The Drug Situation in The Bahamas

2015

The National Anti-Drug Secretariat
Ministry of National Security
Commonwealth of The Bahamas

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Produced by
The National Drugs Observatory
National Anti-Drug Secretariat
The Bahamas has been on the frontline of international drug control for more than forty years because of the serious challenges we face with the illicit drug trade. Our location between illicit drug production centres in South America and consumer markets in North America makes our nation a major transhipment point. Our commitment to national action and bilateral, regional and international cooperation in addressing this issue is clear and robust. Although our drug interdiction efforts were recently hailed by our US partners as one of the best in the region, the continued flow of drugs highlights the need for continued collaboration.

There is an intrinsic link between The Bahamas’ current national security problems and the illicit drug trade. Arms trafficking, human smuggling, illegal immigration, and trafficking in persons sit on the platform created by drug trafficking. Consequently, a single trafficking exercise may now involve drugs, guns and illegal migrants. We are determined that drug trafficking, crime and criminality, should not jeopardize the economic, social and political stability and development of our country.

We are addressing the drug situation from both supply and demand reduction approaches. Major investments including a $232 million Sandy Bottom Project to better secure our boarders and a $20 million Citizen Security and Justice Program to rehabilitate and reintegrate drug offenders are just a few examples of the Government’s continued commitment to combat the illicit drug trade and reduce the use and abuse of drugs.

Our comprehensive anti-drug efforts are supported by good relationships with our international partners including Caricom, the Organization of American States and the United Nations. In the coming years, as we continue to build on anti-drug efforts, the government is committed to refocusing attention on the most vulnerable in our society, our youth particularly those at risk.

On behalf of the Government of The Commonwealth of The Bahamas, I re-affirm our commitment to ensuring that no effort will be spared to address the complex drug trade that has negatively impacted our nation. We need the continued support of all Bahamians as we work toward the goal of making The Bahamas drug free.

The Hon. Dr. Bernard J. Nottage, M.P.,
Minister of National Security
In accordance with section 6.1 of the National Anti-Drug Strategy 2012–2016, I am pleased to present the “Drug Situation in The Bahamas for 2015”. This Report is a comprehensive account of anti-drug efforts in The Commonwealth of The Bahamas for 2015. Historical drug policies of The Bahamas have focused on an appropriate balance between the traditional law enforcement approaches and alternative development programs, including public health approaches. The results of these polices have been effective and did not go un-noticed. In November of 2014, the U.S. Interdiction Coordinator (USIC) and The Interdiction Committee (TIC) traveled to New Providence to present the 2013 USIC Award in the Joint Operations category to Operation Bahamas, Turks and Caicos (OPBAT). OPBAT is the first-ever recipient of the prestigious award in this category. The annual USIC awards recognize significant contributions to the continuing effort to counter the increasing international and asymmetric threat posed by the trafficking of narcotics and other illicit substances.

In addition to the governments contribution, this year’s success can also be attributed to the active engagement and involvement of our diverse network of government and non-governmental stakeholders which clearly resulted in improved co-ordination of efforts in both demand and supply reduction.

Some of the key initiatives for the coming year include a National Drug Prevalence Survey, The Bahamas will also establish a Drug-Treatment Court to provide an alternative to incarceration for drug dependent offenders through treatment and rehabilitation. Future drug policy areas will focus on at risk youths. Since youths are disproportionately represented in both victims and perpetrators of drug related crime and violence, we have embarked on a series of initiatives aimed at changing this trend. The main thrust of these initiatives will be refocusing our attention to those who are most vulnerable in the illicit drug trade.

As we begin to set an ambitious new agenda and benchmarks towards the new strategy for 2017–2022, we look forward to strengthening partnerships with stakeholders and intensifying global alliances to counter those challenges created by the illegal drug trade.

Dr. Chaswell A. Hanna
Assistant Superintendent of Police
Director
National Anti-Drug Secretariat
Table of Contents

NADS Staff Members .............................................................................................................9

Executive Summary................................................................................................................11

Chapter 1  Current State of Affairs In Drug Control.................................................................15

- Drug Seizures.....................................................................................................................16
- Drug Arrests .......................................................................................................................21
- Drug Prosecutions ............................................................................................................22
- Drug Admissions at BDOCS............................................................................................23
- Drug Treatment Data.........................................................................................................24
- Prevalence of Drug Use.....................................................................................................26

Chapter 2  Demand Reduction Activities.............................................................................29

- What is Demand Reduction?.............................................................................................30
- Bahamas National Drug Council.......................................................................................30
- Sandilands Rehabilitation Center.....................................................................................32
- Bahamas Association For Social Health.............................................................................39
- Teen Challenge Bahamas.................................................................................................41
- National L.E.A.D. Institute.................................................................................................43
- Great Commission Ministries..........................................................................................43
Chapter 3  Supply Reduction Activities ................................................................. 55

What is Supply Reduction? ................................................................. 56

Royal Bahamas Police Force (DEU) ............................................................ 56

Marine Support Services Branch .............................................................. 58

Royal Bahamas Defense Force ................................................................. 59

The Nassau Container Port ................................................................. 60

Bahamas Dept. of Correctional Services .................................................. 61

Bahamas National Drug Agency .............................................................. 62

Chapter 4  National Drugs Observatory .......................................................... 65

What is the National Drugs Observatory? ............................................. 66

Research Activities ................................................................. 67

Beedies Research Study ................................................................. 67

E-Cigarette Research Study ................................................................. 69
Drug Situation Report 2015

Drug Prevalence Study

Chapter 5  Strengthening the Criminal Justice System

Strengthening the Criminal Justice System

Establishment of a Drug Treatment Court

Financial Intelligence Unit

Drug Related Laws of The Bahamas

Chapter 6  International Cooperation

United States

Caricom

Organization of American States

United Nations

United Nations Treaties

Bilateral & Trilateral Instruments

References

Appendices
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EXECUTIVE SUMMARY

The Drug Situation in The Bahamas

The illicit drug trade is one of three main factors that lie at the core of the challenging crime issue that currently faces the Commonwealth of The Bahamas. Even though The Bahamas is not a major producer nor consumer of illicit narcotics, its strategic location makes it attractive to drug traffickers. Considered as the third borderer of the United States, The Bahamas is ideally positioned between the global leader of cocaine production to the south (Colombia) and the global leader in consumption of illicit narcotics to the North (North America).

The Bahamas continues to be regarded as a major trans-shipment point for illicit narcotics through the region, via Florida, to consumer markets in North America. In 2015, the President of the United States identified The Bahamas as a major drug transit country for the trafficking of cocaine and other drugs from source countries to the US and other destinations. Although our drug interdiction efforts were recently hailed by our US partners as one of the best in the region, the continued flow of drugs highlights the need for continued collaboration.

The illegal drug trade remains profitable for traffickers who operate in a $300 billion complex illegal global network. Every year, multi-tons of cocaine and marijuana are trans-shipped by Trans-National Crime Organizations (TNCO). TNCOs make use of progressive technology in a manner analogous to multinational corporations, in areas including communications, computer networking and all available modes of transportation. TNCOs have access to and utilize a wide variety of weapons and weapon technology in the pursuit of illegal ends. Moreover, TNCOs impact governmental institutions, social organizations and the economic foundations of a society. International partnerships including the Operation Bahamas America Turks and Caicos (OPBAT) of 1982 and ‘Ship Riders’ of 1986 continue to expand the reach of local drug enforcement agencies.

According to the Drug Enforcement Unit (DEU) of the Royal Bahamas Police Force, 1,543.57 lbs of cocaine, 15,990.59 lbs of marijuana, and 16,056 marijuana plants were seized during 2015. The majority of the drugs that move through The Bahamas are destined for the US. In fact, only small quantities may remain as a form of payment to those who assisted in its transshipment or for local drug sales. The most popular drugs for sale on the streets of The Bahamas are cocaine and marijuana, which has a street value of about BS$15,000.00 per kilogram and about BS$1,000.00 per pound respectively.
Just to be reminded of the profit margins of the current drug-trade, the street value of a kilo of cocaine in Columbia is about $1,500. By the time that kilo passes through The Bahamas, the street value becomes $15,000 and by the time it reaches Miami, its street value becomes nearly $30,000. In New York, the value increases to about $38,000 and skyrockets to about $77,000 in Britain.

According to the Bahamas Department of Correctional Services (BD OCS), sentenced drug offenders increased by 17% from 146 in 2014 to 175 in 2015. The number of male drug offenders was higher than females in 2015. Male drug offenders also comprised a notable amount (16%) of the overall male population of 2,340 at BDOCS 2015. Female drug offenders represented 9% of the overall female inmate population 195 in 2015. Drug offenders’ admissions were mostly adults, 18 years and older representing 15% of the overall adult inmate population in 2015. Most drug offenders were incarcerated, sentenced or remanded for ‘possession of dangerous drugs with the intent to supply; a total of 220 or 49% of total drug offenders. Drug offenders convicted of possession of small amounts of drugs typically served shorter sentences of 1 to 3 months. While local authorities continue to arrest, prosecute and punish drug related offenders, the supply and demand for illegal drugs persists.

Drug and tobacco distributors are now focusing their attention on marketing their products to younger people. Two of the most popular products marketed to youth are the ‘beedies’ and the ‘e-cigarette’, also known as the ‘hookah pen’. These products come in many colours and flavours that are appealing to youths and are being marketed as a healthier alternative to cigarettes. As you will read in this report, research has found that ‘beedies’ are in fact more lethal than regular cigarettes and smoking them can lead to cancer, lung and heart disease. Researchers have also noted that using the ‘e-cigarettes’, which is a battery operated device designed to deliver nicotine and other flavourings in vapour form and mimics smoking, also poses severe health risks. According to the World Health Organization and the US Food & Drug Administration, people who have used e-cigarettes have been hospitalized for disorientation, seizures, lung cancer, respiratory illness, and congestive heart failure. More importantly, evidence has suggested that persons who use these products are more likely to smoke cigarettes and may eventually use illegal drugs.

The Relationship Between Drugs & Crime

The illegal drug trade is also having a direct impact on local crime and has resulted in increased levels of violence ranging from petty theft to murder. Local traffickers have adopted a position similar to that of TNCOs by using their newfound wealth to corrupt and their power to intimidate and/or eliminate competitors and those who opposed them. As a result,
they have morphed into gangs in order to protect themselves and their contraband from rival gangs. These gangs steal drugs from each other and compete for limited turf to operate.

As the involvement of locals in the trans-national drug trade increases, the proliferation of illicit drugs and firearms also increases. Between 2005 and 2015, local police seized a total of 3,687 firearms. About 75% of these weapons were illegal. Illegal firearms were the weapon of choice for most serious crimes including homicides and armed robberies. The combination of illegal drugs and illegal firearms is a prime formula for murder. Gunshot wounds was the leading cause of death for 61% of local murder victims during the last 5 years. Gang disputes have resulted in retaliation murders where one gang seeks to avenge the death of another gang member. Consequently, a notable number of murders are a direct or indirect result of the drug trade.

New Initiatives

The Government of The Bahamas is clear on the critical need to fight illegal drugs, not only in terms of supply reduction, but also demand reduction. The National Anti-Drug Secretariat (NADS), which is the national coordinating body for all anti-drug efforts, continues to be augmented. Among its many roles, NADS is mandated to conduct and facilitate research activities that will be used to inform the best and most progressive strategies and programs in the fight against drugs. Many of these studies focus on ways in which youths can be better informed and thus dissuaded from using drugs thereby reducing the likelihood of them becoming involved in crime. The budget allocation for NADS has been increased in the upcoming fiscal year in order to assist with the implementation of a number of progressive anti-drug activities.

NADS is working in collaboration with Ministries and Departments on the establishment of a Drug-Treatment Court in The Bahamas. The purpose of the Drug-treatment Court is to provide an alternative to incarceration for drug addicts through treatment and rehabilitation. The court will be made up of a team of specially trained professionals including magistrates, prosecutors, police officers, psychologists and social workers, who will work together to design a program that will enable drug addicts to successfully re-integrate into society as productive law abiding citizens.

NADS was also successful in establishing a National Drug-Free Schools Day, which is a school-day set aside to raise awareness among school children of the dangers of using drugs and also to educate parents about the new marketing schemes of drug and cigarette distributors who are attempting to increase their profits by designing products that appear to be child-friendly. NADS will continue to work along with its many stakeholders who span across the demand, supply and treatment spectrum and fulfil its mandate under that National Anti-Drug Strategy of the Bahamas for 2012-2016.
CHAPTER 1: Current Trends in Drug Control
Drug Seizures

According to statistics from the Royal Bahamas Police Force’s Drug Enforcement Unit (DEU), a total of 15,990.59 lbs of marijuana and 1,543.57 lbs of cocaine were seized during 2015. As indicated in Table 1.1, marijuana seizures decreased by 22% while cocaine seizures increased by 66% compared to 2014 figures. Other types of drugs seized during 2015 included heroin, hashish and ecstasy pills. There was 0.19 lbs of hashish seized in 2015, which represented a notable decrease compared to the 71.1 lbs seized in 2014. There was a notable decrease in the number of ecstasy pills confiscated in 2015 when compared to 2014. Finally, there were no heroin seizures in 2015 compared to 3.4 lbs seized during 2014.

Table 1.1: National Drug Seizures * 2014 v 2015

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana</td>
<td>20,602.80</td>
<td>15,990.59</td>
</tr>
<tr>
<td>Cocaine</td>
<td>927.86</td>
<td>1,543.57</td>
</tr>
<tr>
<td>Heroin</td>
<td>3.4</td>
<td>0</td>
</tr>
<tr>
<td>Hashish</td>
<td>71.1</td>
<td>0.19</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>18,168</td>
<td>195</td>
</tr>
</tbody>
</table>

*Weights are measured in pounds with the exception of ecstasy which are measured by the number of pills.

The majority of marijuana and cocaine were seized throughout the Family Islands at ports of entries including docks and harbors. Other types of drugs seizures such as hashish and ecstasy were less frequent and these seizures were exclusively carried out in New Providence.
**Drug Seizure Trends 2010-2015**

**Marijuana**

Marijuana has been the most common type of illicit drug seized in The Bahamas accounting for more than 79,000 lbs over the past six years. As illustrated in Table 1.2 marijuana seizures initially trended downward to just over 5,400 lbs in 2012 before spiking to more than 20,000 in 2014.

Table 1.2  
**Marijuana Seizures 2010-2015**

<table>
<thead>
<tr>
<th>Year</th>
<th>Seizures (lbs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>16,897.75</td>
</tr>
<tr>
<td>2011</td>
<td>7,958.54</td>
</tr>
<tr>
<td>2012</td>
<td>5,401.01</td>
</tr>
<tr>
<td>2013</td>
<td>17,604.79</td>
</tr>
<tr>
<td>2014</td>
<td>20,602.8</td>
</tr>
<tr>
<td>2015</td>
<td>15,660.59</td>
</tr>
</tbody>
</table>

**Cocaine**

Cocaine is the second most common type of illicit drug seized in The Bahamas accounting for more than 5,000 lbs over the past six years. As illustrated in Table 1.3 cocaine seizures remained virtually the same between 2010 and 2012, but notable increases were observed on average between 2013 and 2015. In fact, the 1,543.57 lbs seized in 2015 was the highest during the period.

Table 1.3  
**Cocaine Seizures 2010-2015**

<table>
<thead>
<tr>
<th>Year</th>
<th>Seizures (lbs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>483.49</td>
</tr>
<tr>
<td>2011</td>
<td>568.75</td>
</tr>
<tr>
<td>2012</td>
<td>413.08</td>
</tr>
<tr>
<td>2013</td>
<td>113,67.78</td>
</tr>
<tr>
<td>2014</td>
<td>927.86</td>
</tr>
<tr>
<td>2015</td>
<td>1,543.57</td>
</tr>
</tbody>
</table>
Hashish

Hashish, or hash, is a derivative of marijuana which is composed of purified preparations of stalked resin from the cannabis plant. It contains the same active ingredients as marijuana such as tetrahydrocannabinol (THC) but is consumed only by smoking typically in a pipe, vaporizer or joints, where it is normally mixed with tobacco, as pure hashish will not ignite in joints. As illustrated in Table 1.4 there was less than 1 lb of hashish seized in 2015, with the largest amount of 435 lbs seized in 2011.

Table 1.4  Hashish Seizures 2010-2015

Heroin

Heroin is a drug that has rarely been seized in The Bahamas over the last six years. As illustrated in Table 1.5 there were no heroin seizures in 2010, 2011, 2013 or 2015. During the period under review, the largest amount of heroin that was seized totaled 9.5 lbs in 2012.

Table 1.5  Heroin Seizures 2010-2015
Ecstasy

Ecstasy tablet seizures remained relatively low between 2010 through 2013 with an average of about 54 tablets seized each year. In 2014, however, there was a major seizure when a total of 18,000 tablets were confiscated at the Lynden Pindling International Airport. As illustrated in Table 1.6, this seizure along with other smaller seizures totaled 18,168 tablets in 2014. The 195 tablets sized in 2015 more than doubled the average of 54 during 2010 through 2013.

Table 1.6  Ecstasy Tablet Seizures 2010-2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Ecstasy Tablets</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>0</td>
</tr>
<tr>
<td>2011</td>
<td>84</td>
</tr>
<tr>
<td>2012</td>
<td>98</td>
</tr>
<tr>
<td>2013</td>
<td>32</td>
</tr>
<tr>
<td>2014</td>
<td>18,168</td>
</tr>
<tr>
<td>2015</td>
<td>195</td>
</tr>
</tbody>
</table>

Large Seizure of Ecstasy Tablets

On April 7, 2014, law enforcement officials seized a suitcase containing 18,000 ecstasy tablets at the Lynden Pindling International Airport, making it one of the largest ecstasy seizures in recent history. Two Bahamians and one Canadian were arrested and subsequently charged.
Marijuana Plants

Marijuana plant discoveries remained relatively low between 2010 through 2013 with an average of about 41,000 plants. In 2014, however, there were several large marijuana field discoveries in which over 290,000 plants were found. Marijuana plant seizures decreased in 2015, accounting for just over 16,000 plants seized.

Table 1.7  Marijuana Plant Seizures 2010-2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Incidents</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>35,673</td>
</tr>
<tr>
<td>2011</td>
<td>21,120</td>
</tr>
<tr>
<td>2012</td>
<td>79,475</td>
</tr>
<tr>
<td>2013</td>
<td>27,746</td>
</tr>
<tr>
<td>2014</td>
<td>290,336</td>
</tr>
<tr>
<td>2015</td>
<td>16,056</td>
</tr>
</tbody>
</table>

In 2014, police found more than 160,000 marijuana plants growing in the pine forest in east Grand Bahama. Police pegged the estimated street value at nearly $17 million. Police also recovered 2 automatic weapons including an AK-47 and a Mack II with ammunition.
Drug Seizures on School Campuses

There were 5 incidents involving drugs on school campuses. One of the incidents occurred on a college campus and the other four occurred on high school campuses. All incidents occurred in New Providence and involved 6 male students. Marijuana was the type of drug seized and totaled 0.32lbs. Students involved in these incidents were found in possession of small amounts ranging from 1 gram to 7 grams.

Drug Arrests

Since 2010, nearly 8,000 arrests have been made locally for drug related offences. In 2015 there were 1,499 persons arrested for various drug offences including possession of dangerous drugs, possession of dangerous drugs with the intent to supply and illegal importation and exportation of dangerous drugs. On average, just over 1,200 persons are arrested each year for drug related offences. As illustrated in Table 1.8, the 1,499 persons arrested in 2015 was the highest number over the last six years. Out of this total, 109 persons were arrested for possession of cocaine; 1,337 arrested for marijuana possession; 4 persons for possession of hashish and 1 person for possession of Ecstasy tablets.

Table 1.8 Drug Arrests 2010-2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Persons Arrested</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>1347</td>
</tr>
<tr>
<td>2011</td>
<td>1173</td>
</tr>
<tr>
<td>2012</td>
<td>1052</td>
</tr>
<tr>
<td>2013</td>
<td>1276</td>
</tr>
<tr>
<td>2014</td>
<td>1308</td>
</tr>
<tr>
<td>2015</td>
<td>1499</td>
</tr>
</tbody>
</table>

Arrestees consisted of 1,330 adult males and 126 females. Juvenile arrestees accounted for 39 males and 4 females. Bahamians made up the majority (93%) of drug arrestees while foreign nationals accounted for the remaining 7%. Bahamians accounted for 1,394 of the arrested persons followed by Americans (73) and Haitians (13). Other nationalities included (10) Jamaicans; (2) Swedes; (1) British; (1) Arabian; (1) Canadian; (1) Dominican (1) Guyanese, (1) Columbian, and (1) Cuban.
Drug Situation Report 2015

Drug Prosecutions

Since 2010, persons charged and prosecuted for drug related offences were in excess of 6,000. On average, just over 1,000 incidents occurred with over 800 cases being brought before the courts. Between 2010 and 2015, 6,093 drug incidents occurred and a total of 5,004 cases were prosecuted. A total of 1,218 of the 1,499 persons arrested were subsequently charged and answered to charges before local courts. In 2015 there were a total of 1,180 drug incidents which resulted in 956 cases being prosecuted. Drug cases prosecuted in 2015 increased by 9% compared to 2014 totals.

Table 1.9  Drug Prosecutions 2014 v 2015

<table>
<thead>
<tr>
<th></th>
<th>Drug Arrests</th>
<th>Persons Charged</th>
<th>Cases Prosecuted</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>1308</td>
<td>1076</td>
<td>873</td>
</tr>
<tr>
<td>2015</td>
<td>1499</td>
<td>1218</td>
<td>956</td>
</tr>
</tbody>
</table>
Drug Admissions at The Bahamas Department of Correctional Services

Total drug offender admissions refer to the amount of inmates admitted into the Bahamas Department of Correctional Services (BDOCS) for drug offences during the year. Table 1.10 illustrates the breakdown of the total number drug offenders incarcerated at BDOCS over the 2010 – 2015 period. As depicted in Table 1.10, drug admissions have been generally trending downward over the last three years. In 2015, the drug offences admissions slightly decreased from 415 in 2014 to 393, a decrease of 5%.

Table 1.10 Drug Admissions 2010-2015

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remanded</td>
<td>334</td>
<td>301</td>
<td>438</td>
<td>492</td>
<td>251</td>
<td>218</td>
</tr>
<tr>
<td>Sentenced</td>
<td>168</td>
<td>176</td>
<td>225</td>
<td>299</td>
<td>164</td>
<td>175</td>
</tr>
<tr>
<td>Total</td>
<td>502</td>
<td>477</td>
<td>663</td>
<td>791</td>
<td>415</td>
<td>393</td>
</tr>
</tbody>
</table>

Recidivists & First Offenders

Drug offenders were mostly first time offenders, representing 16% of First Offender population. Additionally, recidivists for drug related offences represented 14% of the total recidivist inmate population.
Drug Situation Report 2015

Drug Admissions by Age Group

Young persons, ranging in ages 18 to 35, were more likely to be incarcerated for drug related offences during 2015. According to Table 1.11, 127 persons between ages 26 - 35 represented the largest age group for incarcerated drug offenders (sentenced and remanded) in 2015. The 18-25 year age group was the second largest group with a total of 114 persons.

Table 1.11 Drug Admissions by Age Group (2015)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sentenced</th>
<th>Remanded</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-17</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>18-25</td>
<td>39</td>
<td>75</td>
</tr>
<tr>
<td>26-35</td>
<td>64</td>
<td>63</td>
</tr>
<tr>
<td>36-45</td>
<td>50</td>
<td>44</td>
</tr>
<tr>
<td>46-55</td>
<td>20</td>
<td>24</td>
</tr>
<tr>
<td>56-OVER</td>
<td>1</td>
<td>10</td>
</tr>
</tbody>
</table>

Drugs Seized at BDOCS

In 2015, there were 21 drug incidents that occurred at BDOCS, where just over 2.0 lbs of marijuana were seized. In each incident, Bahamian male inmates were implicated. The largest amount of marijuana seized during one of these incidents totaled 1 lb.

Drug Treatment Data

Sandilands Rehabilitation Center

The Sandilands Rehabilitation Center (SRC) within the Ministry of Health is the national treatment facility for drug abusers in the Commonwealth of The Bahamas. The SRC is comprised of two sections that address drug abuse namely the Detoxification Unit and the Lignum Vitae Unit (LVU). In 2015, there were a total of 204 patients admitted to the Detox Unit for treatment. All of these patients were Bahamians and consisted mostly of males (165) and females (39). Approximately 60% of the clients were unemployed while 23% were employed, 15% were self-employed and about 2% were retired. The
average age for admission was 48 years. The youngest patient was 17 years old and the oldest was 62 years. More than 50% of the clients belonged to the 36–59 age group. Most patients (41.67%) sought treatment for abusing two or more drugs (poly substance abuse). Alcohol abuse (36.7%), marijuana abuse, (13.73%) and cocaine abuse (7.8%) were the other leading categories.

Table 1.12 Detox Admissions by Drug Type (2015)

<table>
<thead>
<tr>
<th>Drug Type</th>
<th>Detox (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>36.7</td>
</tr>
<tr>
<td>Marijuana</td>
<td>13.73</td>
</tr>
<tr>
<td>Cocaine</td>
<td>7.8</td>
</tr>
<tr>
<td>Poly</td>
<td>41.67</td>
</tr>
</tbody>
</table>

Patients completing a more comprehensive substance abuse program at the Lignum Vitae Unit totaled 68 during 2015. They included 61 Bahamian males and 7 females who commuted to the all-male facility daily. The youngest male patient was 19 years, and the oldest was 61 years. More than half of the patients were between the ages 36 – 59 years, with the overall average age of 40 years. Most patients sought treatment for alcohol abuse (50.82%), poly substance abuse (39.4%), marijuana abuse (6.56%) and cocaine abuse (3.2%).

Table 1.13 LVU Admissions by Drug Type (2015)

<table>
<thead>
<tr>
<th>Drug Type</th>
<th>LVU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>50.82</td>
</tr>
<tr>
<td>Marijuana</td>
<td>6.56</td>
</tr>
<tr>
<td>Cocaine</td>
<td>3.2</td>
</tr>
<tr>
<td>Poly</td>
<td>39.4</td>
</tr>
</tbody>
</table>
Prevalence of Drug Use

Bahamas Secondary School Drug Prevalence Survey

The Bahamas Secondary School Drug Prevalence Survey is a general population-based cross sectional survey designed to measure substance use among youths. The target population consists of male and female students in grades 8, 10 and 12; ranging in age from 10yrs to 17rs from public and private secondary schools throughout The Bahamas. This survey examines key indicators such as types of drugs used by young people, attitudes and beliefs about drugs, exposure to drugs; age of initial use and exposure to prevention education. To date a series of these surveys have been carried out by the National Anti-Drug Secretariat in an effort to better monitor licit and illicit drug use in this population. Surveys were carried out in 2002, 2008 and 2011 respectively. Plans are underway to conduct another study in the fall of 2016.

As illustrated in Table 1.14, key findings from the 2011 Survey, which is the most current data source, revealed that marijuana was the common illicit drug of choice among students. Survey results revealed that marijuana use increased as more students tried marijuana as well as more students continued to use marijuana. Slight increases in use were observed in all categories when compared to 2008 results. Students who had tried marijuana at least once in their lifetime increased from 12.7% in 2008 to 13.7% in 2011. Those who used marijuana in the past year increased from 7.2% to 9.7% in 2011. Additionally, those that used marijuana in the 30 days preceding the survey increased from 3.4% to 5%.

Table 1.14  Trends in Marijuana Use Among Secondary School Students

<table>
<thead>
<tr>
<th></th>
<th>Lifetime</th>
<th>Last 12 Months</th>
<th>Last 30 Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>14.4</td>
<td>8.3</td>
<td>4.7</td>
</tr>
<tr>
<td>2008</td>
<td>12.7</td>
<td>7.2</td>
<td>3.4</td>
</tr>
<tr>
<td>2011</td>
<td>13.7</td>
<td>9.7</td>
<td>5</td>
</tr>
</tbody>
</table>
Trends in Average Age of First Drug Use (Marijuana)

In 2011, the average age of first time use of marijuana was 13 years for both sexes. There was no significance difference in age of first time use of marijuana between the genders when 2011 results were compared with 2008 results. Experimentation and use of cocaine was less prevalent than marijuana. Students that tried cocaine in their lifetime accounted for 2.3%. Those that tried ecstasy in their lifetime accounted for 2%. These overall findings indicated that experimentation with drugs such as cocaine and ecstasy were less popular. Table 1.14 below indicates the findings of other drugs which include the findings relative to cocaine and ecstasy.

Table 1.14 Prevalence of Other Drug Use by Gender

<table>
<thead>
<tr>
<th>Drug</th>
<th>Gender</th>
<th>Prevalence</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Lifetime</td>
<td>Last 12 Months</td>
<td>Last 30 Days</td>
<td></td>
</tr>
<tr>
<td>Cocaine</td>
<td>Females</td>
<td>0.7</td>
<td>0.4</td>
<td>0.1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Males</td>
<td>1.6</td>
<td>0.9</td>
<td>0.5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>2.3</td>
<td>0.7</td>
<td>0.6</td>
<td></td>
</tr>
<tr>
<td>Tranquilizers</td>
<td>Females</td>
<td>3.7</td>
<td>2.6</td>
<td>1.7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Males</td>
<td>3.8</td>
<td>2.0</td>
<td>0.8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>7.5</td>
<td>4.6</td>
<td>2.5</td>
<td></td>
</tr>
<tr>
<td>Stimulants</td>
<td>Females</td>
<td>2.6</td>
<td>1.9</td>
<td>1.5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Males</td>
<td>2.7</td>
<td>1.6</td>
<td>0.9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>5.3</td>
<td>3.5</td>
<td>2.4</td>
<td></td>
</tr>
<tr>
<td>Ecstasy</td>
<td>Females</td>
<td>0.9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Males</td>
<td>1.1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>2.0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Regional Drug Prevalence Trends Among School Students

In November 2015, while at the 58th Regular Session in Trujillo Peru, Dr. Ken Garfield-Douglas, Consultant and Epidemiologist, reported on the findings of a study entitled, “Comparative Analysis of Drug Use Among Secondary School Students in 13 Caribbean Countries.” The study analyzed survey findings between 2010 and 2013 in country across the region. A key aspect of the analysis focused on the extent to which secondary students used illicit and other types of drugs. According to the study, marijuana was the drug of choice among students across the Caribbean. The average age of first time use of marijuana for both sexes ranged between 12 yrs and 14yrs.

The Bahamas observed lower prevalence rates in each category of illicit substances namely, marijuana, cocaine and ecstasy. Additionally, The Bahamas’, lifetime prevalence rates of illicit drugs was among the lowest regionally compared to combined country totals. As you will note in Table 1.15, local marijuana prevalence rates were lower than the regional average.

Table 1.15 Regional Marijuana Prevalence Trends Among School Students
CHAPTER 2: Demand Reduction
WHAT IS DEMAND REDUCTION?

The broad demand reduction objectives as stated in the National Anti-Drug Strategy 2012-2016 encompass action to prevent the first use of drugs, especially by children and youths, to prevent the transition from first use to chronic use, to support the effort of people that abuse drugs to stop by providing appropriate treatment and rehabilitation and to support individuals and families at risk. Additionally it includes the periodic assessment of the prevalence of drug abuse, especially for policy-making and implementation purposes, engagement with the media to raise public awareness about the dangers of drug abuse, and invest in training, research and other activities that support the course of action set out in the Strategy.

Bahamas National Drug Council

The Bahamas National Drug Council (BNDC) was established in 1985 and its principal mandate has been advocacy for drug demand reduction. This task in-cooperates the promotion of healthy drug free lifestyles and the prevention of drug use in schools, workplaces and the community. In 2015, the National Drug Council completed a number of educational sessions with students, educators, work groups and community leaders on the devastating effects of drug abuse on the individual, family and society. The Council facilitated weekly group drug therapy sessions at Sandilands Rehabilitation Centre Detox Unit and The Bahamas Department of Correctional Services (BDOCS) Drug Programme. Moreover, the Council endeavored to expand the demand reduction efforts in schools, holding group sessions for at risk students at Columbus and Thelma Gibson Primary Schools and S.C. McPherson Junior High School. Table 2.1 below provides a summary on the council activities for 2015.

Table 2.1  BNDC Activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Therapy Detox (SRC)</td>
<td>48</td>
</tr>
<tr>
<td>Drug Therapy Group</td>
<td>9</td>
</tr>
<tr>
<td>School Visits</td>
<td>9</td>
</tr>
<tr>
<td>Community Activities</td>
<td>9</td>
</tr>
<tr>
<td>Family Activities</td>
<td>1</td>
</tr>
<tr>
<td>Health Fairs</td>
<td>4</td>
</tr>
</tbody>
</table>
Anniversary Celebrations

Celebrating 29 years of existence, BNDC hosted a series of events during the month of March. One of these events was a mini-exhibition on March 18, 2015 at the Royal Victoria Gardens, where its theme “Make Health Your ‘New High’ In Life, Not Drugs” was promoted by Administrator Dr. Bridgette Rolle. Students were given specifics of the fight on drugs carried out by the Royal Bahamas Defense Force and The Royal Bahamas Police Force Drug Enforcement Unit.

Fun Run Walk

On December 5, 2015, The Bahamas National Drug Council launched its first Health and Wellness Fair under the theme "Turn Up and Drug Free". The goal of the event was to connect the community with the services that assist and encourage persons to make healthier choices and bring further awareness to drug prevention education. The event began at 6am and the route was Arawak Cay to Goodman’s Bay and a return route to Arawak Cay where the event culminated with a rally.

Ten persons registered from The Ministry of National Security and eight person participated. Among the person representing the Ministry of National Security were: Mr. Carl Smith, Permanent Secretary, Ms. Brenetta Cox, Ms. Michelle Knowles, Mrs. Vernice Minnis, Ms. Shantel Minnis, Ms. Carla Johnson, Mr. Edward Cunningham and Mr. Justin Toote.
Sandilands Rehabilitation Center

Sandilands Rehabilitation Center (SRC) provides psychiatric, geriatric and substance abuse services. It is The Bahamas’ national drug treatment facility and is located in New Providence on Fox Hill Road. SRC has a staff complement of 850 and is comprised primarily of two (2) hospitals, the Geriatric Hospital which cares for the elderly and the Sandilands Hospital which cares for children, adolescents and adult clients. SRC has two (2) Substance Abuse Units, namely Detoxification (Detox) and Lignum Vitae Unit.

Dr. Eugenia Combie joined the staff of Sandilands Rehabilitation Centre in November 2004, as a Consultant Psychiatrist. Presently she is the Medical Chief of Staff at this institution, and is a Clinical Tutor with the School of Clinical Medicine and Research in the Bahamas. She received her medical degree from the Institute of Medical Sciences in Havana, Cuba in 1987, and was trained in Psychiatry at the University of the West Indies, Jamaica graduating in 1996. Dr. Combie has worked as a physician in St. Lucia, Guyana, Jamaica, St. Vincent and the Grenadines, and the Turks and Caicos Islands. Her areas of interest are health, education, management, and research.
The Detox Unit was established in April, 1992 as a project of the community drive “Hands Across The Bahamas”, which was spearheaded by the Rotary Club of the Bahamas. It was established in response to an identified need for an introductory phase to the in-patient, intensive drug rehabilitation programme at the Sandilands Rehabilitation Center. The Detox Unit is a 26 bed unit with accommodations for 9 female patients and 17 male patients that are recovering from alcohol, marijuana, prescription/street drug abuse, and often a combination of these drugs. The therapeutic programme is provided by a multi-disciplinary team of professional caregivers that directs and administers constant and continuous care to patients. This multi-disciplinary team consist of persons in the Medical, Nursing, Psychology, Social Services, Occupational and Recreational Services. Support services are also provided by volunteers from Alcoholics Anonymous and various religious groups.

Clients are admitted to the Detox Unit from various sources, including:
- Community Counseling and Assessment Center (CCAC)
- Princess Margaret Hospital (PMH)
- Rand Memorial Hospital (RMH)
- Private Physicians
- Family Island Clinics, Cayman and Turks and Caicos Islands
- The Courts and The Bahamas Department of Correctional Services

The Lignum Vitae Unit was established in 1985 following renovations to the present building. The unit is an 18 bed all male
ward and came about during the 1980’s when the substance abuse population increased mainly due to the introduction of crack cocaine in The Bahamas. Generally, transfer of clients to and from the Detox Unit is determined at the Substance Abuse Area Conference held each Tuesday at 2pm at the Health Care Team on the Lignum Vitae Unit (LVU). Clients are then referred to LVU to complete the full drug program. For clients admitted through the court system, admission is through the Eloise Penn Ward, and based on the team’s decision, they are transferred to the Detox Unit until their court date if they are interested in the drug program.

The Lignum Vitae Unit Program provides the second stage for treatment for drug abuse following detoxification. Clients are able to learn the skills they need to have a Drug Free Life. Therapy on Lignum Vitae Unit is also provided by an interdisciplinary team including: Medical, Nursing, Psychology, Social Services, Occupational and Recreational Services as provided in the Detox program. Additionally support services are provided by volunteers from Alcoholics Anonymous and various religious groups. The program last between 4-6 months and is followed by an 18 month out-patient program.

**Program Characteristics and Eligibility Requirements**

- **Child and Adolescent Programs** - *inpatient* - 6 to 8 wks; *outpatient* - 6 to 12 months
- **Adult Male and Female Programs**
  - Outpatient Detoxification (2 – 4 wks)
  - Inpatient Detoxification (2 – 4 wks)
  - Partial Hospitalization Program (PHP) - (6 wks)
  - Short-term Inpatient (2 – 4 wks)
  - Residential (4 – 6 mths)
  - Aftercare (2 yrs)

**Eligibility Criteria**

**Outpatient Detoxification**

- The history of substance use is reliable
- The patient is able to follow instructions
- The patient has adequate support to help manage the outpatient detoxification process
- Risk of physical and psychiatric complications assessed as minimal

**Inpatient Detoxification**

- Does not meet criteria for outpatient detox
- Voluntarily accepts inpatient detox
- Risks of medical or psychiatric complications
- acute withdrawal symptoms
✓ intoxication
✓ history of non-compliance with outpatient detox
✓ home environment not supportive of outpatient detox

**Short-term Inpatient Treatment**

✓ Must meet DSM V criteria for a Substance Use Disorder
✓ Failure of outpatient treatment
✓ Multiple concurrent problems
✓ Severity of Substance Use Disorder
✓ Acute psychoses
✓ Acute intoxication
✓ Acute withdrawal
✓ Cognitive impairment
✓ Long-term history of relapse
✓ Low level of social support
✓ Serious consequences related to relapse
✓ An unstable medical illness that requires daily care by a consulting physician

**Partial Hospitalization (PHP)/Day Program**

✓ Must meet DSM V criteria for a Substance Use Disorder
✓ Significant functional impairment as evidenced by inability to work or attend school.
✓ Impaired self-care and significant conflicts with the social support environment.
✓ Failure to meet criteria for an Intensive Outpatient Program (IOP).
✓ PHP could help stabilize the social environment to an extent that would allow continued treatment of patient at a lower level of care.

**Residential Program**

✓ Must meet DSM V criteria for a Substance Use Disorder
✓ Evidence of major functional impairment in at least 2 domains (work/school, ADL, family/interpersonal, physical health).
✓ Stabilization of any medical or psychiatric conditions
✓ The client demonstrates a capacity to respond favorably to rehabilitative counseling and training in areas such as problem solving, life skills development, and medication compliance.
✓ Less restrictive levels of treatment have been tried and were unsuccessful, or are not appropriate to meet the individual’s current needs.
✓ The client’s treatment does not require a more intensive level of care.
Social Reintegration programs

✓ All clients requiring assistance in the areas of education, employment or housing to facilitate their successful re-entry to society are eligible.

Aftercare Programs

✓ All Clients who complete the Residential program is eligible; follow-up services are also individualized to meet clients’ needs.

Treatment Modalities

✓ Motivational enhancement therapy
✓ Psycho-education
✓ Individual, group and family therapy
✓ Pharmacotherapy
✓ Physical therapy
✓ Recreational therapy
✓ Occupational therapy

Scientific Consultation on Prevention of Drug Use & Treatment of Drug Use Disorders

The Scientific Consultation on Prevention of Drug Use and Treatment of Drug Use Disorders Meeting convened in Vienna, Austria on December 8, and culminated on December 10, 2015. This three day event was hosted by the United Nations Office on Drugs and Crime (UNODC) in collaboration with the World Health Organization (WHO). Representing The Bahamas were Dr. Eugena Combie-Knowles, Acting Medical Chief of Staff c/o Sandilands Rehabilitation Center and Ms. Indirah Belle, Researcher c/o National Anti-Drug Secretariat of the Ministry of National Security.
During his opening remarks, the Executive Director of UNODC, Yury Fedotov, emphasized the importance of member states’ commitment in developing drug control policies and strategies that are comprehensive and supported by scientific evidence. Further, he stated that an essential part of the overall effort of UNODC is helping to ensure that the available science is taken into account by policy makers so that people receive care and treatment based on the most up-to-date science, as with any other health condition.

In attendance were two hundred participants from eighty five countries, originating from the European Union, Asia, African Union, North America, Latin America and the Caribbean. This forum provided an exchange for best practices and discourse on current scientific evidence to inform policy and practice in public health, prevention, treatment and care of drug use disorders. More than thirty researchers from around the world working in the field of drug demand reduction presented on varying topics inclusive of ‘Addiction and the Brain’ and ‘Gender Sensitive drug dependent treatment’. Participants were exposed to the multifaceted issues involved in drug prevention and treatment inclusive of the myriad of approaches taking into account medical, biological, psychological and sociological factors.
The scientific evidence discussed in this multi-disciplinary forum has augmented the fact that drug addiction is a disease and societal response to nonviolent drug offenders should incorporate rehabilitation and alternative sanctions. Traditional criminal justice responses focused solely on punitive measures have proven futile and ineffective. Therefore the emerging theme in this regard called for the response of the criminal justice system to be holistic, integrating public health, social services and other kinds of interventions that prove useful in offender recovery and social reintegration.

This approach involves intensive case management which examines the risk and needs of individuals. It also involves the establishment of Drug Courts with specially trained judges, prosecutors, police officers and other criminal justice professionals. Additionally, the availability of effective treatment programs for offenders to be sent to them.

The second area of discussion that serves to advance local efforts involved the discussion of member states adopting minimum quality standards in drug prevention. UNODC has developed an International Standards on Drug Use Prevention. This document explains the characteristics of a National Drug Prevention System and provides a summary of current scientific evidence describing interventions and policies that result in positive prevention outcomes for children, young people, families and communities. This allows for standardization of practices across regions.

As The Bahamas seeks to strengthen national policy and develop new strategies to improve drug control efforts and remain current with global policy changes it is imperative for policy makers to examine and improve the overall management of drug abuse taking into account both public safety and human rights entitlements. Member States have an obligation to adhere to principles of conventions and treaties of the United Nations which obligates countries to reduce the harm and negative social consequences of drug use.

Additionally, prevention is a major component of effective drug control strategies. The Bahamas stands to benefit by examining and adopting principles from the International Standards on Drug Use Prevention. This can prove effective in generating prevention strategies at the individual, familial and communal level.
Monument at United Nations Building, Vienna Austria dedicated to those affected by the drug problem worldwide, “Drug problems are preventable and treatable.”

**BAHAMAS ASSOCIATION FOR SOCIAL HEALTH**

Bahamas Association for Social Health (BASH) was founded on January 10th 1991. BASH facilitates an adult male residential substance dependency treatment and rehabilitation (T&R) program. BASH presently manages one of the largest drug rehabilitation facilities in The Bahamas. Mr. Terry Miller (Director) and his assistant Ms. Lowena West operate with a compliment of 4 staff members. The treatment facility has capacity of 25 beds and serves as an employment agency, obtaining day labor work for its residents.
For the past twenty four (24) years, BASH has operated a 34 bed, non faith based, drug treatment and rehabilitation facility, offering both residential and outpatient care. Intervention strategies are based on cognitive behavioral therapy. Methods utilized include a 12-step education program, ‘Narcotics Anonymous’, individual, group and family therapy as well as Relapse Therapy. The continuum of care provided include: pre-treatment, primary treatment, case management and continuing care. In 2015, the program provided treatment and rehabilitation to 85 Bahamian males. In January 2016, BASH will celebrate 25 years of existence. To commemorate the occasion, a slate of activities are planned to take place throughout the year. Some of the activities included a treasure hunt and Cultural mini fair held on 26th September, 2015.

**U.S. Embassy Grants $25,000 to BASH**

On Tuesday, March 24, the U.S. Embassy’s International Narcotics and Law Enforcement Affairs (INL) Section awarded the Bahamas Association for Social Health (BASH) a $25,000 grant to implement an anti-drug media campaign targeting at-risk populations in The Bahamas. BASH submitted the winning proposal for an openly-competed small grant competition. The grant was awarded at BASH’s residential substance treatment center by Mrs. Kristin Gilmore, Director of the International Narcotics and Law Enforcement Affairs. During the presentation, Mrs. Gilmore stated that INL looked forward to continued collaboration and cooperation with BASH to achieve shared goals.
With the grant money, BASH plans to create a documentary and three public service announcements highlighting the damaging consequences of drug abuse. The documentary, tentatively titled “Healthy Choices,” will educate the public about the stark realities of substance abuse and its impact on individuals, families, and communities. Once production is complete, the documentary and public service announcements will run on local television stations. In addition, BASH plans to conduct seminars and outreach with parents, teachers and high school students. Funding for the grant comes under the Caribbean Basin Security Initiative.

TEEN CHALLENGE BAHAMAS

Teen Challenge Bahamas was established in 1988 and began as an outreach program for substance abuse for adults and at-risk juveniles. Since its inception, it has grown to a multifaceted substance abuse intervention program providing drug treatment in a residential therapeutic environment. Residents of the program are recommended through the local court system, the Bahamas Department of Correctional Services and the Ministry of Education. The program is presently
managed by Mr. Eric Fox, program CEO. Recently, Teen Challenge also received an endorsement from Magistrate Subusola Swain attesting to the effectiveness of the program.

Over the past 20 years, Teen Challenge Bahamas has opened its doors to men and at risk youths suffering from addictions and treated them using a one-year mentoring program that uses spiritual, emotional, educational and vocational training to help break the hold of addiction. In 2015, a total of 391 persons participated in the comprehensive drug prevention/treatment program. In 2016, Teen Challenge looks forward to partnering with the Urban Renewal Program in training community workers in drug preventive initiatives. Table 2.2 below highlights Teen Challenge drug prevention and treatment efforts for 2015.
NATIONAL L.E.A.D INSTITUTE

The National L.E.A.D. Institute was founded in The Bahamas in 2009 by CEO Mr. Troy Clarke. The L.E.A.D. is a community based correctional program created to treat at risk juveniles and adults. The program provides life management training and substance use disorders treatment using Moral Recognition Therapy based on the Cognitive Behavioral Treatment Program. The National L.E.A.D. Institute manages three substance use disorders programs which include: The Eagles Academy, Project Re-entry and the Life Management Male Empowerment Program (LMMEP) for juveniles on remand at the prison.

In 2015, The National L.E.A.D Institute provided substance use disorders treatment for 40 program participants inclusive of those recommended by the drug court (Magistrate Court # 8). Additionally, the National L.E.A.D. Institute facilitated the training of 60 criminal justice professionals.

GREAT COMMISSION MINISTRIES

Great Commission Ministries International (GCMI) is a non-profit, non-government organization, which was founded in Nassau, Bahamas in 1987. GCMI operates shelters for homeless persons, feeding centers, food banks, orphanages and a drug rehabilitation program. Great Commission Ministries was founded by its president Rev. Walter S. Hanchell and is
managed by a board of directors. This program has 32 full-time staff members who are assisted by a number of dedicated volunteers who help with day to day operations.

Great Commission Ministries in 2015 through its affiliate program, Hope House Restoration & Substance Abuse Program offered treatment and rehabilitation services to 51 Bahamian males, ranging in age categories, 30 to 50. Clients sorted treatment for marijuana, cocaine and alcohol addiction. Hope House is a 12 month, Bible-based rehabilitation program for men challenge with substance abuse, designed to bring about healing, reconciliation and restoration to persons affected by drug or alcohol abuse. The program has been operational for 28 years and since this time hundreds of Bahamian males have benefited from individual, group and family therapy, personal development, anger management and conflict resolution classes.

**TREATMENT WORKSHOP IN SAINT LUCIA**

On May 19th through 21, 2015 Mr. Shervin Lloyd, Demand Reduction Officer and Ms. Indirah Belle, Researcher at the National Drug Observatory, attended a Standardized Drug Treatment Registration Form Workshop in Castries, Saint Lucia. The workshop was hosted by the Organization of American States’ Inter-American Drug Abuse Control Commission (CICAD) through its Inter-American Observatory on Drugs (OID).

The general purpose of this workshop was to strengthen the capacity of its member states to gather, analyze and report drug related information. Participants were trained in the use and application of the standardized form and transcribing of data from the form into computerized statistical programs. A total of ten countries participated in the workshop including:

1. Antigua & Barbuda
2. Barbados
3. Bahamas
4. Belize
5. Guyana
6. Haiti
7. Jamaica
8. St. Lucia
9. Trinidad & Tobago
10. Suriname
The specific objectives of the workshop was to discuss drug and alcohol treatment in participating countries, present data on 2014 drug treatment efforts in the Caribbean, to undertake a detailed review of the standardized instrument, to present the experiences of countries involved in data collection, to introduce a new data entry template and new software to participants (Epi. info and excel), and to discuss and agree on a way forward.

Mr. Pernell Clarke, research specialist from CICAD, reiterated the growing regional and global demand for drug treatment related information. According to Mr. Clarke, this information should be scientific to assist in the planning and decision making of states. The Research Specialist advised that the society in the Caribbean is changing. Consequently, evidence surrounding treatment is important at the national and regional levels. He concluded by acknowledging the efforts of member states in gathering and analyzing data from treatment facilities. He also noted that the work of the international body is very important, particularly in the area of a Standardized Data Collection System for Drug and Alcohol Treatment.
Presentation of Drug Treatment Data

Ms. Tiffany Barry, another CICAD staffer, presented data on drug treatment in the Caribbean. In her presentation, she noted that most countries in the region were battling with cocaine, marijuana and heroin use. All the countries that were part of the analysis were dealing with alcohol addiction. Since The Bahamas is just beginning the process of implementing Standardized Data Collection System for Drug and Alcohol Treatment, data for The Bahamas will be presented the following year.

Country Reports: Experience with Collecting Treatment Data

The common challenge for member states was getting treatment providers to consistently provide data to the national institution and getting the buy-in of some institutions. Following the countries presentation, there was a quick review of the updated CICAD Standardized Instrument by Mr. Clarke. It was during this time that participants were able to become acquainted with the amendment made to the updated CICAD Standardized Instrument.

Discussion on EPI Info

Epi Info 7 is a suite of software tools that allow healthcare professionals to rapidly collect and analyze data using epidemiologic methods. Subsequently, this program was used to develop the CICAD Standard Drug Treatment Admission Form, and provide a means to collect and analyze drug treatment data nationally and regionally. Mr. Clarke further advised that Epi Info 7 has to be downloaded on each computer used to carry out data collection. Data is collected when the user fill out the “Treatment Form”. Data entered in the “treatment form” are automatically saved in a data base created by the program. This stored data can be read and analyzed to generate reports, statistics, tables and graphs. One of the benefits of this software is that it can generate reports which can be used by national and international bodies.
Overview of Drug & Alcohol Treatment in Participating Countries

All the countries that attended the workshop completed presentations on the drug and alcohol treatment facilities in their countries. Mr. Shervin Lloyd made the presentation on behalf of The Bahamas’ team. The Demand Reduction officer advised the workshop that The Bahamas had a combination of private and public treatment facilities. He also advised the workshop participants that the Government of The Bahamas was in the process of developing a treatment centre at The Bahamas Department of Correctional Services and that The Bahamas employs the methods of residential, detoxification and outpatient treatment.

Recommendations

1. The Bahamas should implement the Standardized Data Collection Form immediately. This will demonstrate The Bahamas’ commitment to its national and international obligations and it will give the appearance that it is a state that is cooperating in the war against drugs.
2. Implement the Minimum Standard for Treatment Facilities Document;
3. Continue to participate in international workshops/seminars; this will assist in increasing the body of knowledge for the Secretariat staff.
**DRUG CHALLENGE PROGRAM**

The Bahamas Department of Correctional Services Drug Challenge Program commenced in May 2012. The purpose for this program was to provide a therapeutic and change oriented environment for sentenced inmates dealing with drug dependence. The program facilitates 20 inmates at a time for a duration of 9 to 12 months. Since implementation, a total of twenty-eight 28 male participants were enrolled, with only 19 or 68% of participants successfully completing the program.

Inmates are selected based on recommendation of the Classification Board which is responsible for sentence planning. The following conditions are taken under consideration; history of substance abuse; offence committed as a result of drug abuse; inmate disciplinary tribunal convictions for use of illegal drug and alcohol substances; educational level; minimum of 3 years remaining in sentence and signed agreement of program participation. Presently, there are 19 participants in the program and they are expected to conclude in May 2016.

The program is facilitated by 5 correctional officers; 3 volunteers and 1 contractual worker.

**Corrections Officers**

C/Sgt. Sophia Alcime (Drug Rehabilitation Challenge Drug Programme Coordinator).
Corrections Officer Arlene Russell & Glendale Miller

**Government Workers**

Mr. H. Brown & Mr. Harris-Smith (Substance Abuse & Drug Education Facilitator).
Nurse Adrina Russell (Public Health Authority)

**Contractual Worker**

Mr. Reno Brennen (Drug Addictionist & Program Facilitator).
DEMAND REDUCTION EXPERT GROUP MEETING

Dr. Chaswell Hanna, and Ms. Carla Johnson from NADS, attended a 2-day XVI Demand Reduction Expert Group Meeting in Miami Florida, October 29 – 30, 2015. The goal of the meeting was to provide a space for reflection and review of drug policies giving emphasis to the demand reduction from the public health perspective. This involved analyzing various processes throughout the hemisphere along with international organizations and civil society organizations. The meeting was also used as an opportunity to provide an update on the Hemispheric Action Plan (CICAD, OAS) and the preparation of the United Nations Special Session on the World Drug Problem (UNGASS).

Highlights of the meeting involve a review of the current state of affairs of the hemispheric drug problem; an assessment of the effectiveness of drug control policies at this point in time and charting the way forward in designing more effective strategies which embraced a public health model. It was noted that efforts that focused on decriminalizing and depenalizing drug offences as well as the treatment and rehabilitation of drug offenders would prove more effective. Incarceration worsens the condition of the problematic drug users as prison environments often leads to worsen health conditions; exposure to violence, valuable time loss; increased stigma and social exclusion.

It was also noted that there was a need for greater capacity building and institutional strengthening to embrace a public health approach. It was emphasized that greater progress has to be achieved in developing strategies for alternatives to incarceration. Additionally, more progress should be made in the transfer of knowledge and dissemination of science-based, best practices in drug prevention, treatment and recovery to influence policy and practice.

Another key agenda item involved the preparation process for UNGASS 2016. Mrs. Elizabeth Mattfeld of the United Nations spoke on the current status. Ms. Mattfeld said that UNGASS is a meeting of United Nations member states to assess and debate global issues such as health, gender, and world drug control priorities. She noted that the UNODC has taken important steps to raise global awareness and knowledge, particularly among policy makers about what really works in drug prevention with the publication and dissemination of the International Standard on Drug Prevention. She furthered that science based prevention of drug use is effective and cost effective. She stated that when prevention is based on science it can prevent drug use and drug use disorders, as well as many other risky behaviors including youth violence, crime and school-drop out. It can support and build resilience and empower young person about their health. Further, when prevention activities are not inspired by science and objective evaluation they may be counter-productive.
PUBLIC SERVICE ANNOUNCEMENTS

In an effort to sensitize the public about the harmful effects of drugs and the far reaching consequences they have on social and personal health, the National Anti Drug Secretariat produced several Public Service Announcement’s (PSAs) in 2015 that were broadcasted during prime time on various local television and radio stations. The PSA’s were produced using the talents of local anti-drug stakeholders and national figures including Ms. Shaunae Miller, a well known local track athlete who delivered a message on e-cigarettes and beedies. Mr. Andre Chapelle, a successfully recovered drug addict, also shared his journey to recovery. Musical artist and youth activist, DJ Councellor reminded youths of making positive life choices and the importance of leading drug free lives.

INTERNATIONAL DAY AGAINST DRUG ABUSE & ILLICIT TRAFFICKING

As part of the commemorative effort of the International Day Against Drug Abuse and Illicit Trafficking, NADS and a Multi-Sectoral Planning Committee organized a series of activities geared toward raising awareness of the scope of the drug problem. Under the theme, “Drugs I Reject, My Life I Protect”, the following activities were hosted including a church visit on June 7th at Kemp Road Ministries, a National Ribbon Day on June 26th and an Anti-Drug Exhibition on June 26th at the Mall at Marathon. To assist with the planning and execution of the stated activities, several organizations were invited to be a part of the Multi-Sectoral Planning Committee. Committee members included:
Church Visit

On June 7th, 2015, the Ministry of National Security, its stakeholders and the Multi-Sectoral Planning Committee visited Kemp Road Ministries. The Minister of National Security, Dr. Bernard Nottage, brought remarks on behalf of the Government and the Ministry of National Security. Minister Nottage noted that the most prevalent illegal drugs that persons are using in The Bahamas, were marijuana and cocaine. He described how the use and abuse of such drugs are fueling the local crime problem. He also cautioned parents to be aware of luring products such as ‘beedies’ and ‘e-cigarettes’. He advised that while these products are not illegal in The Bahamas, there are instances where young persons are experimenting with these products and may not be aware of the damaging effects of these substances. The Minister also acknowledged that research is showing that these products can cause users to experiment with illicit substances.

The sermon was delivered by Rev. Ivan F. Butler, Senior Pastor. Dr. Butler based his sermon on the national theme for the awareness campaign, “Drugs I Reject, My Life I Protect. He encouraged parishioners and guests to stay away from drugs. He listed several reasons why persons should stay away from drugs by underscoring the fact that they can destroy the body, mind and compromises a person’s potential.

National Ribbon Day

On June 26, members of the public were invited to wear specially made ribbons to raise awareness of drug abuse. The Red Ribbon was used as an awareness symbol to commemorate the death of DEA Agent Enrique Camarena who was kidnapped, tortured, and murdered while working undercover in Guadalajara, Mexico. Citizens in his home town of Calexico, California donned the ribbons to emphasize the need for increased prevention efforts. Several organizations participated in this activity including the Ministry of National Security, Ministry of Education, Cabinet Office, Scotia Bank & the Bank of The Bahamas.
Exhibition

The final activity that was executed in New Providence for the commemoration of International Drug Day 2015 was an opening ceremony and an Anti-Drug Exhibition at the Mall at Marathon. The Royal Bahamas Defense Force, Gerald Cash Primary and Garvin Tynes participated on the program. Mr. Andre Chappelle, a well known local recovering drug addict, gave a moving testimonial of his experience on drugs. NADS Director, Dr. Chaswell A. Hanna, shared details about the occasion with the audience. The keynote address was delivered by Senator The Hon. Keith Bell, Minister of State in the Ministry of National Security. Minister Bell encouraged persons present to stay away from drugs. He also noted the many accomplishments of the Government in supply reduction and stated that the Ministry of National Security is in a battle for the minds of the youths.

The exhibition lasted for two days at the Mall at Marathon. Organizations that participated in the exhibition are the Royal Bahamas Police Force, Royal Bahamas Defence Force, The Bahamas Department of Correctional Services, The Bahamas National Drug Council, Sandilands Rehabilitation Centre, Adolescent Health, and Bahamas Association for Social Health (BASH).
Family Island Campaign

Eleuthera (southern district) was the only Family Island that planned and executed an activity in commemoration of International Drug Day. The activity was held at Ocean Hole Park, Rock Sound. The event commenced at 6:00 p.m. and the guest speaker was Dr. Wayne Thompson.

NATIONAL DRUG-FREE SCHOOLS DAY

In an effort to fulfill one of its mandates articulated in the National Anti-drug Strategy 2012-2016 which involves the education of children and youths about the dangers of drug use and abuse, NADS sought the approval of Cabinet to commence an Annual Drug-Free Schools Day, to be held on the third Monday of each October. Approval was granted by Cabinet in September 2015. This initiative also received the support of the Department of Education and the Bahamas Association of Independent Secondary Schools. The thrust of the campaign is to rebrand the anti-drug message in private and public schools throughout the entire Bahamas.

A number of activities have been planned in order to make the day an impactful and meaningful one. One of the main activities is an essay competition, opened to both the primary and high schools. The idea behind the competition is for
NADS to ascertain the thinking of students when it comes to drugs and the abuse of it. Cash and other worthy prizes will be given to the top runners up.
CHAPTER 3:
Supply Reduction
WHAT IS SUPPLY REDUCTION?

Supply reduction relates to the strengthening of national law enforcement agencies in their capacity to reduce and eventually eradicate drugs and related contraband. This includes the eradication of illicit drugs, such as heroin, cocaine and marijuana that are plant-based, and MDMA (Ecstasy), amphetamine-like stimulants, hallucinogens and other synthetic or chemical-based drugs, as well as the chemical substances used to produce both classes of drugs. There are also certain pharmaceutical drugs used for medical or scientific purposes that are subject to abuse and diverted from legitimate medical channels. In addition to the foregoing, supply reduction may include the cooperation of national and international agencies to strengthen other aspects of drug control, including drug enforcement, customs, maritime cooperation, and port security.

Supply Reduction Officer

Mr. David Ramsey is 30-year veteran of the Royal Bahamas Police Force, who presently serves as the Supply Reduction Officer in the National Anti-Drug Secretariat at the Ministry of National Security. Mr. Ramsey served in the Drug Enforcement Unit for more than 21 years of his career. Twelve and half years in the Strike Force and nine years in the Tracing and Forfeiture and the Money Laundering Investigation Sections.

As the Supply Reduction Officer, Mr. Ramsey works in close collaboration with all governmental and non-governmental agencies involved with drug control. Mr. Ramsey’s position also places in close contact with many International Organization such as the United Nation Office on Drugs and Crime and the Organization of American States (OAS). In 2013 during the Sixth Round of the Inter-American Drug Control Commission of the Organization of American States Multilateral Evaluation Mechanism (MEM) Mr. Ramsey was appointed as the Bahamas’ Representative to the Governmental Expert Group. This position afforded him the opportunity to participate in many hemispheric meetings and evaluate other Caribbean and Latin American countries based on their drug control policies.

Royal Bahamas Police Force

Drug Enforcement Unit

The Drug Enforcement Unit (DEU) of the Royal Bahamas Police Force was formed in 1988 and is the branch of the Royal Bahamas Police Force that is charged with the enforcement of all drug laws and the investigating of drug trafficking reports, proceeds of criminal conduct and corruption. The unit is divided into smaller sections such General Investigation,
Strike Force and the Tracing and Forfeiture – Money Laundering Investigation Section. Many times DEU has assisted in the arrest of serious criminals such as murder suspects, firearms traffickers, arm robbers, and escaped felons.

**Operation Bahamas Turks & Caicos**

On March 18, 1982, the government of The Bahamas, United States and United Kingdom, on behalf of the Turks and Caicos Islands, were signatories to a tri-partite agreement. The agreement, referred to as Operation Bahamas America Turks and Caicos (OPBAT), was formed for the purpose of collaborating to interdict and disrupt narcotic networks working in the respective countries including intelligence gathering, investigations, and interdictions. These operations are supported by marine, technical, and other resources provided through U.S. assistance programs. During 2015, OPBAT counternarcotics operations resulted in the seizure of 1,465.13 lbs of cocaine, 11,106 lbs of marijuana and 15,845 marijuana plants.
Drug Situation Report 2015

Marine Support Services Branch

The Marine Support Services Branch (MSSB) of the Royal Bahamas Police Force was formed in 1971 with the acquisition of four 60 foot Mark I Keith Nelson type vessels named Acklins, Andros, San Salvador and Eleuthera. The Unit was tasked with eradicating the escalated 1960s flow of narcotics and illegal immigrants into Bahamian territory. Evolving from the Police Marine Division was the Police Marine Support Services Branch located on a compound known as the Old Lighthouse Depot, on East Bay Street in Nassau.

During 2015, the MSSB was successful in the execution of four major drug interdictions on the high seas which resulted in the seizures 4,573 lbs pounds of suspected marijuana, 4 ‘go-fast’ vessels and the arrest of 10 suspects who were subsequently charged for drug related offences. On Monday, 23rd March 2015, the Police Marine Support Service Branch of the Royal Bahamas Police Force became the recipient of a 41-foot Safe Boat Apostle Marine Interceptor, generously donated by the Government of the United States of America. During the handing over ceremony held at the Police Marine Support Service Branch Base, the Honourable Dr. Bernard Nottage, Minister of National Security accepted the vessel from U.S. Charge d’Affairs Ms. Lisa Johnson.

Permanent Secretary in the Ministry of National Security Mr. Carl Smith signs documents with U.S. Charge d’Affairs Ms. Lisa Johnson for the handing over of the 41-foot Safe Boat Apostle Marine Interceptor. Also pictured (l-r) are Senior Assistant Commissioner of Police Mr. Anthony Ferguson; Dr. Bernard Nottage, Minister of National Security; Senior Assistant Commissioner of Police Mr. Steven Seymour; Director of INL Mrs. Kristen Gilmore; and INL Deputy Director for Western Hemisphere Programs, Ms. Susan Story.
Royal Bahamas Defence Force

The Royal Bahamas Defence Force (RBDF) is primarily an armed service whose role also encompasses aspects of the Coast Guard, including disaster relief. The organization is mandated to defend the Commonwealth of The Bahamas against traditional and asymmetrical threats to national security. In its role as a lead agency in Supply Reduction of illicit trafficking of drugs and precursors chemicals, the Force continues to guard and protect the sovereignty and territorial integrity of the Bahamas from transnational crime of all kinds. This includes arms trafficking, human trafficking, and migrant smuggling, combating those who are intent on plundering our reliable fisheries resources.

To undertake its mission, the RBDF’s strategy is to decentralize operations through the establishment of bases in the North, South and Central Bahamas, equipped with patrol boats and aircraft to maximize the use of minimal resources in patrolling the territorial boundaries of our islands. Additionally, it is intended to work more closely with local law enforcement agencies and regional partners as a force multiplier for addressing current challenges. During the year 2015 the RBDF was involved in 4 major drug seizures in partnership with other law enforcement agencies. On Sunday 5th April RBDF Marines and Park Wardens stationed at the Exuma Cays Land and Sea Park (ECLAS) were on routine patrol and discovered several bags of suspected marijuana.

In the second incident on Saturday 19th September, 2015 a team consisting of RBDF Marine and DEU Officers on an OPBAT Operation detected a field in Abaco and uprooted a total of 450 suspected marijuana plants 4-5 ft in height. Thirdly, on Monday 5th October, 2015 one kilo of suspected cocaine was found in Matthew Town, Inagua. Finally, in the fourth incident on Saturday 24th October, 2015 Intelligence Officers consisting of Police and Defence Force Marines intercepted a 30ft
white Midnight Express Go-fast boat in the area Grassy Creek, South Andros. The Total weight of seizure of illegal drugs was estimated to be 1,983 lbs of marijuana, with a street value of two million dollars. All of the contrabands were handed over to the Drug Enforcement Unit.

**THE NASSAU CONTAINER PORT**

Nassau Container Port is a strategically located container and cargo port facility, shipping regionally and globally. The 56-acre port facility is located on Arawak Cay. The Port provides facilities for both domestic and international bulk, break bulk, container and project cargo clients. Importers can use several ocean carriers simultaneously and conduct all business at Arawak Cay. Additionally, the Port features around-the-clock security guards, perimeter fencing, and surveillance cameras to ensure the highest level of security in compliance with the standards of the International Ship and Port Facility Security (ISPS) code.

On Wednesday 28th, January, 2015 Dr. Chaswell Hanna, SAS Siobhan Deane and Mr. David Ramsey met with Mr. Maura and Collin Cleare at the Nassau Container Port and Mr. Maura gave a brief outline of the container port. He estimated that 90% of all freight imported into Nassau comes via the port which employs a skilled team of security officers and a robust CCTV system strategically located around the Port. Even though with all the security systems in place he admitted that drugs and firearms are still smuggled through the port.
BAHAMAS DEPARTMENT OF CORRECTIONAL SERVICES

The Bahamas Department of Correctional Services (BDOCS), formerly Her Majesty’s Prisons, has been in existence in The Bahamas since the early days of the colony’s development. In March of 1952, the prison was relocated to a new location in Fox Hill in the eastern part of the island of New Providence. Presently, the facility comprises 7 correctional housing units including: Maximum, Medium, Minimum, Female Housing Units, Annex (Pre-release Dorm), Remand Center, and Central Intake. The housing capacity for inmates totals 1,600. In 2015, the inmate population totaled 1,549 an increase of 8% from 2014, when the total was 1,430. As of 2015, staff compliment totaled 615 Officers (Males-475, Females–140). The institutional head is Commissioner of Correctional Services- Mr. Patrick Wright.

The drug situation at the correctional facility is twofold. First, the level of self-reported drug dependence among sentenced and remanded populations remained a challenge. While drug offenders do not make up the majority of inmates, many of them indicated that drug abuse influenced the commission of their crime and subsequent deviant behavior. Second, is the challenge of illegal drugs being trafficked into the institution and made available to inmates. The source of illegal drugs trafficking within the facility is a combination of staff and inmate work gangs.

To address the challenges as of 2015, the BDOCS conducted random drug screening of sentenced inmates subject to provisions stipulated in the new Correctional Services Act 2014. Sentenced inmates testing positive for drug use while incarcerated for 3 months or more are forfeited remission (early release). Presently, the Classification Board is conducting an extensive drug testing exercise among inmates assigned to work gangs and educational programmes.
Drug Inmate Population-2015

The drug offender population refers to all inmates, remanded or sentenced, incarcerated at BDOCS in 2015. Table 3.1 outlines the total number of drug offenders’ resident at the various housing units in the correctional facility. Drug offenders represented 21% (337) of the total daily average inmate population 1,549 for 2015.

<table>
<thead>
<tr>
<th>Correctional Housing Units</th>
<th>Population</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum Security Unit</td>
<td>174</td>
<td>52%</td>
</tr>
<tr>
<td>Medium Security Unit</td>
<td>105</td>
<td>31%</td>
</tr>
<tr>
<td>Minimum Security Unit</td>
<td>11</td>
<td>03%</td>
</tr>
<tr>
<td>Remand Centre</td>
<td>25</td>
<td>07%</td>
</tr>
<tr>
<td>Central Intake</td>
<td>10</td>
<td>03%</td>
</tr>
<tr>
<td>Female Security Unit</td>
<td>12</td>
<td>04%</td>
</tr>
<tr>
<td>Total</td>
<td>337</td>
<td>100%</td>
</tr>
</tbody>
</table>

Drug admissions for 2015 totaled 393 or 16% of the total prison admissions of 2,535. Drug offenders comprised 14% of the remanded offender population and 18% of the sentenced population in 2015. According to the BDOCS Report (2015), sentenced drug offenders increased by 6% from 164 in 2014 to 175 in 2015.

BAHAMAS NATIONAL DRUG AGENCY

The Bahamas National Drug Agency (BNDA) was formed in 1994, under the Ministry of Health, in order to streamline purchasing of medicines for public sector health facilities. After the formation of the Public Hospitals Authority (PHA), the BNDA resumed its functioning under the administrative oversight of the PHA as a “shared service” unit. This means that while the PHA has responsibility for the BNDA, the Agency provides services for all public sector pharmacies.
Under the PHA, the scope of the BNDA’s functions also expanded to include:

1. Supply management of pharmaceuticals & associated supplies, inclusive of tendering exercises;
2. Development of policy and processes related to pharmacy management & pharmaceutical care;
3. Collaboration with institutional Pharmacy & Therapeutic committees;
4. Provision of training in various areas of pharmacy practice & supply management;
5. Processing of national (public & private) narcotic medication records; and
6. Provision of technical advice to the PHA relating to pharmacy matters.

The BNDA is located on Market and McPherson Streets and currently has a staff of 24 professionals, ranging from administrators, pharmacists, pharmacy technicians, supply officers and support personnel. It works directly with all PHA and public health pharmacies, and has indirect interaction with various government health programs, including but not limited to HIV/AIDS Unit, and the Disease Surveillance unit. It also provides technical assistance to the Customs Department and the Drug Enforcement Unit of the Royal Bahamas Police Force when necessary.

On Tuesday 27th January, 2015, Dr. Chaswell Hanna along with other staff of NADS met with Dr. Marvin Smith at the Bahamas National Drug Agency. Dr. Smith stated that one of his concerns was the abuse of pain medications and Attention Deficient Disorder (ADD) drugs from persons from the affluent sector of society. He further mentioned how a few years ago BNDA with the assistance of NADS formulated a plan that banned the import of low strength codeine products that was easily available on the shelf. During the meeting Dr. Smith mentioned that he recommends an amendment to the Dangerous Drug Act Chapter 228 that would require all facility that administers or dispenses any controlled substances to produce reports on utilization.
CHAPTER 4:
National Drugs Observatory
What is the National Drugs Observatory?

The National Drugs Observatory (NDO) within NADS, is the national data collection system on drugs. It is the central location for obtaining drug information and drug statistics. The NDO serves as the principle research center for compiling and analyzing drug data in order to track trends in supply and demand activities for the generation of timely and accurate assessments of the drug situation and drug control efforts to inform local drug policy and drug related services.

Moreover, the NDO is established to fulfill the country’s reporting obligations on the progress of measures taken with regard to United Nations Conventions and the Organization of American States General Assembly Resolutions adopted by The Bahamas on drug control. The NDO provides reliable data and information to these bodies so that anti-drug strategies can be monitored and assessed locally, regionally and globally.

The data collection and monitoring reference framework used by the NDO follows the guidelines adopted from the Lisbon Consensus which identifies 13 areas of policy interests compliant with United Nations and the Organization of American States policies. These thirteen areas of focus include:

- Drug consumption among the general population
- Drug Consumption by young people
- High-risk drug consumption
- Service Utilization
- Drug-related morbidity
- Drug –related emergency room visits
- Psychiatric morbidity directly attributed to drug consumption
- Drug-related mortality
- Social exclusion and disadvantage
- Drug –related crime
- Economic cost of drug consumption.

NADS in keeping with its mandate to have a fully functioning NDO assigned two researchers to this section during the period under review, Ms. Indirah Belle and Ms. Greer Mc Kinney.
RESEARCH ACTIVITIES

Researchers at the NDO undertook two research studies during 2015 on the topics of ‘beedies’, and ‘e-cigarettes’, which have both become popular among the local youth.

‘Beedies’ Research Study

Researchers at the National Anti-Drug Secretariat (NADS) undertook this descriptive study at to learn more about ‘beedies’, which are being smoked by many of our nation’s youth. A beedie, also spelled bidi, bedis or biri, is a thin Indian cigarette filled with shreds of tobacco and wrapped in a tendu leaf tied with a string at one end. Tendu leaves are broad-leaved plants native to India. The name beedie is derived from the Marwari word beeda—a leaf wrapped in betel nuts, herbs, and condiments. These cigarettes contain more tar and nicotine than regular cigarettes – but less actual tobacco (Yen, Hechavarria, & Bostwick, 2000).

These small, filters-less cigarettes come in a variety of flavors including strawberry, cherry and cinnamon. Youths can have their choice of “exotic flavors” – as termed by the Darshan brand – like Black Liquorice, Mandarin Orange and Mango (Yen, Hechavarria, & Bostwick, 2000). Known as the ‘poor man’s cigarette’, Beedi smoking tends to be associated with a lower social standing. These tobacco-filled leaves are inexpensive, when compared to regular cigarettes. Those with a high social standing who do smoke beedies often do so out of the public’s eye (Yen, Hechavarria, & Bostwick, 2000).

A photograph of the product known as ‘beedies’, which has become popular among local youth.
Contrary to popular belief, beedies are not a safe alternative to cigarettes. Due to the natural look of the product, some people mistakenly think that they are safer to smoke than regular cigarettes. The omission of warning labels on packages further propels the myth of beedies relative safety. Unlike most cigarettes smoked by youth, beedies are unfiltered and may, in fact, have more deleterious health effects.

According to the Office of Smoking and Health at the U.S Centers for Disease Control, an unfiltered beedie releases 3-5 times more tar, carbon monoxide and nicotine than a regular cigarette, despite containing less tobacco. As with many other types of smoking, beedies increase the risk of certain kinds of cancers, heart disease, and lung disease. The research available on beedies show that their users run the risk of developing oral and lung cancers, just like that of cigarette smokers (Yen, Hechavarria, & Bostwick, 2000).

Because a beedies typically does not have a filter and the leaves used to wrap the tobacco are not porous, a smoker must inhale more often and more deeply to keep it lit. Studies in India have shown that this leads to larger amounts of tar, nicotine, and carbon monoxide in the lungs than when a regular cigarette is smoked (Suzan, 2009). Like other tobacco smokers, Beedie smokers would be expected to have an increased risk of coronary health disease and cancers of the mouth, pharynx and larynx, lung, esophagus, stomach, and liver. Beedie use during pregnancy can cause prenatal mortality (Suzan, 2009).

Several progressive countries, including the United States, have banned many of the beedie products. The US banned several of the products citing that they did not meet the requirements of the Tobacco Control Act. While beedies are not illegal in The Bahamas, local distributors have stopped importing the product due to its high rate of duty. This has created an underground market which is suspected of being organized by local Chinese merchants.

Among its key findings was the fact that these filter-less cigarettes were more lethal than regular cigarettes. It was also discovered that the local beedie market has gone ‘underground’ as local importers have sought to avoid paying the new high cost of duty as outlined in the recently passed customs Excise Act.

The study concludes by recommending that the Ministry of Health examine the health risks associated with the smoking of beedies and determine whether such risks are sufficient to support banning the product in The Bahamas as in other progressive jurisdictions. Joint intelligence-lead operations involving the Customs Department and the Royal Bahamas Police Force should also be executed to disrupt and prosecute persons operating the underground beedie market. Finally, a public awareness campaigns should be launched to educate members of the public, particularly youths, on the lethal effects
of smoking beedies. The belief that persons who begin smoking beedies are more likely to begin using illegal drugs can only be supported by scholarly research.

**‘E-Cigarettes’ Research Study**

E-cigarettes are prototypes of electronic nicotine delivery systems (ENDS) (World Health Organization [WHO], 2014). These battery-operated devices are designed to deliver nicotine with flavorings and other chemicals to users in vapor instead of smoke (National Institute on Drug Abuse, [NIDA], 2014). They can be manufactured to resemble traditional tobacco cigarettes, cigars or pipes, or even everyday items like pens or USB memory sticks (NIDA, 2014). Commonly referred to as nicotine vapour products, they can even take the form of colorful candy straws (WHO, 2013). Because e-cigarettes simulate smoking, persons are said to be vaping not smoking (Substance Abuse and Mental Health Services [SAMHSA], 2014). Other common names for these devices include: e-hookas, hookah pens, e-cigs, vapes and vape pipes.

E-cigarette devices are manufactured mainly in China (Grana, Benowitz, & Glantz, 2013). More than 90% of those produced worldwide are made in China (Gravely, Fong, Cummings, Yan, Quah, Borland, & Hummel, 2014). China is also the largest producer of the liquid for cartridges (Carr, 2014). E-cigarettes are manufactured in many forms and products are continually evolving in design, content and performance. There are 466 brands of electronic cigarettes (WHO, 2014). Most e-cigarettes however consist of three main components: a cartridge which holds a liquid solution (e-liquid); heating device (vaporizer) and a power source which is usually a battery (NIDA, 2014). There are disposable, rechargeable as well as refillable tank systems (Grana et al., 2013). The main constituents of the liquid (e-liquid) by volume include nicotine when present, propylene glycol, with or without glycerol and flavoring agents (WHO, 2014). There are a variety of flavoring agents which include flavors such as coffee, mint, candy and fruit (NIDA, 2014).
Initiation and ongoing use by high school students were attributed to the fact that students say that e-cigarettes can be “smoked quickly” are “smokeless” and are easy to conceal (Durmowicz, 2014). A major contributing factor that resulted in e-cigarettes gaining much popularity among smokers and non-smokers is the marketing claim that they are safer than tobacco products such as cigarettes and cigars. Grana and Ling in 2014, conducted an analysis of 233 websites that sold e-cigarettes products in the United States, United Kingdom, India and Australia. According to these researchers, “the internet has been, and remains, a main channel for marketing e-cigarette products”. The results of the analysis showed that health benefit claims were present on 95% of sites. Statements about the absence of tar and carcinogens in e-cigarettes were regularly reported. Claims that e-cigarettes emit “only water vapor” that are harmless to others were found on 76% of websites and almost all 98% sites compared the risks and benefits of e-cigarettes to tobacco cigarettes.

E-cigarettes online sales in the US were estimated at $ 700 million during 2013 (Carr, 2014). E- Cigarettes have particularly been appealing to an increasing number of young previous non-smokers because they are regarded as being safe, fashionable and good tasting (Brody, 2014). However, ongoing scientific research has indicated that hookah smoking may not be as safe as some declare. Researchers have found that smoking from a hookah has harmful effects on the health of a human being much like smoking a cigarette and in some ways it is even more dangerous than cigarette smoking.

Evidence obtained through a review of medical research conducted on a variety of brands and samples of e-cigarettes as stated in Grana et al., 2013 however revealed that e-cigarettes aerosol is not merely “water vapor” as is often claimed in the marketing of these products. Tests of these products revealed the presence of varying levels of nicotine content from
Drug Situation Report

label amounts, the presence of volatile organic compounds, tobacco-related carcinogens, metals and chemicals. Some of the chemicals, particularly some flavoring agents in e-cigarettes aerosol are cytotoxic to human cells particularly in human embryonic cells. Further, chemicals found in the aerosol and e-liquid were found on California’s official list of known human carcinogens or reproductive toxicants and included nicotine, acetaldehyde, formaldehyde, nickel, lead and toluene (Grana et al., 2013).

In light of the potential health risks, there is an urgent call for better regulation and improvements as it relates to quality standards and product design in The Bahamas. The Bahamas should also join in the consensus among healthcare professionals in countries around the world including the United States of America, Canada and United Kingdom, calling for continued research to examine the impact of these products more closely. The study concludes by recommending that the Ministry of Health examine the health risks associated with the use of e-cigarettes with a view to support better regulatory and quality standards. Finally, a public awareness campaign will be launched to educate members of the public, particularly youths, on the harmful effects of using e-cigarettes.

DRUG PREVALENCE STUDY

The Inter-American Drug Abuse Control Commission’s (CICAD) through its Inter-American Observatory on Drugs (OID) extended an invitation for The Bahamas to participate in a national drug prevalence study. OID is the research arm of the Organization of America States which measure the magnitude and characteristics of the licit and illicit drug use in our hemisphere so that consistent and comparable data can be used to inform hemispheric strategies. OID will fully fund and provide technical support for the project.

The Government of The Bahamas has accepted the invitation and plans are underway to commence the project within the first quarter of 2016. NADS will work closely with OID in the co-ordination and implementation of the project.

Specifically, the proposed study seeks to examine drug use in the wider population and other issues related to drug use including:

- Attitudes and perception towards drug use;
- Characteristics of drug users;
- Pattern of drug use of the various substances;
- Exposure to supply and use;
The findings from this empirical research would serve to inform national drug policies and programs ensuring that they are more relevant and responsive to the needs of the Bahamian people.
CHAPTER 5: Strengthening the Criminal Justice System
STRENGTHENING THE CRIMINAL JUSTICE SYSTEM

As outlined in The Bahamas’ National Anti-Drug Strategy 2012-2016, strengthening of the criminal justice system is a critical aspect of the efforts to address the drug situation in The Bahamas. During 2015, adequate resources have been provided to the judiciary for its effective functioning. Equipment and assets have also been provided to law enforcement to permit them to work together effectively. Transportation and upgrades to communication systems, in particular, have been funded by the Confiscated Assets Funds (CAF). Best practices in the area of criminal justice and drug control are regularly reviewed, with the goal of keeping The Bahamas on pace with global progressive anti-drug efforts.

ESTABLISHMENT OF A DRUG TREATMENT COURT

The hemispheric Drug Strategy, approved by the OAS General Assembly in June 2010, states that drug dependency is a chronic, relapsing disease that must be dealt with as a core element of public health policy. The Strategy calls on member states to “explore the means of offering treatment, rehabilitation and recovery support services to drug dependent offenders as an alternative to criminal prosecution or imprisonment”. As a result, Drug Treatment Courts (DTC) have been established in a number of member states as an alternative to incarceration.

In October, 2011, the OAS’s Inter-American Drug Abuse Control Commission (CICAD), in conjunction with the Canadian government, sponsored a training workshop in Trinidad. This training program was designed to facilitate the establishment of DTC in Trinidad and The Bahamas. A delegation of 9 professionals from various sectors of the legal, judicial, law enforcement and health professions in The Bahamas participated in the training session. In February 2012, there was a follow up workshop held in Toronto, Canada and a team of 6 professionals, including members from the first workshop participated.

The delegates subsequently recommended that at a DTC should be established as a cogent step in the right direction in efforts to combat the prevalence of drug use and abuse in The Bahamas. Participants noted that the benefits of a DTC in The Bahamas far outweighed the burdens of the system. They noted that DTC operate to divert non-violent offenders with substance abuse problems from incarceration into supervised programmes with treatment and rigorous standards of supervision and monitoring. These diversion programs will assist with easing the overcrowding in the correctional system.
On May 7, 2013, after consideration of the views of the delegates, the Cabinet of The Bahamas authorized the establishment of a pilot DTC in The Bahamas. During the 1st Quarter of 2015, NADS convened several meetings with officials from appropriate agencies including the RBPF, Office of the Attorney General, and the Ministry of Health, to determine the eligibility requirements, rules and procedures of the DTC for The Bahamas. The first critical step was to draft a Drug Treatment Court Bill along with Regulations to be reviewed by local stakeholders. The draft was completed in the 3rd quarter of 2015 with the assistance NADS staffers, lawyers from the Law Reform and Revision Commission and the Legal Officer in the Ministry of National Security.

High Level Dialogue on Alternatives to Incarceration for Drug Related Offences

On Tuesday 1st December, 2015 a High Level Dialogue on Alternatives to Incarceration for Drug Related Offences Meeting coordinated and sponsored by the Inter-American Drug Abuse Control Commission (CICAD) of the Organization of American States was officially opened by Secretary General Luis Almagro. The opening ceremony was held in the Hall of the Americas OAS Headquarter located 17th and Constitution Ave. Washington, D.C. The Dialogue’s participants consisted of chief justices, judges, and presiding officers of many courts from countries throughout the Caribbean, Canada and South America. Representing The Bahamas were Chief Justice, Sir Hartman Longley; Mr. Carl Smith, Permanent Secretary, Ministry of National Security; H.E. Elliston Rahming, Permanent Representative of The Bahamas to the OAS and the United Nations; Mr. David Ramsey, Supply Reduction Officer, and Ms. Krissy Hanna, Second Secretary/Alternate Representative of The Bahamas to the OAS.
An important agenda item during the Dialogue was the opportunity for delegates to visit the DC Superior Court’s Drug Intervention Program (SCDIP). Presiding Judge Gregory Jackson welcomed the more than 100 conference attendees to observe SCDIP’s pre-court staffing and morning hearings. SCDIP is a partnership between the Superior Court and the Pretrial Services Agency for the District of Columbia (PSA). The program is one of the Superior Court’s problem solving court programs, and is often referred to simply as ‘Drug Court.’ Since 1993, SCDIP has been a model not only among the 2,500 drug court programs in the U.S., but globally as well. Examining the Superior Court’s Drug Intervention Program (SCDIP) proceedings was a useful aid for the many international visitors seeking reform in their respective criminal justice systems. The 3-day meeting concluded on Thursday 3rd December, 2015. Following the meeting, Chief Justice Longley pledged his support in the establishment of a DTC for The Bahamas.

Chief Justice Sir Hartman Longley and other members of the Bahamian Delegation to the DTC High-Level Dialogue listened attentively to preceding during a visit to a DTC in DC.

**FINANCIAL INTELLIGENCE UNIT**

The Financial Intelligence Unit (FIU) was formed in December, 2000 under the Financial Intelligence Unit Act, 2000. This Act outlines the functions and powers of the agency. The FIU is the national centre responsible for receiving, analyzing, obtaining, and disseminating information which relates to the proceeds of crime offences under the Proceeds of Crime and Anti-Terrorism Acts of The Bahamas. The FIU is also the body responsible for co-operation between FIU’s in other countries. In June 2001, the FIU became the 54th member of Egmont Group of Financial Intelligence Units.
Suspicious Transaction Reports (STRs) are one of the main weapons in the fight against money laundering and other financial crimes that the Royal Bahamas Police Force uses to initiate money laundering investigations. According to the most recent figures, the FIU received a total of 205 STRs in 2014 from financial institutions in The Bahamas, inclusive of company service providers, credit unions, domestic banks, offshore banks, attorney-at-law, trust companies, stock brokers, fund managers and real estate agents for analysis. The 205 STRs received in 2014 represented a 24% decrease in STRs received over the same period in 2013. A total of 17 STRs were subsequently forwarded by the FIU officer to the Commissioner of Police for investigation.

During the same period, a number of requests for assistance with financial investigations were received from the Royal Bahamas Police Force, as well as from foreign financial intelligence units. The FIU provided invaluable assistance to these agencies in the continuous fight against criminal conduct, inclusive of money laundering and terrorist financing.
## Drug Related Laws of The Bahamas

<table>
<thead>
<tr>
<th>ACT</th>
<th>COMMENCED ON</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Dangerous Drug Act, Chapter 228</td>
<td>28 December 2000</td>
</tr>
<tr>
<td>The Dangerous Drug (Amendment) Act 2011</td>
<td>3 November 2011</td>
</tr>
<tr>
<td>The Proceeds of Crime Act, Chapter 93</td>
<td>28 December 2000</td>
</tr>
<tr>
<td>The Financial Intelligence Unit Act Chapter 367</td>
<td>28 December 2000</td>
</tr>
<tr>
<td>The Financial Transactions Reporting Act Chapter 368</td>
<td>28 December 2000</td>
</tr>
<tr>
<td>The Financial and Corporate Service Providers Act , Chapter 369</td>
<td>28 December 2000</td>
</tr>
<tr>
<td>The Mutual Legal Assistance (Criminal Matters) Act Chapter 98</td>
<td>20 August 1990</td>
</tr>
<tr>
<td>Bail Act, Chapter 103</td>
<td>22 September 1994</td>
</tr>
<tr>
<td>The Bail (Amendment) Act, 2011</td>
<td>3 November 2011</td>
</tr>
<tr>
<td>The International Business Companies Act, Chapter 309</td>
<td>28 December 2000</td>
</tr>
<tr>
<td>The Firearms Act, Chapter 213</td>
<td>17 July 1969</td>
</tr>
<tr>
<td>Firearms (Amendment) Act 2011</td>
<td>3 November 2011</td>
</tr>
<tr>
<td>The Criminal Justice (International Cooperation ) Act Chapter 105</td>
<td>28 December 2000</td>
</tr>
<tr>
<td>The Penal Code, Chapter 84</td>
<td>1 January 1927</td>
</tr>
<tr>
<td>The Penal Code (Amendment) Act 2011</td>
<td>3 November 2011</td>
</tr>
<tr>
<td>The Pharmacy Act, Chapter 227</td>
<td>17 December 2009</td>
</tr>
</tbody>
</table>
CHAPTER 6: International Partners
UNITED STATES OF AMERICA

In 2015, the government of the United States through its International Narcotics and Law Enforcement (INL) Section at the U.S. Embassy in Nassau, trained more than 420 law enforcement and justice sector officials through more than fifty (50) different training programs and provided more than $2.17 million in technical assistance and equipment. Funding for these initiatives was provided under the Caribbean Basin Security Initiative (CBSI). CBSI is a regional security partnership between the United States and the nations of the Caribbean that combats the drug trade and other transnational crimes that threaten regional security. The mission is to reduce illicit trafficking, increase public safety and security and promote social justice.

CARIBBEAN COMMUNITY (CARICOM)

The Implementation Agency for Crime and Security Agency (IMPACS) is the nerve centre of the Caribbean’s multilateral Crime and Security management architecture. This body was formulated specifically to administer a collective response to the Crime and Security priorities of Member States. As a regional unit IMPACS act under the directives of, and with reporting responsibility to the Council of Ministers of National Security and Law Enforcement.

The goal of IMPACS’ Crime and Security Strategy is to significantly improve citizen security by creating a safe, just and free Community, while simultaneously improving the economic viability of the Region. The Strategy identifies and prioritizes illicit drugs and its relationship to organized crime as an immediate and significant threat to the Caribbean Community. These threats includes the mutually-reinforcing relationship between transnational organized criminal activities involving illicit drugs and illegal guns; gangs and organized crime; cyber-crime; financial crimes and corruption. Conversely, motivating the current criminality levels, and further weakening the already fragile socio-economic developmental progress and advancement of the Caribbean Community.

ORGANIZATION OF AMERICAN STATES

The Inter-American Drug Abuse Control Commission (CICAD) is a branch of the Organization of American States responsible for the Western Hemisphere’s policy forum for dealing with the drug problem. CICAD was established by the General Assembly of the Organization of American States (OAS) in 1986. CICAD promotes regional cooperation and coordination among OAS member states through action programs, carried out by CICAD’s Executive Secretariat, to prevent and treat
substance abuse; reduce the supply and availability of illicit drugs; strengthen national drug control institutions and machinery; improve money laundering control laws and practice; develop alternate sources of income for growers of coca, poppy, and marijuana; assist member governments to improve their data gathering and analysis on all aspects of the drug issue, and help member states and the hemisphere as a whole measure their progress over time in addressing the drug problem. CICAD’s core mission is to enhance the human and institutional capacities of its member states to reduce the production, trafficking and use of illegal drugs, and to address the health, social and criminal consequences of the drug trade. The Bahamas is an active member of the OAS and values its partnership especially in the security arena.

**CICAD 56th Regular Session**

The Fifty-Sixth Regular Session of CICAD was held from November 19 to 21, 2014 in Guatemala City, Guatemala. The Sessions took place in the Quetzal meeting room of the Hotel Vista Real, located at Km 9 road to El Salvador, Guatemala City. Representing The Bahamas was Dr. Chaswell Hanna, Director of NADS and Mr. David Ramsey, Supply Reduction Officer. The sessions were geared mostly toward demand reduction and developing new alternatives to incarceration for chronic drug users.
Bahamas Expressing Interest in Hosting the 60th Regular Session

At the 56th Regular Session of CICAD held in Guatemala City, Guatemala, NADS Director Dr. Hanna, expressed an interest in hosting a Regular Session of CICAD in The Bahamas with the Executive Secretary of CICAD Ambassador Paul Simons. No such session has ever been in The Bahamas. Officials at CICAD were happy to learn of this interest and were very accommodating in providing initial logistics. More details about this endeavor were discussed at the 58th Regular Session in Washington DC.

Dr. Hanna expressed an interest in The Bahamas hosting a Regular Session with the Executive Secretary of CICAD Ambassador Paul Simons during the 56th Regular Session of CICAD

CICAD 57th Regular Session

The Fifty-Seventh (57) Regular Session of the Inter-American Drug Abuse Control Commission (CICAD) was held in Washington D.C. from April 29th – May 1st, 2015. Prior to the CICAD Regular Session was the Hemispheric Drug Strategy Meeting was held on April 27th - 28th, 2015 also in Washington D.C. The Bahamas Delegation included: Dr. Chaswell Hanna, Sgt. David Ramsey and Sgt. Indirah Belle.

Main Themes of this Session Included:

- Drug abuse is a public health issue.
- Drug addicts should be treated as patients and not criminals.
- ‘Decriminalization’ of drug abuse
- Focus should be on re-entry of treated persons back into society & health education
- Alternatives to incarceration
Working Group to Develop Plan of Action

The Working Group established to develop a plan of action for the new hemispheric drug strategy met for 2 days prior to the start of the Regular Session. Dr. Hanna represented The Bahamas at the Group and was invited, along with other member states, to provide input on the new hemispheric plan of action for drugs 2016-2020.

The 6 thematic pillars included:

- Institutional strengthening
- Research, Information, Monitoring & Evaluation
- Demand Reduction
- Control Measures
- Control of Money Laundering & Forfeiture
- International Cooperation

The Bahamian delegations presented a copy of a history book of the Royal Bahamas Police Force to Ambassador Paul Simmons, the Executive Secretary of CICAD. Pictured (l-r) Ms. Indirah Belle, Dr. Chaswell Hanna, Ambassador Simmons and Mr. David Ramsey. The book highlights the history of the Drug Enforcement Unit of The Royal Bahamas Police Force.
More Details on Hosting the 60th Regular Session in The Bahamas

On Thursday April 30, 2015, a follow-up meeting was held with CICAD’s Assistant Executive Secretary, Ms. Angela Crowdy & Magali Santos to discuss the processes associated with hosting the 60th Regular Session of CICAD in The Bahamas, November 2016. During the meeting, it was noted that The Bahamas was to prepare a Diplomatic Note to be received by the Secretariat by September 2015. A Memorandum of Understanding must be signed which provides details of all the logistics involved in planning the event. Additionally, the Vice Chair position must be secured by the Minister of National Security or his Designee at the 58th Regular Session scheduled for Lima, Peru in November 2015. This would involve consensus by member states.

CICAD also pointed out that the Chair position is assumed after serving as Vice Chair for a year. The role of the Chair is to oversee the proceedings of meetings; ensuring that meetings proceed on schedule and member states deliberate in an orderly fashion. CICAD Regular Sessions typically host 200 delegates from 34 member states speaking 4 different languages inclusive of English, Spanish, French and Portuguese.

CICAD 58th Regular Session

On Wednesday 11th November, 2015 the Fifty-Eighth Regular Session of the Inter-American Drug Abuse Control Commission (CICAD) of the Organization of American States commenced in Trujillo, Peru. The meeting was well attended by twenty-nine of the OAS member’s states; the United Nations Office on Drugs and Crime (UNODC); European Union; France; Russian Federation; United Kingdom and other International Observer Organizations.

Representing The Bahamas at the hemispheric meeting were Mr. Carl Smith, Permanent Secretary in the Ministry of National Security; Sergeant David Ramsey, Supply Reduction Officer; and Ms. Sylvia Lightbourne, Finance Officer in the Ministry of National Security. Mr. Carl Smith also serves as the Bahamas’ Principal Representative to the OAS and Commissioner to CICAD.
Bahamas Elected as Vice Chair of CICAD

Pursuant to Articles 22 and 23 of the Statutes of CICAD, the Commission elected the Republic of Peru by acclamation to hold the office of Chair of CICAD for the 2015-2016 term, and the Commonwealth of The Bahamas was elected unanimously to serve as Vice-Chair during the same period. Mr. Carl Smith addressed the conclave on behalf of the Government of the Bahamas as Vice-Chair for the first time and shared the Government’s position as it relates to combating illicit drugs.

PS Smith noted that The Bahamas was at the 1986 Specialized Conference in Rio de Janeiro, Brazil that recommended the establishment of CICAD, and has been a Member of the Commission since its inception. He furthered that The Bahamas’ election as Vice Chair reaffirms its support, at the political level, for the work of CICAD, which for the past 29 years has been at the forefront of hemispheric initiatives in drug control.

PS Smith also stated that CICAD membership is part of The Bahamas’ frontline initiatives to counter drug abuse and illicit trafficking, in meeting our international obligations. He continued by pointing out that our nation has been on the frontline for more than 4 decades, taking a strong position to defend our country against illicit trafficking, and to contribute to regional, hemispheric and global drug control initiatives.
The United Nations General Assembly will hold a Special Session (UNGASS) on drugs, April 19th-21st 2016 in New York. This Special Session will be an important milestone in achieving the goals set in the policy document of 2009 Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug problem.

The General Assembly, in its resolution 70/181 of 17 December 2015, decided that representatives of non-governmental organizations are invited to participate in the special session and representatives of civil society and the scientific community, academia, youth groups and other relevant stakeholders may participate in the special session, in accordance with the rules of procedure and established practice of the General Assembly. UNGASS will feature a general debate and five interactive, multi-stakeholder round tables conducted in parallel with the plenary.

During this Special Session, The Bahamas will be co-chairing a round table discussion on ‘Alternative Development; regional, interregional and international cooperation on development-oriented balanced drug control policy addressing socioeconomic issues.’ The Bahamas especially welcomes this opportunity because this is the first time a Caribbean country has been awarded an opportunity to lead in a global discussion forum. Further, The Bahamas would use this opportunity to state the unique challenges experienced locally and regionally, particularly the challenge of location, drugs and crime and its impact on community development.
## UNITED NATIONS INTERNATIONAL DRUG CONTROL TREATIES
& RELATED TREATIES AND INSTRUMENTS TO WHICH THE BAHAMAS IS A STATE PARTY

<table>
<thead>
<tr>
<th>Treaty/Agreement</th>
<th>Succession/Accession</th>
<th>Signature</th>
<th>Ratification</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Nations Single Convention on Narcotic Drugs 1961 as Amended by the 1972 Protocol</td>
<td>13 August 1975 (a)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>United Nations Convention on Psychotropic Substances, 1971</td>
<td>31 August 1987 (a)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## INTER-AMERICAN DRUG CONTROL RELATED TREATIES AND INSTRUMENTS TO WHICH THE BAHAMAS IS A STATE PARTY

<table>
<thead>
<tr>
<th>Treaty/Agreement</th>
<th>Succession/Accession</th>
<th>Signature</th>
<th>Ratification</th>
</tr>
</thead>
</table>
### BILATERAL & TRILATERAL INSTRUMENTS INTO WHICH THE BAHAMAS HAS ENTERED

<table>
<thead>
<tr>
<th>Instrument</th>
<th>Country</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mutual Legal Assistance in Criminal Matters</td>
<td>Canada</td>
<td>10 July 1990</td>
</tr>
<tr>
<td>Memorandum of Understanding between the Republic of Cuba and the Commonwealth of The Bahamas to Combat International Drug Trafficking.</td>
<td>Cuba (Done at Havana)</td>
<td>10 May 1996</td>
</tr>
<tr>
<td>Agreement between the Government of the United Kingdom of Great Britain and Northern Ireland and The Bahamas Concerning the Investigation of Drug Trafficking and Confiscation of the Proceeds of Drug Trafficking.</td>
<td>United Kingdom</td>
<td>October 1990 (Signature 28 June 1988)</td>
</tr>
<tr>
<td>Agreement between the Government of The Bahamas and the Government of the United States concerning the Interdiction of Narcotics Trafficking.</td>
<td>United States of America (Done at Nassau)</td>
<td>6 March 1985 (Signature 6 March 1985)</td>
</tr>
<tr>
<td>Bilateral Agreement between the Government of the United States of America and The Bahamas on the Control of Narcotic Drugs and Psychotropic Substance</td>
<td>United States of America (Done at Nassau)</td>
<td>17 February 1989 (Signature 17 February 1989)</td>
</tr>
<tr>
<td>Memorandum of Understanding between the United States, The Bahamas and The United Kingdom, including Turks and Caicos Islands, Concerning Cooperation in the Fight against Illicit Trafficking of Narcotic Drugs through the use of Equipment and Personnel Based at Great Inagua and Such Other Bases as may be Established in the Turks and Caicos Islands (OPBAT)</td>
<td>United States of America (Done at Washington D.C.)</td>
<td>12 July 1990</td>
</tr>
<tr>
<td>Operation Bahamas, Turks and Caicos Islands (OPBAT) – An agreement with the United States and the Turks and Caicos Islands for the collaboration of law enforcement agencies of the signatories in interdicting and disrupting narcotics networks using the islands as launch points into the United States</td>
<td>United States of America</td>
<td>March 1982</td>
</tr>
<tr>
<td>Agreement correcting the text of the Treaty on Mutual Legal Assistance in Criminal Matters</td>
<td>United States of America (Done at Nassau)</td>
<td>4 February 1988 (Exchange of Notes 27 January &amp; 4 February 1988)</td>
</tr>
<tr>
<td>Agreement concerning a Cooperative Ship-rider and Over-flight Drug Interdiction Program for Joint Operations</td>
<td>United States of America</td>
<td>16 &amp; 6 May 1996 (Exchange of Notes)</td>
</tr>
</tbody>
</table>
References


Drug Admission Detoxification Staff and Visitors handbook.

Drug Admission Lignum Vitae Unit Staff and Visitors handbook.

Drug Enforcement Unit Drug Statistics 2015.


FDA NEWS RELEASE For Immediate Release: Feb. 21, 2014 Media Inquiries: Jenny Haliski, 301-796-0776, Consumer Inquiries: 888-INFO-FDA.

Financial Intelligence Annual Report 2014.


Nassau Container Port Report 2015.


Sandilands Rehabilitation Statistics 2015 Report


Trendy, Dangerous “Bidis” Gaining Popularity Among Youth; Tobacco-Free Kids and Senator Harkin React. Tiny smokes pack three to five-times the nicotine punch as cigarettes Aug. 13 1999.


APPENDICES
## Appendix A

### National Drug Figures - 2015 (DEU)

<table>
<thead>
<tr>
<th>TYPE OF DRUGS</th>
<th>NEW PROVIDENCE</th>
<th>GRAND BAHAMA</th>
<th>FAMILY ISLANDS</th>
<th>GRAND TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cocaine</strong></td>
<td>16.43 lbs</td>
<td>61.32 lbs</td>
<td>1,465.82 lbs</td>
<td>1,543.57 lbs</td>
</tr>
<tr>
<td><strong>Liquid Cocaine</strong></td>
<td>2.20 lbs</td>
<td>Nil</td>
<td>Nil</td>
<td>2.20 lbs</td>
</tr>
<tr>
<td><strong>Ecstasy Tablets</strong></td>
<td>195 tablets</td>
<td>Nil</td>
<td>Nil</td>
<td>195 tablets</td>
</tr>
<tr>
<td><strong>Hashish</strong></td>
<td>0.19 lbs</td>
<td>Nil</td>
<td>Nil</td>
<td>0.19 lbs</td>
</tr>
<tr>
<td><strong>Marijuana</strong></td>
<td>3,079.53 lbs</td>
<td>622.79 lbs</td>
<td>12,288.27 lbs</td>
<td>15,990.59 lbs</td>
</tr>
<tr>
<td><strong>Marijuana Plants</strong></td>
<td>77 plants</td>
<td>7,095 plants</td>
<td>8,884 plants</td>
<td>16,056 plants</td>
</tr>
<tr>
<td><strong>Cases</strong></td>
<td>849</td>
<td>181</td>
<td>150</td>
<td>1,180</td>
</tr>
<tr>
<td><strong>Cases Prosecuted</strong></td>
<td>696</td>
<td>127</td>
<td>133</td>
<td>956</td>
</tr>
<tr>
<td><strong>Person Arrested</strong></td>
<td>1043</td>
<td>259</td>
<td>197</td>
<td>1,499</td>
</tr>
<tr>
<td><strong>Person Charged</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult</td>
<td>853</td>
<td>160</td>
<td>176</td>
<td>1,218</td>
</tr>
<tr>
<td>Juvenile</td>
<td>19</td>
<td>4</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td><strong>Person Not Charged</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult</td>
<td>167</td>
<td>86</td>
<td>14</td>
<td>281</td>
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<tr>
<td>Juvenile</td>
<td>4</td>
<td>9</td>
<td>1</td>
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</tbody>
</table>
## Appendix B

### Drug Seizures at Ports of Entry - 2015

<table>
<thead>
<tr>
<th>Place Seized</th>
<th>Cocaine</th>
<th>Liquid Cocaine</th>
<th>Hashish</th>
<th>Marijuana</th>
<th>Persons Arrested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lynden Pindling International Airport</td>
<td>7 lbs</td>
<td>2.20 lbs</td>
<td>0.18 lbs</td>
<td>15.35 lbs</td>
<td>14</td>
</tr>
<tr>
<td>Family Island Airports</td>
<td>16 lbs</td>
<td>Nil</td>
<td>Nil</td>
<td>428.20 lbs</td>
<td>2</td>
</tr>
<tr>
<td>New Providence Docks &amp; Harbour</td>
<td>0.02 lbs</td>
<td>Nil</td>
<td>0.01 lbs</td>
<td>60.63 lbs</td>
<td>63</td>
</tr>
<tr>
<td>Family Island Docks &amp; Harbour</td>
<td>1449 lbs</td>
<td>NIL</td>
<td>Nil</td>
<td>1,983 lbs</td>
<td>34</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>1,472.02</td>
<td>2.20 lbs</td>
<td>0.19 lbs</td>
<td>2,487.18</td>
<td>113</td>
</tr>
</tbody>
</table>
### Appendix C

**Drug Arrest Demographics - 2015**

<table>
<thead>
<tr>
<th>Nationality</th>
<th>Males</th>
<th>Females</th>
<th>Juvenile Males</th>
<th>Juvenile Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Americans</td>
<td>60</td>
<td>13</td>
<td>-</td>
<td>-</td>
<td>73</td>
</tr>
<tr>
<td>Arabian</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Bahamians</td>
<td>1,244</td>
<td>107</td>
<td>39</td>
<td>4</td>
<td>1,394</td>
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<tr>
<td>British</td>
<td>1</td>
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<td>-</td>
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<td>Canadian</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
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</tr>
<tr>
<td>Colombian</td>
<td>-</td>
<td>1</td>
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<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Cuban</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Dominican</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Guyanese</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Haitians</td>
<td>13</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>13</td>
</tr>
<tr>
<td>Jamaicans</td>
<td>6</td>
<td>4</td>
<td>-</td>
<td>-</td>
<td>10</td>
</tr>
<tr>
<td>Swedish</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,330</td>
<td>126</td>
<td>39</td>
<td>4</td>
<td>1,499</td>
</tr>
</tbody>
</table>
Appendix D

Drug Offenders by Gender (BDCS)

FEMALE 18 (5%)

MALE 375 (95%)

Drug Offenders Adult v Juvenile (BDCS)

JUVENILE 3 (1%)

ADULT 390 (99%)
**Appendix E**

**Drug Admissions by Offence* 2015 (BDCS)**

<table>
<thead>
<tr>
<th>KEY</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>POS OF DRUGS</td>
<td>Possession of Dangerous Drugs</td>
</tr>
<tr>
<td>Export/DRUGS</td>
<td>Exportation of Dangerous Drugs</td>
</tr>
<tr>
<td>IMPORT/DRUGS</td>
<td>Importation of Dangerous Drugs</td>
</tr>
<tr>
<td>CONSP.SUPPLY DRUGS</td>
<td>Conspiracy to Possess Dangerous Drugs</td>
</tr>
<tr>
<td>POS./D/W/INT/SUPPLY</td>
<td>Possession of Dangerous Drugs with intent to supply</td>
</tr>
<tr>
<td>BRC/DO/ACT/TRAFFICKING</td>
<td>Breach of Drug Act/Trafficking</td>
</tr>
<tr>
<td>CULT/VA</td>
<td>Cultivation</td>
</tr>
<tr>
<td>CONSP./Export</td>
<td>Conspiracy to Export</td>
</tr>
<tr>
<td>CONSP./IMPORT</td>
<td>Conspiracy to Import</td>
</tr>
</tbody>
</table>

* Totals may exceed sentenced and remanded figures as offender may have multiple offences.
Appendix F

Length of Sentence for Drug Offenders (BDCS)

Type of Release for Drug Offenders (BDCS)

REL/CT - Release by Court.
REL/EMS - Release by Electronic Monitoring
REL/SRC - Release to Sandilands Rehabilitation
T/S - Time Served.
CT Appeal - Court Appeal,
EXTRADITED - Extradition
FINE PAID,
DEPORT - Deported
# Appendix G

## Anti-Drug Stakeholders (NGO’s)

<table>
<thead>
<tr>
<th>Organization</th>
<th>Organization Head</th>
<th>Function</th>
<th>Commence Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bahamas Association for Social Health (BASH), Columbus Avenue, Chippingham P.O. Box SS-5372 Nassau, The Bahamas (242) 356-2274 <a href="mailto:bashbahamas@hotmail.com">bashbahamas@hotmail.com</a></td>
<td>Executive Director Terry Miller</td>
<td>To substantially reduce crime, violence and drug abuse in communities in The Bahamas</td>
<td>1991</td>
</tr>
<tr>
<td>Dean Granger Centre Market Street P.O. Box N-653 Nassau, The Bahamas (242) 326-7833</td>
<td>Executive Director Eugene Palacious</td>
<td>Half-Way House for men</td>
<td></td>
</tr>
<tr>
<td>Great Commissions Ministries International, The Erma Miller Centre, 16 Wulff Road, P.O. Box N-1444, Nassau, The Bahamas (242) 325-5801 <a href="mailto:info@gcmglobal.org">info@gcmglobal.org</a></td>
<td>President &amp; Founder Bishop Walter Hanchell Executive Director Minalee A. Hanchell</td>
<td>Promoting Reconciliation, restoration and hope for persons affected by poverty, crime, drug abuse and broken relationships</td>
<td>1987</td>
</tr>
<tr>
<td>Hope Centre P.O. Box GT-2353 Nassau, The Bahamas (242) 356-6549 <a href="mailto:thehopecenter@gmail.com">thehopecenter@gmail.com</a></td>
<td>Executive Director Carlos Reid</td>
<td>Mentoring young people to be Productive citizens</td>
<td>1995</td>
</tr>
<tr>
<td>Prison Fellowship Bahamas Shirley &amp; Market Streets P.O. Box EE-17779 Nassau, The Bahamas (242) 394-1338 <a href="mailto:jujuplums59@yahoo.com">jujuplums59@yahoo.com</a></td>
<td>Executive Director Eric Josey</td>
<td>Assist inmates and their immediate families during the inmate’s incarceration and with the reintegration of inmates into society upon their release</td>
<td></td>
</tr>
</tbody>
</table>
## Anti-Drug Stakeholders (Go’s)

<table>
<thead>
<tr>
<th>AGENCY</th>
<th>AGENCY HEAD</th>
</tr>
</thead>
</table>
| Bahamas Customs Department, Thompson Boulevard  
P.O. Box N-155, Nassau, The Bahamas  
(242) 325-6650  
charlestopier@bahamas.gov.bs | Mr. Charles Turner  
Comptroller of Customs |
| Bahamas Department of Immigration, Ministry of  
Foreign Affairs ad Immigration, Hawkins Hill,  
P.O. Box P.O. Box N-831, Nassau, The Bahamas  
(242) 322-7530  
IMMIGRATION@BAHAMAS.GOV.BS | Mr. William Pratt,  
Director of Immigration |
| Department of Public Prosecutions, Office of the  
Attorney General East Hill Street, P.O. Box N- 3007  
Nassau, The Bahamas  
(242) 502-0400  
ATTORNEYGENERAL@BAHAMAS.GOV.BS | Mr. Garvin Gatskin  
Director of Public Prosecutions (DPP) |
| Department of Legal Affairs, Office of the Attorney General  
East Hill Street, P.O. Box N- 3007, Nassau, The Bahamas  
(242) 502-0400  
ATTORNEYGENERAL@BAHAMAS.GOV.BS | Antoinette Bonamy,  
Director of Legal Affairs |
| Financial Intelligence Unit,  
Frederick Street, P.O. Box SB -50086  
Nassau, The Bahamas  
(242) 356-9808  
nicole.bodie@fiubahamas.bs | Mr. Rubin Smith  
Director |
| Bahamas Department of Correctional Services  
Fox Hill, P.O. Box N-504, Nassau,  
The Bahamas  
(242) 364-9800  
hmpbahamas@yahoo.com | Mr. Patrick Wright  
Commissioner |
### Anti-Drug Stakeholders (GO’s) cont’d

<table>
<thead>
<tr>
<th>Agency</th>
<th>Agency Head</th>
</tr>
</thead>
<tbody>
<tr>
<td>Port Department, Prince George Dock, P.O. Box N-8755, Nassau, The Bahamas (242) 322-2049 <a href="mailto:PORTDEPARTMENT@BAHAMAS.GOV.BS">PORTDEPARTMENT@BAHAMAS.GOV.BS</a></td>
<td>Commander Patrick McNeil Port Controller</td>
</tr>
<tr>
<td>Royal Bahamas Defence Force, Headquarters, Coral Harbour Base, P.O. Box N-3733, Nassau, The Bahamas (242) 362-1818 rbdf.gov.bs</td>
<td>Mr. Tellis Bethel Acting Commander</td>
</tr>
<tr>
<td>Royal Bahamas Police Force, Police Headquarters, East Hill Street, P.O. Box N-458, Nassau, The Bahamas (242) 322-4444 <a href="mailto:info@royalbahamaspolice.org">info@royalbahamaspolice.org</a> <a href="http://www.royalbahamaspolice.org">www.royalbahamaspolice.org</a></td>
<td>Mr. Ellison Greenslade Commissioner of Police</td>
</tr>
</tbody>
</table>