

**Grenada Drug Information Network
(GREN DIN)
Annual Report
January 2003**



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The contents of this report represent the findings of research into the nature and extent of the drug problem in Grenada for the period 1988 to 2002, in preparation for the Workshop: **“Network To Improve Recording, Exchange And Comparability Of Data Between Agencies”**, which was convened on 11 December, 2002, in Grenada.

The workshop was funded by the United Nations Office on Drugs and Crime, under the Drug Abuse Epidemiological and Surveillance System Project (DAESSP), and the Government of Grenada. The workshop and report were mandated under the DAESSP.

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Acknowledgements

The Drug Control Secretariat wishes to thank the following Institutions and persons who contributed information toward the compilation of this document

- i. Royal Grenada Police Force
- ii. Carlton House Treatment Centre
- iii. Rathdune Psychiatric Unit
- iv. Grenada Drug Information Network
- v. Staff, Drug Control Secretariat

Appreciation is also extended to the Government of Grenada, the United Nations Office on Drugs and Crime, Barbados, the Caribbean Drug Information Network, and the Caribbean Epidemiology Centre, which provided funding and technical assistance for this exercise.

Executive Summary

The report, "Grenada Drug Information Network (GRENDIN) Annual Report 2002", represents the findings of research into the nature and extent of the drug situation in Grenada for the period 1988 to 2002, and the proceedings of the workshop, "Network To Improve Recording, Exchange And Comparability Of Data Between Agencies", which was convened on 11 December, 2002, in Grenada. The report identifies the main drug problem in Grenada which is cannabis. Over the last five years, the number of marijuana plants eradicated has decreased from 16,768 plants in 1996 to 4,920 plants in 2000. However, there was an increase in the number of plants eradicated in 2001. Approximately 6,493 plants were eradicated in 2001. Marijuana is the drug of choice among persons ages 18 to 45 years. The main drug-related offence committed in Grenada is the possession of marijuana.

According to the research, the majority of persons who were arrested, charged, and sentenced to Prisons for drug offences, and also admitted to the Carlton House Treatment Centre for drug use, were males. It should be noted that a significant number of females who are currently imprisoned in Grenada, are foreigners, arrested on the charge of drug trafficking. These females were arrested at the Point Salines International Airport. It is evident that an active drug trade occurs through the international airport.

In January 2002, Parliament established the National Council On Drug Control (NCODC) through the Drug Abuse (Prevention and Control) Amendment Act 2002. The NCODC is mandated to "consider any matter relating to drug dependence or the misuse or abuse of drugs or the illegal supply of drugs referred to it by the Minister responsible for national Security, or the Minister responsible for health and advise the respective Minister thereon." One of the major initiatives which is spearheaded by the NCODC is the preparation of Grenada's Third National Master plan on Drug Control 2003 to 2007. The masterplan will outline the Government's policies and programmes to combat the drug problem.

In December 2002, several public and private sector institutions which collect drug-related data, convened a meeting to establish the Grenada Drug Information Network (GRENDIN). The GRENDIN, is the system through which Grenada will coordinate the collection and dissemination of information from all institutions involved in the area of drug control, or the collection of relevant statistical data. GRENDIN will also enhance Grenada's ability to participate in international data-gathering projects. A meeting of GRENDIN will be convened annually, to review all data collected, assess the methodology used to collect the data and recommend necessary amendment to the methodology. The Drug Control Secretariat is charged with the responsibility to collect and compile the information for dissemination.

Introduction

Country Information: General Characteristics

Grenada is the most southerly Windward Island in the Caribbean archipelago. The archipelago stretches in the south from Trinidad & Tobago to the north with Puerto Rico. The country comprises several islands. Carriacou and Petit Martinique are the two most significant smaller islands. It has a land area of 344 square kilometres and a coastline of 121 kilometres.

Social and Economic Characteristics

Most of Grenada's population is of African descent; there is some trace of the early Arawak and Carib Indians. A few East Indians and a small community of the descendants of early European settlers reside in Grenada. About 50% of Grenada's population is under the age of 30. English is the official language; only a few people still speak French patois. A more significant reminder of Grenada's historical link with France is the strength of the Roman Catholic Church to which about 60% of Grenadians belong. The Anglican Church is the largest Protestant denomination.

The economy of Grenada is based upon agricultural production (nutmeg, mace, cocoa, and bananas) and tourism. Agriculture accounts for over half of merchandise exports, and a large portion of the population is employed directly or indirectly in agriculture. Recently the performance of the agricultural sector has been weak. Grenada's banana exports declined markedly in volume and quality in 1996. Tourism remains the key earner of foreign exchange.

Grenada is a member of the Eastern Caribbean Currency Union (ECCU). The Eastern Caribbean Central Bank (ECCB) issues a common currency for all members of the ECCU. The ECCB also manages monetary policy, and regulates and supervises commercial banking activities in its member countries.

Grenada also is a member of the Caribbean Community and Common Market (CARICOM). Most goods can be imported into Grenada under open general license but some goods require specific licenses. Goods that are produced in the Eastern Caribbean receive additional protection; in May 1991, the CARICOM Common External Tariff (CET) was implemented. The CET aims to facilitate economic growth through intra-regional trade by offering duty-free trade among CARICOM members and duties on goods imported from outside CARICOM.

The Grenadian economy showed signs of recovery in 2002 following the economic contraction experienced in 2001. The partial recovery in 2002 is attributed to higher levels of activity in the

agriculture, communications and banking and insurance sectors, as well as Government services. As a result, the economy is projected to grow by 0.6 per cent in 2002, a turnaround from the negative 3.4 per cent growth registered last year. Unemployment which was recorded at 27% in 1994, has been reduced by at least 50% and the national per capita income has risen from EC\$ 5430 in 1994 to EC\$ 8700 in 2002 an increase of 60%. During the period 1995- 2000, Grenada experienced robust economic growth averaging 5.5% per annum.

Based on global growth projections and planned local investments, growth in the domestic economy is projected at 2.5 percent in 2003. An average rate of growth of 4 percent is projected for 2004 and 2005.

Background to Network

The Grenada Drug Information Network (GRENDIN), is the system through which Grenada will coordinate the collection and dissemination of information from all institutions involved in the area of drug control, or the collection of relevant statistical data. GRENDIN will also enhance Grenada's ability to participate in international data-gathering projects such as the Uniform Statistical System on Control of the Supply Area, (CICDAT), the Multilateral Evaluation Mechanism (MEM), Drug Abuse Epidemiological and Surveillance System Project (DAESSP), Inter-American Uniform Drug Use Data System (SIDUC), Precursors Project, and the Human, Social and Economic Costs of Drug Abuse, Annual Reports Questionnaire (ARQ) United Nations Office on Drugs and Crime.

GRENDIN is linked to the Caribbean Drug Information Network (CARIDIN) was established in July 2001 at a stakeholders meeting held in Trinidad and Tobago. CARIDIN comprises the fifteen (15) member states of the Caribbean Forum of African, Caribbean and Pacific States, (CARIFORUM). The main objective of CARIDIN is to collect drug related, which will serve to inform member states about drug abuse trends and patterns, and thus assist by way of technical advice in strengthening the capacity of the governments to address the drug abuse problems in the region. This will be facilitated through the Drug Abuse Epidemiological and Surveillance System Project (DAESSP).

Survey Data

Population Survey

Alcohol Consumption in Grenada, 1998

In 1998, a study entitled, "**Alcohol Consumption in Grenada**", was conducted by Richard Emil Lehman, of the St George's University. The purpose of the study was to estimate the consumption habits of secondary school students and working adults in Grenada. The study, which, as far as is known, is the first study in Grenada of this type, was conducted in a sample of working adults and secondary schools students in Grenada. A questionnaire survey of 3,579 students (aged 11-20 years) and 1,182 working adults (aged 17 years and older), based on the World Health Organization's Alcohol Use Disorders Identification Test (AUDIT), was conducted in secondary schools and various work places in Grenada.

Grenada has four rum distilleries and one brewery. The rum distilleries bottle dark and light rum in 2 strengths, 69% and 43% alcohol by volume. They in 1997 produced 686,059 bottles (750ml) of rum for general consumption (Finance 1996). Of this, 8,852 bottles (750ml) of rum were exported to various countries and imported rum (not exceeding 46% proof) was reported at 26,520 bottles (750ml) (Dragon 1998). This would put the total amount of rum in Grenada for consumption in 1997 at 703,727 bottles (750ml).

The brewery produced 2.4 million liters of lager and stout in 1997. The amount of beer imported in 1997 was 56,064 liters (Dragon 1998). The quantity of illegal beer brought into the country is estimated at 330,000 liters (Wright 1998). Thus, there is estimated to be 2.7 million liters of available lager and stout in Grenada.

The only wine that is produced on the island is "local wine" from locally grown fruits. The amount produced and percentage of alcohol of local wines is not known accurately. There are no government records kept on the quantities produced. However, many of the local people consume this wine in large quantities at different social events throughout the year. Alcohol is very inexpensive to purchase in Grenada. The average price of a 750-ml bottle of rum is \$15.00 EC (\$5.62 US). The average cost of a 275-ml bottle of beer is \$2.25 EC (\$0.84 US).

Estimates of individual consumption of alcohol using these production figures are not possible. The native population of Grenada is relatively stable but this island welcomes a large and variable number of tourists each year and tourist consumption of alcohol is likely to be a significant amount.

The total working population in Grenada from the 1991 Census including all the industry groups was 23,859 people. Males accounted for 62% (n=14,778) and the females represented 38% (n=9,081) of the employed population. However, the population employed in the industries included in the study totalled 11,709.

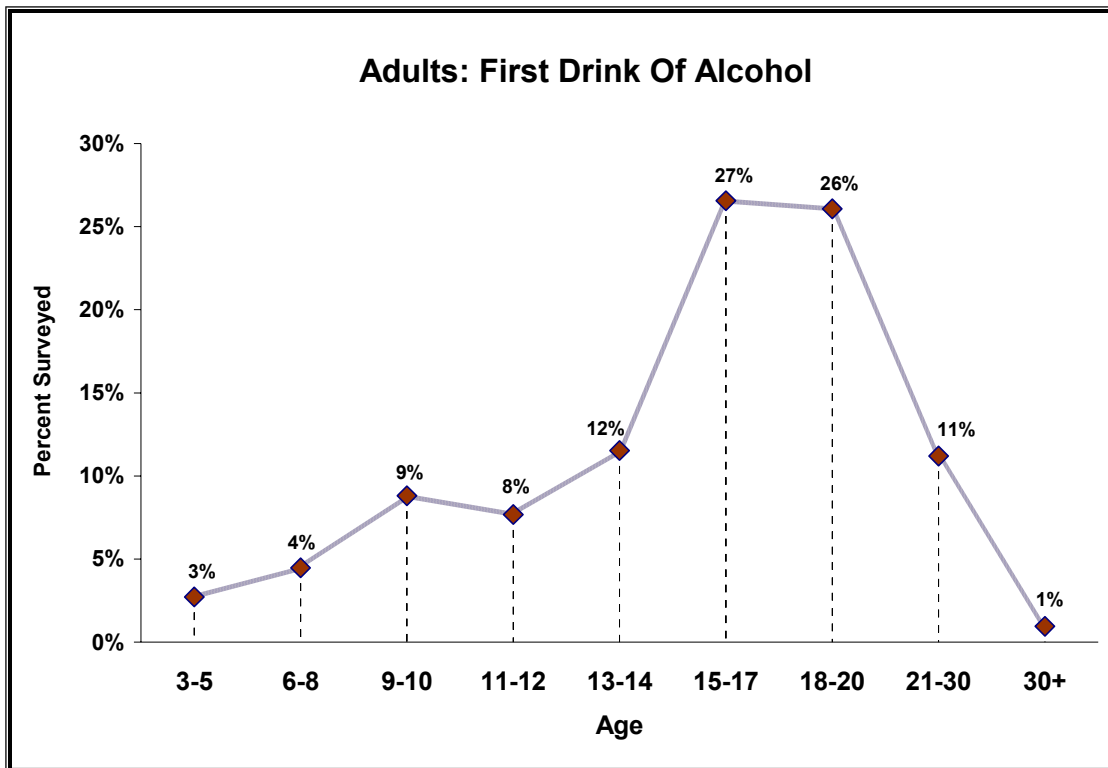
To this target population, 1,182 question forms were handed out to workers in selected industries, such as: manufacturing, construction, Public Administration, Hotels and Restaurants. Of these, 81% were returned (n=961) and 19% were not returned (n=221). Of the returned forms, 86% were considered valid (n=824), while 14% were not valid (n=137). The results are therefore based on 824 completed forms. This represents 10% of the adults working in industry groups included in the survey. Of this group, females made up 44% (n=363) and males 56% (n=461). Their ages ranged from 17 to 69 years of age.

The workplaces surveyed were located mainly in the parishes of St George and St Andrew where the largest urban populations of the island are located. Probably, because of this, the residences of the adults were concentrated in these two parishes and the distribution quite different from that of the island population as a whole.

Of the total number of adults who completed valid forms, 22% (n=174) stated they did not drink alcohol at all, while 78% (n=625) responded that they had consumed alcohol at least once.

Of those adults responding that they had had at least one drink of alcohol the age at which the greatest number of had first consumed alcohol was 15 to 17 years of age, 27% (n=166) of the adults. An additional 26% started (n=163) at the ages between 18 to 20 years old. 54.5% of the adults reported that they most often drink beer (n=330), 26.3% wine (n=159) and 11.9% rum (n=72).

Figure 1
Age of First Drink of Alcohol By Adults



Twenty-seven (27) percent of the adults had first consumed alcohol between 15 to 17 years of age, and an additional twenty-six (26) percent at the ages between 18 to 20 years old.

Excluding the 21% of adults who have never drunk alcohol (n=174), 5.7% of the adults surveyed (n=46) responded that they no longer drink alcohol and 35.4% drink alcohol “monthly or less”.

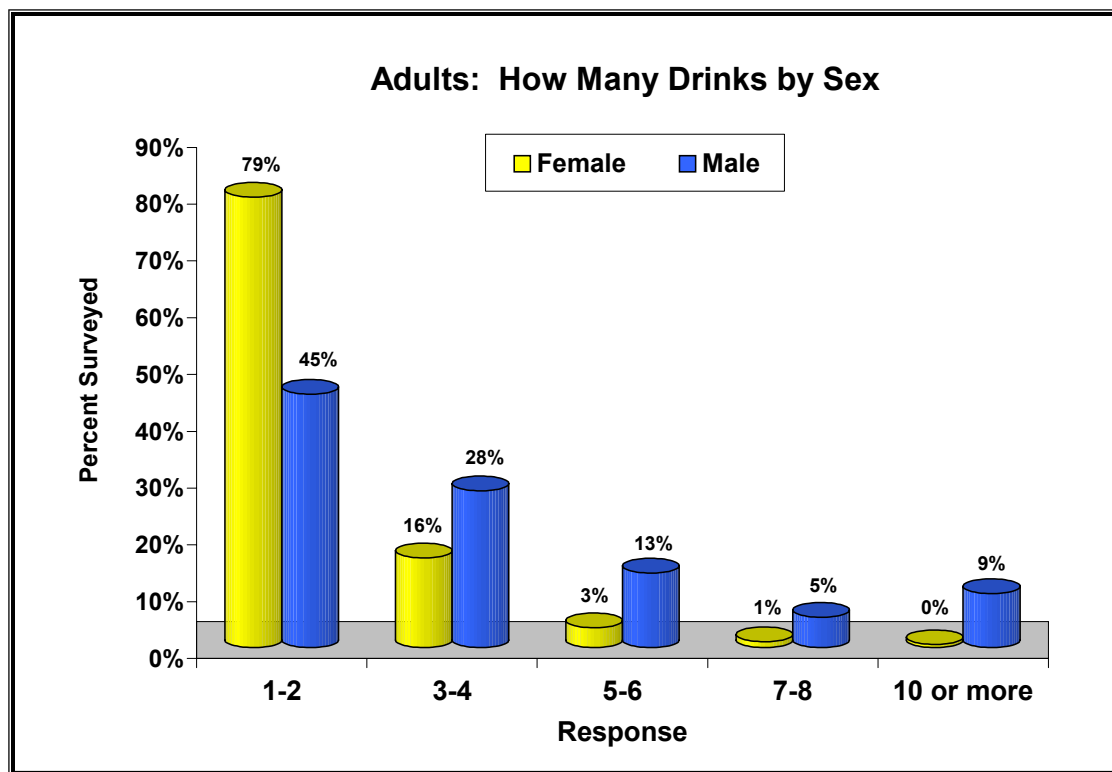
The majority of the adults (67%) responded that they drink between “monthly or less” and “2 to 4 times a month”.

39.2% of the women (n=139) consume alcohol in the “monthly or less” category, while 33.7% of the males (n=154) responded “Two to four times a month”. For the last three categories the males results show a 2 to 6 fold higher response.

76% of the younger adults drink at a “monthly or less” and “two to four times a month” rate. This rate was compared to the older adults of whom 23% responded they drink at a rate of “four or more times a week”

With reference to the types of alcoholic drinks that they consumed, 54.5% of the adults reported that they most often drink beer, 26.3% wine and 11.9% rum. 5.7% of the adults surveyed responded that they no longer drink. 55% of the adults responded that they have had six or more drinks on at least one occasion, while 45% have never had six or more. The majority of the responses by the adults were that they never had problems associated with alcohol consumption. However, a minority did respond that they did have problems due to alcohol consumption.

Figure 2
Number of Drinks of Alcohol By Adults According to Sex



Excluding the 7.2% adults who no longer consume (n=46) alcohol the remainder stated they have “1 or 2” drinks on a typical day and over 18% stated they drink 5 or more. More males consume a higher number of drinks than females for all categories except the “1 or 2”.

Of some concern, 55% of the adults responded that they have had six or more drinks on at least one occasion, while 45% have never had six or more.

The last seven questions of the adult survey consisted of questions of problems associated with alcohol. The majority of the responses by the adults were that they never had problems associated with alcohol consumption.

Table 1
Adult Responses To Question #4 -- #8

	Responses				
Questions	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
#4 Not able to stop	78.6%	7.3%	7.3%	4.7%	2.0%
#5 Fail to do	85.5%	6.9%	4.2%	2.0%	1.4%
#6 Drink in morning	90.1%	3.2%	4.0%	1.4%	1.3%
#7 Feeling of Guilt	84.2%	6.8%	4.6%	2.9%	1.5%
#8 Unable to Remember	85.7%	5.6%	5.1%	2.0%	1.6%

Table 2
Adult Responses To Question #9 & #10

	Responses		
Questions	(0) Never	(1) Yes, not in last year	(4) Yes, in last year
#9 Injured as a result	91.9%	4.3%	3.8%
#10 Suggested you cut down	84.1%	5.8%	10.1%

A summary of the findings of the survey among the secondary school students indicate the following:

- i. 66% drink monthly or less.
- ii. 18% drink 2-4 times per month.
- iii. 10% drink once in life.
- iv. 31% had first drink ages 11-12 yrs.
- v. 27% had first drink 13-14 yrs.
- vi. 17% had first drink 9-10 yrs.
- vii. 0.5% had first drink 18-20 yrs.
- viii. 53% consumed wine, 36% beers.
- ix. 53% females drink monthly or less.
- x. 55% males drink monthly or less.
- xi. 25% females don't drink.
- xii. 11% males don't drink.
- xiii. 3% males drink four or more times per week.
- xiv. 1% female drink four or more times per week.
- xv. 0.8% have six or more drinks daily or almost daily; 19% have six or more drinks monthly.
- xvi. Students are having their first drink earlier than the adults surveyed.
- xvii. Students started their drinking at age 11-14 whereas adults responded that they started drinking at age 15-17.
- xviii. 3% of pupils have 7 or more drinks on any one day when drinking.
- xix. 2.1% drink 4 or more times a week.
- xx. 19% of students do not drink.

To summarize the overall results of the survey, 81% of the students and 79% of the adults in Grenada use alcohol consistently. This use of alcohol most commonly began at age 11 to 12 for students and at age 15 to 17 for the adults surveyed. 66% of students who drink alcohol do so once per month or less frequently, whereas 6% drink twice per week or more frequently. 35% of the adults consume alcohol once per month or less frequently, whereas 25% drink twice per week or more frequently. The alcoholic drink of choice for 53% of students was wine and for 55% of the adults, beer.

Youth In The Organization Of Eastern Caribbean States: The Grenada Study, 1995-1996

Over a six-week period from December 15, 1995 to the end of January 1996, the study, "**Youth In The Organization Of Eastern Caribbean States: The Grenada Study**", was conducted by Mr. Richard Carter, of Barbados. The household sample which was designed to produce 425 respondents eventually yielded four hundred and nine (409) completed questionnaires. The analysis of the fieldwork data indicates a response rate of 94.2 % based on actual contacts made with the potential respondents - only 5.8 % declining to be interviewed. The survey represents an attempt to examine in an empirical manner the socio-economic reality of young people in Grenada. The 409 respondents forming the basis for analysis in this survey represents some 2.75 % of the total youth population of Grenada aged 15-24 years.

A summary of the results are:

- i. 70.7% of the respondents had consumed alcohol, while 27.6% did not.
- ii. The reasons indicated by the respondents for their consumption of alcohol were: fun/enjoyment/partying (67.9%); relaxation/to forget (7.1%); no particular reason (12.5%).
- iii. 57.0% of the respondents did not drink because of health reasons, while 17.4% indicated that they had no interest in alcohol; 8.9% did not drink due to moral and religious reasons.
- iv. 93.2% of the respondents did not smoke cigarettes, while 87.6% did not smoke marijuana.
- v. 96.8% of those who participated in the survey never used cocaine; 97.5% never used crack.

Additional data on the results of the survey, in the area of drug use and crimes, are presented in Appendix 2 of this document.

Adolescent Health Survey, 1996

Grenada was involved in an Adolescent Health Survey, in 1996, which was sponsored by the Pan American Health Organization (PAHO), to determine the prevalence of substances such as cigarettes, liquor, marijuana, inhalants and cocaine. 1255 students, from primary and secondary Schools participated in the survey. General results indicated that a significant majority had never once used any drugs. Of the substances used, alcohol appeared to be the most used substance (48%), cigarette smoking (10%). A very small percentage of adolescents reported the habitual use of alcohol and marijuana.

With respect to age categories, middle adolescents appeared to have had experimental or habitual use of cigarettes, inhalants, liquor and marijuana.

“Evaluation of Psychoactive Substance Use Among 14-20 Year Old Adolescents in Secondary Schools in Grenada and Analysis of Selected Influencing factors in Urban-Rural Comparison 2000-2001”

The study, “Evaluation of Psychoactive Substance Use Among 14-20 Year Old Adolescents in Secondary Schools in Grenada and Analysis of Selected Influencing factors in Urban-Rural Comparison 2000-2001”, by Dr. Helga Cramer, of the St. George’s University. This study investigates the consumption of psychoactive substances among 14-20 year-olds in secondary schools in Grenada. For the analysis of the consumption habits of adolescences in a threshold country, the lifetime, 12 months and 4 weeks prevalence’s for the consumption of legal and illegal psychoactive substances (alcohol, tobacco/cigarettes, marijuana) were evaluated. In a comparison between schools with urban and rural locations, prevalence rates were contrasted and variables determined regarding age and gender as influencing factors for consumption, as well as the influence of socio-economic and demographic factors in the context of family structure, social setting, school and peer influences, and health awareness.

Alcohol proved to be the drug of first choice for young people. The lifetime prevalence of the overall population was found to be 87.7% for male and 70% for female students. For the lifetime prevalence of marijuana, 19.1% of the boys and 9.3% of the girls reported consumption at some time. The lifetime Prevalence of tobacco smoking for the sample population was 26.9% for male and 17.5% for female students. Gender-specific comparison was for the urban and rural sub-populations for the 12-month period showed a risk for alcohol consumption for girls that was statistically significantly lower (or 0.6 urban/0.4 rural) and for marijuana consumption a lower risk (or 0.4) for females in the rural sub-population. Female students in the urban sub-population were considerably more at risk than the females in the rural group (or 1.6) for alcohol consumption and were introduced to all substances for the first time at a lower age than the rural female students. Concerning the consumption behavior for other

substances the male students showed no other significant regional variation, although an earlier age of onset was reported in the urban group. For both genders the lifetime prevalence for cigarette smoking showed a significantly higher risk in the sub-population (or 1.6 males/or 1.7 females).

The statistically significant predictor in the phase of experimental consumption of psychoactive substances among the socio-economic and demographic aspects and also age – specific factors was the amount of money available per day, with more available money increasing the risk. Professional qualifications of both parents and a two-parent-household were evaluated as protective factors. Special risks for the consumption of marijuana were found for male (or 2.1) and female students (or 4.4) in the urban sub-population from single-parent household. Parental consumption of alcohol and first contact of alcohol through the family showed a highly-significant risk-increasing influence on the student's consumption. Having peers who consume alcohol and drugs and being introduced to illegal drugs by friends were significant predictors for consumption of substances, along with curiosity, the desire to be accepted, and religious motives. There was a high degree of acceptance for medical intervention in the event that problems arise as a result of consuming psychoactive substances.

Across cultures in industrial and threshold countries, predictors of consumption of psychoactive substances by adolescents in the phase of experimental consumption are to be found in the family setting and in peer group influence. Further evaluations are necessary which also include risk groups such as school drop-outs, in order to analyse trends and to develop and implement differentiated prevention programmes. In conclusion effective approaches at the preventative level must be pro-active and family-oriented, and must take account of the specific conditions of the situation of the individual. Medical specialists should be integrated in effort to raise the awareness of young people about health risks associated with the consumption of psychoactive substances.

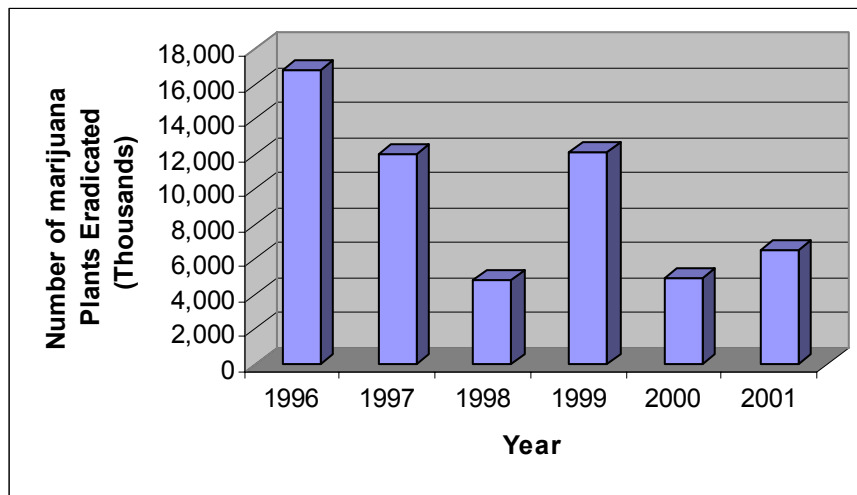
Overview: Drug Situation, Trends

The drug situation in Grenada is inextricably linked to the drug trade in the Caribbean and by extension the international drug trade. It should be noted that this trade is linked to arms trafficking, money laundering and other crimes.

Cultivation and Production

Grenada does not cultivate coca leaves and no cocaine manufacturing takes place. However, marijuana is grown for local consumption and limited exports to neighbouring territories. Through successful eradication exercises the Government succeeded to reduce the cultivation substantially. Over the last five years, the number of marijuana plants eradicated has decreased from 16,768 plants in 1996 to 4,920 plants in 2000. However, there was an increase in the number of plants eradicated in 2001. Approximately 6,493 plants were eradicated in 2001.

Figure 3
Quantity of Marijuana Plants Destroyed,
1996 to 2001



Trafficking

Grenada's geo-strategic location, as the southernmost island of the Eastern Caribbean archipelago, along with its proximity to South America, and the numerous uninhabited islands, makes it an ideal location for the transshipment of narcotics to other islands of the Caribbean,

North America and Europe. Intelligence indicates an increase in the trafficking and availability of cocaine and its derivative crack, over the past years, manifested in part by the increased in the quantity of seizures. Intelligence further indicates that drug smugglers off-load their cargo in Grenada for transshipment. Maritime smuggling is the primary transshipment method. Small fishing boats, pleasure crafts, go-fast boats and merchant vessels ferry cocaine from Venezuela to Grenada, where local drug dealers rendezvous at sea with their Venezuelan counterparts. Some local drug dealers are also known to travel to Venezuela to conduct business.

The transit of drugs, particularly cocaine, through the island's sole international airport is of major concern to authorities. During the past two (2) years, several foreign nationals, including British nationals, both males and females, were arrested as they prepared to board flights to North America and Europe. Various methods of concealment are being used to smuggle the drugs and avoid detection, such as liquid cocaine in alcoholic drinks.

To date, no ecstasy trafficking or use has been reported in Grenada. However, intelligence reports indicate that some heroin which was seized in Canada, was transhipped through Grenada.

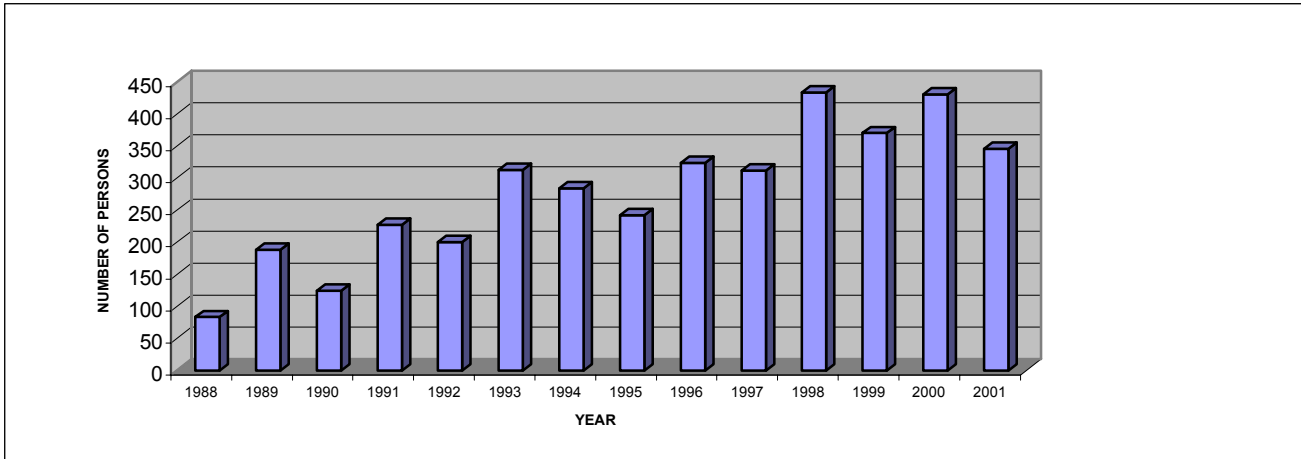
Drug-Related Statistics: 1988 - 2001

The collection, collation and analysis of statistical data on drug-related arrests, imprisonments, seizures, admissions to treatment, court cases, and prevalence of drugs in Grenada, fall under the purview of the Drug Control Secretariat. State institutions such as the Royal Grenada Police Force, Her Majesty's Prisons, and Carlton House Treatment Centre (Ministry of Health) are the primary sources of such statistics. The statistics is collated using various indicators, to generate the required data. Detailed statistics on drug-related arrests, imprisonments, seizures, and admissions to treatment are readily available for the period 1988 to 2001.

A. Arrests

In the period 1988 to 2001, the law enforcement authorities arrested and charged three thousand, eight hundred and seventy-six (3,876) persons for drug-related offences. (Males: 3,577; Females: 299). Ninety-three (93) percent of all drug-related arrests were males, and seven (7) percent were females. Four hundred and thirty-seven (437) or eleven (11) percent of all arrests were persons under the age of twenty years.

Figure 4
Number of Persons Arrested And Charged For Drug-Related Offences,
1988 to 2001



During the period 1989 to 2001, the main drug-related offense committed was the possession of marijuana. Two thousand, nine hundred and twenty-five (2,925) persons were arrested and charged for possession of marijuana, and six hundred and ten (610) persons were arrested and charged for the possession of cocaine. Five hundred and eighty-one persons were charged for intent to supply drugs, and two hundred and sixty-one (261) persons were charged for possession of apparatus, two hundred and thirty-one (231) persons were charged for the cultivation of marijuana, and sixty-two (62) persons charged for trafficking.

Figure 5
Number Of Persons Arrested And Charged
For Possession Of Cannabis,
1989 to 2001

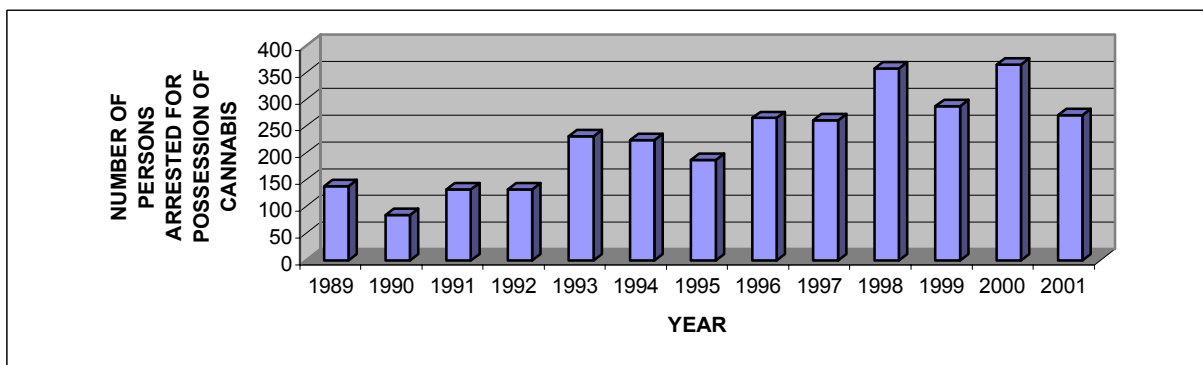
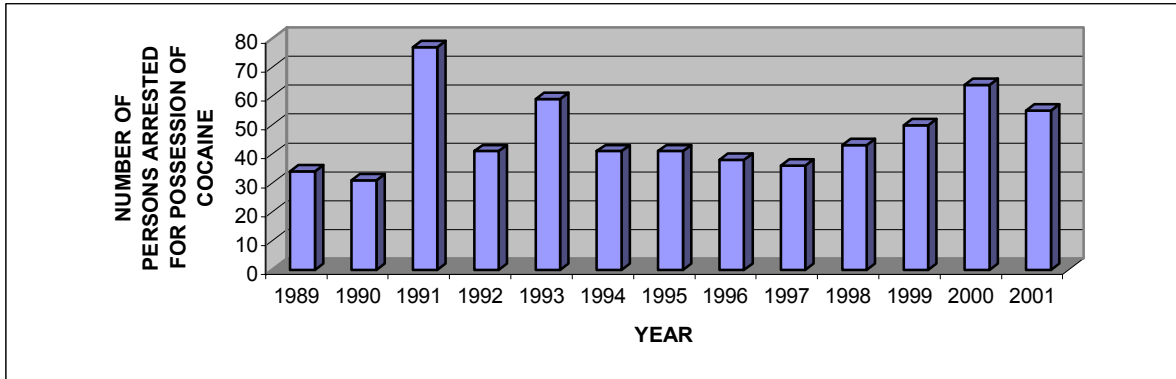


Figure 6
Number Of Persons Arrested And Charged
For Possession Of Cocaine,
1989 to 2001



The following table presents data on drug-related arrests and court cases for the period January to October 2002.

Table 3
Persons Arrested and Charged for Drug-Related Offences,
January to October 2002

Category	Number
Total persons arrested	424
Number of males	399
Number of females	25
Number of cases brought to Court	481

Table 4
Country of Birth of
Persons Arrested and Charged for Drug-Related Offences,
January to October 2002

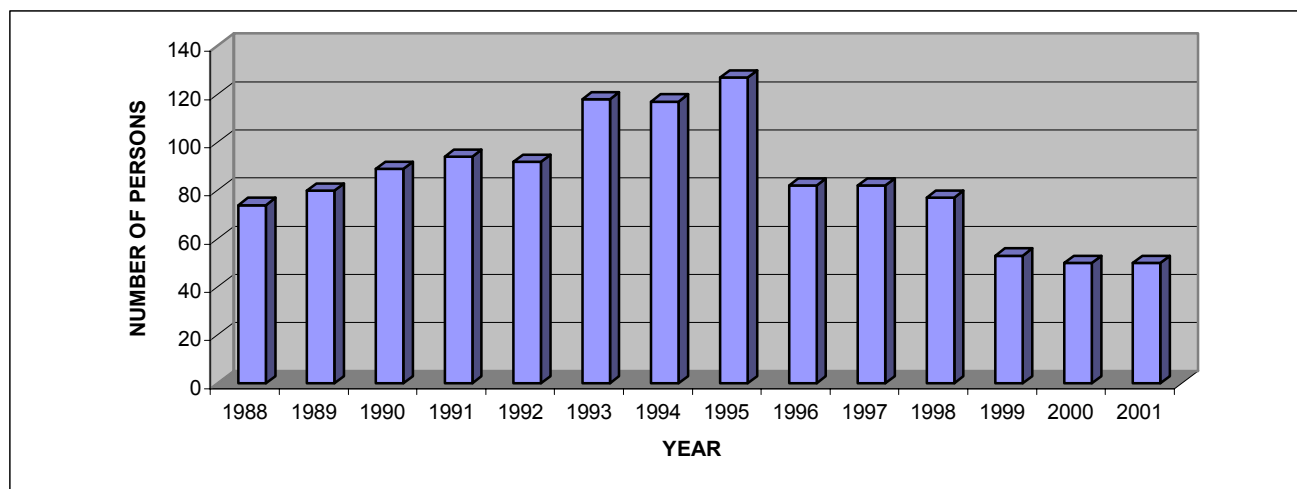
Country Of Birth Of Persons Arrested	Number Of Persons
Grenada	400
St. Vincent	5
Canada	2
United Kingdom	9
United States	5
Other countries	3

Source: Royal Grenada Police Force

B. Imprisonment

One thousand, one hundred and eighty-five (1,185) persons, (Males: 1,139; Females: 46), were imprisoned for drug-related offenses between 1988 and 2001. Ninety-seven (97) percent of all persons convicted to Prisons for such offences were males and three (3) percent were females.

Figure 7
Number Of Persons Convicted To Prisons
For Drug-Related Offences,
1988 to 2001



Classifications of the age range of these inmates reveal the following.

- i. 15 to 19 years: 49 (4%) inmates.
- ii. 20 to 24 years: 181 (15%) inmates.
- iii. 25 to 29 years: 250 (22%) inmates.
- iv. 30-34 years: 302 (25%) inmates.
- v. 35-39 years: 270 (23%) inmates.
- vi. 40 years and over : 133 (11%) inmates.

Approximately fifty (50) persons (consisting of 48 males and 2 females) were sentenced to Her Majesty's Prisons for drug-related offences, for the year 2002.

C. Drug Seizures

Confiscation of drugs is done both by the Royal Grenada Police Force, and the Customs and Excise Department. Drugs confiscated were: Cannabis (marijuana), cocaine, and crack. The following types and quantities of drugs were confiscated: Cannabis (Marijuana) trees: 247,194; Cured marijuana: 7,990.57 kgs; Marijuana cigarettes: 19,788; Cocaine: 724.74 kgs; Crack: 8,871 blocks.

Figure 8
Quantity Of Cannabis Trees Destroyed
1988 to 2001

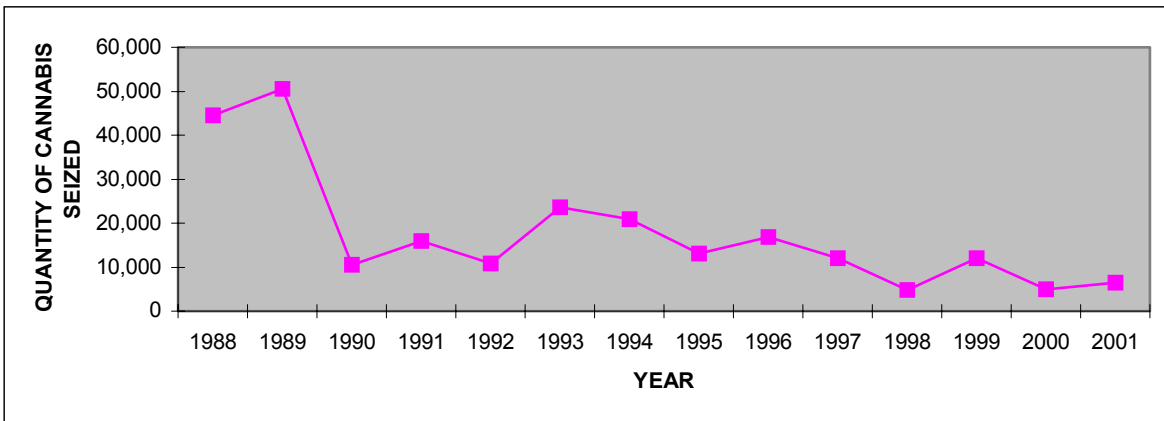


Figure 9
Quantity Of Cannabis Seized
1988 to 2001

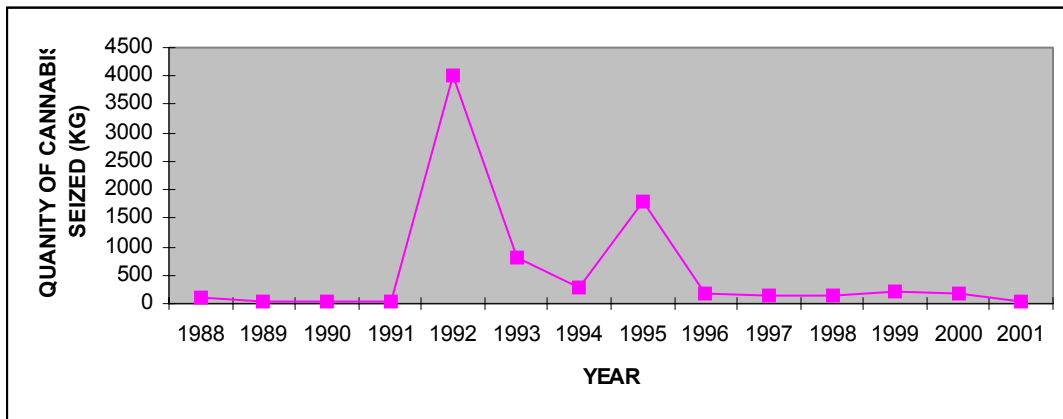
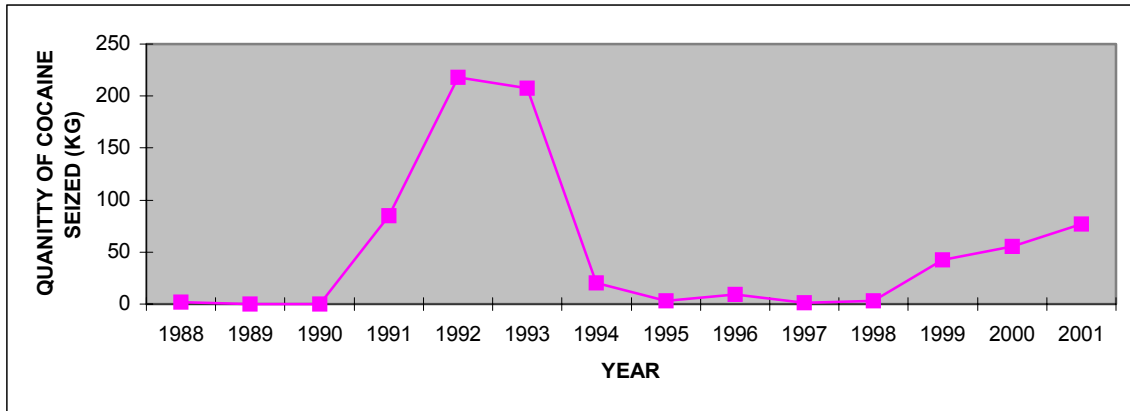


Figure 10
Quantity Of Cocaine Seized
1988 to 2001



Data on drug seizures for the period January to October 2002 is presented in the following table.

Table 5
Types And Quantity Of Drugs Seized,
January to October 2002

Type of Drug	Quantity Seized
Cured marijuana	347.93 kg
Marijuana Cigarettes	164
Cannabis Trees	4,056
Cocaine	73.17 kg
Crack Cocaine	877 blocks

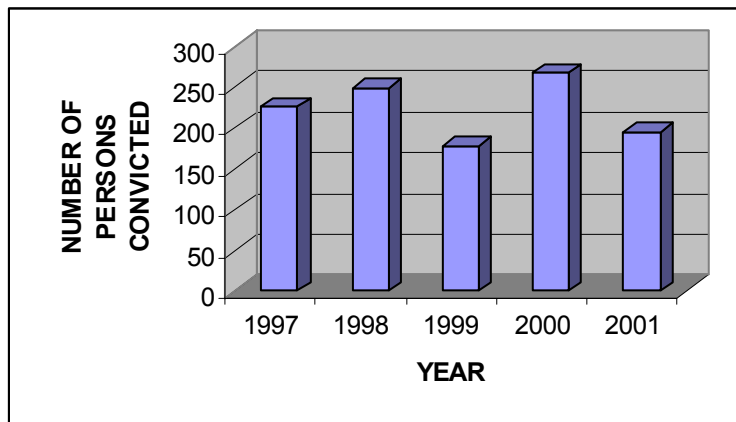
D. Court Cases and Convictions

Statistics show that there were four thousand, one hundred and seventy-four (4,174) drug-related cases taken to Court, between 1992 to 2001. An analysis of these cases shows that the majority of cases were due to the possession of marijuana. There were two thousand, five hundred and twenty-six (2,526) cases for possession of marijuana, six hundred and five (605) cases for possession with

intent to supply, four hundred and twenty-five (425) cases for possession of cocaine, two hundred and eighty-three (283) cases for possession of apparatus, and eighty (80) cases for trafficking a controlled drug. Twenty-one (21) cases were taken to Court for misuse of a controlled drug, two (2) cases each for importing a controlled drug and handling a controlled drug.

During the period 1997 to 2001, approximately one thousand, one hundred and nineteen (1,119) persons were convicted for drug-related offences. These offences included: possession of marijuana, possession of cocaine, possession with intent to supply, possession of apparatus, trafficking controlled drugs, and importing controlled drugs.

Figure 11
Number of Persons Convicted for Drug-related Offences
1997 to 2001



The Drug Abuse (Prevention and Control) Act of 1992, makes provisions to protect children and young people from drugs. It is interesting to note that under sections 21 to 23 of the Act, five (5) cases were taken to Court for possession of a controlled drug within one hundred yards of a school.

Figure 12
Number Of Cases For Possession Of Cannabis
1992 to 2001

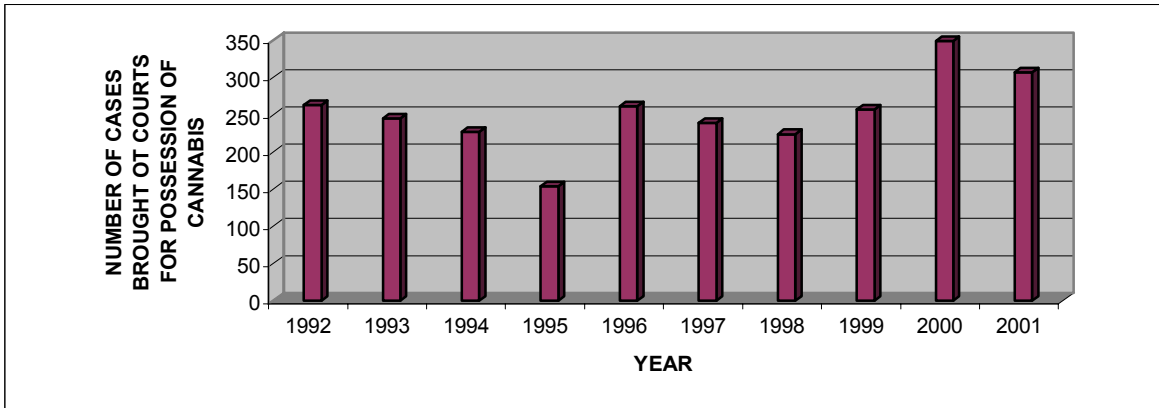
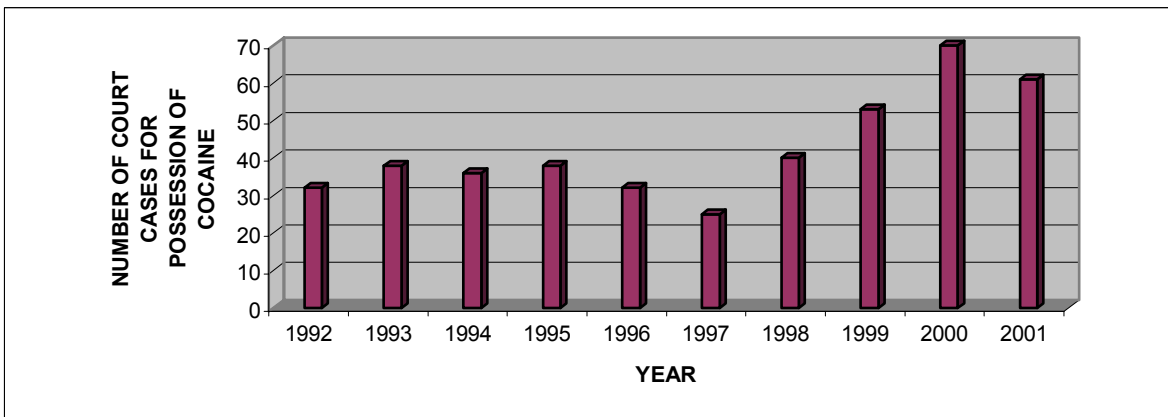


Figure 13
Number Of Cases For Possession Of Cocaine
1992 to 2001



Source: Royal Grenada Police Force

E. Admissions to Treatment

The Carlton House Treatment Centre is the primary treatment facility for persons who suffer from the use of drugs. During the period under review, eight hundred and forty-nine (849) persons were admitted to Carlton House Treatment Centre. (Males: 791; Females: 58). Ninety-three (93) percent of admissions were males, and seven (7) percent were females. The drugs of choice by these patients were alcohol, marijuana, and cocaine/crack. Poly drug use by many of these patients prior to admission to treatment is prevalent.

Figure 14
Number Of Persons Admitted To
Carlton House,
1988 to 2001

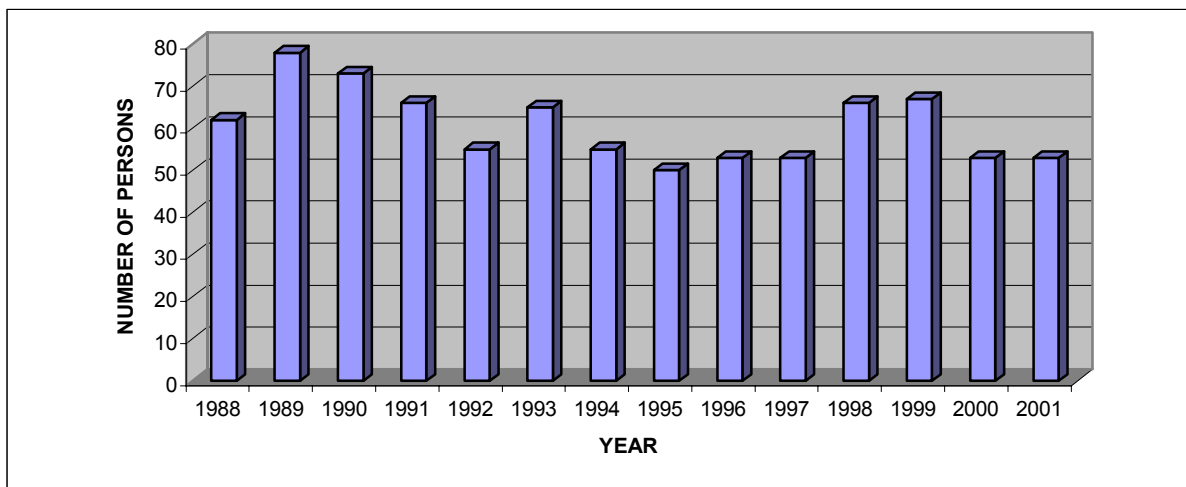


Table 6
Drug-Related Admissions
To Rathdune Psychiatric Unit
1 January To 10 December 2002

MONTH	MALE	FEMALE	TOTAL	AGE RANGE (YEARS)
January	9	0	9	21- 45
February	8	0	8	20 – 45
March	7	0	7	15 – 45
April	14	0	14	21 - 45
May	8	1	9	22 – 45
June	12	1	13	14 – 45
July	12	0	12	19 – 59
August	17	0	17	16 – 45
September	14	0	14	24 – 45
October	12	0	12	19 - 69
November	10	0	10	20 – 45
December	7	0	7	25 - 45
Total	130	2	132	

Source: Rathdune Psychiatric Unit

Table 7
Consumption/Importation of Narcotic Drugs and Psychotropic Substances
1998 to 2001

<i>Item</i>	<i>1998</i>	<i>1999</i>	<i>2000</i>	<i>2001</i>
Codeine	31 grams	73 grams	27 grams	223 grams
Dihydrocodeine	nil	nil	nil	23 grams
Fentanyl	1 gram	17 mg	59 mg	34 mg
Morphine	381 grams	nil	7 grams	7 grams
Pethidine	286 grams	408 grams	508 grams	434 grams
Alprazolam	1.73 kg	0.00175 kg	0.007 kg	0.0057 kg
Bramazepam	nil	nil	0.034 kg	nil
Clonazepam	nil	nil	0.002 kg	nil
Chlordiazepoxide	0.11 kg	nil	nil	nil
Clobazan	0.005 kg	0.075 kg	nil	0.03 kg
Diazepam	0.30 kg	0.23 kg	0.175 kg	0.61 kg
Lorazepam	0.034 kg	0.0588 kg	nil	nil
Methylphenidate	nil	nil	nil	2.61 kg
Midazolam	nil	0.00027 kg	0.009 kg	0.0034 kg
Phenobarbital	25.63 kg	1.0829 kg	1.756 kg	3.2 kg
Triazolam	nil	0.00875 kg	nil	nil

Source: Pharmacy Unit, Ministry of Health, September 2002

Cost of Drugs

Figures indicate little changes in the wholesale or retail prices of the two main drugs, which are available; cocaine and cannabis. The only change was in the price of imported cannabis. In 2000, the price of a kilo of imported cannabis was EC \$ 3,168.00; this price was increased to EC \$4, 9989.00. Undoubtedly, the increased demand for imported cannabis, coupled with the decline in production of local cannabis, is contributing factors to this increase in price.

The following table presents data on prices of cocaine and cannabis.

Table 8
Estimated Wholesale Value (EC \$)
Of Drugs (Per Kilogram)
2000 and 2002

DRUG	2000	2002
Cocaine	\$ 100,000.00	\$100,000.00
Cannabis (Imported)	\$ 3,168.00	\$ 4,989.60
Cannabis (Local)	\$3,168.00	\$3,168.00

Table 9
Estimated Retail Value (EC \$)
Of Drugs (Per Gram)
2000 and 2002

DRUG	2000	2002
Cocaine	\$ 100.0	\$100.00
Cannabis (Imported)	\$ 3.00	\$5.00
Cannabis (Local)	\$3.00	\$3.00

Source: Royal Grenada Police Force (Tables 22 to 23)

Trends: Cultivation, Trafficking, Violence

The drug trade in Grenada and the region is not a static phenomenon. The drug dealers are constantly changing their modus operandi, through the use of their wealth, influence, and technology, either in response to the pressures being brought on them by the law enforcement authorities, or in an effort to stay ahead of the game. Recent trends in drug cultivation and trafficking in Grenada include:

- i. Decline in cultivation of marijuana.
- ii. Increased and steady supply from St. Vincent and the Grenadines.
- iii. Grenada's geo-strategic position, as the southernmost island of the Eastern Caribbean archipelago, along with its proximity to South America, and numerous uninhabited islands, makes it an ideal location for transshipment. Grenada is one of the Eastern Caribbean islands that fall within the East transit zone for cocaine from South America, travelling to the United States, especially via Puerto Rico. In comparison to the Central Caribbean transit area (Haiti and the Dominican Republic), Grenada's share of drug trafficking is relatively mild.



- iv. Maritime smuggling is the primary transshipment method. However, there is some smuggling through the Point Salines International Airport. This is evident by the number of arrests of outbound passengers were arrested at the airport, mostly persons traveling to Britain, during the past two years.
- v. Increased number of foreign nationals being arrested, charged and convicted for drug-related offences, mainly the trafficking of drugs. Several of these arrests occurred at the Point Salines International Airport. Through inter-agency cooperation, effective profiling and the use of the k-9 unit, some drug mules were intercepted at the airport.
- vi. Local drug dealers conduct business with Venezuelan drug dealers. For the year 2001, thirty-five (35) Venezuelans and two (2) Colombians were deported for offences ranging from illegal entry to possession and trafficking of illegal drugs.
- vii. Some local drug dealers are operating independently. Manifestation of their growing independence is reflected in the accumulation of wealth, cars, houses and affluent lifestyles.
- viii. Suspected traffickers are no longer transporting or storing drugs on their personal property, but have resorted to paying a fee to non-suspicious financially-constrained persons to store the drugs, and make deliveries on their behalf.

- ix. Greater use is being made of taxi services, car rentals, and hotels in the drug trade.
- x. General increase in transshipment of drugs through the Caribbean will undoubtedly result in the availability of drugs in the various jurisdictions. This will have implications in the area of surveillance, interdiction, and drug use.
- xi. Increased frequency in seizures of large quantities of drugs. (eg. May 2001, seizure of 10 ½ lbs. of cocaine, valued EC\$480,000.00; June 2001, seizure of 28 kilos of cocaine valued EC\$2.8 million in Point Salines; June 2002, seizure of 311 lbs of marijuana valued at EC\$705,348; June 2002; seizure of 90 blocks of crack cocaine).
- xii. Linkage between violent criminal activities and drugs. (February 23, 2000, killing of Rawle "Southie" Gilkes, just off the main road leading to Dr. Groomes beach; June 5, 2002, killing of Kenson "Ashes" Baptiste of Mt. Craven, St. Patrick's, in what was reported to be a drug deal gone sour; several instances of seizure of drugs, arms, ammunition and local and foreign currencies).
- xiii. Increased concern among the general population about the number of deportees from North America, inter-island travel, especially with the proposed plans to accommodate the free movement of OECS nationals, do merit continued vigilance, due to fear of drug and other violent criminal activities by these persons. During the past three years, several reports have emerged in the local media of Trinidadian nationals turning up in Grenada for a few days, including the carnival season, to commit crimes. Aldin "Aussie" Phillip was brought to the Magistrate's Court in St. George's on 18 June accused of the murder two years ago of St. Paul's resident Rawle Gilkes alias "Southie". The 28 year old felon who was deported from Trinidad and Tobago after a string of illegal offences is presently serving a ten year jail sentence at the Richmond Hill prison for Robbery/Burglary.
- xiv. During the period April to June 2002, the Drug Control Secretariat undertook an assessment of all public primary and secondary schools. The primary objective of the assessment was to determine the level of drugs and violence among students, as reported to/observed by the Principal/Staff. The numbers and types of weapons (knives, daggers, other sharp instruments, guns (real and toys), ammunition, missiles: stones etc, pornographic materials, which were confiscated by the school authorities and the Police, are alarming. These weapons are not necessarily used to commit violent offences; however, the presence of the weapons in schools warrants concern.
- xv. Gang activities involving fights, stealing and shoplifting, brandishing and use of weapons, insertion of tattoos on body parts, use of threats to students and teachers, obscene

language, lewd and sexual acts, and painting of graffiti promoting violence, are common features in many schools.

No significant change in trend in the demand for drugs has been observed.

Future Directions

Priority Areas For 2003 and Beyond

i. National Council On Drug Control

The National Council On Drug Control (NCODC), which was established by the Drug Abuse (Prevention and Control) (Amendment) Act, January 2002, is the central Government institution to assess, monitor, implement and evaluate all national drug control programmes.

Under the Drug Abuse (Prevention and Control) (Amendment) Act, January 2002, the NCODC “must consider any matter relating to drug dependence or the misuse or abuse of drugs or the illegal supply of drugs referred to it by the Minister responsible for national Security, or the Minister responsible for health and advise the respective Minister thereon.”

The National Council On Drug Control consists of an Executive, headed by the Attorney-General; five (5) Technical Workgroups, and a Special Interests Workgroup. The Technical Workgroups are:

- i. Legal Affairs
- ii. Financial Affairs
- iii. Law Enforcement
- iv. Air and Maritime Cooperation
- v. Demand Reduction

The Technical Workgroups consist of experts in areas of drug control such as demand reduction, supply reduction, treatment and rehabilitation, money laundering, banking, and legislation.

Organizations from civil society such as the trade union, churches, and political organizations, are represented on the Special Interests Workgroup.

The Drug Control Secretariat is the administrative body of the NCODC. It functions in the areas of coordination, monitoring and evaluation, strategic planning, information management and programme development to enable the NCODC to increase its operational efficiency and the effectiveness of the national drug control programmes. It is headed by the Drug Control Officer.

The NCODC replaced the National Drug Avoidance Committee (NDAC), which was appointed by the Government of Grenada in 1986, charged with the responsibility of designing and implementing programmes geared toward reducing the demand for drugs.

ii. *National Drug Control Masterplan, 2003-2007*

A four-day Workshop on the Preparation of Grenada's Third National Master Plan on Drugs, 2003 to 2007, was conducted 25 to 28 February 2002, in Grenada. The National Master Plan on Drug Control will outline all national concerns in drug control. It will articulate national policies, define priorities, and apportion responsibilities for drug control efforts. All national concerns in drug control will be outlined in a comprehensive manner and structured in a logical framework by analyzing the country-specific drug problems, assessing the activities carried out until now, and identifying what needs to be undertaken during a specific period to attain the objectives agreed upon. The Master Plan will provide overall coherence to the activities undertaken to fight drug abuse, such as, but not limited to: Control of cultivation and manufacturing; Suppression of illicit trafficking; Reduction of illicit demand; Legislative and judicial aspects, and Financial aspects and money laundering.

The management and implementation of the Master Plan will depend on the relevant Ministries, agencies and other public and private institutions or organizations. These bodies include: Ministries of Education, Health, External Affairs, National Security, Legal Affairs, and, Finance, and the National Council on Drug Control.

Five (5) working groups, which comprised of experts and competent authorities in the areas of: Precursor Chemical Control, Prevention, Treatment and Rehabilitation, Money Laundering, and Interdiction, were established to examine issues, and formulated proposals relevant to these areas of drug control. Issues dealt with were:

- i. Evaluation of existing measures being applied in the area of drug control;
- ii. Reformulation of policies;
- iii. Development of new objectives and strategies;
- iv. Project identification and proposals;
- v. Institutional coordination mechanisms, and
- vi. Follow-up and evaluation.

A Multi-Sectoral Working Group which consists of representatives of the five working groups, will work in collaboration with Mrs. Franka Alexis-Bernardine, the National Liaison Officer to finalize the new Master Plan. The Multi-Sectoral Working Group will review the proposals, which emanated from the workshop, and amend where appropriate.

These proposals will be incorporated into the draft Master Plan. The Master Plan will then be circulated to the relevant authorities for review and consideration.

Approximately fifty-five (55) representatives from several public and private sector institutions and organizations, such as Government Ministries, the Royal Grenada Police Force, Customs and Excise Department, Her Majesty's Prisons, Conference of Churches Grenada, and Non-Governmental Organizations, attended the workshop.

The facilitators of the workshop were Mr. Miguel Escudero and Ms. Ruth Villagran, from the Organization of American States/Inter-American Drug Abuse Control Commission (OAS/CICAD) Offices, Washington, D.C. The workshop was funded by the Government of Grenada, and OAS/CICAD.

An analysis of the 1998 to 2002 Master Plan indicates an implementation rate of over ninety (90) percent. This success rate is indicative of the commitment of the Government of Grenada, through its various Ministries, and institutions, to combat the drug problem

iii. Proposed Establishment Of Grenada Drug Information Network (GRENDIN)

Under the Drug Abuse Epidemiological Surveillance System Project (DAESSP), an In-Country Team was established by Cabinet, 2001, headed by Mr. Terence Walters, Officer, Drug Control Secretariat. The Team consists of five (5) Officers from the Drug Control Secretariat, Ministry of Health and the Ministry of Finance.

One of the assignments of the In-Country Team was to conduct a series of mini-consultations with institutions which are involved in the collection of drug-related statistics; (Royal Grenada Police Force, Customs and Excise Department, Her Majesty's Prisons, and the Ministry of Health), in August and September 2002. At these mini-consultations, a number of decisions were taken, to improve data collection and dissemination.

The establishment of the network, which would facilitate the collection and dissemination of data, was the primary outcome of a workshop, "**Network To Improve Recording, Exchange And Comparability Of Data Between Agencies**". This network is also being established as a result of the various consultations held previously with the relevant stakeholders. This output is expected to be achieved through the following objectives.

- i. Review of procedures used in the collection of drug-related statistics.
- ii. Develop an action plan to improve recording, exchange and comparability of data between agencies.

- iii. Develop and strengthen communication among public and private sector institutions which collect drug-related data.

The network should further provide a forum to promote the use of international standard indicators of drug abuse, as represented in regional and international reporting requirements.

One of the features of the workshop was the review of the data collection forms used by the various agencies. Various aspects of these forms were amended, to take into account the present drug situation, and reporting requirements by international agencies. Clarification of terms was also an aspect of the workshop. Discussion also focussed on the need to collect data from the Emergency Department of the General Hospital. This aspect of data collection would be further discussed in 2003.

The workshop, which was held 11 December 2002, is part of the Drug Abuse Epidemiological Surveillance System Project, which is being funded by the United Nations International Drug Control Programme (UNDCP).

Constraints

Despite much success in the national drug control programme, there remains areas which needs attention. The implementation of adequate measures to address these weaknesses would certainly enhance the capacity of the law enforcement agencies in particular, to continue the interdiction and eradication exercises of illegal drugs. These constraints include:

- i. Inadequate manpower for enforcement.
- ii. Lack of finance for the procurement of information and maintenance of informants.
- iii. The absence of technical investigative equipment.
- iv. The lack of a trained Intelligence Analyst, and Intelligence Analytical Software.
- v. Lack of training in areas such as intelligence analysis, cultivation and management of informants, operational planning, and asset forfeiture.
- vi. The lack of aerial reconnaissance to conduct marijuana agricultural survey.
- vii. Lack of spare parts for the Coast Guard.

Conclusion and Recommendations

Establishment Of Grenada Drug Information Network (GRENDIN)

The Grenada Drug Information Network (GRENDIN), is the system through which Grenada will coordinate the collection and dissemination of information from all institutions involved in the area of drug control, or the collection of relevant statistical data. GRENDIN will also enhance Grenada's ability to participate in international data-gathering projects such as the Uniform Statistical System on Control of the Supply Area, (CICDAT), the Multilateral Evaluation Mechanism (MEM), Drug Abuse Epidemiological and Surveillance System Project (DAESSP), Inter-American Uniform Drug Use Data System (SIDUC), Precursors Project, and the Human, Social and Economic Costs of Drug Abuse, Annual Reports Questionnaire (ARQ) United Nations Office on Drugs and Crime.

Guidelines

1. Public and private sector organizations which would participate in GRENDIN, include, but is not limited to:
 - i. Royal Grenada Police Force (Drug Squad, Criminal Records Office, Community Relations Department, Traffic Department)
 - ii. Her Majesty's Prisons
 - iii. Ministry of Health (Carlton House, Mt. Gay Mental Hospital, General Hospital, Medical Records Office, Births and Deaths Department, HIV/AIDS Department, Rathdune Psychiatric Unit)
 - iv. Ministry of Finance (Central Statistics Office, Inland Revenue Department)
 - v. Ministry of National Security
 - vi. Customs and Excise Department
 - vii. Grenada Ports Authority
 - viii. Supervisory Authority, Financial Intelligence Unit
 - ix. Ministry of Agriculture (Produce Chemist Laboratory)

- x. National Council On Drug Control
- xi. Statistics Office, Ministry of Education
- xii. Grenada Bureau of Standards
- xiii. Grenada Industrial Development Corporation
- xiv. Grenada Chamber of Industry and Commerce
- xv. Sissons Paints (Grenada Ltd)
- xvi. Private Hospitals
- xvii. Airport Authority
- xviii. St. George's University
- xix. University of the West Indies School of Continuing Studies
- xx. T. A. Marryshow Community College

2. The Drug Control Secretariat is charged with the responsibility to collect and compile the information for dissemination.
3. The data collected will be compiled on the form, "Data Collection Form: Grenada Drug Information Network (GRENDIN)".
4. The designated competent authorities will submit the relevant data to the Drug Control Secretariat, on a quarterly basis (April, July, October, January), or as becomes necessary, using the agreed format/forms for data collection:
 - i. Head, Drug Squad, RGPF, with responsibility for Uniform Statistical System on Control of the Supply Area (CICDAT).
 - ii. Head, Criminal Records Office, RGPF, with responsibility for Monthly Returns, quarterly, and annual statistics on arrests, seizures, court cases.
 - iii. Head, Traffic Department, RGPF, with responsibility for statistics on drug-related vehicular accidents.

- iv. Head, Rathdune Psychiatric Unit, with responsibility for admissions to Rathdune.
- v. Commissioner of Prisons, Her Majesty's Prisons, with responsibility for drug-related convictions.
- vi. Head, Carlton House, with responsibility for admissions to Carlton House.
- vii. Head, Enforcement Unit, Customs and Excise Department, with responsibility for seizures at ports of entry.

- 5. Statistical data from other Institutions will be requested by the Drug Control Secretariat, as necessary.
- 6. Drug-related crime reports will be provided by the Community Relations Department daily.
- 7. Data collected by the Drug Control Secretariat will be distributed to GRENDIN annually.
- 8. The Drug Control Secretariat will issue letters to each institution, where necessary, requesting the statistical data.
- 9. The Drug Control Secretariat will make available to the Royal Grenada Police Force, its electronic database of statistics.
- 10. Ongoing review of the format/forms used for data collection will be done, where necessary, between the Drug Control Secretariat and the relevant institution. The Drug Control Secretariat would provide technical assistance in regard to the improvement of existing data collection procedures.
- 11. An annual report on the network, and data compiled for the DAESSP will be circulated to all institutions in GRENDIN, and various regional and international agencies.
- 12. GRENDIN will convene a meeting a least once per year, to review data collected and the process of data collection, and implications based on analysis of all gathered data.
- 13. The Drug Control Secretariat will send letters to all relevant institutions, to inform them on the establishment of GRENDIN.

Other Recommendations

The following recommendations emerged from various workshops and meetings held during 2002, geared toward drug/crime reduction.

1. Consideration should be given to the establishment of a permanent profiling team at the airport.
2. Strengthen and increase public awareness programmes on drug abuse prevention
3. Develop programmes to counter emerging violence.
4. Amend legislation regarding the sale of alcohol to minors.
5. Enact legislation to restrict the purchase of cigarettes and tobacco products by minors.
6. Establish a separate Juvenile Offenders Correctional Centre.
7. Develop alternative sentencing regime.
8. Introduce anger management and parenting skills training programmes in the community.
9. Promote positive alternatives to drug use.

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Caribbean Epidemiology Centre Website (www.carec.org)

Grenada Country Report, Drug Commanders, 2002

Appendices

Appendix 1

ADULT QUESTIONNAIRE

The following survey will ask you to give some information on your alcohol drinking habits. You will **NOT** be asked to write your name. This survey will **NOT** be given to your employer or boss. Once you have completed this survey there is **no** way to connect you to this sheet of paper. If you agree to answer the questions, please mark an **X** in the YES box below. If not, please return survey.

I agree to answer the questions..... YES

Please **CIRCLE** the **BEST** choice

(A) **Your SEX:** MALE FEMALE Pregnant: Yes

B) **What is your AGE?**

17-18 19-20 21-25 26-30 31-35 35-40 41-50 51-69 70+

C) **What PARISH do you live in?**

ST Andrew ST David ST John ST George

ST Mark ST Patrick Carriacou

D) **Do you have children?**

NO YES IF YES: Do they go to school: NO YES

E) **Rate your job position in your company (pick closest):**

Worker/Labor Secretary/Admin Transportation Service Manager
Professional Exec/Pres.

1 drink = 1 Beer OR 1oz Alcohol

7 How often during the last year have you had a feeling of guilt or remorse after drinking?

(0) Never (1) Less than (2) Monthly (3) Weekly (4) Daily or
monthly almost daily

8 How often during the last year have you been unable to remember what happened the night before because you had been drinking?

(0) Never (1) Less than (2) Monthly (3) Weekly (4) Daily or
monthly almost daily

9 Have you or someone else been injured as a result of your drinking?

(0) No (1) Yes, but not in the last year (4) Yes, during the last year

10 Has a relative or friend or a doctor or other health worker been concerned about your drinking or suggested you cut down?

(0) No (1) Yes, but not in the last year (4) Yes, during the last year

Appendix 2

Table 1
Do You Drink Alcohol

Response	Frequency	Percent
Yes	113	27.6
No	289	70.7
No response	7	1.7
Total	409	100.0

Table 2
Amount of Alcohol Consumption

Response	Frequency	Percent
Very little/rare	45	40.9
Little/occasional	41	37.3
Moderate	12	10.9
A lot/heavy	11	10.0
No response	1	0.9
Total	110	100.0

Table 3
Reason for Alcohol Consumption

Response	Frequency	Percent
Fun/enjoyment/partying	76	67.9
Relaxation/to forget	8	7.1
Like it	6	5.4
No particular reason	14	12.5
Other	2	1.8
No response	6	5.4
Total	112	100.0

Table 4
Circumstances of Alcohol Consumption

Response	Frequency	Percent
Special/festive occasions	44	37.9
Fetes/parties	37	31.9
To relax/forget	6	5.2
Liming/hanging out	12	10.3
Other	14	12.1
No response	3	2.6
Total	116	100.0

Table 5
Reason for Not Drinking Alcohol

Response	Frequency	Percent
Moral/religious reasons	24	8.9
Health reasons	154	57.0
Dislike taste/smell	14	5.2
Lack of interest/appeal	47	17.4
Other	28	10.3
No response	3	1.1
Total	270	100.0

Table 6
Do You Smoke

Response	Frequency	Percent
Yes	21	5.1
No	381	93.2
No response	7	1.7
Total	409	100.0

Table 7
Reason for Smoking

Response	Frequency	Percent
No particular reason	2	9.5
Personal habit	3	14.3
Fun/relaxation	11	52.4
Other	4	19.0
No response	1	4.8
Total	21	100.0

Table 8
Number of Packs Smoked Per Week

Response	Frequency	Percent
1	6	35.3
2	2	11.8
3	2	11.8
4	2	11.8
5	2	11.8
No response	3	17.7
Total	17	100.0

Table 9
Reason for Not Smoking

Response	Frequency	Percent
Moral/religious	22	6.1
Health reasons	267	74.6
Lack of interest	36	10.1
Physically unattractive (teeth, breath)	5	1.4
Other	22	6.2
No response	6	1.7
Total	358	100.0

Table 10
Use of Marijuana

Response	Frequency	Percent
Yes	39	9.7
No	352	87.6
No response	11	2.7
Total	402	100.0

Table 11
Use of Cocaine

Response	Frequency	Percent
Yes	2	0.5
No	389	96.8
No response	11	2.7
Total	402	100.0

Table 12
Use of Crack

Response	Frequency	Percent
No	392	97.5
No response	10	2.5
Total	402	100.0

Table 13
Use of Other Drugs

Response	Frequency	Percent
Yes	4	1.0
No	388	96.5
No response	10	2.5
Total	402	100.0

Table 14
Age at Which First Used Marijuana

Response	Frequency	Percent
Under 15 years	9	24.3
15-19 years	26	70.3
20-24 years	2	5.4
Total	37	100.0

Table 15
Why Are Crimes Committed by Youth

Response	Frequency	Percent
Home/family	48	11.7
Attention seeking/neglect	20	4.9
Rebellion/frustration	43	10.5
Ill Disciplined	2	5.9
Money/drugs	67	16.4
Peer influences	25	6.1
Unemployment	107	26.2
Other	40	9.8
No response	35	8.6
Total	409	100.0

Table 15
Main Dangers of Being in a Gang

Response	Frequency	Percent
Death	138	38.5
Problems with the law	69	19.2
Bad influence/peer pressure	46	12.8
Being attacked/injured	54	15.1
Blame by association/access	59	16.5
Drug abuse	18	5.0
None	12	3.4
Total	358	-

Table 16
Types of Illegal Acts

Response	Frequency	Percent
Traffic violation	2	6.9
Marijuana use	3	10.3
Selling drugs	2	6.9
Stealing	4	13.8
Carrying a weapon	1	3.4
Other	11	37.9
No response	6	20.7
Total	29	100.0

Table 17
Main Reasons for Violence Among Youth

Response	Frequency	Percent
Ill disciplined/lawlessness	34	9.5
Drugs	96	26.7
Materialism	7	1.9
Attitudes/status seeking	42	11.7
Peer pressure	47	13.1
Home/parental	45	12.5
Other	121	33.7
Total	359	-

Source: Carter, Richard, "YOUTH IN THE ORGANIZATION OF EASTERN CARIBBEAN STATES: THE GRENADA STUDY, 1996

Appendix 3

Questionnaire:

Evaluation of Psychoactive Substance Use Among 14-20 Year Old Adolescents
in Secondary Schools in Grenada and
Analysis of Selected Influencing factors in Urban-Rural Comparison 2000-2001

All your answers will be kept strictly confidential and will **not** be seen by teachers or parents! Your participation is voluntary and you can withdraw at any time.

Do **NOT** write your name on this paper!
You are kindly asked to answer the following questions.

Section A

A. What is your Age?

14 15 16 17 18 19 20 years

B. Are you male or a female?

male female

C. Do you have brothers and /or sisters?

none 1 2 3 4 5 6 more

D. What parish do you live in?

St. Andrew's St. David's St. George's St. John's St. Mark's
 St. Patrick's

E. Who do you live with?

both parents mother father guardian

**F. Are one or both your parent(s) or Guardian(s) professional(s)
(Eg. Accountant, Doctor, Nurse)?**

both parents mother father guardian no one don't know

G. Are one or both of your parent(s) of guardian(s) employed?

both parents mother father guardian no one

H. The amount of money I spend for myself per day is up to:

- none \$5 \$10 \$15 more

I. Do you consider yourself as a good student?

- yes no

Section B

1. Do you take any medication (eg. Paracetamol, aspirin, vitamins or others) which was not prescribed by a medical doctor when you have a(n)

- headache abdominal pain cold don't take any
if remembered please list the name of the medication.....

2. What age were you when you had your first medication, which was not prescribed?

- before 8 8-10 11-12 13-14 15-16 17-18 19-20 years
 don't use any

3. How often have you taken any medication which was not prescribed in the last 4 weeks?

- 1-4 monthly 2-3 weekly daily never

4. Have you taken any medication which was not prescribed in the last 12 months?

- yes no

5. What age were you when you had your first cigarette?

- before 8 8-10 11-12 13-14 15-16 17-18 19-20 years
 don't smoke

6. How often did you smoke a cigarette in the past 4 weeks?

- 1-4 monthly 2-3 weekly daily never

7. Have you smoked a cigarette in the past 12 months?

- yes no

8. Which of your parents/guardians smoke cigarette?

- both parents mother father guardian no one

9. What age were you when you had your first alcohol drink (beer, wine, stout, rum etc)?

- before 8 8-10 11-12 13-14 15-16 17-18 19-20 years don't drink

10. **How often d you have alcoholic drinks (more than a sip) in the past 4 weeks?**
 1-4 monthly 2-3 weekly daily never
11. **Have you had any alcoholic drinks (more than a sip) in the past 12 months?**
 yes no
12. **Which of your parents/guardians drink alcohol?**
 both parents mother father guardian no one
13. **Has anyone offered you any of the following nonmedical drugs at any time?**
 Marijuana Cocaine Crack Lover none
 other, if remembered please list name of drug.....
14. **Have you used any of the following nonmedical drugs?**
 Marijuana Cocaine Crack Lovar none
15. **What age were you when you used nonmedical drugs for the first time?**
 before 8 8-10 11-12 13-14 15-16 17-18 19-20 years
 don't use any
16. **How often did you use nonmedical drugs in the past 4 weeks?**
 1-4 monthly 2-3 weekly daily never
17. **Did you use nonmedical drugs in the past 12 months?**
 yes no

Section C

1. Who introduced you to

(please chose at least one box for each substance):

- | non medical | alcohol | cigarette |
|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> family | <input type="checkbox"/> family | <input type="checkbox"/> family |
| <input type="checkbox"/> friends | <input type="checkbox"/> friends | <input type="checkbox"/> friends |
| <input type="checkbox"/> others | <input type="checkbox"/> others | <input type="checkbox"/> others |
| <input type="checkbox"/> no one | <input type="checkbox"/> no one | <input type="checkbox"/> no one |

2. What was the reason for your first use for the following substances (please chose at least one box for each substance):

- | non medical drugs | for alcohol | for cigatette |
|---|---|---|
| <input type="checkbox"/> curiosity | <input type="checkbox"/> curiosity | <input type="checkbox"/> curiosity |
| <input type="checkbox"/> religious customs | <input type="checkbox"/> religious customs | <input type="checkbox"/> religious customs |
| <input type="checkbox"/> to be accepted by others | <input type="checkbox"/> to be accepted by others | <input type="checkbox"/> to be accepted by others |
| <input type="checkbox"/> others | <input type="checkbox"/> others | <input type="checkbox"/> others |
| <input type="checkbox"/> never used | <input type="checkbox"/> never used | <input type="checkbox"/> never used |

3. In five years from now, do you think you will be

- smoking cigarette
- drinking alcohol
- using non medical drugs
- none
- don't know

4. Is there anybody around your age whom you know should cut down on

- smoking cigarettes
- drinking alcohol
- using non medical drugs
- none
- don't know

5. In your opinion which of the following substances can cause serious health problems?

- cigarettes/tobacco
- alcohol
- marijuana cocaine crack lover
- non prescription drugs
- none
- don't know

6. If someone your age had a serious problem on alcohol/cigarette/drug use would you recommend they speak to a(n)

- teacher
- medical doctor
- anonymous hotline (if available)
- none
- others

Appendix 4

**Workshop:
“Network To Improve Recording, Exchange And
Comparability Of Data Between Agencies”
Ministry of Education, St. George’s
11 December, 2002,**

DOCUMENTS DISTRIBUTED TO PARTICIPANTS

Registration Form

Agenda

Press Release, 2 December 2002

Summary Of Drug-Related Statistics, Grenada, 1 January 1988 To 31 October 2002

Establishment Of Grenada Drug Information Network (GRENDIN)

Uniform Statistical System On Control Of The Supply Area (CICDAT) Forms For Information Collection

Section V, VI, VII, Monthly Returns

Seizure Details, Customs and Excise Department

Statistical Data on Persons Convicted To Her Majesty’s Prisons For Drug-Related Offences (Form)

Quarterly Statistics Of Controlled Drugs

Annual Estimates: Requirements of Narcotic Drugs, Manufacture of Synthetic Drugs, Opium Production, Cultivation of the Opium Poppy, For Purposes Other Than Opium Production (Form B)

Annual Statistics of Production, Manufacture, Consumption, Stocks and Seizures of Narcotic Drugs (Form C)

Annual Statistical Report on Psychotropic Substances (Form P)

Statistical Data Admissions To Carlton House (Form)

Draft Recommendations

Data Collection Form: Grenada Drug Information network (GREN DIN)

Appendix 5

AGENDA:

Workshop

“Network To Improve Recording, Exchange And Comparability Of Data Between Agencies”

Ministry of Education, St. George’s

11 December, 2002,

8:30 a.m – 3:00 p.m.

08:30 – 08:45

Remarks:

Mr. Dave Alexander, Drug Avoidance Officer

Senator Raymond Anthony, Chairman, National Council On Drug Control

Presentations and Discussion, Session 1:

Chairperson: Mr. Arthur Pierre, Drug Control Secretariat

Superintendent Edvin Martin, Head, Drug Squad, Royal Grenada Police Force

ASP Frank Philbert, Head, Public Relations Department, Royal Grenada Police Force

Inspector Cleveland Clement, Head, Criminal Records Office, Royal Grenada Police Force

Mr. Eric Charles, Supervisor, Enforcement Unit, Customs and Excise Department

10:30 – 10:45

BREAK

10:45 – 12:30 Presentations and Discussion, Session 2:

Chairperson: Mr. Terence Walters, Drug Control Secretariat

Mr. Kester Cyrus, Pharmacy Inspector, Ministry of Health

Representative, Carlton House

Matron Beryl Williams, Mt. Gay Mental Hospital

Nurse Avis Mc Burnie, Rathdune Psychiatric Unit

Mr. Finbar Charles, Her Majesty's Prisons

12:30 – 01:30 **LUNCH**

01:30 – 2:00 Other Presentations, Session 3

2:00 – 3:00 **Chairperson: Mr. Dave Alexander, Drug Control Secretariat**

Review GRENDIN Data Form

Discussion and Adoption of Recommendations

Establishment of Grenada Drug Information Network (GRENDIN)

3:00 Closure

Appendix 6

**Workshop:
"Network To Improve Recording, Exchange And
Comparability Of Data Between Agencies"
Ministry of Education, St. George's
11 December, 2002,**

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