; Treatment and Rehabilitation; and Coordination.

More recently, member states of CARIFORUM approved the Barbados Plan of Action, which, at recommendations 45-49 and 53, points to the need to improve data collection in the region. Even more recently, the Regional Meeting on Drug Control Coordination and Cooperation in the Caribbean, convened in Barbados in May 1996, emphasized the need to develop, in each country, cadres of individuals with data collection and analysis skills. In addition, the Santo Domingo Declaration resulting from the Second Regional Meeting on Drug Control Coordination and Cooperation, held in Santo Domingo in December 1997, reiterated the policy of CARIFORUM Governments in respect of the timely implementation of an epidemiological system for substance abuse.

Member states of CARIFORUM, as a practical manifestation of their existing policies, decided to allocate funds from the Caribbean Regional Indicative Programme (CRIP) of the 8th European Development Fund (EDF) to a Drug Abuse Epidemiological and Surveillance System Project to establish a regional surveillance network. The major problem to be addressed by this project was the absence of comprehensive and comparable databases on drug abuse patterns and trends, despite the increasing exposure to, and abuse of, illicit drugs by the population of CARIFORUM.

Specifically, the project attempted to deal with the following:

- The inadequacy of national data generation and coordination;
- The quality of existing data and data to be generated and their comparability across the CARIFORUM region;
- The scarcity of appropriately trained persons to manage and operate a common regional system at the national and regional levels; and
- The low incidence of information sharing across the CARIFORUM region.

In support of the process, each country in the hemisphere agreed that use would be made of the Inter-American Drug Abuse Control Commission's (CICAD) Uniform Drug Use Data System (SIDUC), a standardized method of information collection on drug use, including questionnaires and customized software. The data collected relevant to the drug phenomenon within their borders would follow a standardized mechanism that results in, as much as possible, identical

measurements under identical conditions. The data cannot be irregular, sporadic, or disorganized, but must be a progressive compilation of a historical series of valid and comparable measurements incorporated into an organized operational system.

The formulation of the Bahamas Drug Information Network took a step closer to reality when 45 representatives from various government agencies and private organizations convened for a meeting to introduce participants to the regional efforts and to determine the need for and support for a local network. The meeting also served to explore potential catalyst and barriers to the successful implementation and operation of the network.

Discussions from the meeting revealed that all participants fully supported the concept and agreed to make such a recommendation to their respective agencies. As a result, a core committee was established to formulate a method for taking this concept of a National Drug Information Network (NDIN), and developing it into a workable plan that can be presented to the government as a part of, or an addendum to, the National Drug Action Plan. The National Drug Plan is currently undergoing its final draft.

Summary of Drug Situation

As The Bahamas' resurgence in the drug trade enters its 4th decade, drug trafficking through The Bahamas continues to occur, although not at levels previously seen, and involves the entire country from Inagua in the Southeast to Bimini in the Northwest.

Supply reduction efforts continue to be effective with significant seizures and corresponding arrests taking place by local police working in unison and in concert with law enforcement agencies of other jurisdictions. Total cocaine seizures in recent years have decreased while the trafficking of marijuana seems to be once again on the rise. Both of these drugs are readily available to local users at minimal costs.

There is also evidence of the availability of ecstasy on the local illicit drug market and, based on the consensus opinion of key treatment and prevention personnel, its use is increasing.

The passing of the new laws on money laundering and asset seizure is also paying dividends, with the forfeiture of properties and cash of sizeable values in both 2001 and 2002.

Efforts to limit the available supply is matched by that of the police to identify, catch, charge and prosecute those involved in the retail trade of drugs. The number of arrests, associated with any combination of the availability of drugs at

the street level, a stepped-up police effort and/or the prevalence of usage in the country, over the past few years remained high. Male arrestees outnumbered females 9 to 1 and 6 of every 10 were 25 years or older. Approximately three-fourths (78%) of all arrests were due to the possession marijuana, indicative, it is believed, of the popularity of this drug within the community.

The number of drug convictions in the 2001 calendar year was very small when compared to the number of charges brought and speaks to the need for greater efficiency in the court system. Combined with the overwhelmingly proportion of persons imprisoned either directly as a result of a drug charge or indirectly as a result of a crime committed to feed a drug habit, this also highlights the need for sentencing options that may not result in prison sentences and permanent criminal records, which have a lifelong stigma attached to them.

Of concern to those professionals involved in the attempt to reduce the demand for drugs is the association with the available supply; in particular, how much and in what way the available supply actually impacts demand and the number of current users. While no recent prevalence studies of the general population have been conducted in recent years, evidence suggests that the increase in the availability of marijuana is associated with increased usage of this substance. Cocaine use for the year 2001 has remained at previous levels, with problems driven, primarily, by those chronic abusers of crack who monopolizes the services available to that population. However, intranasal use is still believed to be the most prevalent form of cocaine use.

These informed opinions are supported by a shift in the leading causes of admissions to the local Treatment facilities. Statistics from the country's primary outpatient facility, the Community Counselling and Assessment Centre, reveal that the proportion of persons treated for marijuana and its related adverse consequences, including marijuana-induced psychosis, now far outnumbers the proportion treated for any of the other drugs, and dominate the adolescent and young adult admissions. At the Sandilands Rehabilitation Centre, the only comprehensive inpatient facility for the treatment of drug abuse, there is a significant increase in the number of persons treated for marijuana use and a corresponding decrease in the number seen for other illicit drugs.

Recommendations

Information management-related recommendations emanating from the first round of the MEM evaluation included creation of a drug observatory to oversee the collection and processing of drug-related information; the evaluation of programs to determine if goals and objectives are being met; and to conduct prevalence studies. These recommendations remain relevant and highlight the need for the establishment and continued development of a National Drug Information Network.

Priority areas for future development pertaining to the proposed Bahamas Drug Information Network can be grouped under the three broad categories of Policy Initiatives, Education and training, and Research and Development. Improvements in all of these areas are necessary if the information required to accurately anticipate, comprehensively assess and successfully respond to the drug phenomena in The Bahamas is to be forthcoming.

First and foremost, the concept of a Bahamas Drug Information Network (BDIN) needs to be endorsed and then reporting made mandatory within the framework of the network.

Secondly, the capacity to support such a network needs to be developed within all of the major stakeholder agencies through education and training, particularly in basic drug research methods, in order to strengthen the routine data collection systems within these institutions.

Additionally, more quantitative prevalence surveys that target all at-risk groups must be conducted on a consistent basis to enable the monitoring and evaluation of programs. This must be complemented by more qualitative surveys that are required to facilitate the formulation of more appropriate and focused educational messages.

Introduction

Country Information

The Commonwealth of the Bahamas is an archipelago of some 700 islands and cays with a landmass of 5,382 sq. miles scattered over an area of 80,000 sq. miles from the southeast coast of Florida on the west to the island twin nation of Hispaniola to the east.

The 2000 Census of Population and Housing revealed a total population of 303,611 [(1)]. Males accounted for 48.5% of the total population, while females accounted for 51.5%. Approximately 29.4% of the population was under 15 years of age and about 5.2% over 65. During 1996-2000, life expectancy at birth was 68.8 years for males and 75.3 for females.

The large majority of the population resided on the two main commercial centres: New Providence, where the capital Nassau was located; and on the island of Grand Bahama. New Providence alone accounted for 69.4% of the population, and had a population density of 2,635 persons per square mile [(1)]. A total of 15.5% of the population was on Grand Bahama, with a population density of 89 persons per square mile. The remaining 15.1% of the population was distributed across another 20 plus islands.

After nearly 250 years of British colonial rule, The Commonwealth of The Bahamas became an independent nation state on July 10, 1973. Governed by a parliamentary democracy based on the Westminster/Whitehall model, the country has a bicameral legislature comprised of the elected House of Assembly (lower house) and the appointed Senate (Upper House). The Prime Minister, who is assisted by a Cabinet, heads the executive arm of the government. There is an independent Judiciary.

The economy of The Bahamas is based mainly on Tourism, which employs, directly and indirectly, a substantial proportion of the labour force [(2)]. Financial Services is the second largest industry, with the emphasis placed on the offshore banking sector. This is followed by construction, fishing and agriculture. The official currency is the Bahamian dollar, which, since 1972, is on par with the US dollar. With a mean household income ($31,369) that ranks among the leaders in the Western Hemisphere, The Bahamas enjoys a relatively high standard of living and universal access to all essential social services, including health, education and housing [(3)].

The overall unemployment rate in 1999 was estimated at 7.8% [(4)]. However, this was not equally distributed throughout the islands, and the government remains challenged to provide sustained economic activity in the less-populated islands [(2)].

With the economy so dependent upon forces external to the country, a series of global events have resulted in a recent reversal of the growth in the economy observed during the decade of the nineties. Firstly, the events of 9/11 in the United States and the resulting negative impact on the US economy, has severely impacted the number of travelling Americans and, hence, the tourism and all related industries. Additionally, in recognizing the need for a stronger legislative structure in an ever changing financial services industry, particularly the off-shore sector, the passing of a series of new banking laws in 2000 that was intended to result in greater transparency has, in fact, led to the loss of business and jobs in the financial service sector. These included the Proceeds of Crime Act and the Financial Transactions Reporting Act.

Internally, two damaging hurricanes and a major fire in the heart of the downtown district that consumed the Ministry of Tourism building, which housed the straw market, are other factors that have contributed to the current economic trend.

As a responsible member of the international community, The Bahamas maintains membership in a number of international, regional and hemispheric organisations. These include: the United Nations; the Commonwealth of Nations; the Organisation of the American States; and the Caribbean Community (CARICOM). The Bahamas is also a long-standing and active member of the Inter American Drug Abuse Control Commission (CICAD) and the Commission On Narcotic Drugs (CND). As such, it has agreed to and ratified most major Conventions[1] and Protocols related to drugs.

Additionally, The Bahamas has developed a number of bilateral agreements such as the U.S.-Bahamas Mutual Legal Assistance Treaty (MLAT), which facilitates the bilateral exchange of information and evidence for use in criminal proceedings. The US Government MLAT requests, seek and secure financial information and evidence for use in criminal investigations and prosecutions. The Bahamas also has MLATs with the United Kingdom and Canada.

Evolution And Characterization Of The Drug Problem In The Bahamas

The involvement of The Bahamas in the drug trade is a result, primarily, of its geography. Lying directly in the transhipment corridor between the South American producers and the North American consumers, the country's archipelagic make-up, with many unsupervised islands, numerous cays and coves and potentially hazardous waters, made it an ideal platform for drug trafficking.

Although some marijuana growth has been observed, in general, the soil characteristics of The Bahamas prohibits the cultivation of such plants or those used for the production of other illicit drugs. Additionally, as none of the base

[1] UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988), UN Convention on Psychotropic Substances (1971), UN Convention on Drugs (1961)

products or precursor chemicals used in the production of drugs such as cocaine and heroine are made in the Bahamas, it is not economically feasible to produce such drugs here and, to date, there is no evidence of clandestine laboratories used for the production of cocaine.

The first evidence of illicit drug use was recognized in the late 1960s and early 1970s and coincided with the introduction of marijuana smuggling from Jamaica and Latin America, through the Bahamas, en route to South Florida. By the mid to late 1970s, in addition to marijuana, drugs available on the local market included quaaludes and cocaine, the latter, primarily sold as cocaine powder and snorted intranasally.

By the late 1970s and early 1980s, the transhipment of cocaine through the islands had escalated, due in large measure to its profitability as compared to similar size shipments of marijuana. As a consequence, cocaine trafficking through The Bahamas became firmly established, and the country became, and remains, a major transit area.

Historically, The Bahamas has been used as a transit point for the smuggling of “club drugs” such as ecstasy into the U.S. by airliner from Europe. This trend continues, with The Bahamas currently serving as a minor transit point for “Ecstasy” tablets destined for North America and brought into the country by Dutch nationals. Although club drug seizures in The Bahamas have been minimal over the past two years, according to the government of The United States, the Bahamian route remains a potential threat.

The impact of the drug trade on the economy and the society was very noticeable. In the early stages, the drug trade appeared to have had a positive effect on the local economy as the compensation of local facilitators with money injected a surplus of US dollars into the market. The presence of this false economy was most pronounced in the economically deprived Family Islands where the boom associated with this new found source of wealth was most evident in the construction industry.

The negative impact on the society became apparent when compensation changed from money to drugs, which were then sold on the local market. As vast quantities of cocaine passed through the islands, increasingly larger portions remained behind for local consumption. Simultaneously, cocaine use had progressed to the more addictive smoking of freebase cocaine. The result of this was an increase in the local cadre of pushers, abusers and addicts and a rapid rise in admission rates to the treatment and rehabilitation institutions.

Given its limited resources, the capacity of the country to deal with this problem was severely challenged. The mobilization of personnel and material resources in the areas of health and law enforcement was undertaken at great expense and required considerable reprioritization.

In the area of law enforcement, initial emphasis was placed on interdiction. Agencies involved in this process include the Royal Bahamas Police Force (RBPF), the Royal Bahamas Defense Force (RBDF), the Office of the Attorney General, the Customs Department, and the Ministry of Foreign Affairs. The Government moved quickly and increased the allocations to law enforcement agencies. Simultaneously, The Royal Bahamas Police Force underwent strategic restructuring to meet this new challenge and a unit, the Drug Enforcement Unit, was established to deal with drug trafficking exclusively. Changes in response to new methods employed by the traffickers continue today. The Royal Bahamas Defense Force, which had been established in 1980, was mandated with the responsibility of maritime law enforcement; with a major focus that of interdicting and apprehending drug traffickers. Additional equipment was acquired and manpower resources increased in both institutions.

The RBPF participate actively in Operation Bahamas, Turks and Caicos (OPBAT), a multi-agency, international operation whose mission is to stop the flow of cocaine and cannabis transiting through The Bahamas to the United States. Alerted by U.S. Customs Service surveillance aircraft and sometimes aided by sightings passed on by the Cuban Border Guard (TGF), U.S. Coast Guard and U.S. Army helicopters, based on several Bahamian islands, intercept maritime drug smugglers and seize airdrops of drugs into Bahamian territory.

Not entirely satisfied with its efforts, The Bahamas remains vigilant and proactive as it is recognized that it faces an international criminal drug establishment that is well equipped and well organized. With unlimited funds at its disposal, it possesses the ability to corrupt and compromise national and inter-international mechanisms designed to prohibit the trans-shipment, distribution and use of illegal drugs.

As a matter of government policy, The Bahamas does not encourage or facilitate illicit production or distribution of narcotic or psychotropic drugs, other controlled substances, or the laundering of proceeds from illegal drug transactions. Possession of illicit drugs for personal use and for illicit trafficking is a crime. Theoretically, any amount of an illicit substance can result in an arrest and charges being brought. Additionally, the government ratified the Inter-American Convention against Corruption in 2000.

The primarily government sponsored National Drug Council coordinates the national demand reduction effort, including programs implemented and operated by governmental entities as well as by Non-governmental Organizations (NGOs) such as the Drug Action Service and the Bahamas Association for Social Health.

Initiatives taken in the Health Care sector lead to the early establishment of two main facilities for the treatment of substance abuse: The Sandilands Rehabilitation Centre (SRC), an in-patient facility that provides geriatric and

psychiatric services, was further developed to include a comprehensive drug and alcohol abuse treatment centre; and the Community Mental Health Centre (CMHC), also known as Knowles House, which provides outpatient treatment, counseling and group therapy services. There are a number of private rehabilitation facilities that vary greatly in their approach and in their expertise.

Recently, as a result of public criticism by the resident US Ambassador of the government's effort to curb the problems related to drugs, the arrest and pending extradition of a number of high profile individuals suspected of involvement in the drug trade, and the resulting attention being given to the development of a National Anti-drug plan, the issue of illicit drugs and its accompanying social problems has been brought to the forefront.

With this increase in attention came the recognition of and demand for more complete, accurate and timely information in the hands of program planners, managers and policy makers. This would allow for improvements in the monitoring and evaluation of efforts and a more timely response to observed changes.

Information On Drug Consumption

Information used in the preparation of this report came from four main sources: existing data collected by various agencies and used for their own purposes; population surveys; informed opinions; and other reports. Some of the agencies that generated the data had produced reports from which the required information was obtained while others had to compile information specifically for this report. The agencies contributing to this report included:

Existing Data Sources

Royal Bahamas Police Force, Ministry of National Security

- Research and Planning Unit
- Drug Enforcement Unit
- Criminal Investigations Department
- Forensic Science Services

Her Majesty's Prison, Ministry of National Security

Medical Records Department, Sandilands Rehabilitation Centre, Public Hospital Authority

Medical Records Department, Princess Margaret Hospital, Public Hospital Authority

Community Mental Health Centre, Public Hospital Authority

Vital Statistics Unit, Department of Statistics, Ministry of Finance

Other Reports

Commission on Narcotic Drugs: Annual Reports Questionnaire for 2001. UNODC

International Narcotics Control Strategy Report – 2001, US Department of State: The Caribbean, The Bahamas

International Narcotics Control Strategy Report – 2002, US Department of State: The Caribbean, The Bahamas.

Bahamas Multilateral Evaluation Mechanism (MEM) Report: Evaluation of Progress in Drug Control: 2001-2002. Inter-Aamerican Drug Control Commission.

Bahamas Adolescent Health Survey 1997

Explanatory Notes

Existing Data

In general, to be included in the data emanating from institutions that collect data, persons must first have contact with that institution. It must be remembered, however, that many more persons experiment with drugs than go on to use them on a regular basis, and that this former group of experimental drug users is less likely to appear in these type of data sets. While these are good sources of information to assist in describing the drug situation, there are limitations. Limitations common to several of these sources include:

- Data not population-based and thus prevalence or incidence rates for the general population cannot be directly calculated;
- Records are sensitive to administrative and policy changes, and as such, may reflect the current emphasis;
- Often the information is not collected with the needs of researchers or data analysts in mind and as a result may not contain the desired information or may be coded or categorized in a way that does not allow the tracking of the patterns of the drug situation.

Source-specific limitations are briefly mentioned below.

Treatment and Rehabilitation Data

Sandilands Rehabilitation Centre (SRC)
Type of facility: Government Inpatient Mental Health Treatment Facility.
Information: Number of patients treated for drug and alcohol use and related disorders as inpatients.
Limitations: No clear distinction between new cases and repeat cases; Information not readily available by gender or age; data is not current; not quite clear on what is included in the definition of poly-drug.

Community Mental Health Centre (CMHC)
Type of facility: Government Outpatient Mental Health Treatment Facility
Information: Number of patients treated for drug and alcohol use and related disorders on an outpatient basis.
Limitations: No distinction between categories of users such as those seen as follow-up patients for a previous inpatient stay and those treated purely as outpatients;

Mortality and Morbidity

Princess Margaret and Rand Memorial Hospitals (PMH, RMH)

Type of facility: Government tertiary and secondary care health facilities, respectively.

Information: Inpatient admissions for illnesses related to drug and alcohol use and related disorders; A&E visits (PMH only) for illnesses related to drug and alcohol use and related episodes.

Limitations: Figures by age and gender not available prior to 1996; data reflects number of admissions and not number of patients; hospital is more focussed on medical complications and admissions usually represent more serious drug-related cases like overdoses or trauma; data not current; A&E staff do not routinely ask about and record, for analytical purposes, information on illicit drugs.

Department of Statistics (DOS)

Information: Registered Deaths covering the entire country

Limitations: Information limited to what was captured and recorded on the detailed Medical Certificates of Death and on which doctors do not normally mention drug involvement; Coverage is not normally 100% and may vary by geographic area; Data only available up to 2000.

Law Enforcement

Royal Bahamas Police Force (RBPF)

Information: Arrests; seizures; price and purity;

Limitations: No distinction between number arrested for retailing versus simple possession for personal use; No distinction between seizures at the trafficking level and local retail level; Data broken down by geographic and other demographic indicators not readily available; No reliable data on other crimes (murder, etc.) related to illegal drugs; No distinction between the purity of cocaine at the wholesale/trafficking level versus retail level; statistics varied dependent upon the source.

Her Majesty's Prison Service (HMPS)

Type of facility: The only adults prison or holding facility in the country.

Information: Proportion of inmates currently incarcerated for drug-related charges.

Limitations: Numbers included persons who were actually convicted as well as those who were only charged and on remand; No information on cases imprisoned as an indirect consequence of drug abuse; no details on the type of drugs involved; data broken down by various risk groups and risk factors not readily available.

Survey Data

Bahamas Adolescent Health Survey, 1997
Information: Past year prevalence estimate in the adolescent population.
Limitations: Survey not designed specifically for drugs; Provides estimates only on use in the year preceding the survey; Survey not current.

Overview Of Drug Situation And Trends

Synopsis

Illicit Supply and Control of Drugs

The United States Government estimates that some 10 to 15 percent of the cocaine that is detected on its way to the United States from South America flows through the Jamaica-Cuba-Bahamas corridor [5]. Most of that flow originates in Colombia and arrives in The Bahamas by "go-fast" boat from Jamaica. There was an increase in 2001 and again in 2002 in the number of suspected airdrops by aircraft originating in Jamaica and Colombia to waiting Bahamian "go-fast" boats off the Cuban coast. This resurgence of airdrops may be due to the increased interdiction of "go-fast" boats; however the number of airdrops remained small compared to detected movements by sea.

In 2002, the 139 detected movements of suspect vessels involved in the shipment of drugs through the Bahamas represented an increase of 32 percent from over the 105 movements in 2001; which was down from that in 2000 [5,6]. This increase in detections may be due to better intelligence collection and more frequent surveillance flights over the OPBAT area of operations by U.S. Customs airplanes during 2002. OPBAT-related cocaine seizures amounted to 5.341 metric tons in 2002 (up by 120 percent from 2001). OPBAT cannabis seizures were 14.643 metric tons (up by 143 percent from 2001).

In 2001, The Drug Enforcement Unit (DEU) of the Police Force seized 1469 kilograms of all cocaine combined, 4188.2 kilos of hash oil and marijuana combined, 10,207 marijuana plants, and 0.01 of a kilogram of amphetamine tablets (ecstasy) (Table 1). Significant seizures included 2 separate seizures of 1,601 and 838 pounds of cocaine, a seizure of 2,335 pounds of marijuana, and a seizure of 4,500 marijuana plants together with 10 pounds of marijuana.

During 2001, the value of all property forfeited was US$2.6 million. In 2002, the DEU also seized 5 boats, 1 vehicle and drug-related assets valued at a total of $1.3 million [6].

Arrest statistics are indicative of the availability of drugs at the street level, the possibility of a stepped-up police effort, as well as the prevalence of usage in a society. Information obtained from the Royal Bahamas Police Force revealed that a total of 1,444 persons were arrested for drug possession and/or abuse in 2001. Of these, 92.5% were males and 59.9% 25 years and older. Almost 8 of every 10 (77.8%) were arrested for marijuana offences, followed by those arrested for cocaine (22%) and for amphetamine type drugs (0.2%). With regards to gender, 12% of cocaine arrests were female, a stark contrast to the 6% of all marijuana arrests. Looking at age, not surprisingly, persons under 25 years were arrested

mainly for marijuana possession and/or abuse. This group accounted for 40% of all arrests, but nearly half (47%) of the marijuana arrests (Table 2).

During 2001, 114 persons were arrested for drug trafficking. Males again far outnumbered females, accounting for 89.5%. Unlike the situation observed for arrests for possession, the proportion of persons 25 years and older (80.7%) arrested for trafficking was 4 times greater than the proportion less than 25 years. The type of drug for which persons were arrested was almost evenly divided between marijuana (46%) and cocaine (54%). Thirteen percent (13%) of all cocaine trafficking arrestees were female, as compared to 8% of all marijuana trafficking arrestees (Table 2).

With regards to drug convictions, 239 persons were convicted in 2001; 94% for possession/abuse and 6% for trafficking. The majority of convictions were for marijuana (82%) (Table 1).

One should keep in mind that while the above statistics represent mainly drug possession, trafficking, distribution, and other direct drug offences, this is only the tip of the iceberg. While official numbers are not readily available, many cases of murder, theft, robberies, assaults, fraud, and other crimes were, and still are directly or indirectly tied in with illicit drugs.

Additionally, illegal drugs do not cover the many crimes that are alcohol induced. Unfortunately, the only figure readily available for such crimes is related to drinking and driving from a 1997 police report. In that report, it was noted that alcohol was detected post mortem in 65% of all deaths resulting from road traffic accidents [(7)].

Information was made available on persons being held in prison on drug-related charges. However, it must be emphasized that a significant proportion of inmates, while not incarcerated for a drug-related offence, are there as a result of drug abuse and related unlawful activities.

In February of 2003, there were 298 inmates incarcerated for various drug-related offences at Her Majesty's Prison. These included those convicted of an offence and those on remand for drug charges. Of these, 96.6% were males, and 39.6% and 33.2%, respectively, were in the age groups of persons 20-29 and 30-39 years. This age distribution was similar in all of the major charge categories. Of interest was that while the 288 males only accounted for 21.7% of the total male inmate population of 1325 persons, the 10 females accounted for approximately one-half (45.5%) of the total female inmate population of 22 persons (Table 3).

With respect to the specific charges, 6 of every 10 (61.1%) of those serving time for a drug-related offence were convicted of "possession with intent to supply".

This was followed by the category of persons serving time for “possession of dangerous drugs” (11.4%) and “conspiracy to possess” (9.4%).

Drug Use and Abuse

No prevalence studies were conducted in 2000 or 2001 on either the general population or specific sub-groups or at-risk groups. A secondary school drug prevalence study was conducted in 2002 on students in grades 8, 10 and 12. Some preliminary results are available (Table 4).

Overall, alcohol remains the most popular drug among the students, while marijuana continues to be the most used illicit substance. While the proportion of students who have experimented with tobacco ranged between 14.4% in the 8th graders to 22.7% in the 12th graders, current tobacco use, as measured by use in the past 30 days, was not a major problem among Bahamian students. The prevalence of cocaine use among the students was extremely low.

Marijuana use was found to be positively associated with grade level for all three indicators of prevalence; lifetime use, use in the past year, and use in the past 30 days. However, this association was more pronounced for lifetime use. For use in the last 12 months and 30 days, the difference between grades 10 and 12 was not as great as that observed between grades 8 and 10. Prevalence rates ranged from 4.8% to 24.8% for lifetime use; 2.1% to 14.1% for use in the past year; and 0.7% to 7.7% for use in the past 30 days.

Cocaine use among the students, either as powder or crack, was very low. Results revealed that the lifetime usage rates of cocaine powder for students in grades 8, 10 and 12 were only 1.5%, 1.2% and 0.5%, respectively. Of note, however, was the inverse association with grade level, where the proportion of students in the lower grades who reportedly experimented with both cocaine powder and crack was higher than those in the upper grades. A similar association was observed for both use in the past year and use in the last 30 days.

In comparison to all other substances, alcohol use among the students was rather high and was positively associated with grade level. However, there was a large difference between the proportions who used at least once in their life and those who admitted to using within the past 30 days. Results revealed that lifetime use for students in grades 8, 10 and 12 was 48.2%, 71.1% and 78.3%, respectively. Use within the past 30 days was only 9.7%, 27.6% and 33.9%, respectively.

Other drugs of note reportedly used by the students were ecstasy and methamphetamine. While there is recent evidence of the local existence of ecstasy, methamphetamine was not known to be available and used locally. For

both of these drugs, the reported lifetime use showed no association with age, supporting the belief that use of these substances, if true, is rather new. Normally, if a drug has been on the market for a considerable period of time, the proportion of persons who used at least once in their life would increase with increasing age.

Prior to this survey, the latest prevalence survey of any population for which information was available was the 1997 Bahamas Adolescent Health Survey that targeted high school students in grades 7, 9 and 11 across The Bahamas [9]. Questions were included on the use of various substances within the year preceding the survey. According to this survey, 32.2% (39.6% males; 24.9% females) of respondents had drunk alcohol, 8% (12% males, 4.9% females) had smoked marijuana, 6.8% had smoked cigarettes (9.4% males, 4.2% females), and 1.2% (no gender differences) had used cocaine. With the exception of cocaine, there were significant gender and age differences, with a higher prevalence in males and increased likeliness of use the older the student.

Results from the two studies were not directly comparable as the students in the 2002, as a group, were older than those in the 1997 survey. This difference in age is reflected in the slightly higher usage rates observed in this latest survey.

In support of these findings, it is the consensus opinion of key treatment and prevention personnel involved in the completion of the ARQ that during the year, residents of The Bahamas have engaged in the illicit use of cannabis, cocaine, sedatives and/or tranquillizers, solvents and/or inhalants, amphetamines and hallucinogens; listed in descending order of prevalence [8]. It is also the opinion that with respect to cocaine, while the use of crack and its attendant problems may get all of the attention, the use of this substance in its powdered form is more prevalent. Intranasal use is followed by crack use and then the smoking of cocaine laced marijuana joints or tobacco.

With respect to the trends in prevalence over the past year, these professionals opined that the use of cannabis, amphetamines (namely ecstasy), sedatives and solvents have all shown some increase. Cocaine and hallucinogenics use have remained at previous levels and the illicit use of prescription drugs, such as perocet or pethidine, have shown a large increase.

Treatment and Rehabilitation

In 2002, a total of 557 new clients were seen for outpatient services at the Community Counselling and Assessment Centre (CCAC). Of these, 240 (43.1%) were seen for marijuana use, 149 (26.8%) for alcohol abuse, 135 (24.2%) for poly-drug abuse, and 25 (4.5%) for cocaine addiction (Table 5).

The number of clients was positively associated with age or, quite possibly, years of use, with the proportion increasing as age increased. Approximately 1 of every 3 clients was over the age of 35 years. This, however, varied a great deal based on the type of substance abuse problem. Alcohol was associated primarily with older persons, with three–fourths above 35 years. On the other hand, marijuana was associated with younger clients, with 67.5% or two-thirds age 20 years or less. Clients seen for problems related to cocaine or poly-drug use were generally over 21 years and with the largest proportion over age 35 years.

Overall, 9 of every 10 outpatients (88.9%) were male, but again this varied dependant upon the substance of abuse. Females were least pronounced in the group of marijuana smokers (3.7%) and most obvious in the clients seen for cocaine addiction (28%).

Taking into account both actual numbers and rates per 100,000 persons, between 1997 and 2002 there was a moderate increase in persons seen at CCAC for drug abuse. The most striking change was the substantial increase in people being treated for marijuana, with a simultaneous decline in all other types of drug treatment. The proportion of all patients seen for illicit drug abuse that were treated for Marijuana had almost doubled, from 29% to 59%. Between 1990 and 1998, alcohol and cocaine and/or poly-drug abuse were the two main reasons for drug treatment. Beginning in 1999 however, marijuana became the most popular drug for which treatment was sought at the facility.

The last available compiled data from the Sandilands Rehabilitation Centre (SRC) was for 1999. After observing a gradual decline in new admissions for drug use in the preceding 5 years, a sharp increase for all drugs combined, both numbers and rates per 100,000, was apparent in 1999. Out of a total of 191 new drug admissions that year, 29% were admitted for alcohol abuse, 49% for cocaine and/or poly-drug abuse, and 22% for the abuse of marijuana or a related complication (Figure 1).

As was the case for outpatient treatment, the proportion of inpatients seen for marijuana treatment had undergone a substantial increase, with a concurrent decline in cocaine and/or poly-drug abuse, when compared to 1994.

Morbidity and Mortality

In 2000, 185 persons were admitted to the Princess Margaret (PMH) and Rand Memorial Hospitals (RMH) as inpatients for illnesses related to drug and alcohol use. As this represents less than one percent (0.8%) of all admissions into public hospitals, drug-related illnesses has not been a major reason for admittance. Of this total, 77% were males and 23% females (Table 6).

A little over one-half (52%) were admitted for alcohol related illnesses, which mainly fell into two types: mental disorders and liver diseases. While these

admissions impacted all age groups, the majority of admissions for alcohol-related mental disorders were males aged 20-44 years, while liver diseases struck mainly older persons (over 45 years).

All other drug related diseases were classified under mental disorders, and most were young males under 45 years of age. As for type of drug, out of the 88 non-alcohol drug admissions, 34% were classified as “Not Specified”, “Mixed” or “Other”, while 48% were admitted for cocaine use, 15% for marijuana and 3% for tobacco use.

During the same year, a total of 153 visits were made to the Accident and Emergency Department of the PMH as a result of alcohol and other drug related illnesses. Alcohol accounted for 59% of the visits and drugs 41%. Together, this represented 0.3% of all visits to Accident and Emergency during that year; seemingly insignificant but a slight increase over 1996 figures.

As with morbidity data, deaths due to drug abuse were not among the major contributors to causes of death in the year 2000. Further, all were due to mental disorders and liver damage stemming from alcohol consumption. What should be noted, however, is that “Cirrhosis, along with other chronic liver diseases” was the 8th leading cause of death in 2000, last seen among the top ten in 1992.

Of the 1,625 total deaths for that year, 2% were alcohol-related. The cause of most (76%) of these deaths was alcoholic liver diseases. Males (71%) outnumbered females approximately 2:1, and one-half (50%) were between 45-64 years of age. Another 29% were 65 years and older (Table 7).

The fact that no deaths during the year made mention of cocaine or other drugs as an underlying cause reflects (it is believed) more the manner in which the specifics of each death is captured, recorded and coded rather than the lack of any occurrence. If the healthcare practitioner does not include this information on the Medical Certificate of Death, then it would not be possible to code it as such. While there were no official drug-related deaths recorded for 2001, it was the consensus opinion of key personnel working in the drug field that drug-related deaths due to both cocaine and ecstasy did in fact occur during this period.

Specific Drugs

Cocaine

According to the RBPF, there were 315 cases resulting in the confiscation of 1469 Kgs. or 3231 lbs of cocaine from traffickers during the 2001 calendar year (Table 1).

The country of origin for most (if not all) cocaine was Columbia, with the drugs being transhipped through Jamaica. The final destination included the US, Canada and The Bahamas with a percentage distribution of 60%, 30% and 10%, respectively [8].

The marine route is by the far the most utilized, with an estimated 80% of all cocaine being transhipped by sea. The remaining 20% was shipped by air.

Overall, there was a slight decrease in the trafficking of cocaine during 2001 as compared to the previous year.

The price per kilogram of cocaine at the wholesale or trafficking level ranged from US $13,000 to $20,000 during the reporting period. At the street or retail level, a gram of cocaine sold for anywhere from $50 to $70. Prices at this level were not affected by the availability or proliferation of the drug on the market as much as at the wholesale level [8].

The RBPF Forensics laboratory reported the purity of cocaine for samples taken during the period 2000-2002 as ranging from 60% to 85% for cocaine hydrochloride (powder), and from 15% to 60% for crack. Unfortunately, no information was available indicative of the purity of cocaine at the wholesale versus retail level.

During 2001, there were 317 arrests for possession of cocaine, inclusive of 279 males (88%) and 38 females. The large majority (85.5%) were 25 years of age or older (Table 2).

During the same period, 61 persons were arrested for the trafficking of cocaine, representing 53.5% of all arrests for drug trafficking. Again, the majority were males (86.9%) and 25 years old or more (82%) (Table 2). Traffickers were mostly local Bahamians (91.6%), supported by Americans (3.7%), Haitians (1.7%) and Jamaicans (1.5%) [8].

Law enforcement efforts resulted in 31 convictions for possession and 11 for trafficking in cocaine either alone or in combination with other drugs. Cocaine convictions represented 13.8% and 78.6%, respectively, of all convictions for illicit drug possession and trafficking during 2001 (Table 1).

While no recent studies have been conducted on the prevalence of cocaine use in the general population, it is worth noting that cocaine use in the adolescent student population is extremely low (1.2%). This should serve as no surprise as the last general population survey that was conducted revealed that the average age of first use of cocaine in The Bahamas was above the normal high school graduation age [10]. This is supported by the average age of first use reported by persons being treated for cocaine and who were included in a recent treatment outcome evaluation. While the average age of first use and regular use for

females were 16.7 years and 18.3 years, respectively, for males they were 20.6 years and 21.9 years [11]. Results from that study also revealed that average age for persons treated for cocaine was above 30 years and the preferred method of use was crack.

Marijuana

Overall, there has been a slight increase in the trafficking of marijuana over the past year [8]. During the calendar year 2001, a total of 4174 Kgs. or 9203 lbs of Marijuana were seized from traffickers, involving 1056 cases [8]. There were also 3 cases involving the seizure of a total of 31.4 lbs of hashish and 21 cases involving the seizure of 10,201 marijuana plants.

Unlike the 1970s when the locally available marijuana arrived from several different countries such as Columbia, Panama and Jamaica, almost 100% of the marijuana that currently pass through The Bahamas is grown in Jamaica. It is estimated that 60% of these shipments are destined for the US market with 40% remaining behind for local consumption. The breakdown for hashish is somewhat different, with an estimated 90% destined for the US [8].

Due primarily to its bulkiness, the preferred means of trafficking marijuana is by sea, with an estimated 95% being shipped via such means. The remaining 5% arrives in The Bahamas by air [8].

The wholesale price per kilogram of marijuana varied from $800 to $1600. At the street level, marijuana could be bought for $60 per ounce or as little as $3 to $10 per gram [8].

There were 1124 persons arrested during 2001 for the possession or abuse of marijuana or some other type of cannabis. Males represented 93.9% of all cases, outnumbering females approximately 9:1.

The continuing popularity of marijuana among young persons was also evident in the arrest statistics, as 46.6%, almost one-half, were less than 24 years of age. The remaining 53.4% were 25 years or older (Table 2).

The 53 persons arrested during 2001 for the trafficking of marijuana represented 46.5% of the 114 trafficking arrests. The trafficking of marijuana, most likely because of the mainly sea route, is primarily a male dominated activity. A total of 92.5% of those arrested were males and approximately 8 of every 10 (79.2%) were age 25 years or more (Table 2). The large majority (93.1%) of marijuana traffickers operating in the Bahamas that were arrested were Bahamians. Other nationalities included Americans (4%) and a small number of Haitians, Jamaicans and Canadians [8].

Marijuana or other types of cannabis was by far the most frequent reason for drug convictions in 2001. Unfortunately, no information was readily available on the average amount of the drug possessed that led to the conviction or of the type of sentencing meted out (imprisonment versus fine) in relation to the type and amount of drug possessed. Overall, marijuana trafficking accounted for 3 (21.4%) of the 14 convictions for drug trafficking in 2001 (Table 1).

Other Drugs

The only other illicit drug of note during 2001 was ecstasy. There was 1 case involving the seizure of 13 grams. The drug shipment originated in Europe and was brought in by air for a temporary stop on its way to the US. The trafficking of ecstasy during 2001 showed a strong decrease when compared to the previous year. The street level price per pill varied between $25 and $40.

Three arrests were made for ecstasy possession, all Canadian citizens. These included 2 males and a female, all 25 years or older. All three were convicted [8].

Conclusions and Recommendations

The proximity of the Bahamas to the United States and its geographic make-up has all relevant parties in agreement that the Bahamas will, for the foreseeable future, remain a target for the transhipment of drugs. Coupled with its relatively small budget, the country will have to continue to develop bilateral and multilateral partnerships to effectively fight international narcotics trafficking and crime.

The need for a national drug information network is recognized and supported by personnel involved in the collection, compilation, analysis and dissemination of drug-related information in the various institutions. However, this position must be transferred to persons at the policy and decision-making levels both within these institutions and at the national level. Only through the involvement of all stakeholders would an environment be created where drug information system initiatives receive the necessary support for them to have a chance at succeeding and becoming an effective tool in the country's anti-drug effort.

The initial network meeting served to bring awareness to the widespread problems related to the collection, processing and reporting of drug-related information. However, sustained advocacy and continuous development of policies and programs resulting from such information is required to keep this obvious need and the resulting benefits in the minds of the country's leaders.

While some requested information was forthcoming from the agencies involved in the anti-drug efforts, most, if not all, of these agencies were still unable to provide all of that requested or in the desired format. There were several reasons for this, which included among others: the data elements to calculate the desired indicators were not being captured; the data was not being stored in an electronic format, resulting in an inability to process the information required on a timely basis and for specific sub-groups; and the lack of technical skills and information management knowledge within the various agencies.

Given the challenges identified in this initial attempt to capture information for the network, priority areas for future development pertaining to the proposed Bahamas Drug Information Network fall under the three broad categories of Policy Initiatives, Education and training, and Research and Development.

Policy Initiatives

- Completion of the National Anti-Drug Plan;
- Ratification of the Bahamas Drug Information Network (BDIN);
    - Mandatory reporting within the framework of the BDIN;
    - Standardization to ensure the quality of information collected at the institutional level;

Education and Training

- Basic drug research methods for all institutional stakeholders (data collection, data analysis, report writing);
- Transforming data to policy and programs;
- Advocacy;

Research and Development

- Strengthen the routine data collection systems with the relevant institutions;
- Conduct an assessment of the required minimum data set in each agency that is necessary to meet the information needs at all levels within the agency, nationally, and to meet the country's international reporting obligations.
- Conduct more quantitative prevalence surveys on a consistent basis to enable the monitoring and evaluation of programs and more qualitative surveys to facilitate the formulation of more appropriate educational messages;
- Create a drug industry metadatabase by conducting an institutional survey on data holdings. This will determine among other things:
    - Description of data;
    - Coverage of the data;
    - Format of the data;
    - Completeness, limitations and gaps;
    - Rights management and access;
- Give consideration to the establishment of a judicial drug registry where information on persons arrested and charged can be linked with that on court case outcomes, sentencing, imprisonment and post prison follow-up.

Tables

Table 1 Number of Drug Seizures, Arrests and Convictions, By Drug Type: 2000, 2001

Year	Cocaine (All Forms)	Marijuana	Hashish	Plants	Ecstasy
	Amount of Drugs Seized (Kgs.)				
2001	1469	4174	14.2	10,207	0.01
2000	2752	4093	27.9	1466	63
% Change	-46.6	2.0	-49.1	596.2	-
	Number and Percent of Arrests for Possession by Drug Type [1, 2]				
2001	317 (22.0)	1124 (77.8)		0 (0)	3 (0.2)
2000	218 (21.8)	770 (77.0)		12 (1.2)	0 (0)
% Change	45.4	46.0		-	-
	Number and Percent of Arrests for Trafficking by Drug Type [1, 2]				
2001	61 (53.5)	53 (46.5)		0 (0)	0 (0)
2000	33 (32.0)	66 (64.1)		0 (0)	4 (3.9)
% Change	84.8	-19.7		--	--
	Number and Percentage of Convictions for Possession by Drug Type				
2001	31 (13.6)	194 (85.1)			3 (1.3)
2000	209 (19.9)	839 (80.1)			0 (0)
% Change	-85.2	-76.9			-
	Number and Percentage of Convictions for Trafficking by Drug Type				
2001	11 (78.6)	3 (21.4)			0 (0)
2000	29 (58.0)	17 (34.0)			4 (8.0)
% Change	-62.1	-82.4			-

Data obtained from the 2000, 2001 ARQ

(1) Arrests for marijuana and cocaine include all forms of cannabis.

(2) Arrests for cocaine include all forms of cocaine.

Table 2 Number And Percentage Of Arrests By Reason For Arrest, Drug Type, Age And Gender: 2001

Year	Number And Percent Of All Drug Arrests					
	Gender [1]		Age Groups [1]			Total [2]
	Males	Females	<15	15-24	25+	
Possession						
All Drugs	1336 (92.5)	108 (7.5)	11 (0.8)	568 (39.3)	865 (59.9)	1444
Cannabis	1055 (93.9)	69 (6.1)	10 (0.9)	523 (46.5)	591 (52.6)	1124 (77.8)
Cocaine	279 (88.0)	38 (12.0)	1 (0.3)	45 (14.2)	271 (85.5)	317 (22.0)
Ecstasy	2 (66.7)	1 (33.3)	0 (0)	0 (0)	3 (100.0)	3 (0.2)
Trafficking						
All Drugs	102 (89.5)	12 (10.5)	0 (0)	22 (19.3)	92 (80.7)	114
Cannabis	49 (92.5)	4 (7.5)	0 (0)	11 (20.8)	42 (79.2)	53 (46.5)
Cocaine	53 (86.9)	8 (13.1)	0 (0)	11 (18.0)	50 (82.0)	61 (53.5)
Ecstasy	0	0	0	0	0	0

(1) Percentages for Gender and Age Groups are row percentages.
(2) Percentages for the total are column percentages.

Table 3. Proportion Of Inmates Incarcerated For Drug Related Offences February, 2003

Charge	Age Groups										Gender				Total	
	<20 Yrs		20-29 Yrs		30-39 Yrs		40-49 Yrs		50+ Yrs		Males		Females			
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Possession with intent to supply	6	3.3	77	42.3	56	30.8	36	19.8	7	3.8	176	96.7	6	3.3	182	61.5
Possession of dangerous drugs	0	0	10	29.4	15	44.1	7	20.6	2	5.9	34	100	0	0	34	11.5
Marijuana cultivation	1	12.5	3	37.5	1	12.5	2	25.0	1	12.5	8	100	0	0	8	2.7
Exportation of dangerous drugs	0	0	0	0	5	83.3	1	16.7	0	0	6	100	0	0	6	2.0
Importation with intent to supply	0	0	7	58.3	4	33.3	1	8.3	0	0	12	100	0	0	12	4.1
Importation of dangerous drugs	0	0	8	40.0	7	35.0	4	20.0	1	5.0	18	90.0	2	10.0	20	6.8
Breech of drug act	0	0	0	0	2	66.7	0	0	1	33.3	3	100	0	0	3	1.0
Conspiracy to supply	0	0	0	0	0	0	1	100	0	0.0	1	100	0	0	1	0.3
Conspiracy to export	0	0	3	75.0	1	25.0	0	0	0	0.0	4	100	0	0	4	1.4
Conspiracy to possess	0	0	8	30.8	8	30.8	6	23.1	4	15.4	24	92.3	2	7.7	26	8.8
Total charged with drug offences	7	2.4	116	39.2	99	33.4	58	19.6	16	5.4	286	96.6	10	3.4	296	100
Total inmate population											1325		22		1347	

Table 4. Prevalence Of Substance Use During Students' Lifetime, In The Past Year And In The Past Month, By Grade Level

Drug	Prevalence (%)								
	Lifetime			Last 12 Months			Last 30 Days		
	8th Grade	10th Grade	12th Grade	8th Grade	10th Grade	12th Grade	8th Grade	10th Grade	12th Grade
Tobacco	14.4	23.6	22.7	3.0	8.6	5.3	1.5	3.5	1.9
Alcohol	48.2	71.1	78.3	25.2	50.1	61.4	9.7	27.6	33.9
Tranquilizers	3.4	2.5	3.7	1.2	0.6	2.2	0.3	0.3	0.8
Stimulants	1.5	1.8	2.3	0.3	0.4	0.9	0.4	0.4	0.5
Solvent and Inhalants	5.8	8.0	4.8	2.5	3.5	1.2	1.4	1.2	0.8
Marijuana	4.8	16.3	24.8	2.1	10.5	14.1	0.7	6.7	7.7
Hallucinogens	0.6	1.0	0.8	0.3	0.3	0.2	0.3	0.1	0.2
Heroin	1.0	1.3	0.6	0.4	0.4	0.3	0.3	0.6	0
Opium	0.5	0.9	0.3	0.4	0.4	0	0.4	0	0
Morphine	1.1	2.1	1.7	0.7	0.6	0.8	0.4	0.1	0.3
Cocaine	1.5	1.2	0.5	0.4	0.3	0	0.7	0.3	0
Crack Cocaine	1.4	1.5	0.3	0.7	0	0.2	0.5	0	0.2
Ecstasy	0.7	1.5	1.1	0.5	0.7	0.6	0.4	0.1	0.2
Methamphetamines	1.1	0.4	0.3	0.8	0.1	0	0.7	0.1	0
Others	2.5	2.7	3.2	1.2	1.0	2.3	0.7	0.4	1.8

Table 5. Percent of New Clients Treated for Substance Abuse by Age and Gender at The Community Counselling and Assessment Centre, 2002

Drug	Age Categories (%)				Gender		Total
	Under 15 Yrs	15-20 Yrs	21-35 Yrs	35+ Yrs	Males	Females	
Alcohol	0	2.0	24.8	73.2	81.9	18.1	149
Cocaine	0	16.0	24.0	60.0	72.0	28.0	25
Marijuana	22.5	45.0	26.3	6.3	96.3	3.7	240
Poly-Drug	1.5	4.4	43.0	51.1	88.9	11.1	135
Total	57 (10.2%)	125 (22.4%)	164 (29.4%)	211 (37.9%)	495 (88.9%)	12 (11.1%)	557

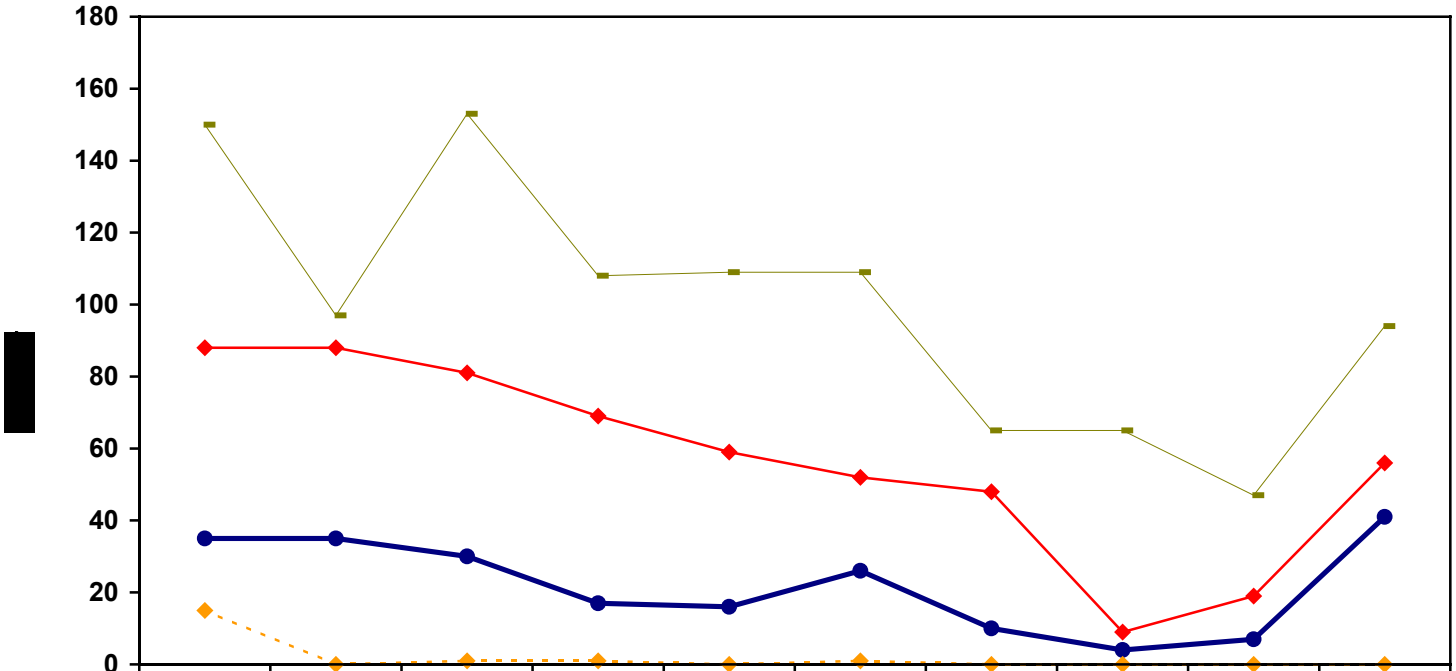
Table 6. Number and Percent (%) of Admissions into Public Hospitals (Princess Margaret Hospital, Rand Memorial Hospital) for Diagnoses Due to Substance Abuse 2000

Drug Classification (ICD9)	Total	Total Males	Total Females	Age and Gender							
				Under 20 Yrs		20-44 Yrs		45-60 Yrs		60+ Yrs	
				M	F	M	Fs	M	F	M	F
Mental Disorders Due to Alcohol (ICD9 291, 303, 305.0)	46	38	8	0	1	22	3	12	2	4	2
Percent (%)	100	83	17	0	2	48	7	26	4	9	4
Chronic Liver Disease and Cirrhosis (ICD9 571.0 - 571.3)	51	31	20	0	0	9	6	16	13	6	1
Percent (%)	100	61	39	0	0	18	12	31	25	12	2
Total Alcohol Related Admissions	97	69	28	0	1	31	9	28	15	10	3
Percent (%)	100	71	29	0	1	32	9	29	15	10	3
Total Other Drug (Mental Disorders, ICD9 292, 304, 305.1-305.9)	88	74	14	7	3	59	10	6	1	2	0
Percent (%)	100	84	16	8	3	67	11	7	1	2	0
Cocaine	42	36	6	1	0	30	6	4	0	1	0
Percent (%)	100	86	14	2	0	71	14	10	0	2	0
Marijuana	13	12	1	4	0	8	1	0	0	0	0
Percent (%)	100	92	8	31	0	62	8	0	0	0	0
Tobacco	3	2	1	0	0	0	1	2	0	0	0
Percent (%)	0	0	0	0	0	0	33	67	0	0	0
Morphine	0	0	0	0	0	0	0	0	0	0	0
Percent (%)	0	0	0	0	0	0	0	0	0	0	0
NOS/ Other/ Mixed	30	24	6	2	3	21	2	0	1	1	0
Percent (%)	100	80	20	7	10	70	7	0	3	3	0
Grand Total	185	143	42	7	4	90	19	34	16	12	3
Percent (%)	100	77	23	4	2	49	10	18	9	6	2

Table 7. Number and Percent (%) of Registered Deaths Due to Substance Abuse 2000

Drug Disease Classification (ICD9)	Total	Total Males	Total Females	Age and Gender							
				Under 25 Yrs		25-44 Yrs		45-64 Yrs		65+ Yrs	
				M	F	M	F	M	F	M	F
Mental Disorders Due to Alcohol (ICD9 291, 303, 305.0)	9	5	4	0	0	1	1	2	0	2	3
Percent (%)	100	56	44	0	0	11	11	22	0	22	33
Chronic Liver Disease and Cirrhosis (ICD9 571.0 - 571.3)	29	22	7	0	0	4	2	13	4	5	1
Percent (%)	100	76	24	0	0	14	7	45	14	17	3
Total Alcohol Related Admissions	38	27	11	0	0	5	3	15	4	7	4
Percent (%)	100	71	29	0	0	13	8	39	11	18	11

Figure 1
New Cases of Drug Abuse Treated at
The Sandilands Rehabilitation Centre
1990-1999



	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Alcohol	88	88	81	69	59	52	48	9	19	56
Cocaine *	150	97	153	108	109	109	65	65	47	94
Marijuana	35	35	30	17	16	26	10	4	7	41
Other	15	0	1	1	0	1	0	0	0	0

* Including Poly Drug Abuse

Source: Sandilands Rehabilitation Centre
Prepared By: Health Information and Research Unit, Ministry of Health, 02/00

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Appendices

Appendix 1

List of Acronyms

ARQ	Annual Reports Questionnaire
BDIN	Bahamas Drug Information Network
CARICOM	Caribbean Community
CARIFORUM	Caribbean Forum of African, Caribbean and Pacific States
CICAD	Inter-American Drug Abuse Control Commission
CMHC	Community Mental Health Centre
CND	Commission on Narcotic Drugs
CRIP	Caribbean Regional Indicative Program
DEU	Drug Enforcement Unit
DOS	Department of Statistics
EDF	European Development Fund
HMPS	Her Majesty's Prison Service
MEM	Multilateral Evaluation Mechanism
MLAT	Mutual Legal assistance Treaty
NDIN	National Drug Information Network
NGO	Non-governmental Organizations
OPBAT	Operation Bahamas, Turks and Caicos
PMH	Princess Margaret Hospital
RBDF	Royal Bahamas Defence Force
RBPF	Royal Bahamas Police Force
REPDAAC	Regional Program on Drug Abuse Abatement
RMH	Rand Memorial Hospital
SIDUC	Uniform Drug Use Data System
SRC	Sandilands Rehabilitation Centre
UNODC	United Nations Office on Crime and Drugs
US	United States