



REMARKS

FOR

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MINISTER OF HEALTH

OPENING CEREMONY AND PRESENTATION OF RESULTS:

**BAHAMAS HOUSEHOLD DRUG SURVEY
THE RAPID SITUATION ASSESSMENT OF DRUG USE AND
DRUG TREATMENT IN THE BAHAMAS**

THURSDAY, JULY 20, 2017

9:00 A.M.

**PAUL FARQUHARSON CONFERENCE CENTRE
ROYAL BAHAMAS POLICE FORCE HEADQUARTERS
EAST STREET
NASSAU, BAHAMAS**

Adopting the Established Protocol,

Ladies and Gentlemen, Colleagues,

Good Morning!

It gives me great pleasure to be a part of this forum today. It presents us with an opportunity to be updated on the new evidence or new knowledge generated by research on alcohol, tobacco, illegal drug use and their related factors such as perceived risk, and drug treatment in The Bahamas.

Some will ask why we are focusing on drug use at this time. Over 30 years ago, two notable Bahamian mental health physicians, Dr. Nelson Clarke and Michael Neville, in a scientific paper published in the Bulletin of the Royal College of Psychiatrists, chronicled the surging use of cocaine in the Bahamas.¹ The paper detailed how cocaine dependence had increased due to the large amounts that were available at low prices. During that era, there was a simultaneous increase in drug trafficking not only for trans-shipment – but critically (and tragically) – for local consumption.

That collision of supply and demand and the decisions made... or not made... defined what has arguably become the single most important influence on the welfare and quality of life of Bahamians ... EVER!

¹Clarke, N., & Neville, M. (1986, July 01). Drug Abuse in the Bahamas. Retrieved July 17, 2017, from <http://pb.rcpsych.org/content/10/7/176>

In 1984, over 500 new cases of cocaine abuse, including poly drug abuse, were seen at the Sandilands Rehabilitation Centre and the Community Mental Health Clinic (commonly known as Knowles House). During that inauspicious era, alcohol and marijuana were also popular drugs of choice.

In response to this epidemic – actually an unfolding Bahamian disaster, a national household drug survey was conducted in 1991. It confirmed that alcohol, tobacco, marijuana and cocaine were the most common drugs ever used by those respondents. About 20 years later, not surprisingly, school surveys conducted showed alcohol and marijuana use to be present among high school students in Grades 8, 10 and 12. In this population, there were slight increases in lifetime and past-month alcohol use between 2002 and 2011; marijuana use also increased between 2008 and 2011; however, cocaine use was not common.

We exist in an era where there are repeated calls for our review and revision of our societal view of drug use. In many countries, marijuana use has been liberalized for medicinal and recreational purposes. Such reform should not be adopted or embraced by the state without a dispassionate, objective review of the evidence which accepts new evidence that has been rigorously validated while discarding dogma or tradition which has been discredited or disproved.

As a scientist, I accept that even this has to be done in a culturally sensitive, country-specific manner and time-line.

Let me adopt the premise that drug use, abuse, and trafficking has permanently scarred this wonderful country.

Our response however – has not achieved the desired impact in any meaningful way and we must constantly examine our strategies to ensure that they accomplish the intended goals as opposed to simply defining activities and statistics that are surrogate markers of a response that is costly, ineffective and potentially misdirected.

Let us accept that Drug use and experimentation can and does lead (in some instances) to drug addiction which clearly erodes the productivity of a society. According to the National Institute on Drug Abuse, *“Drugs change the brain in ways that make quitting hard, even for those who want to.”*²

There was an era when this view was universally accepted as truth. We now know that addiction is a complex interplay of biology (genes,) environment and the stage of development.

Drug use and experimentation by some may **not** lead to addiction.

Younger brains exposed to any drug are more susceptible to addiction.

We also know that not all persons who use drugs become addicted.

Ladies and gentlemen... it is this reality that underscores the legislative, cultural and societal landscape in which we find ourselves today.

²NIDA. (2016, August 9). Understanding Drug Use and Addiction. Retrieved from <https://www.drugabuse.gov/publications/drugfacts/understanding-drug-use-addiction> on 2017, July 17

Every week, my ministry finds itself in receipt of requests to consider medical use of marijuana or occasionally being asked to opine on the current judicial and law enforcement view of drug use. Let me say that we are minded to be cautious, prudent and careful

... but open-minded and objective. We need not lead the world in this particular exercise.

Our national drug Council finds itself in need of re-invigoration and re-purposing and we are doing exactly that.

Our intellectual honesty to examine and dissect the events, decisions and trends ought not be based on intransigence or stubbornness... nor should we flow passively as unprincipled and uninformed passengers on the bus of international group-think.

Effective and appropriate public policy does not require universality, unanimity nor absolute proof. It should however be based on truth (however uncomfortable) and validated good for our people.

It requires that we are open to dialogue, to new knowledge and to strategies which effectively and positively impact our citizens and communities.

This underscores the importance of having strong, evidence-based drug prevention programmes in place.

It also demands ongoing public and agency education and awareness.

This morning, I make a clarion call for your full support in our quest to reduce the demand for illegal drugs. From a health perspective, this will be done through further education that is powered by the new research and knowledge that will be shared by our presenters. It will also be supported by treatment programmes that meet the need of those struggling with drug addiction. With the help of our partners, we will monitor our progress over time.

In the workshop that will follow this session, stakeholders will discuss this late breaking evidence and make recommendations for changes we need to see.

Ladies and gentlemen, We must remain focused on the benefits of a reduction in the prevalence of drug use and drug abuse.

Such a goal – while neither simple nor easy- is indeed achievable!

Despite all the noise in the international and local marketplace... I believe that It is worth every effort that we exert to gain improvements(for those of you who wonder... I mean REDUCTION) in the prevalence of drug use (including alcohol and tobacco) in young people. Studies have shown that if children and adolescents refrain from trying drugs, they are less likely to use them during adulthood. Therefore, we must find ways in which we can encourage young people to delay their first use.

We have just celebrated our 44th anniversary of independence of The Bahamas.

Whatever we are... as Bahamians

Whomever we are... has been defined in great measure by the impact of illicit drugs on the lives of our people and our children.

We cannot rewrite history but we can certainly avoid repeating it.

The people of the Bahamas have demanded that we reset our compass.

Bahamians seek a brighter future.

It is my hope that our collective vision for a better Bahamas will include having drug-free communities where residents are well-educated on the dangers of drug use, and where our young people will reject the pressure to start engaging in substance use not only because someone in authority says so... but because they accept that it is the smart and right thing to do.

For those of you who will be participating in the workshop that will follow this session, you have a very important and challenging task ahead.

I urge...I implore you to dig deep.

Abandon your biases and dogma...

Seek and embrace the evidence – objective, verifiable, validated evidence – if it exists.

We will then use the results to inform decisions intended to make a positive impact on the health of our nation

The findings we will learn about shortly will provide new evidence with which we can make some sound decisions about the way forward.

In closing, I would like to thank the sponsors for this research, in particular the U.S. Embassy and the Organization of the American States; our partners in this project, the Ministry of National Security and the National Anti-Drug Secretariat; along with you, our stakeholders, and all those who played a role in making this event possible. Thank you for your participation, and may God continue to bless the Commonwealth of The Bahamas.
