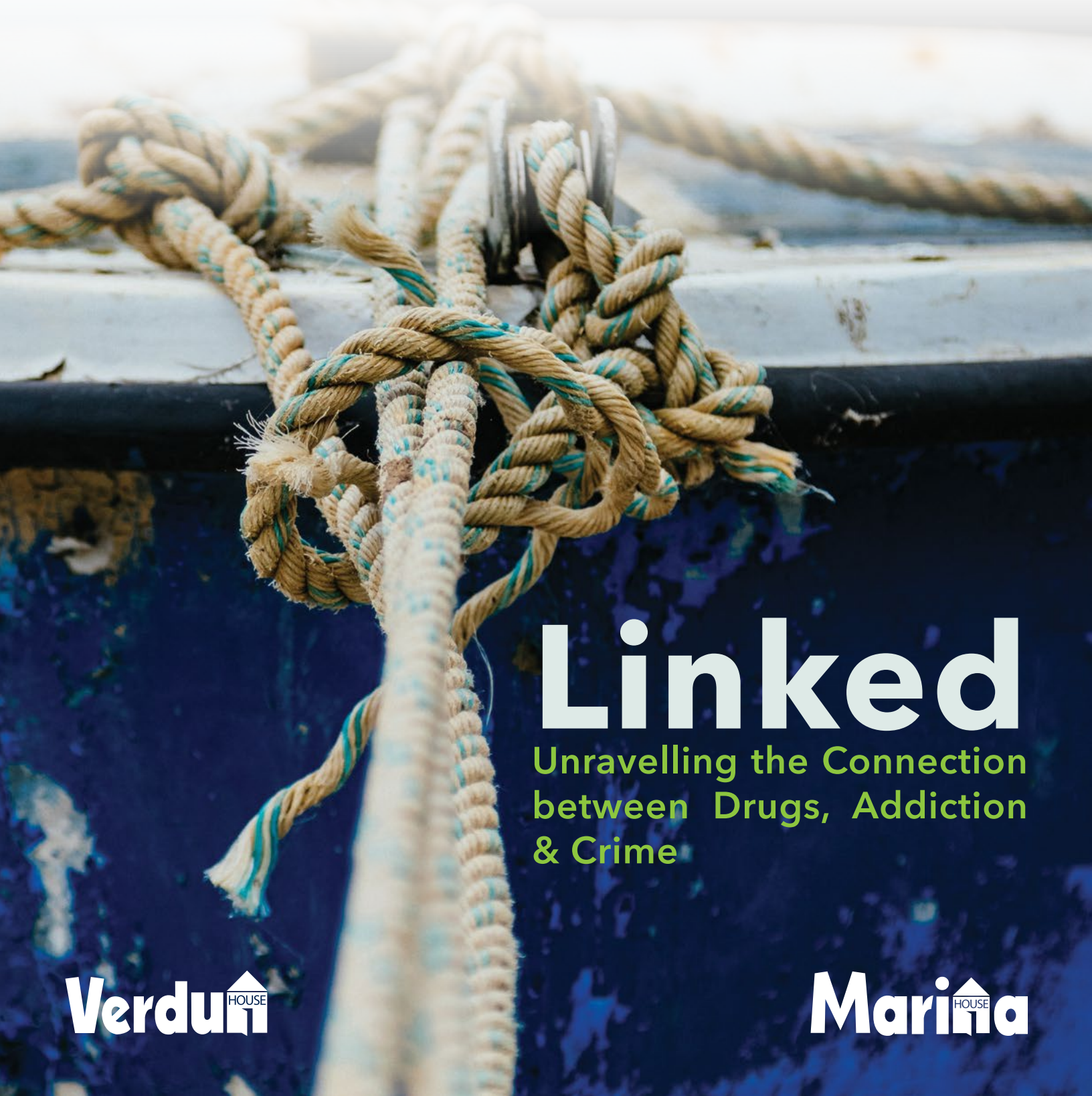


# RENEW



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We dedicate this publication to the memory of Cindy Clarke for her outstanding service of over approximately 19 years. Cindy died on September 14, 2019 following a brief illness.



**No one is actually dead until the ripples they cause in the world die away.**

*Terry Pratchett*



**Marietta Carrington**  
Editor & Chief Executive Officer

## **Drugs and The Law**

Providing an avenue where our various stakeholders can turn to for credible information and become more educated and informed about the complex nature of substance use, abuse and addiction is of paramount importance to us at The Substance Abuse Foundation.

Each year we select a topic we believe will provide helpful information to our various stakeholders. The upsurge in criminal activity in Barbados in recent times, especially those related to guns, is troubling to most Barbadians. Everywhere one turns, there is some type of discussion about crime and violence and whether or not they are drug-related. Anecdotal information suggests that our young male

**The upsurge in criminal activity in Barbados in recent times, especially those related to guns, is troubling to most Barbadians... The common factor appears to be that their drug use, mental health and addiction challenges are contributing to unhealthy life choices which are resulting in legal problems.**

**Increasingly, a number of young men are seeking treatment and many of them have had some sort of run in with the law.**

population is more seriously affected than their female counterparts.

In addition to the above, over the past few years, we have noticed a troubling trend that seems to be getting more acute. The age of our male client population is shifting significantly. Increasingly, a number of young men are seeking treatment and many of them have had some sort of run in with the law. The common factor appears to be that their drug use, mental health and addiction challenges are contributing to unhealthy life choices which are resulting in legal problems.

Cindy Clarke, a long standing member of The SAF's clinical department, had recently returned to Barbados following a one year leave of absence

where she successfully gained a Master's degree at Harvard University. The increase in gun violence became more apparent to her. She expressed concern about this trend and indicated that we should consider addressing it in the 2020 Renew Magazine. She felt strongly that those of us involved in the delivery of addiction and mental health services needed to have our voices heard. We agreed that a healthier and safer Barbados for all is everyone's business and that our policy makers and others needed to be educated and informed. This problem, if not addressed, will eventually rip apart our social fabric.

We further agreed that this edition would focus on mental health, addiction and the law. Cindy agreed to co-ordinate this edition with the goal of bringing different perspectives to what is considered a complex and sometimes polarised topic.

In order to pen this foreword, I proceeded to conduct my own research on this this topic. I

was not surprised to discover that these challenges facing Barbados are indeed Caribbean and international challenges. I learnt that addiction and criminal activity are nearly always connected. There were arguments to support the view that criminals, even those with addiction problems, belong in jail. One person argued that placing someone in prison for addiction can be seen as one of the ways to stem the tide of crime. After all, people who are locked up cannot steal from others, and they cannot contribute to the decline of the community as a whole. They are removed from the situation, and in theory, that could help the community to heal in their absence. In my opinion this couldn't be further from the truth. This can sometimes make a bad situation worse.

Other views that were expressed indicated that putting someone in jail isn't always the best place for people who use drugs. In fact, it might be the worst place for some types of drug users.

In my reading, it was interesting to discover that drug crime arrests can affect anyone - it doesn't matter the gender, race or socio-economic standing, although it is easy to think that they are mostly associated with the average Joe Blow or persons of modest means. This couldn't be further from the truth. I was surprised by the long list of internationally famous and influential persons who were arrested and went to jail for possession of drugs and or driving under the influence. Some familiar names included trumpet player, Louis Armstrong, John Lennon of the Beatles, Whitney Houston and Marilyn Monroe. I was awestruck to discover that the revered Austrian neurologist, Dr. Sigmund Freud who is known as the father of psychoanalysis was a cocaine addict although I couldn't find any credible evidence to support whether he was incarcerated as a result of his drug use.

**Treatment works and recovery is possible.**

It has been proven that drug use and dependency can lead to a myriad of problems. One of these has been identified as difficulty in maintaining a job. The resulting financial problems are an inability to meet financial obligations such as rent and living expenses. As drug misuse continues and crosses over into addiction, some people often use crime such as theft to find items that can be easily sold to raise the money to feed their drug habits.

These activities often lead to problems with

the law. It is for this and other reasons that we have seen an upsurge in drug treatment courts emerging around the globe. Barbados, like other nations, has come to acknowledge the benefits of drug treatment courts to address some of the drug/crime related problems.

Treatment works and recovery is possible. Treatment centres such as Verdun House and Marina House are integral partners in the drug treatment court process. By providing a place (and space) where healing and restoration can occur, we are seeking to maintain the quality of life in Barbados by taking drugs and alcohol and other substance abusers off the streets and often away from a life of crime.

As I conclude this foreword, there is a sadness within the therapeutic environs of Verdun House and Marina House. Cindy Clarke who started to co-ordinate this publication did not get an opportunity to either complete her own article or to finalise all of the contributions. Cindy died on September 14, 2019 following a brief illness. In this regard, we dedicate this publication in memory of her outstanding service over approximately 19 years. Many of our clients and their families have benefitted greatly from her compassionate spirit and deep commitment to helping addicted persons heal and lead productive lives.

We trust that you will find the articles contained in our anniversary edition of Renew interesting and informative. 🏡



# What are Criminogenic Needs and Why are They Important

Over the years, researchers have theorised and discussed what the factors are that cause individuals to engage in criminal behaviour. The hope is that understanding these factors will assist all those involved in executing the law to make more informed decisions and help treatment providers reduce offending behaviours. “Criminogenic needs” became a term used to refer to the factors that contribute to repeat criminality.



**Letitia Wiltshire**  
Mental Health & Addiction  
Counsellor

Criminogenic needs are characteristics, traits, problems, or issues of an individual that directly relate to the individual’s likelihood to reoffend and commit another crime. It has been established that both internal and external risk factors contribute to criminal behaviour and recidivism. These criminogenic needs address the risk factors of the offender and are therefore divided into two categories - static and dynamic factors.

Static factors such as the offender’s criminal history, age at the time of their first arrest, residing in a single parent household and family criminality cannot be changed or altered and are structured facets of a person’s life that may have contributed to them committing an offense. In contrast, dynamic factors are changeable factors and these are inclusive of the company the person keeps, substance use, the person’s attitude and core values, lack of literacy and lack of job skills.

**The hope is that understanding these factors will assist all those involved...**

Dynamic risk factors can be addressed with therapy, education, training and targeted programmes that can address the core needs of the individual. Substance use is one of these dynamic criminogenic risk factors that should and can be targeted with either outpatient or

residential treatment. Evaluations of substance abuse treatment programmes have generally established treatment as an effective tool at reducing drug use and crime.<sup>1</sup>

**...characteristics, traits, problems, or issues of an individual that directly relate to the individual’s likelihood to reoffend and commit another crime.**

Understanding criminogenic needs informs the decision-making process across the spectrum of the rehabilitation treatment and criminal justice system. By being able to identify specific criminogenic needs, criminal justice practitioners can employ a more rehabilitative perspective and determine what individual needs have to be addressed to reduce the likelihood of recidivism. For treatment providers, understanding a patient’s criminogenic needs can lead to better informed case management and treatment planning. For those in the criminal justice field and the treatment field, criminogenic needs should always be considered and take a front seat when working with individuals who commit crimes. ↕

*(Pendergast, Podus, Chang & Urada, 2002; Wilson et al., 2006).*



Cindy Clarke

Second Stage Co-ordinator &  
Social Worker

# Drugs, Crime and the Consequences: A Client's Viewpoint

**RM:** Hi James. Good morning. Thanks for agreeing to take the time to share some aspects of your life story.

**John D.:** That is not a problem, anything I can do to help I am willing.

**RM:** Can you start by sharing a bit about some of your earliest memories?

**John D.:** Sure. I was born in the city. I can remember hanging out with a bunch of boys called the Wild Boys. My mother was a drinker and she used to gamble. I was five or six when she gave me my first rum. I used to get a lot of licks. I can also remember the standpipe and catching water.

**RM:** What do you remember most about your mother?

**John D.:** My mom had a very kind heart. She adopted three children. It was me, three sisters and sometimes my older

brothers in a one-room house. There was a curtain across the room that was the only separation. Sometimes my brothers and I used to wonder if my mother got the wrong children from the hospital. Life was hard sometimes is what I mean.

**RM:** Would you care to mention what made life hard sometimes?

**John D.:** There was no father figure. My mom used to do what she had to do to make ends meet. I know that she lost three biological children. Three died and she adopted three boys. I can recall my mother losing a child. I saw what happened. I watched a man beat my mother and knocked out her front tooth. [It is] one of my worst memories.

**RM:** That must have been difficult to witness.

**John D.:** She (my mother) boiled some soup. He was sleeping. I must have been about seven. I got the crocus bag from the door to hold the two sides of the pot and threw

the soup on him. I don't know what happened because I was running.

**RM:** What else stands out for you in your early years?

**John D.:** I liked to hear Bible stories. My favourite was "Daniel and the Lions' Den". I can remember going to meet this old lady and helping her to get to church, holding her hand across my shoulder because she could not walk too well. I would go and help her because she used to tell some of the best Bible stories. I would always listen to them.

**RM:** What about school?

**John D.:** I was a loner at Catholic school. I never liked to mix up. I was the only person with this complexion (John points at his hands). There were only two Caucasians where I lived. I felt different. I used to be afraid to get involved in any bad activities because I was easy to identify. I quit school after the eleven plus exam and never went back to find out which school I would have attended. There was nobody to

make me do so either.

**RM:** How did you first get involved with the law?

**John D.:** I was around six or seven. I got caught after breaking into some places out by the old Fairchild Street Market. Me and some boys took some breads and drinks. My mom was not pleased when she came down to the police station. I was beaten with a broomstick. I also got charged for gambling. I was pointed out to the police by my sister. In my book I was wrong, but I cannot remember being afraid of the police. I used to dive coins in the wharf and that was fun, so was running from the police. It was like playing a game.

**RM:** How did you get seriously involved in drugs?

**John D.:** As I told you, I first got rum for the worms, but I started drinking really hard from the age of fourteen. I was also smoking cigarettes and marijuana, and taking pills. I was smoking cigarettes before I was ten. At fourteen I also got my first job. It was in a bar, a



strip club really. I felt as though I was a man then; doing man things.

**RM:** How did the job go?

**John D.:** I was working for \$20 a week and running the bar. I had a knack for making money. The owner noticed and gave me more responsibilities but I was drinking and smoking hard. After working at the bar, I started sailing the islands with an older gentleman who had a boat. I loved sailing. The first thing I got onboard was a bottle

of whiskey and a large pack of Three Fives (cigarettes). I sailed, drank and smoked for over a year. Drinking made me fit in; it made me brave. But my life really changed when I moved.

**RM:** Share a bit more about that.

I moved from the city. I started hanging around with people like me - tourists and white locals. I also got involved with surfing because I was a good swimmer. I also did windsurfing and became a windsurfing instructor. I enjoyed meeting tourist women. I could make quick money by finding drugs for tourists. I also started travelling. I went to Germany, Switzerland, Holland and France, but still drinking and drugging. Life to me was getting better.

You know, when I was eighteen years old I was diagnosed as an alcoholic by a doctor at the St. Joseph Hospital. I was experiencing stomach complications. I did not know what an alcoholic was. I was not lying down on the road drunk.

**RM:** What was life on the beach like?

**John D.:** In my late twenties I was in the process of recovering from a hangover on Accra Beach when I met the love of my life. We were married in a matter of months. She sent for me in Canada, we got married and I stayed. Her brothers used to do more marijuana smoking than drinking and she had one brother that used "crack". I had tried snorting cocaine in Barbados. I was also using LSD and mushrooms. Her brothers used to traffic marijuana in Canada and I decided to join them. It seemed like fast money and the environment that I worked in made it easy. I thought I was doing great, making lots of money but I never had money to take home.

**RM:** You went to prison at some point. What can you say about that?

**John D.:** The first time I went to prison was in Canada. I got busted at my house. My first son was born by then. I went to

prison for a couple of months with lots of community service following. I had applied to be a citizen at the time but I was told that I had to leave the country. I left but returned to Canada within a month. My wife signed a \$10,000 bond. I also went to rehab for thirty (30) days. The minute I left, I went and bought a beer. To me a beer was not alcohol. Alcohol to me was rum or whiskey.

**RM:** You were also deported. How did that impact your life?

**John D.:** I went to my immigration interview high and intoxicated. Up to now I can't remember what happened. What I can account for was told to me by my wife and my oldest son. I woke up in a holding cell and was deported back to Barbados. I got drunk on the plane on my way back home. The flight had a stop-over at Piarco Airport and I got drunk there too, and missed my connecting flight. That was July, 1989. I remember it well because that is when I stopped caring. Whenever I missed my family, I would get drunk and

that was every day. I had three sons by then. I am proud of teaching my youngest son to walk early because the other two [were] always chasing him.

**RM:** What was life like after your deportation?

**John D.:** I cared about nothing really. The first time I went to prison in Barbados it was for maybe nine weeks. I saw lots of my boyhood friends. That made me comfortable. I went to prison sometimes twice a year from 1992/3 to 2011. Every prison sentence, long or short, had something to do with drugs and alcohol. I could not make the connection. That is how I spent almost twenty years of my life.

**RM:** What broke the prison cycle?

**John D.:** I remember seeing a Verdun House representative in court who went to school with me. I was tired and fed up just living a reckless, 'don't carish' life, in and out of prison. I tried killing myself in 2000 on the night of the Millennium Fireworks. A prison officer who

knew me was also on the beach that evening before sunset. I was drunk. I cannot remember what we talked about, but I know I wanted help but I could not build the courage to do so on my own. I went to Verdun House afterward through the court. I asked the magistrate for help. For the first time [in my life,] that place, the property, and the people made me feel at peace. I wanted to change.

**RM:** What happened in treatment?



**John D.:** I participated in the programme. I also went to Second Stage for nine months. I remember saving money, something I had never done before. I started to build a connection with my family. I had a family again. I reconnected with my kids and my ex-wife, but for some reason I was not doing all that was suggested and I relapsed. I ignored some of the suggestions and went back to old people, things and places. I was drinking for one year and ended back up in prison. I then asked the magistrate for a second chance. Before then I had joined the prison's drug rehabilitation programme. My mother had also stopped drinking. I could no longer cope with people who drank and smoked because it made me too uncomfortable. I am still very uncomfortable around people who drink and smoke.

I never went back to thank that magistrate for giving me another chance, but I will never forget

him. One of these days I will return and let him know how his decision helped change my life.

**RM:** What is life like today?

**John D.:** My life is not perfect but I am comfortable. I have a job at Verdun House that I love, even though most people would not believe so. I just wish I could do more, especially for my two younger children, ages four and three. I would never like them to see the person I was before. Sometimes things are tough but I refuse to look backwards. My life can only get better.

Prayer helps. It is God first and then my two younger children.

At October 1, 2019 I am 9 years sober and living my best life in my golden years! 🙏🙏

*A few details have been slightly changed to protect the interviewee's anonymity.*



**Kwayne Farrell**

Continuing Care Co-ordinator

*"Sometimes, life gives you a second chance, because you weren't ready the first time."*

*- Unknown*

# Treatment Interventions - Second Chances

Mistakes are a part of life. However, some mistakes have more severe consequences. This was a hard fact of life that V.B. had to learn as a result of his addiction. This led him to a twenty-year journey of crime, drug use, prison sentences and near-death experiences before turning his life around.

V.B. was initially working to supply his drug habit, but found that he often needed more and faster money to feed his ever-growing appetite. He admitted that his foray into the world of drugs and





crime changed his attitude to that of a self-centered and selfish mindset. He believed that he was entitled to do whatever was necessary to placate his obsession and compulsion to consume drugs. This led to crime becoming a way of life for him. During his criminal career he amassed twenty-six convictions with fourteen different stints in prison, all connected to drug misuse.

**Mistakes are a part of life. Thankfully, so are second chances.**

V.B.'s criminal escapades often put him at risk. In fact, he was shot in one of his last criminal exploits. However, his obsession and compulsion to use were so great he sought drugs first before seeking medical attention. Similarly, V.B. never sought help for his addiction on of his own accord. He admitted that he simply did not believe he was an addict, as he was still able to work and maintain some semblance of a life.

Fortunately for V.B., he believes his Higher Power put him on a path for help, when the Magistrate's Court referred him to treatment. Even though he had hoped that treatment could offer him a better life, he still believed he could continue using when he returned home. In fact, he figured that treatment would help him to use more successfully. This mindset led to him prematurely leaving treatment and eventually returning to active drug use.

**He listened to his peers and the counsellors and worked on the underlying issues that fueled his addiction.**

After suffering more consequences, he was able to get a second chance at treatment. Once again he was referred by the Magistrate's Court as part of the Barbados Drug Treatment Court programme. During his second attempt he was more serious

and worked the H.O.W. of the programme, being Honest, Openminded and Willing to do whatever was required. He listened to his peers and the counsellors and worked on the underlying issues that fueled his addiction.

V.B. was able to successfully complete his Primary Treatment and continued his pursuit of long-term recovery in our Continuing Care Programme. He has fully embraced his opportunity at a second chance at life, which has led to a number of wonderful rewards. These include:

- Reconnecting with his family, in particular his father.
- Finding a loving and supportive partner, who encourages his recovery effort.
- Re-engaging in meaningful work activities, where he is trusted with money; expensive materials;
- Improving his physical, mental and spiritual health drastically in the fourteen

**months he has been clean and sober.**

V.B. indicated that one of the biggest improvements is his attitude. He has become more empathetic and compassionate towards others, especially persons suffering from the disease of addiction. However, what he is most proud of is his ability to help others and encourage those in active use to seek help. He has become a role model to younger members in his neighbourhood who have witnessed his dramatic turnaround.

Mistakes are a part of life. Thankfully, so are second chances. Sometimes, as in the case of V.B., we often need a second, third or fourth chance. 🏡🌱

**"Verdun House is a physical monument, built not with steel and concrete, but with love and compassion."**

*- Client*



**Francis McBarnett**  
OAS Representative, Barbados

# Drug Treatment Courts In The Caribbean: A Personal Perspective

Drug Treatment Courts In The English-Speaking Caribbean. What Are They? And Why We Need To Support Them

A Drug Treatment Court (DTC) is specially designed to supervise cases of drug dependent offenders...

Drug Treatment Courts can be traced to the early 1980's in the United States of America where judicial officials who had become frustrated by the revolving door of arrest, trial, sentencing, incarceration and arrest decided to do something different. The first Drug Treatment Court (DTC) established in the United States was in Dade County, Miami in 1989. Today, there are over 3,000 DTCs in the United States that deal with a wide range of issues.

In Canada, the Drug Treatment Court initiative began in 1998 through the determined efforts of Justice Paul Bentley (now deceased). Justice Bentley became an advocate for these courts and was influential in convincing policy makers in Canada and the Americas that investing in Drug Treatment Courts (DTCs) was worthwhile for both justice and public health systems, and the communities that they serve. Canada now has several courts that cover the country based on the various provinces. The United States and Canadian

experiences have influenced the establishment of DTCs in several countries around the world.

It is now a settled question that the incarceration of drug users or the so-called "War on drugs" did not yield the anticipated outcomes. In fact, the approach has attracted an increasing number of non-violent individuals into the criminal justice system, with significant numbers coming from low income and minority communities. It is also evident that the "health cost of leaving drug dependence untreated are substantial, and particularly for countries with fragile economies, large populations, and hard-pressed health care systems, drug abuse is a major current and future health burden".<sup>1</sup>

In the Americas, an emerging body of literature has made a convincing argument that drug use and abuse and the resulting addiction is a public health issue that cannot be addressed by incarceration. One of the main drivers that has facilitated a search for alternatives is the explosion of prison populations in the Hemisphere and the implications for human rights and related issues.

In the Organization of American States (OAS), the Hemispheric Drug Strategy approved in 2010 pointed to an alternative approach by stating that drug dependency is a chronic, relapsing disease that must be dealt with as a core element of public health policy. The Strategy went on to call on member states to "explore the

**...the approach has attracted an increasing number of non-violent individuals into the criminal justice system, with significant numbers coming from low income and minority communities.**

means of offering treatment, rehabilitation and recovery support services to drug dependent offenders as an alternative to criminal prosecution or imprisonment".<sup>2</sup>

**It is now a settled question that the incarceration of drug users or the so-called "War on drugs" did not yield the anticipated outcomes.**

Since 2008, the OAS through the Inter-American Drug Abuse Control Commission (CICAD) of the Secretariat for Multidimensional Security has promoted drug treatment courts and similar court-supervised treatment alternatives to incarceration in the Americas. In the English-Speaking Caribbean, Jamaica in 2010, Trinidad and Tobago in 2012 and Barbados in 2013 have signed MOUs with CICAD to establish Drug Treatment Courts. Guyana, after training

and consultation with national stakeholders opened its first Drug Treatment Court pilot on Monday 21st October 2019.

### **How are Drug Treatment Courts different from other Courts?**

A Drug Treatment Court (DTC) is a Court specially designed to supervise cases of drug dependent offenders who have agreed to accept court-supervised treatment for their substance abuse challenge. A DTC is established on the belief that the drug dependency of offenders is not simply a law enforcement or criminal justice challenge but an overriding public health and societal concern. The uniqueness of the DTC lies in its ability and willingness to combine the traditional processes of the criminal justice system with those of the drug treatment community. The tone and language of the court is, as a consequence, deliberately different from other settings. Individuals before the court, for example, are addressed as clients and not as criminals or offenders.

The Drug Treatment Court departs also from the traditional adversarial arrangements in the common law system where there is defense and prosecution. Instead, a team approach is adopted with a focus on the recovery of the client. The team, which is led by a Judge/Magistrate, usually includes representation from the police prosecution service, defense attorneys, the Probation Department, treatment providers and any other discipline that is considered relevant. The team approach while focussing on the recovery of the clients is careful to ensure that there are safeguards to guarantee that public safety interests are represented.

Drug Treatment Court programs usually have a duration of twelve (12) or eighteen (18) months in which clients are required to attend regular court sessions and subject themselves to random drug testing. Clients are exposed also to counselling on an individual, group and family basis to assist them

to overcome their addiction. The programs usually offers assistance with skill development and other life skills to aid the reintegration of the client into the community. At the end of the program, once the clients have performed all the requirements of the drug treatment court program they "graduate". The reward for successful participation in the program is the removal from the criminal record of the offense that brought the client into the criminal justice system.

**A DTC is established on the belief that the drug dependency of offenders is not simply a law enforcement or criminal justice challenge...**

In the Caribbean, the DTC model that has been adapted employs similar principles as those of their counterparts in the United States and Canada.

The Caribbean DTCs have opted, nevertheless, to apply strict criteria in the selection of clients and, for the moment, only non-violent individuals are admitted.

It is usual for some clients to present with a dual diagnosis (drug and mental issues). The Caribbean DTCs have, in most cases, due to issues of capacity not included these clients and have referred them to residential providers where such services are available. In the Caribbean, as in other jurisdictions, housing and sustainable employment have presented significant challenges that will require innovative solutions and the involvement of government agencies, the private sector and non-governmental organizations.

### **What has been the reaction to Drug Treatment Courts?**

Drug Treatment Courts have been celebrated as successful mechanisms in several jurisdictions that can lead to better outcomes for both clients and communities.

Overcrowded prison systems, it is acknowledged, are unlikely to have programs to cater to the needs of drug dependent offenders. These courts, based on studies in the United States and Canada, have proven to reduce crime effectively, the relapse into drug use and abuse, a decrease in prison populations and importantly, they are cost-effective when compared to incarceration.

In most jurisdictions, nevertheless, the introduction of Drug Treatment Courts has not been without challenges of one kind or another. Successful movement, in many cases, has depended on the conviction and determination of a few key individuals. There has been resistance, sometimes even in judicial circles, to the approach which some have perceived as "going soft on crime". It may be fair to claim, nevertheless, that there is a growing appreciation for the challenges posed by drug use and drug addiction and a willingness to concede that overcrowded prisons will not present a solution.

**The DTC programme, through a system of incentives and sanctions, encourage the clients to modify their behaviour and take responsibility for their recovery.**

There are, of course, other challenges that confront the drug treatment court approach. One obvious challenge is the need to present a seamless suite of services to clients and their families. DTCs require that clients and families receive counselling, random urine testing, mentoring and other supports to overcome their addiction. Housing and the provision of sustainable employment are also elements that are critical to the recovery of the clients. Most of these services are not readily available and many of the agencies involved suffer resource challenges and importantly, do not have a culture of working together

in a team setting. The team approach for most agencies is a new paradigm and does not happen naturally.

Experience and research have shown that the leadership of these courts is a critical component in client recovery. The interaction between the Judge or Magistrate and the client and the interaction between the Judge or Magistrate and the treatment team are key elements. The Judge or Magistrate remains in control but must develop an appreciation for the challenges faced by clients and at the same time be willing to listen to the advice of the team. In the United States of America, a great deal of attention has been paid to this aspect of the management of the court and manuals on procedural fairness and on the conduct of judicial officers within drug treatment courts have been published. The DTC programme, through a system of incentives and sanctions, encourage the clients to modify their behaviour and take responsibility for their recovery.

**Caribbean Drug Treatment Courts**

DTCs have been established to date in Jamaica, Trinidad and Tobago, Barbados and Guyana. These courts have had very promising starts and have built on the experiences of each other by sharing documentation and best practice. In addition, Jamaica and Trinidad and Tobago have taken the initiative to establish juvenile drug treatment court programmes. In Jamaica, there are now seven (7) Drug Treatment Courts, in Trinidad and Tobago two (2) courts and in Barbados, there is one (1) court that is based at the Supreme Court of Barbados. The Guyana Drug Treatment Court, which is in its pilot phase, is located in the Georgetown Magistrates Court. The authorities in Guyana have indicated that the location of the Court will allow it to have access to resources and personnel.

To date Jamaica has graduated five hundred and sixty-five (565) clients of which twenty-three (23) were children. Trinidad and

Tobago twenty-six (26) clients and Barbados thirty-eight (38) clients. A sustained training programme from the Inter-American Drug Abuse Control Commission (CICAD) of the OAS has supported the Drug Treatment Court initiative in the English-Speaking Caribbean. The training has included study tours to observe courts in operation in Toronto, Ottawa, Vancouver, Washington, Chicago and Miami.

In Jamaica, the DTC was established through specific legislation while in Trinidad and Tobago and Barbados the Drug Treatment Courts were initially set up within the existing legislative framework. The issue of whether to create specific legislation or to operate within the established legislative framework remains a subject of discussion. These Courts, nevertheless, are relatively new and time and experience should lead to a clear determination in the various jurisdictions. In all the English-Speaking Caribbean jurisdictions, the Bar Associations have been supportive of the initiative and several lawyers have volunteered to provide their services pro bono.

The DTC initiative in the English-Speaking Caribbean has received the support of the participating governments. In most jurisdictions, however, limited additional resources have been available for the initiative due largely to the economic constraints faced by these governments. The DTCs, nevertheless, have survived through the committed work of dedicated Steering Committees that enjoy representation from a wide range of stakeholders. It is felt that with every graduation of clients the initiative garners increased public support and acceptance.

There is a need to ensure the sustainability of these courts by forging links with the private sector and by increased public engagement on issues of drug use and the challenges of drug addiction. The threat faced by the trade in illegal drugs is existential and countries are required to be creative and to utilize research and new approaches to face that challenge. The Drug Treatment Court is one such approach and needs to be supported.



**DTC Graduates**

**Jamaica**  
7 DTCs  
565 clients  
*of which 23 were children*

**Trinidad & Tobago**  
2 DTCs  
26 clients

**Barbados**  
1 DTCs  
38 clients

### ANNEX 1

Number of Graduations and Graduates from the Drug Treatment Court in Trinidad and Tobago from San Fernando and Tunapuna

#### 2014 - 2019

There was an overall number of twenty-six (26) participants who graduated from the Drug Treatment Court Programme from both the San Fernando and Tunapuna Drug Treatment Courts over the period 2014 to 2019.

Year	San Fernando	Tunapuna
2014	6	-
2015	5	1
2016	2	4
2017	2	-
2018	2	2
2019	-	2
	<b>17</b>	<b>9</b>

Source: Trinidad and Tobago Drug Commission, 2019

### ANNEX 2

#### Statistics On the Barbados Drug Treatment Court

##### 2014 - 2019

Barbados Drug Treatment Court began as a pilot in January 2014

Graduation of First Cohort - January 2016 - 11 clients

Graduation of Second Cohort - December 2017 - 12 clients

Graduation of Third Cohort - February 2019 - 15 clients

**TOTAL 38 CLIENTS**

Source: Supreme Court of Barbados

### ANNEX 3

#### Jamaica Drug Treatment Court

##### 2001 - 2019

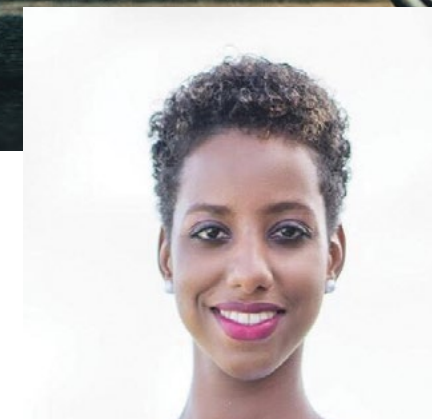
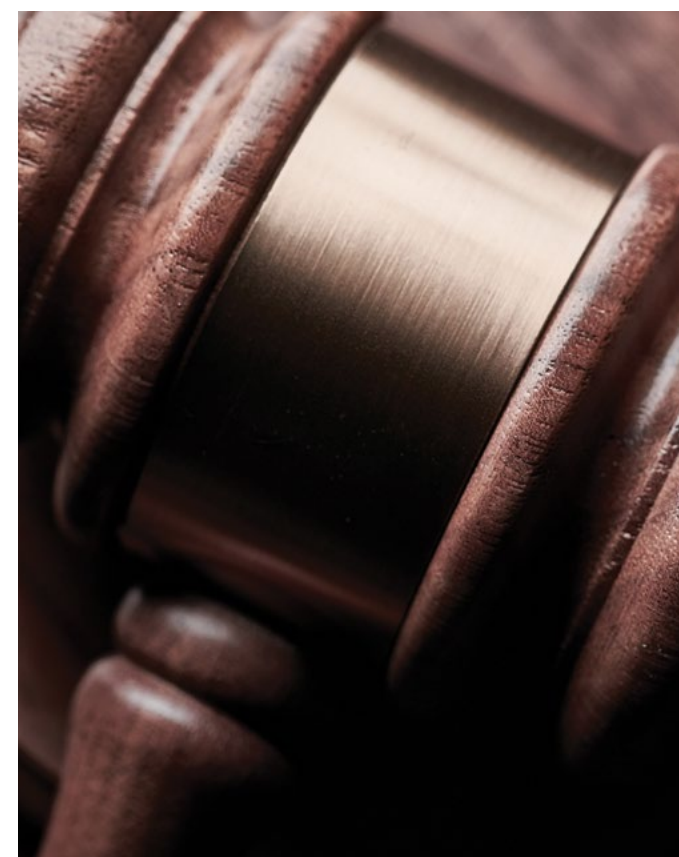
A total of 1262 clients have benefitted and continue to benefit from substance abuse counselling and the social integration efforts of the Drug Treatment Court. A total of 565 clients have successfully completed treatment by attaining and maintaining sobriety and graduating from the programme over a total of 44 graduations. Of the 565 who successfully completed the programme, 23 were children. This translates to numerous families and communities being positively impacted by the success of these clients. A total of 88 children and 32 adults started the programme but did not complete it.



Footnotes:

Organization of American States, 2013

Organization of American States, 2010



**Adicia Clarke, MSc**  
Consultant Mental Health  
Therapist

# Women, Addiction, Crime - Her Treatment Experience

Until recently, in our efforts to address substance addiction, many treatment facilities failed to explore and manage any diagnosed or undiagnosed mental illnesses. However, we have learned that if addiction is treated in isolation, the client is disadvantaged, as this failure to address their mental state can result in relapse and a worsening of their mental well-being.

Additionally, men and women who struggle with addiction often have a history of criminal behavior. A regular occurrence is that these individuals often engage in acquisitive crimes to support their habit e.g. theft and burglary and/or more violent crimes e.g. assault, sexual assault, aggravated robbery etc. Thus, the problem of addiction is often multifaceted; it includes substance dependence, mental illness and criminality. In this article we will explore the experience of Lea, an inmate at HMP Dodds as she shares her life with addiction, depression and criminality.

Lea is in her early 30's and has been imprisoned more than ten times for charges including theft, loitering and possession of apparatus. Her introduction to drugs was driven by curiosity at nineteen years old after witnessing someone snorting cocaine and beginning in her 20's, she has burglarised others on a consistent basis. For her, stealing is a coping mechanism for unwanted emotions.

A few years ago, Lea was diagnosed with depression.

Depression is inextricably linked to her criminality and drug use. When Lea feels angry or sad, she copes by stealing to obtain drugs. Anger and sadness are identical emotions for her, and her criminal behavior increases when she is angry. This inability to effectively manage emotions is common amongst persons struggling with substance abuse, resulting in drug use and/or emotional suppression.

**Depression is inextricably linked to her criminality and drug use. When Lea feels angry or sad, she copes by stealing to obtain drugs.**

The repercussions of ineffective emotional regulation negatively impact relationships and produce relational strains. This creates more negative emotions and stresses in the lives of these individuals, resulting in further drug use - creating a vicious cycle. Lea's familial relationships are practically non-existent, due to

her criminality and other negative behaviours associated with her inability to regulate her emotions. She described her relationship with her children as "fine", but admitted to rarely speaking to them. Her children have been staying with her mother as a result of her chaotic lifestyle.

Lea's stealing was described as an impulsive action, "a voice that tells me to steal". Impulsivity is often at the core of criminality and addiction. This inclination to engage in behaviours with little reflection or consideration of consequences is common amongst persons with mental illness and addiction. Consideration is rarely given to self and others and even if it is, the desire to engage in the behaviour takes precedence. Prisons and rehabilitation facilities are inundated with impulsive individuals unable to regulate themselves.

For many substance users involved in crime, broken familial relationships, shame, inability to find a stable job [especially if they have a criminal record], abusive partners, lack

of finances and housing all contribute to reoffending and/or relapse. Ongoing support and recovery coaching are essential to their success. The disease of addiction is a multi-tentacle monster that does not care about anyone. Lea was fortunate enough to participate in the rehab programmes at Marina House and at HMP Dodds and has acquired critical skills such as how to better manage her depression, control her impulsivity, be more assertive and cope with cravings.

These days, Lea finds hope in her children and is excited about working again when she is released. She continues to work on herself, as she strives to become a new woman and is confident that she can end her drug use. 🌱🏡

**These days, Lea finds hope in her children and is excited about working again... she strives to become a new woman...**



**Charles B. Brandford**  
Volunteer

## Substance Abuse & Crime

### The Perspective of a Volunteer

I have been involved with clients of The Substance Abuse Foundation (SAF), Inc. as a volunteer for the last fifteen (15) years. This journey began after I lost a very good friend who became a victim of substance abuse. In recognition of this, I felt compelled to assist others who might be in the throes of addiction and desire escape. And so, I

called Verdun House and enquired whether they used volunteers. This resulted in me being invited to a meeting 'to chat' and fifteen years later, I can honestly say I have been the beneficiary of a rewarding and fulfilling fifteen years associated with Verdun House.

This sojourn has seen me interact with clients in an attempt to assist in their rehabilitation, but has also provided me with a far better appreciation of the ease with which one can become a victim of substance abuse and the difficulty in accessing recovery. I have interacted with many clients who entered Verdun House at the Primary Stage (PS), several who continued on to the Second Stage (SS) and then to their social reintegration programme.

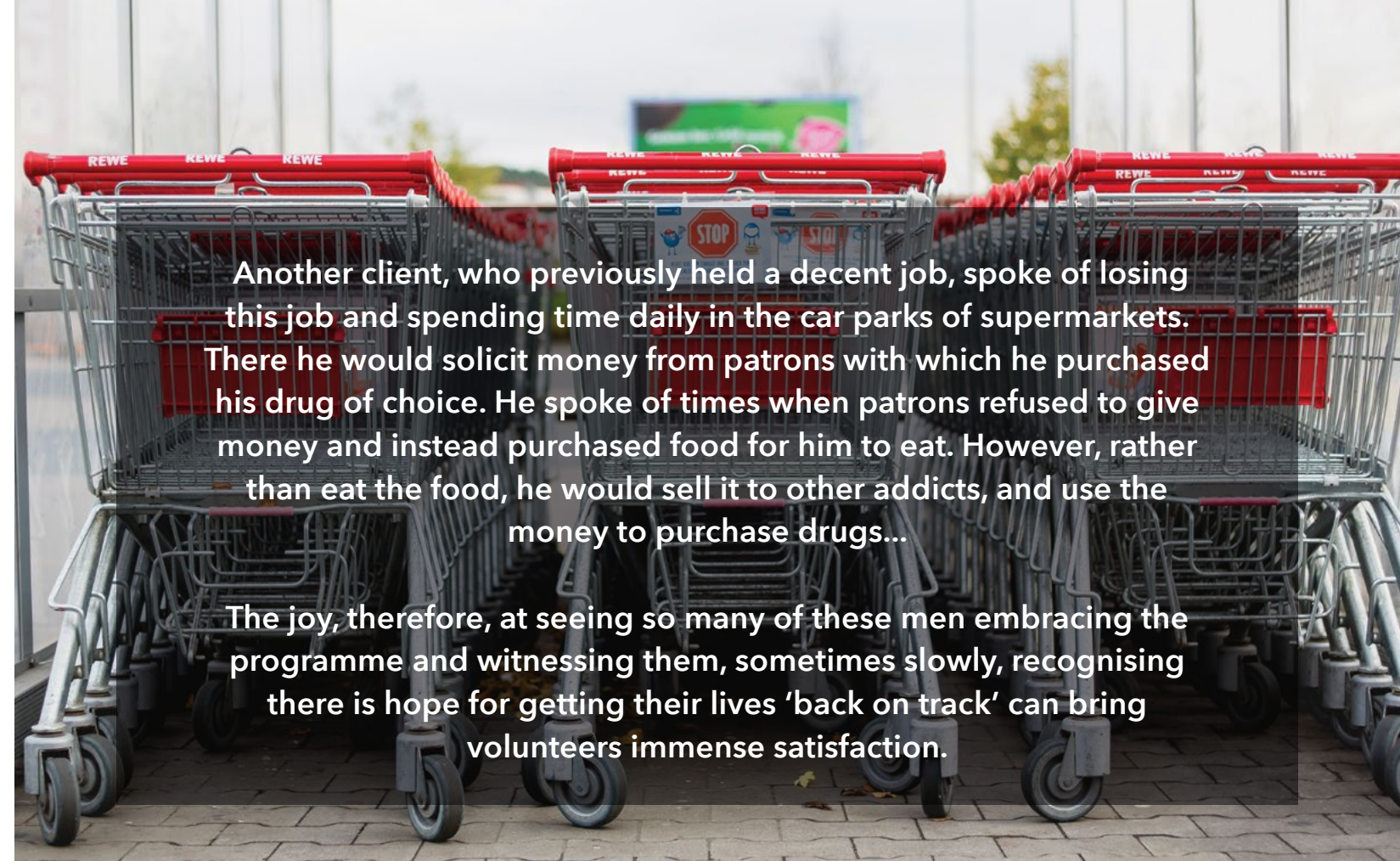
This privilege has afforded me the opportunity to hear first-hand from clients, just how substance abuse reduced intelligent, well educated, career-driven men - young and old to crime and the ensuing devastating impact on other areas of their lives. These tales of woe from men encompassing all strata of society, reduced to helplessness and hopelessness, ultimately embracing crime in an effort to support the use of their substance of choice. Two such experiences which will be forever etched in my mind.

One client related how he not only lost everything financially, but also his family from whom he

stole and caused severe distress, until finally they disowned him. His constant forays into crime to support his drug habit resulted in him being incarcerated. He eventually embarked on the rehabilitation programme at Verdun House, yet attempts to reunite with his family were initially rebuffed, resulting in very visible pain on his part as he related his story. Many years later, through following the 12 Step Programme and putting into practice what he learned while at Verdun House, he spoke happily of being once more embraced by his family. He was also able to achieve upward mobility in his field of work.

**This privilege has afforded me the opportunity to hear first-hand from clients, just how substance abuse reduced intelligent, well educated, career-driven men - young and old to crime and the ensuing devastating impact on other areas of their lives.**

Another client, who previously held a decent job, spoke of losing this job and spending time daily in the car parks of supermarkets. There he would solicit money from patrons with which he purchased his drug of choice. He spoke of times when patrons refused to give money and instead purchased food for him to eat. However, rather than eat the food, he would sell it to other addicts, and use the money to purchase drugs. He, too, related that though often conscious of the dangers delving into crime posed, his



**Another client, who previously held a decent job, spoke of losing this job and spending time daily in the car parks of supermarkets. There he would solicit money from patrons with which he purchased his drug of choice. He spoke of times when patrons refused to give money and instead purchased food for him to eat. However, rather than eat the food, he would sell it to other addicts, and use the money to purchase drugs...**

**The joy, therefore, at seeing so many of these men embracing the programme and witnessing them, sometimes slowly, recognising there is hope for getting their lives 'back on track' can bring volunteers immense satisfaction.**

thinking became warped once he became a victim of these substances and all that mattered was the ability to purchase and use them, until eventually he too was incarcerated. His life quickly took a downward spiral. In both instances, these men acknowledged openly that their lives had indeed become unmanageable, hence, the flirting with, and often times becoming immersed in crime.

These and other tales initially startled me, but over time I recognised that not even

embracing crime and the risks it posed, were enough to curtail this life-controlling habit. I was also initially amazed at the ease with which several clients lost their self respect and inevitably, respect for others, once they became immersed in the use of substances. It is not uncommon to hear of the neglect not only of themselves, but also their families and friends, who in some cases were also victims of crime perpetuated by them. And while they acknowledged moments of consciousness about their wrong doing and often times ran counter to

their principles and values, these moments were only fleeting, as the need to get high remained paramount. Therefore it has not been uncommon to interact with men entering Verdun House who are 'broken', indifferent and even defiant.

Although saddened and distressed at these tales of woe, my resolve was strengthened to continue striving to do all I could as a volunteer. Assisting these men, especially those who truly desired positive change in their lives has been so rewarding. Being sought out

by many of them to share their journey while in addiction and provide hope in encouraging them to fully embrace the programme has been phenomenal. In retrospect, I remain so happy that I obeyed-God; and made myself available. I remain amazed that after 15 years doing the same thing, my passion has not waned, but rather my enthusiasm has increased significantly.

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The joy, therefore, at seeing so many of these men embracing the programme to and witnessing them, sometimes slowly, recognising there is hope for getting their lives 'back on track' can bring volunteers immense satisfaction.

The link between substance abuse and crime is very real. That this can also negatively impact families and friends is also very real. However, I believe it was Shakespeare who said, "The course of true love never did run smoothly". And while this quote may have had romantic connotations, true love for one's family or friends, means being there for them when they have derailed. Patience, understanding and LOVE, is required more than ever. Availing themselves of knowledge concerning addiction and its impact is freely given through establishing contact with Verdun House. At the very least, any loved one is deserving of this.

**I remain amazed that after 15 years doing the same thing, my passion has not waned, but rather my enthusiasm has increased significantly.**

Our society continues to change at a rapid pace. Unfortunately, the pressures of some of these changes do not affect all of us positively. Regrettably, there are some who do fall victim to substance abuse. Rather than being unforgiving or callous, it is worthwhile to seek help from institutions such as Verdun House and empower ourselves with knowledge which more often than not, would allow us to see substance users through a completely different lens. They can benefit from this and ultimately, society can as well.



**Cheryl Willoughby,**  
Bsc. MBA, Msc.  
Director, Criminal Justice  
Research and Planning Unit

## **Drug Use and its Relationship to Crime in Barbados**

There has been much debate and public opinion recently regarding crime and violence in Barbados. Crime is a social problem that needs a holistic



response which must include restrictive measures through laws and policies, coupled with social intervention. Laws by nature restrict or impose sanctions on behaviour as opposed to bringing about the needed change for rehabilitation and diversion from criminal activity.

Research has shown that drug abuse and drug trafficking are two serious problems that contribute to increased levels of crime, specifically violent and gun-related crimes. Research has shown that there is a strong correlation between the drug trade and the illicit firearm trade which not only affects individuals and families, but the economic and social survival of any society. It is therefore important for every Barbadian to assist with charting more productive paths and opportunities for our youth, especially our young men.

A survey conducted by the Criminal Justice Research and Planning Unit (CJRPU) on marijuana in Barbados supports the call for prevention strategies to be more concentrated on young men. The 2015 study revealed that young men are the most at risk group for drug use and incarceration. Between 2009 and 2014, 3,412 persons were charged with marijuana-related offences. 94% of these persons were males and 6% were females. The most prevalent age group was the 20-29, followed by the 30-39 age group.

**The 2015 study revealed that young men are the most at risk group for drug use and incarceration.**

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of these persons were males

**6%**

were females

A 2017 study by the CJRPU revealed that

**17%**

of persons incarcerated admitted to marijuana use only

**12%**

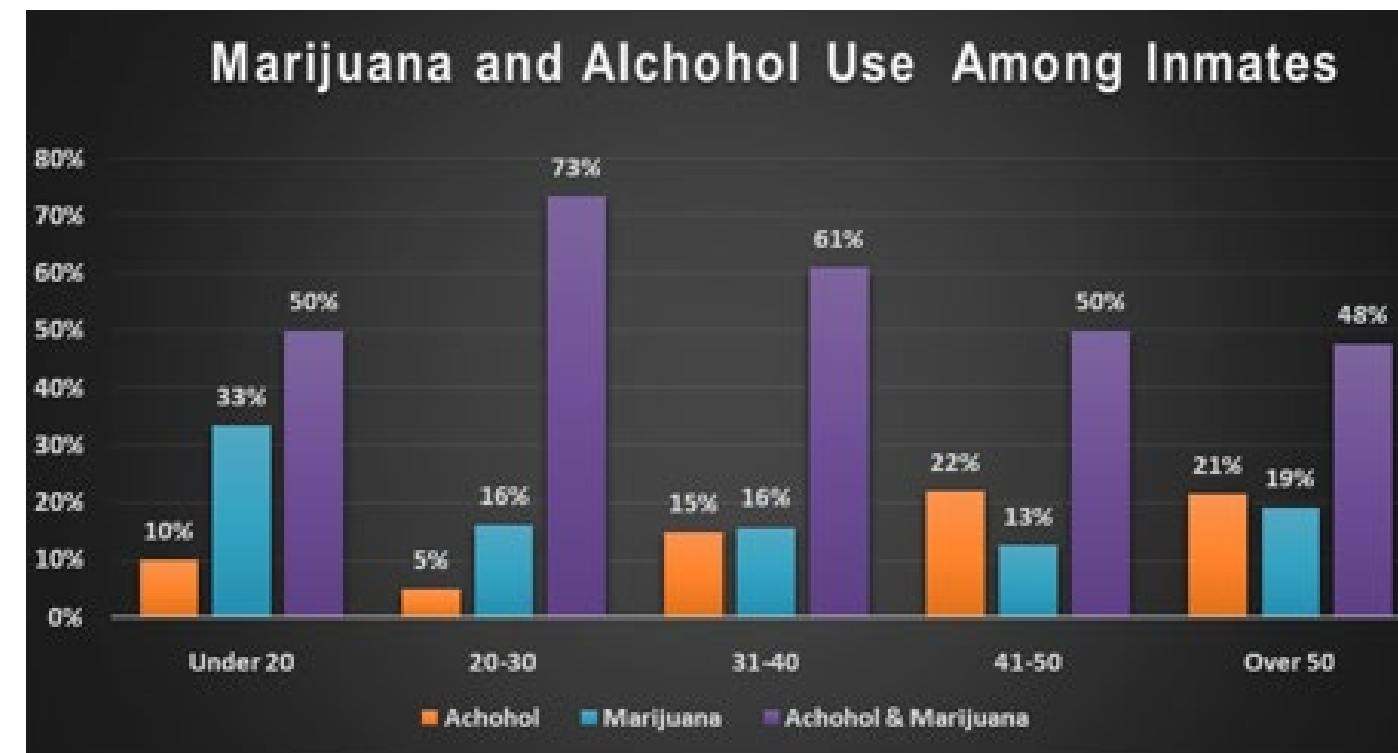
admitted to alcohol use only

**63%**

admitted to the joint use of alcohol and marijuana, prior to incarceration

Findings from another study conducted in 2017 by the CJRPU on persons incarcerated at HM Dodds prison revealed that 17% of persons incarcerated admitted to marijuana use only, 12% admitted to alcohol use only, and 63% admitted to the joint use of alcohol and marijuana, prior to incarceration. These findings have unearthed a strong correlation between substance abuse and criminal offending.

The below chart outlines marijuana and alcohol use among inmates at HM Dodds prison disaggregated by age.



In addition to the increasing cost associated with providing resources to the criminal justice and penal systems of Barbados, drug abuse generates complex social problems that affect families and communities. Drugs rob families and society of otherwise productive citizens who are oftentimes fathers and mothers. Families are deprived of the emotional and financial support required to keep families and communities strong and resilient.

One of the strategies to respond to the deleterious effects of drug use is the piloting of a drug treatment court. Barbados introduced a Drug Treatment Court in 2015 where individuals arrested and charged for drug possession benefit from treatment and rehabilitation. Research has shown that a therapeutic model reduces recidivism among offenders and can be an effective strategy at reducing Barbados' high recidivism rate. This new initiative is aimed at giving non-violent offenders the best possible opportunity to rehabilitate and become productive citizens.

Policies and programmes targeting at-risk youth are most effective when criminogenic risk factors identified through research are taken into consideration. In a 2017 study conducted by the CJRPU, learning disabilities, poor parenting, poverty, unemployment and all forms of abuse particularly domestic violence in families were identified as criminogenic risk factors. To respond

to these risk factors while providing young people with opportunities to change, there is need for the expansion of diversionary community-based programmes with opportunities for employment and self-actualisation. These can also be used for the purpose of community service as alternatives to incarceration.

Consideration must also be given to rehabilitation of substance addicted inmates.

Substance abuse, including addiction among ex-inmates, was identified as one of the key barriers to reintegration. The successful rehabilitation of inmates at HM Dodds prison, particularly persons addicted to drugs, must be a priority to enable ex-inmates to cope with life outside the walls of the prison. Rehabilitation is linked to reintegration which if done successfully, reduces drug use and criminal activity. 🌱🏡



...there is need for the expansion of diversionary community-based programmes with opportunities for employment and self-actualisation.

Rehabilitation is linked to reintegration which if done successfully, reduces drug use and criminal activity.



**Dwayne Devonish, Ph.D**

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# Improving Our Intervention Efforts Against Drug Abuse Behaviours Using A Planned Behaviour Model

One of the most effective theories or models for explaining drug abuse related behaviours among adolescents is best known as the theory of planned behaviour. A careful assessment of core interventions (both locally and regionally) aimed at controlling and curbing these behaviours has shown that these efforts have fallen short or have been proven only somewhat effective due to a number of missing components and characteristics critical to successful transformation or behavioural modification.

The theory of planned behaviour offers a number of important lessons and insights that might prove beneficial to interventionists and practitioners targeting drug abuse behaviours in the adolescent population.

Firstly, the theory suggests that actual behaviour (in this case, drug abuse behaviour) can be predicted by one's intention to engage in the behaviour. Hence, without intention, action is rarely formed.

Secondly, intention to engage in a specific behaviour is a function of one's attitudes towards the behaviour. Hence, if one's attitude towards the use of illicit drugs is highly favourable, then intention is formed, which is followed by actual use or behaviour.

Thirdly, intention to engage in a specific behaviour is also influenced by subjective norms - which include beliefs that similar referents (or important peers) also engage in and approve such behaviours - i.e. peer pressures or influences (both positive and negative) towards drug abuse.

Fourthly, the perceived ease or difficulty of engaging in a specific behaviour will naturally influence one's intentions or desire to engage in the same behaviour - this would include one's ability to resist engaging in such behaviours as well as perceptions of external facilitators and barriers to behavioural engagement.

Finally, the theory postulates all three factors (attitudes, subjective norms, and perceived

behavioural control) operate in tandem to produce intentions to engage in the behaviour, which in turn, influences actual drug abuse behaviours. Hence, the theory suggests that the most effective interventions for controlling or responding to drug abuse behaviours must incorporate treatments, strategies and

**...if one's attitude towards the use of illicit drugs is highly favourable, then intention is formed, which is followed by actual use or behaviour.**

methods that seek to simultaneously address attitudes, peer influences and normative beliefs, and perceptions of self-control, as well as key facilitators and inhibitors related to illicit drugs.

Behaviour change interventions, in the form of educational and psychological-based programmes, have to move from simply providing educational or informational materials and broad programmatic experiences to focusing on and applying these key elements in order to promote positive and effective behavioural change. Hence, under the existing theory, behaviour change programmes should increase beliefs about positive outcomes (of not using drugs), raise the perception that one's peers or significant/important others disapprove of the behaviour (drug use), increase the skills and knowledge to avoid performing the behaviour (e.g. incorporate strategies to increase

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self-control against the engagement of such behaviours), as well as generate and increase the perception of actual facilitators for avoiding these behaviours.

multifaceted, emphasising various social and psychological components of the individual, and not simply focused on a singular dimension of treatment or care. 🏠

Overall, the main suggestion of the theory is that our efforts to change behaviour have to be





# Addiction & Crime - What Is Our Internal Data Revealing

The relationship between drug addiction and crime has been well documented. Not just because drug use and possession are offences, but because crime and violence that have become associated with addiction. As a residential addiction treatment centre, catering to both addicts and their families, we treat many forms of addiction. Recently, we examined the data that we have been collecting in an effort to better understand our clients and improve our treatment services. Some of the data we have collected will be reported in this article. However, we are cautious not to make broad inferences or draw sweeping conclusions since the data sets are small and much of the data is still in its raw form. Therefore, our analysis will be limited to clearly observable trends that have emerged from the data.

## Baseline Trends

When Verdun House began treating addiction back in 2000 many of the addicts who used alcohol, marijuana, and crack cocaine, recognised that their lives had become unmanageable due to drug use. This meant that they could not keep

a job, they were hurting their families, and knew they needed help. A common story among some addicts was that, "I came to Verdun House with only the clothes on my back in search of help." Others recount walking from their homes to St. John. Fast-forward twenty years and the profile of the addict has been transformed into one of addiction, compounded by mental illness, criminality and homelessness. This has changed the treatment landscape. To accommodate this new client profile we have had to enhance our treatment modalities, strengthen our multidisciplinary team, and focus on continuous training in order to stay abreast of the trends.

## General Trends

Today's trends include polysubstance drug use, a history of criminality and mental illness. And while mental illness is outside the scope of this article, preliminary estimates suggest that approximately 1 in 3 clients has struggled with mental illness in one form or another. Over the last three years we have observed an increase in the number of criminal offences clients have self-reported. A summary of Table 1 shows that in 2016 65 of the 74 clients who came in to treatment self-reported

Table 1.		Type of Crime			
Year	Gender	No	Violent	Property	Drug
2016	Male	64	9	44	10
	Female	10	0	2	0
2017	Male	49	7	66	6
	Female	19	1	4	1
2018	Male	75	10	38	30
	Female	15	1	9	3

Table1

criminal convictions, and while in 2017 the number of clients fell to 68, criminal convictions rose to approximately 85. In 2018, our client roll increased to 90 and self-reported criminal convictions rose to 91, with an over 100% rise in self-reported female convictions from the previous year. Another clear trend is that over the period 2016 - 2018 self-reported property convictions have been consistently higher than other types of crime.

### Drug of Choice Vs. Crime

Recently, it was reported in the press that crime rates in Barbados have been rising at a steady pace. So, once we began looking at the data in the Verdun House Client-Management System (VCMS) we wanted to see if this view on crime rates was reflected in our client self-reports. In order to examine this trend we decided to observe the relationship between drugs of choice and client-reported convictions. The process was

**1 in 3**

clients struggled with mental illness

Classifications	Types of Crime
Violent Crime	Rape
	Manslaughter
	Murder
	Assault
	Stabbing Wounding
Property Crime	Burglary
	Stealing
	Robbery
	Shoplifting
	Fraud
Drug Related Crime	Possession
	Apparatus
	Trafficking
	Manufacturing transportation

Figure 1

simplified by categorising criminal offences by type, i.e. violent offences, property offences, and drug offences, which are the generally accepted categories. The classifications in Figure 1 allow for the grouping of certain types of crime for ease of reporting and analysis.

In Table 2 we have shown self-reported convictions for violent and property crime only, since the classification of drug-related crime is considered victimless. Table 2 shows a number of interesting and perhaps insightful trends. For

example, in 2016 and 2017 fewer clients reported using only marijuana (n.3 and n.2 respectively), while in 2018 self-reports of marijuana-use-only skyrocketed (n.17). What is also interesting among marijuana-only-users is that the crime rates appear to remain steady over the period 2016-2018. Another surprising trend is that the self-reported "violent-crime" rate among cocaine users is quite low, even when compared with the rate of marijuana users. In Table 2 the poly-users, are those who report using multiple drugs together or separately, as a way of enhancing their feelings of euphoria, or to "get high". This group, while being consistently the most frequent recipients of our rehabilitation services, also appears to maintain fairly consistent levels of both property and violent crime. Also as shown in Table 2, alcoholics have consistently accessed our services throughout 2016-2018 with an average of approximately 8 alcoholics coming into treatment each year.

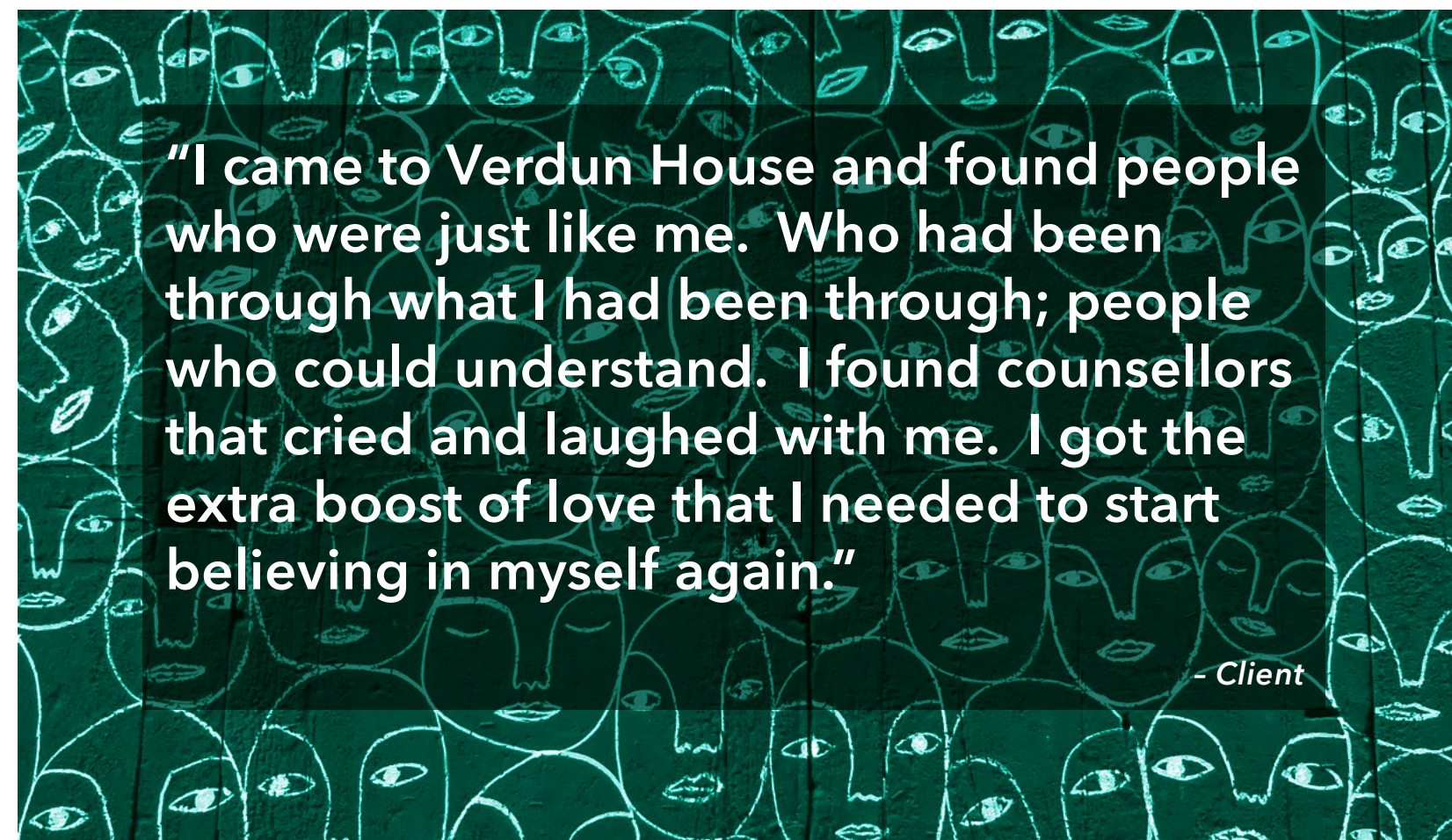
Table 2. Marijuana Vs Type of Crime				
Year	Addict	No	Violent	Property
2016	Marijuana	3	1	2
	Cocaine	21	2	10
	Poly-user	39	4	16
	Alcohol	10	2	0
2017	Marijuana	2	0	1
	Cocaine	16	0	12
	Poly-user	40	7	23
	Alcohol	8	2	0
2018	Marijuana	17	2	2
	Cocaine	12	1	6
	Poly-user	49	7	13
	Alcohol	8	3	2

Table 2

### Conclusion

These are just some of the trends that our data are beginning to reveal, and still there is much

we do not understand. There is an old accounting adage, which says, "numbers never lie". However, while that may be true in accounting, there is no accounting for human lives just by looking at the numbers. So what can we draw from the numbers? Well, in the period 2016-2018, more men (n.188) than women (n.44) accessed our services, at a rate of 4:1. The self-reported rates of property crime (n.163) are significantly higher among our clients than violent crimes (n.28) for the same period. Also, the growing trend among drug users in Barbados is poly-use, that is the use of alcohol, marijuana, and cocaine, in combination. We believe that the data also hints at a more profound social problems like childhood trauma and poverty. We hope that one day the numbers may point towards some solutions. 📈📉





Dr. Ronald Chase

# Crime & Substance Abuse: A Psychiatric Perspective

Individuals with a mental illness are often misunderstood, marginalised by society and more often they don't understand themselves. Approximately 30 per cent of individuals with severe mental illness have a co-occurring substance use disorder and approximately 75 per cent of inmates with a mental illness have a substance use disorder. There is a perception that most substance abusers developed a mental illness as a result of the mind-altering substance they abuse.

## 30%

*of individuals with severe mental illness have a co-occurring substance use disorder (approximately)*

## 75%

*of inmates with a mental illness have a substance use disorder (approximately)*

**The co-morbidity of addiction and mental illness is complex because there are several confounding factors some of which are undefined.**

Similarly, the high prevalence of mental illness among the inmate population gives the impressions that mental illness is the most important risk factor for criminal behaviour. Do most individuals with a mental illness commit crime? Does substance abuse lead to mental illness? Is crime the result of a reprobate mind that abuses a mind-altering substance?

Mental illnesses are diagnosed based on the behavioural pattern, expression of feelings, the perceptions of reality, the form and content of their thoughts, which cause significant distress or impairment of personal functioning. The spectrum of mental illness is diverse. The term "severe mental illness" refers to mental, behavioural, or emotional disturbance, resulting in serious functional impairment which substantially limits the execution of major life activities. Individuals with mental illness may exhibit irrational or bizarre behaviours; they may withdraw from social and family interaction. Their thoughts can be bizarre, unrealistic, express fixed false beliefs, thoughts of self-harm or disturbances in the perception of reality.

Individuals with a co-morbidity of mental illness and substance misuse are perceived negatively by society more than persons only diagnosed with a substance use disorder. Society and relatives become frustrated by the extreme behaviours exhibited and these individuals are frequently ostracised. There are two popular explanations to describe the association between mental illness and addiction:

Individuals with mental illness misuse mind-altering substances as self-medication for the symptomatology of their mental illness.

Alternatively, the misuse of mind-altering substances in an attempt to cope with the stressors of life or for recreation purposes, may precipitate a mental illness in persons who have a genetic predisposition to such mental illness.

These explanations are valid but they seem to over simplify the association between mental illness and addiction which gives the impression that these individuals are weak-minded individuals who seek to destroy their lives and the those of others.

The co-morbidity of addiction and mental illness is complex because there are several confounding factors some of which are undefined. The individual's childhood home environment and childhood trauma can predispose individuals to mental illness. An individual's coping skill set is determined by several factors including their observations of significant persons in the childhood life coping with stress, their level of maturity and their support systems. Family and friends can either be supportive, unsupportive or a negative influence on an individual's life.

It is society's fear that individuals with severe mental illness will unpredictably commit violent crimes with serious injury or loss of an innocent life. However, the number of individuals with a mental illness who commit violent crimes is low. Actually, most violent crimes are committed by individuals without a mental illness. The risk of violent behaviour among individuals with a mental illness is increased with the misuse of mind-altering substances but still remains lower than perceived by society. Individuals with co-morbid mental illness and substance use disorders do commit crimes but these crimes are usually not violent crimes against another person. They typically commit crimes such as theft, trespassing, simple possession of an illicit substance or apparatus used in connection with an illicit substance.

Some of these crimes are perpetrated to fund their addiction, to support themselves and as a consequence of their social circumstances. The social drift theory proposes that individuals with severe mental illness naturally drift down the socioeconomic scale because of their reduced social and occupational function from their illness. The unfortunate truth is that some individuals with mental illness cannot acquire or maintain employment but in most circumstances it is not related to the individual's level of functioning but the stigma associated with mental health and addiction. Consequently, many individuals with mental illness and addiction require financial and social support. Some individuals are fortunate to have strong family support or receive government welfare, while others are not so fortunate. The less fortunate struggle to maintain a place to live and some illegally reside in abandoned buildings in which case they are at risk of being charged for trespassing.

These abandoned buildings typically are in an environment with easy access to mind-altering substances. Others may panhandle around restaurants and shopping areas until they are chased by security or charged for loitering.

These individuals are often perceived by society as nuisances whose lifestyle is centred on wilfully committing crime and abusing substances. The truth in many cases is that individuals are victims of circumstance and commit crimes for survival and abuse substances as a method of coping with their less than fortunate social circumstances. This is not to excuse of their criminal behaviour because all persons are expected to uphold and abide by the laws of the country. However, these individuals should not

be categorised with antisocial personality disordered persons who commit crimes to enrich and define their lives, whose abuse of substances is an expression and a statement of disregard for authority and the laws of the country. An antisocial personality thrives on impulsivity, manipulating and deceiving persons, they have little regard for the rights or property of others and disregard authority. Antisocial personalities develop substance use disorders and sometimes mental illness, but their pathway to addiction is different to the individual with a co-morbidity of mental illness and a substance use disorder.

Mental disorders co-morbid with substance use disorders refers to the simultaneous presence of a mental illness and an addiction to a mind-altering

**The truth in many cases is that individuals are victims of circumstance and commit crimes for survival and abuse substances as a method of coping with their less than fortunate social circumstances.**

substance. These two disorders, although separate, affect each other negatively and adversely affect the outcome of the individual disorders. Mind-altering substances frequently precipitate mental illness and relapses of mental illness. The abnormality of the mental state may cause the individual to increase the amount and frequency of the substance because of impaired judgement or to self-medicate. Their lives become less structured, they become non-compliant with

**An integrated holistic intervention that promotes abstinence from mind-altering substances, encouragement while monitoring compliance with medication, and the provision of the social support the individual needs, is the best strategy.**

their medication, subsequently default from mental health follow up and are usually readmitted to a psychiatric institution or prison. The individual cycles through the Psychiatric Hospital, Her Majesty's Prison or both frequently during their lifetime. This pattern of substance use, non-compliance with medication, default from mental health follow up, relapse and readmission is a cycle that makes management of individuals with co-morbid disorders difficult to achieve the desired outcome from therapeutic interventions. This cycle can seemingly only be interrupted by the individual making the decision to abstain from mind-altering substances.

An integrated holistic intervention that promotes abstinence from mind-altering substances, encouragement while monitoring compliance with medication, and the provision of the social support the individual needs, is the best strategy.

This integrated approach brings

together a multi-disciplinary team who collaborate and facilitate medical follow-up, psychiatric follow up, addiction counselling and social interventions. The goal is to achieve a positive outcome.

Alternatives to incarceration programmes such as Drug Treatment Courts have been formed from the recognition that imprisoning individuals whose addiction drives their criminal behaviour will not benefit the individual or the society because that individual is likely to return to misusing mind altering substances and will likely reoffend after release from prison.

These programmes are usually coordinated through the governmental social services such as the Welfare Department. The programme starts with a detoxification period and a drug treatment programme. During this period of drug counselling, medical and mental health aspects of the individuals are assessed and managed simultaneously at an appropriate drug treatment

**...these individuals are trapped in a destructive cycle which they cannot escape without help. ...It is important to remember there is more to an individual than meets the eye.**

facility. The second phase of the programme involves social reintegration into society. Individuals are provided shared supervised accommodation in the community. They are expected and encouraged to attend their medical or mental health follow-up appointments arranged by the coordinating entity for the programme. Individuals who have maintained occupational functionality are provided with any necessary training to assist them in acquiring and functioning within a job. Family therapy sessions are important to repair once broken family relationships through the individual's previous addictive lifestyle.

Substance abuse, mental illness and crime can have a complex detrimental relationship which perpetuates

a cycle of substance use, deterioration of mental health and crime. This association is typically misunderstood by society and these individuals are categorised as dangers to society, nuisances, and non-productive members of society that have no good intentions for themselves or the community. They are looked

down upon and judged harshly by society. Society calls for them to be incarcerated in prison or permanently admitted to a mental health facility. However, these individuals are trapped in a destructive cycle which they cannot escape without help. Some of these individuals' pathway to joining this cycle was the result of unfortunate circumstance after circumstance. We must remember these individuals are people who have a life story. It is important to remember there is more to an individual than meets the eye. 🌱🌿



**"We addicts are fragile emotionally now that we do not have the drug to lean on. I have to change my behaviors one day at a time and Verdun is helping me to do this."**

**- Client**



# In the News



## CIBC FirstCaribbean Adopt A Cause

Marina House was the beneficiary of two separate donations from staff of CIBC FirstCaribbean Bank this year.

The first of the two presentation took place at the bank's Warrens St. Michael headquarters, where the Speightstown branch handed over toiletries to the Marina House. Branch manager, Therese Clarke said that branch

members had put together funds to buy the toiletries and were in fact very happy to support a good cause.

A few weeks later, Marina House received clothes, kitchen utensils and other necessities from the Wildey Branch and the bank's Corporate Communication Department. Wildey's Branch Manager Sue Malone said the branch's staff members acknowledged the importance of helping others to make a fresh start in their

lives and had readily supported the appeal for the branch's involvement.

Clinical Director Angela Sealy, who expressed thanks on SAF's behalf, said she knew that the ladies at Marina House would be very appreciative of the items as well as the fact that CIBC FirstCaribbean had recognized the need to contribute to the effort as the women started to rebuild their lives.

Left: Clinical Director Angela Sealy (second left) chats with Michelle Whitelaw (left) Director of Retail Banking Channels, CIBC FirstCaribbean, Sue-Anne Malone, Branch Manager, Wildey, Renee Napoleon, Marina House Co-ordinator and Shantelle Griffith, Communications Analyst with CIBC FirstCaribbean during the presentation.



## Supporting our Youth!

Angela Sealy and Marietta Carrington attended the opening ceremony of the inaugural Caribbean Youth Forum on Drug Use Prevention which was sponsored by the Inter-American Drug Abuse Control Commission (CICAD). The goal of the Youth Forum was to promote youth leadership in drug demand reduction by developing

youth-led drug use prevention initiatives. Youth representatives from 13 OAS English-speaking Caribbean member states gathered in Barbados on October 21, 2019 to receive and share knowledge on drug use prevention as well as to improve their skills for developing and implementing evidence-based drug use prevention initiatives in their respective communities.



Inter-American Drug Abuse Control Commission



Left: Marietta and Angela in conversation with Executive Secretary of the Inter-American Drug Abuse Control Commission (CICAD), Ambassador Adam Namm and His Excellency Francis McBarnett, Organizational of American States representative to Barbados.



Left: The full delegation and guests

## July 25, 2019 - A Historic Day at Verdun

Phase 1 of our Renewable Project - The successful completion of Phase 1 of our Solar Project saw the installation of 502 solar panels on our buildings. This has allowed us to create a sustainable source of revenue. It also saw the successful completion of the Solar Photovoltaic training for 24 men and women.

This was the culmination of approximately nine months of training in the CVQ Level 2 Solar Photovoltaic Panel Installation (Roofer/Fitter) occupational standards. We are one of three institutions in Barbados that is certified as an Assessment Centre to deliver this industry standard.

By providing training opportunities for some of Barbados' most vulnerable we

assist them in attaining life skills that will enable them to be healthy, productive citizens. Well done! You will find more details in our 2019 Annual Report.

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Above: Graduation day - Posing outside Primary Building with friends and the Chairman Peter Boos

## Visit to our Houses

The Barbados Society of Psychology and The Substance Abuse Foundation have developed a strong partnership. Both organizations recognize the need to provide treatment options for individuals who are experiencing mental health and addiction challenges. The financial donation to The SAF is one of the many ways in which they are tangibly investing in the work to offer our citizens a chance at improved health and wellness.

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## The Barbados Hash House Gives Back!

The Barbados Hash House (BH3) is a 130 strong social running group which was formed in 1985. The group runs Saturday afternoons and bank holidays. This group runs with a purpose and often gives back to charities. This year they decided to add Verdun House and Marina House to their list of "run for a cause" charities. The funds will be used to purchase linens and allocated to areas of greatest need.



Above: The Barbados Society of Psychology's Noemi White and Dr. Suriya Daya presenting a cheque for \$600 to SAF's Letitia Wiltshire



Above: June Clarke, one of the original group members, presenting a cheque to Pearl Bradshaw. The Hash Family also supports The SAF by purchasing from poultry and meats from Verdun Farms and baked goods from Verdun Patisserie.

**Marina House  
Therapeutic and Land  
Enhancement Project**

The Marina House Therapeutic and Land Enhancement Project got the nod in 2019 with a very generous financial donation. Thanks to The Maria Holder Memorial Trust continued generosity we are making it possible for Barbados' most vulnerable women, children and families to have a place at Marina House where they can receive hope and healing.

Sneak preview of the work in process! Agricultural project on the way - making way for crops to be planted.

Beautification of the grounds - making an already therapeutic environment even more so!



**“The programme has also given me life skills to survive when I leave Verdun.”**

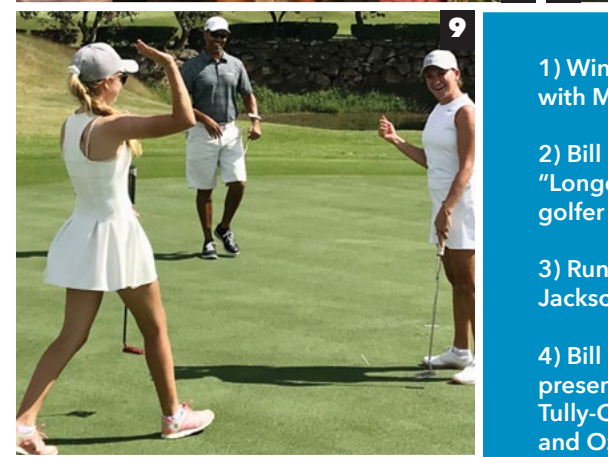
- Client



Above & Left: Preparing the grounds, ploughing the land and planting - beauty in the making

**DIAMONDS  
INTERNATIONAL**

20th Annual Charity Golf Tournament, 2019



- 1) Winning Team 'Tanglewood' with Michael Challis
- 2) Bill Longmuir and Katrina Ali present "Longest Drive Prize" to Barbados top golfer Julian Jordan
- 3) Runners up - Joyce Beauvais, Erin Jackson, Don Jackson and Guy Beauvais
- 4) Bill Longmuir, Golf Pro at RWM presents prizes to Junior Golfers, Ciara Tully-Cornic, Emily Odwin, Xavier Wiggins and Oziah Layne
- 5) Cidel Bank and Trust Team, Greg Fenton, James Gardiner, Adrian Meyers and Ryle Weekes
- 6) Bill Longmuir, with Summit Asset Mgt Team, Chris DeCairies, John Howard, Neil Jamieson and Diamonds International Katrina Ali
- 7) Pauline Tully - Event Organiser
- 8) Audience
- 9) Ciara Tully-Cornic and Julian Jordan congratulate Justyna Cutts



## DIAMONDS INTERNATIONAL

### CHARITY GOLF TOURNAMENT SPONSORS 2019

Royal Westmoreland Golf Resort

#### Main Sponsors - Royal Westmoreland Golf Club and Diamonds International

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Beauvais

Chris and Denise  
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Summit Asset  
Management

Adrian Meyers, Cidel  
Bank and Trust

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Derek Crowson

Charles Lewis

Gerry Houlihan

A & B Music Supplie-s  
Norman Barrow

-----  
**Event Management**

Pauline Tully

Irene MacDonald

Monica Tawa

Isabelle Goodman

Ruth-Ann King

Marietta Carrington

Barbara Trieloff-Deane



# HOW TO HELP

## Every Gift Counts! Every Life Matters!

### Annual Golf Tournament

Sponsored by Royal Westmorland and Diamonds International this is held around February each year and is a major fundraiser.

### Covenants

Corporate and individual covenants are for a three-year period and both are tax deductible.

### Cash Donations

Cash donations are always welcome.

### Non-cash donations

Companies and individuals donate various services and supplies which are extremely useful to help us keep our costs to an absolute minimum. ▲

...forgiveness and compassion are always linked: how do we hold people accountable for wrongdoing and yet at the same time remain in touch with their humanity enough to believe in their capacity to be transformed?

- Bell Hooks



**The Substance Abuse Foundation Inc.**

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