

---

# THE

## House of Assembly Debates

### (UNOFFICIAL REPORT)

---

FIRST SESSION 2013 – 2018

---

#### HOUSE OF ASSEMBLY

*Tuesday, May 5, 2015*

Pursuant to the adjournment, the House of Assembly met at 10.00 a.m. on Tuesday, May 5, 2015.

#### PRESENT

The full list of Members present is to be inserted from the Votes and Proceedings. Members identified from the record of this Sitting:

His Honour M. A. CARRINGTON, Q.C. (Speaker)

Her Honour Mrs. M-J. M. THOMPSON (Deputy Speaker)

Rt. Hon. F. J. STUART, Q.C. (Prime Minister, Minister of National Security, the Public Service and Urban Development)

Mr. T. A. PRESCOD

Miss S. J. O. BRADSHAW

Hon. C. P. SINCKLER (Minister of Finance and Economic Affairs)

Mr. J. D. PAUL (Chairman of Committees)

Dr. M. M. AGARD

Hon. S. A. LASHLEY (Minister of Culture, Sports and Youth)

Hon. J. D. E. BOYCE (Minister of Health) (Leader of the House)

Dr. the Hon. D. S. LOWE (Minister of Environment and Drainage)

Hon. A. D. BRATHWAITE, Q.C. (Attorney General and Minister of Home Affairs)

Mr. D. G. SUTHERLAND

Miss C. Y. FORDE, J.P.

Hon. D. O'N. INNISS (Minister of Industry, International Business, Commerce and Small Business Development)

*Prayers were read.*

#### PRAYERS

#### MINUTES

Mr. SPEAKER: Good morning, Honourable Members. This House is now in session. Members, I have with me the minutes of our meetings held on Monday, March 16, 2015 and Friday, April 10, 2015 respectively.

Hon. J. D. E. BOYCE: Mr. Speaker, I beg to move that those minutes be taken as read.

AN HON. MEMBER: I beg to second that, Sir.

*The question was put and resolved in the affirmative without division.*

#### PAPERS

Mr. SPEAKER: Yes. Honourable Leader of the House.

Hon. J. D. E. BOYCE: Mr. Speaker, I am commanded to lay the Severance Payments Fund Contribution Amendment Regulations 2015 and the National Insurance and Social Security Collection of Contributions Amendment Regulations 2015. I am further commanded to lay, Mr. Speaker, the Health Services Substance Dependency Treatment Facilities Regulations 2015.

#### FIRST READINGS OF BILLS

Hon. J. D. E. BOYCE: Mr. Speaker, I beg to move the first reading of the Severance Payment Amendment Bill, 2015.

*The question was put and resolved in the affirmative without division.*

Hon. J. D. E. BOYCE: Mr. Speaker, I beg to move the first reading of the Land Tax Amendment Bill, 2015.

*The question was put and resolved in the affirmative without division.*

## ORDERS OF THE DAY

### SUSPENSION OF STANDING ORDERS

Hon. J. D. E. BOYCE: Mr. Speaker, I beg to move the suspension of Standing Orders Nos. 6, 16, 18, 20, 42, 43 and 44 for the remainder of today's sitting.

*The question was put and resolved in the affirmative without division.*

## GOVERNMENT BUSINESS

Mr. CLERK: Order Number 17, sir. In the name of the Honourable Minister of Health, to move the second reading of the Health Services Amendment Bill, 2015.

### ORDER NO. 17 – HEALTH SERVICES AMENDMENT BILL, 2015

Mr. SPEAKER: Yes.

Hon. J. D. E. BOYCE: Mr. Speaker, in moving this bill, I want to join in acknowledging that today is a special day for so many young people in Barbados who are taking the special examination for allocation to secondary school - the transition examination - which is extremely important for them and also, of course, for families throughout the country. So I am sure we all join in wishing them well in their exercise, which is probably very near to completion.

Now, Mr. Speaker, this bill - this amendment - is small in nature in terms of its scope, but very wide in terms of the extent to which it impacts on life in Barbados. As a matter of fact, I would hazard to guess that even without pruning the statistics too thoroughly, one can guess that almost every family in Barbados may have been affected at some time in the recent past by a member who was either moving towards a situation where their dependency on certain substances would have been starting to affect their entire mental capacity. And this is a very important work in respect of the remit of the Ministry of Health and something which has attracted our urgent attention, for it is part of the normal health services that we provide to the country. In other words, mental health issues are part and parcel of the entire package of health care services that are provided by the Ministry in general.

Persons, of course, will have varying views as to the extent of penetration and success of the programmes over the years. But what is clear is that the worldwide trend in

terms of the movement or the tendency of especially young people to be attracted to mind-altering substances is something which we need to manage very carefully. The treatment of these cases has essentially been taken care of by the work of the Psychiatric Hospital. But a very important factor has entered into the provision of these services over the last ten years or so with the evolution of a number of non-governmental organisations which have largely entered into fee-for-service arrangements with the Government of Barbados, with the Ministry of Health, to see to it that this programme is properly rolled out. Confidentiality, independence, and an individual approach are clear requirements in the treatment of these clients. And it is one of the features of the fee-for-service arrangements or indeed the improved programme offered at the Psychiatric Hospital and other institutions in Barbados.

The evolution of these fee-for-service institutions does not only refer to non-residential institutions, but it refers also to what has evolved at the now familiarly known Verdant House complex in St. John. There are residential facilities for some 40 clients at any one time, and these are 40 male clients. It is, of course, wonderful to report that even as we speak, the final works on a unit to house something in the order of 15 lady clients is being completed. And I gather from the Member for St. John that the paintwork has now been completed and the site is, according to the schedule, due to be opened in September of this year. And this is a wonderful addition to the offering of the Ministry of Health. We continue to congratulate the private sector for their involvement in these programmes, and of course we also recognise the very significant contribution that the Government itself makes in ensuring that these programmes are supported and that the clients - the people of our community, the young people of our community who need this service - have access to this kind of treatment.

The work at Verdant House, therefore, goes hand in hand with the work of the Psychiatric Hospital in that the clients who are referred to Verdant House are, for the large part, persons who have first been examined under the Psychiatric Hospital care system, either in the Psychiatric Hospital at Blackrock itself, or as part of our primary health care interventions in our eight polyclinics. So Verdant House provides, as I said, comprehensive residential services and has provided this for about the last 15 years. It has recorded over that period something like 1 131 admissions representing some 759 clients.

It is important to look at the kind of causes for admission to the institution so that we can zero in on the factors which are contributing to some of the habits being formed by our young people and in some cases by our more elderly people. In the case of crack cocaine addiction there were some 720 admissions. Alcohol addiction accounted for some 161. And marijuana addiction

accounted for some 154 persons - this over the 15-year period. Over the first four years of Verdant House's existence, the majority of clients fell between the ages of 30 to 35 and 45 to 50 years, with dependency on alcohol and crack cocaine being the main cause of requiring treatment. However, within the last five years this trend has shifted significantly, with the majority of clients now falling within the 18 to 35 age group. The main drugs of choice reported by these clients are marijuana and crack cocaine.

And I pause a bit, of course, especially in the case of marijuana. This is a debate which is raging throughout the world and many countries have made certain changes to their legislation in an aim to deal with this issue. This is a broader issue which I am sure that Barbados at some stage will need to face also. But in the meantime, as far as the best advice of the Ministry of Health is concerned, we have to recognise that our research tells us the main drugs of choice reported by the younger age cohort - which has now begun to predominate the clientele - are marijuana and crack cocaine.

The Psychiatric Hospital had a total of some 218 admissions to its drug rehabilitation unit in 2012. The trend in age was similar to that recorded at Verdant House, with the majority of clients falling between the ages of 21 and 35 - again demonstrating, Mr. Speaker, sir, the fact that this issue is becoming a younger generational issue to a larger and larger extent every day.

What is also of concern is, of course, the poly-drug culture - the multiple combined substance abuse culture. This is of serious concern to the Ministry of Health and those who seek to work with these clients. This poly-drug use is basically a combination of marijuana, cocaine and alcohol and was one of the most common reasons for admission to the Psychiatric Hospital drug treatment non-residential service. After the poly-drug count, this was followed by the independent use of marijuana, alcohol and cocaine respectively, and other combinations which I am sure we are all familiar with and which we can deal with at different stages during this discussion.

A total of 107 persons have sought treatment at the Centre for Counselling Addiction Support Alternatives - that is CASA - a non-residential walk-in centre serving essentially children and adolescents. Most persons seeking help at CASA are below the age of 20, and in 2012 the drug of choice again was marijuana, followed by alcohol and cocaine.

We make our own observations, of course, as we move around this country. We go to our fêtes and we have a good time. At the same time we observe trends, especially in our young people - and certainly in terms of alcohol, there is the casual observation of an increasing

incidence of what we term binge drinking, where young people and older people engage in the consumption of what would be considered much too much in terms of quantities of alcohol. This is a very serious primary health issue, along of course with the fact that alcohol is an addictive substance and it leads to what we are talking about today - that is, in the worst case, the mental health issue that can evolve as a result of the over-consumption of alcohol. Of course we treat alcohol as one of the risk factors in respect of the basic issues related to non-communicable diseases also. So it is a double whammy, so to speak, in terms of the Ministry of Health's attempt to manage the use of alcohol by the Barbadian population.

Of course, alcohol is the only substance on the list that I am remotely familiar with, and certainly from time to time one has to even measure the quantities that one may want to encounter oneself, Mr. Speaker, as we go about our business and more particularly as we go about our recreation. And it is a serious problem. I think we have said it here many times; we have repeated it publicly at our many seminars and training engagements with the private sector - the fact that these risk factors relating to non-communicable diseases lead to expensive solutions in the tertiary sector of our medical care system.

As I mentioned earlier, the absence of a residential treatment service for women in Barbados has been recognised, and the Substance Abuse Foundation at Verdant House has begun, as I said, the construction of what is being named Marina House to fill the gap. Seven per cent of the clientele at the Psychiatric Hospital drug treatment unit are females. But it is known that the need is much greater than this. It is a fact that because women in the Barbadian family structure need to take care of children and largely have the responsibility for running households, many of them only seek help when there is absolutely no other recourse or when they cease to function in the home or at work. So that is another factor which we have to bear in mind - that help is not always sought at an early stage when intervention and success in treatment of the client can be even greater.

But in the case of our women, we fear that the information in the Ministry points to the fact that women who suffer from addiction to any of these substances that we are discussing tend to report their conditions much later - and when, in truth, all is almost lost. So we can imagine the size of the problem which we are facing. More often than not, of course, this late reporting leads to serious health-related conditions resulting in admission to the Psychiatric Hospital, and this translates into longer and more involved processes of rehabilitation and reintegration into society. Marina House therefore is expected to begin its operation and treatment of women in September of this year, and this is anticipated to help turn around the entire package of treatment offerings and options which we have

in the Ministry of Health in terms of the treatment of women who may be suffering from substance abuse.

So, sir, I hope that I have been able to capture some of the facts that tend to inform the programme which we are looking at and will also tend to inform the policy of the Ministry of Health in respect of the management of this important part of our healthcare system. The Ministry of Health is supportive of the role that NGOs play in substance dependency treatment services since they augment significantly the role of the Psychiatric Hospital in the management of these substance abuse dependency clients. Furthermore, we encourage these services in view of the Ministry's thrust to deinstitutionalise mental health care and to provide the population with a range of options in respect of prevention and treatment services in community-based settings where appropriate.

In other words, Mr. Speaker, we want to reach the stage in Barbados with our mental health programme where we have many more opportunities for intervention at the community or polyclinic level. As we mentioned earlier, the early intervention or recognition of the symptoms of substance dependency is extremely important in terms of the ability to treat in the first place, but most of all to reverse the condition which the client is suffering. And I think this is a very important aspect of the programme - it is the humane, human aspect of the programme which the Ministry of Health wants to put out there. And it is part of the entire question of non-discrimination of our clients. In other words, we as adults, we as seniors in our community, need to be able to deal with these situations and recognise that we can make a contribution too by bringing to the attention of families - and to the attention of authorities where necessary - instances where we believe that early intervention can occur.

And again, I revert to our discussion on our HIV programme, which has come such a long way since the 1980s when it started. This is a highly acclaimed programme throughout the world in respect of the success that Barbados has had in terms of its treatment of HIV sufferers. We are at the point now where we are beginning to offer services in the polyclinic setting, where HIV patients can join with other members of the community who seek treatment at our polyclinics in a relatively confidential environment, while at the same time recognising that the way HIV is transmitted means there is absolutely no reason for us to fear casual contact in an environment like the treatment centre of a polyclinic.

Similarly with mental health and substance abuse cases, we want clients to be confident that their coming forward into the health system will not result in any discrimination or any stigmatisation, but that we recognise - as a responsible country, and the culture of our staff is such - the importance of making sure that this aspect of

health care is properly identified early, and that the right treatment regimes are entered into. With the provision of treatment services by non-state actors, it has become imperative for Government to establish benchmarks, standards and quality care parameters and to establish a regulatory framework to enable adequate oversight of the sector. Obviously, we want to be able to say to Barbadians with confidence that you can seek assistance with a programme being offered by a private sector organisation, knowing full well

that the regulatory conditions set by the Ministry, the regulatory conditions, which are largely international in character and specificity, that these conditions are being met and one can go forward with confidence that the kind of treatment offered will be helpful. Now, the Health Services Amendment Bill, therefore, the bill we are looking at this morning, the Health Services Amendment Bill, will give the Minister of Health Authority to make the Health Services Substance Dependency treatment facilities regulation 2015. And the regulation will provide the Ministry of Health with the legal mechanism to regulate the operation of substance dependency treatment providers in Barbados. So that is what we are aiming to achieve. We are aiming to achieve a regime where, as I said, those entities that offer this kind of healthcare service, whether it be residential, although we are speaking today specifically of residential, but even the walk in cases where from time to time, the experts, the specialists from the Ministry of Health, can go into these facilities with the authority of law so that they can help to examine and help to hold the hand of those who are providing this treatment.

And I mentioned the Verdant House program, but I think that one has to recognise that this program, that is the formal program, if I may put it so. There are many, many programs within our schools, for instance, which are also very relatively formal. They are part of the Ministry of Education remit. They seek to target our young people in those cases. And it is not target them because they are using addictive substances, but because they are potential clients. Remember, the other issue with substance abuse is that there are a group of predators out there. There are a group of predators out there who prey on young minds, especially, especially because of the financial benefit that is gained by the distribution of these illegal substances. And we have therefore to make sure that we support the family program, which we always assume to be occurring, but which again, we need to also strengthen.

But we always assume the family program to be happening. But in our school system, in our primary school system, in our secondary school system, in our graduate institutions like our university and our polytechnics and our different tertiary institutions, the community college, the training for our workers, in the hotel sector, hospitality institute, etc. - that programs are presented within these

sectors which help to keep focused in the minds of our young people and not so young people, the reality that the predator is out there and that they have to watch not only for themselves, but for their friends. And as I said very early in my presentation, for the symptoms within the family.

And you know, we see programs, we watch television, we see programs of this nature all the time. I am presently engaged in watching a movie because sometimes when I am not so tired in the evening, I do resort to the television. And I am watching this movie, *Breaking Bad*. I mean, it is a long series, but it speaks to that same question. I see nods of acknowledgement of the movie. So we know what we are talking about. And not only adults, but young people, young, young, young, innocent or pretensively innocent kids who have already been impacted by these predators in some very subtle way. So this is a reality check in a lot of ways for Barbados, but it is a recognition that I like to acknowledge, sir, where good work has been done.

It is a recognition that we are doing very, very well in terms of our regional partners, indeed in terms of some international countries. But the point is, if we operate on the basis that one case, one case that does not have the opportunity to benefit from our health care program and our mental health care program, in this case, one needy case is too many - well, then we know we still have a lot of work to do. And that is the mood that we are in at the Ministry of Health. That is the mood that this Government is in terms of this aspect of our health care.

So we want to recognise the NGOs, and as I said, they are wide and varied in range and especially our churches. I mean, the kind of work done in our churches with this kind of program is extraordinary. Again, as I said, largely informal in that it is not reported, but it is part of that message which we hear either on a Saturday or a Sunday or even an evening during the week. And I am tending these days to lean towards the Saturday message. But I mean, I still have a very strong linkage, of course, with my Sunday message. So I enjoy both. We have the freedom in Barbados to really get around and enjoy all these messages and to hear how our leaders in the faith-based organisations are helping to inculcate good practice in our young people. And as I said, in our not so young people.

So this is Barbados as it is. And as I said, I want to acknowledge that work. It has been consistent and it has also been growing. I believe, sir, the evidence points to the fact that it is penetrating. The measurements being done at the Ministry tell us that there is a lot of information out there about programs which are successful, some which may not be as successful as they should be, but can take advantage of the kind of assistance available at the Ministry of Health within our health promotion unit in

general and in our wider association with the Ministry of Social Care, for instance, the Ministry of Culture, Youth and Sport. And these are important partners. These are important partners as we go forward with this regime of treatment for substance abuse. And I mentioned, of course, the Ministry of Education earlier - very, very important.

We need though, sir, to be aware that like so many other things, nothing in this world is free. And that the programs being offered, of course, to support an entity like Verdant House, to support the psychiatric hospital, to support the programs in the school where we have to bring in speakers, we have to bring in trainers, it costs us money. And as a result of that, I think that the program so far with Verdant House has cost us in the region of \$3.5 million to \$4 million. But the important detail about that is that the fee for service arrangement in the private sector, this started around 2004-05, saw some \$105 per day being allocated to the institution at Verdant House for the treatment of each Barbadian who entered that program. I gave you the numbers in terms of the years already who have been treated at the program. And with the establishment of its halfway house program in 2007, the Ministry of Health obtained approval from Cabinet, of course, to further expand the range of treatment services to provide for the rehabilitation of clients. As a result, some \$1.5 million is made available every year to be allocated to the Verdant House program. And this is fee for service - not necessarily a limiting figure, but it is a budgeted figure based on the experiences of the program.

And remember, we expect that a person entering this program will come out of the program as a success. So that the money that is spent, the per diem that is spent on a client today is expected - once that treatment has been completed successfully - we can then transfer that per diem to another client. And hopefully, when all of our programs are integrated, that number can become less and less. Not as a budgetary objective so much as an objective of the Ministry of Health in terms of bringing light to all Barbadians so that we can have an impact on this very important area of mental health care.

Similarly, arrangements made with the Teen Challenge for the provision of residential services with an annual provision of some \$760 000. An additional subvention of \$60 000 was disbursed to the counselling and addiction support services which provide non-residential counselling interventions to children and to adolescents. So I think that we get a picture not only of the needs aspect of the program, the essential needs aspect. We get a picture too, sir, of the cost of the program. And we get a picture of whether we need to inject more funds into the program or if we need to target even greater outcomes, the kind of funds that we may have to make available so as to have a meaningful impact on the actual program.

So as I said, this change today actually brings - not brings in line, but brings the substance abuse facility into the ambit of the responsibility of the examination unit of the Ministry of Health. They are already responsible for examining hospitals, maternity homes, geriatric institutions. Of course, I think it is a growing trend in Barbados not only to take advantage of the public hospital geriatric institutions offered by Government, but also to use some of the private residential facilities for the elderly. And we are dotted around the island and the Government of Barbados supports this program in a very, very intense way. But we also are responsible for the licensing of these facilities, for the requirements for the operations of these facilities. We are responsible for making sure that the administration in the facility is properly set out. We are responsible for making sure that the maintenance of medical records, the treatment and rehabilitation program, and of course, the transfer and discharge program has a profile which matches carefully with the kind of program which the Ministry of Health supports.

And as I said, the amendment today just brings onto that list facilities for the treatment of persons with an addiction or dependency on drugs or other substances. So it would bring facilities like Verdant House and any other facility which - it is indeed, sir, an opportunity for those of that mind to look into the possibility of doing this kind of activity as a business venture. It is a very popular area of philanthropic support. So that I am sure that along with attracting Government support by way of direct admission of our clients at the Ministry of Health, there is that opportunity for the private sector, through their philanthropic arm, to get involved in helping to fund these programs.

I think I want to leave with you, sir, a document which I can make available to the House - it is the 2014 Annual Review of the Substance Abuse Foundation Incorporated, Verdant House. This document, sir, covers the work, as I said, at Verdant House itself. It really is a benchmark, I think, for any person contemplating this kind of activity as a business, as I mentioned. But it also speaks to the wide-ranging outlook of those directors of this institution. I want to certainly take this opportunity to commend the board of directors of the Substance Abuse Foundation, all of them. I want to also acknowledge the work of the executive team at that institution and of course all those who make sure that the financial arrangements at the institution are properly carried out.

I want to especially acknowledge the program, the style of the program - put aside the success in terms of the client graduation, as I would call it. But the aspect of the program which has evolved in terms of their own ability, using their facility, to produce their own food. They have records of the vegetable production for 2014, and they have records of their animal production for 2014, which would

demonstrate the kind of self-sufficiency which this centre has targeted so that it is not sitting down and waiting for the \$1.5 million of Government, but recognises that anything they can do as an organisation to impact on the cost of the operation will be well done. So that they, for instance - and I am sure my colleague from St. Michael will be delighted to hear - they produce in the region of some 22 900 pounds of chicken for their own use, sir. They produce some 4 000 pounds of pork and 38 000 eggs. I do not know how the Member would feel about that, but this is an indication of the kind of mindset at an institution which really wants to be around for a long time and really wants to set a benchmark for Barbadian endeavour. Of course, the fact that the clients can then participate in this activity is an essential part of the rehabilitation. So it is almost a symbiotic relationship, so to speak, where not only are we helping to bring around those minds, those young people, but we are also being very self-sufficient and productive.

And I want to, as I said, leave this document with the Chamber, sir, but I also want to encourage Members of this Chamber to pay visits to these institutions and to help to encourage - no, I am serious - help to encourage not only staff but the clients. Not to stay, of course not. But certainly to let them know how much we as leaders in this community appreciate the work they are doing and the work that they can do.

I know. I have heard the idea that our institution at Blackrock, of course, has had that relationship with the farm community for a long time. As a matter of fact, I heard the view that since we erected the wall between the farm community and the psychiatric hospital, which would be on the western side, I believe, of the Jenkins property, there have been some resistance, some cry out from the farm community about their ability to impact on the success program at the psychiatric hospital or vice versa. So I am sure, though, that those casual relationships are maintained. Obviously, in today's world there is a different level of security around all things. But those persons in our community with good intentions who want to help to work with these institutions, who want to visit either by day or even give up their time freely - the retired fraternity especially - are always welcome to participate with us in this program which is so essential and which is so necessary.

So, sir, I feel in conclusion that I want to commend this amendment to the Chamber for your consideration and eventual passing so that we can continue our fight in our treatment of this very important area of health care, as I said, but most of all to set those standards which will be required and monitor the ability of these institutions to produce successes within our community. Mr. Speaker, sir, I am obliged to you and I beg, sir, to move that this bill be read a second time.

Dr. M. M. AGARD: Thank you, Mr. Speaker. Mr. Speaker, I joined this debate to amend the health services act, cap 44. I believe it is section 10 that pretty much enables the Minister to make regulations with respect to facilities for the treatment of persons with an addiction to or dependency on drugs or other substances. Mr. Speaker, I want to say to you that I have no fundamental objection to this particular amendment in principle. Certainly we need to accept that substance abuse and dependency on drugs has become not just a public health concern, but a national concern.

If we were to consider how individuals suffering from any kind of dependency comes to the attention of the public, one would admit that our knowledge of those users have been greatly underestimated. Because by and large, we come to knowledge of substance abusers either because they have been criminalised via the courts or because of some precipitating psychosis to the drug that then in turn causes them to be admitted to the psychiatric hospital. They may come to our attention because of behavioural changes in schools and in communities and by their families. Or they may come to our attention through health care practitioners like myself, who cannot help but see the systemic and local changes as a result of the injurious impact on these drugs on our patients. So we just basically have more or less a snapshot of substance use and dependency in Barbados. But I am sure that we would all agree that the numbers are far greater than even what we are able to report.

I am certain that we would all agree as well that drug dependency is a youth condition. You have to forgive me if I refer to it as such in my presentation, because statistics as we know them actually indicate that the age group most affected by substance abuse would be the 20 to 34 age group, primarily in males. And of course, the major substance of use today is marijuana use, more so than alcohol or even crack cocaine.

If I am to share with you just some figures to set the stage, the medical records of the psychiatric hospital indicated in the year 2011 that for alcohol only one individual under the age of 20 was admitted for alcohol use. By comparison, we have an admittance of 17 for marijuana in the age group 20 to 34. For alcohol the admittance was 9 compared to 62 for marijuana, 3 for cocaine and 29 would be considered poly drug users, meaning that individual has more than one drug dependency. As we age in the 35 to 44 age group and even the 44 to 64 age group, whereas there may be an increase in alcohol dependency from 21 to 36, for marijuana dependency we find that as one ages there is a reduction in its use, at least where admittances are concerned. And the admittance for marijuana falls from 25 to 20 by the time we reach the age group 45 to 64.

But the mere fact, Mr. Speaker, that most of the substances affect our young people, the most productive sector of our society, is certainly important enough for us to take this situation quite seriously and to try to bring into effect any solution that would bring about rehabilitation.

Now, we heard from the minister just now that there are a number of private facilities that afford opportunities for drug treatment and rehabilitation. And I, too, certainly want to join in acknowledging the work of Verdon House, conceptualised by a charity, the Substance Abuse Foundation. And I agree that Verdon House does outstanding work in its rehabilitation programme. To my knowledge, between 40 and 60 beds are available. It serves specifically a male population age 18 and over, even though, of course, provision is now being made for the housing and facilitation of women, which indeed would be a very good move, seeing that inasmuch as substance abuse may predominantly be a male condition, women too are afflicted.

I want to congratulate Verdon House not just in the provision of its services, but with respect to the regulation of its services which we are here to discuss today. I want to congratulate Verdon House for achieving its accreditation from EATA, the European Association for the Treatment of Addiction, which allows it to be considered an internationally accredited facility. And it is commendable that Verdon House has endeavoured to gain this type of accreditation.

But, Mr. Speaker, inasmuch as we may have Verdon House - and I must also make mention of CASA, which I will refer to - I think that it is important to recognise that any efforts to regulate the conditions of privately owned facilities should also be applied to the state owned facilities. And, Mr. Speaker, in this context, as much as we celebrate all that has been achieved by the private facilities, I need first and foremost to register my concerns for what now pertains at our state facility.

Now, we know that there is the drug rehabilitation unit attached to the psychiatric hospital, but there are a number of challenges,

Mr. Speaker, that really plague our desire to forge this particular concept in an aggressive and meaningful way. Some of the challenges that are faced, for example, would be that of understaffing. This has always been a problem, but certainly it has been made worse since the retrenchment programme. We have a case not just of a shortage of staff, but we have a case of staff suffering from low morale as they must work very, very long hours. They work under reasonably unsafe conditions. In fact, there is now a pilot project that requires nurses to work four days of 12 hours each, thus requiring a worker to work 48 consecutive hours without any consideration for overtime

payment. And I need to state my concerns, Mr. Speaker, because such expectations are untenable in any working environment, in particular a working environment to which a stigma is already associated.

So, Mr. Speaker, if it is said that pictures paint a thousand words, even with my brief remarks, I say to you that the document before me of pictures of the state of the Psychiatric Hospital paints 30 000 words. Because before me, which I would indeed like to make a document of the house, are pictures of the psychiatric hospital which are really unacceptable in many ways. And inasmuch as we applaud private facilities for their efforts in rehabilitation, I think that a word must go out to our state owned facility that it really must do better even under these very harsh economic circumstances. So this I make a document of the house.

What we actually have here, Mr. Speaker, is staff being made to work in conditions with failing ceiling tiles, blown floor tiles, fungus on the roof, soiled sheets and so forth. And basically, Mr. Speaker, this is untenable. What we also have, again, Mr. Speaker, is a concern for lack of essential medication at this facility for the best care of its patients.

Mr. Speaker, having stated my concern with respect to that, I certainly too wish to applaud the good work that is being achieved by a number of facilities in Barbados. I wish, for example, to draw to your attention the work of the Drug Treatment Court which was launched in February of last year. And this Drug Treatment Court basically has as its fundamental plank that offenders of substance use and abuse really deserve an opportunity for rehabilitation rather than criminalisation and incarceration. To date, this Drug Court has met on a number of occasions, and I am happy to state that our drug offenders have been offered an opportunity rather than incarceration, an opportunity for rehabilitation. And this certainly is to be commended.

I also want to commend our NGOs, the churches, our schools, and in particular our communities that are working diligently with all of the multifaceted state agencies to ensure that those most affected by this condition receive the requisite attention and care.

Now, Mr. Speaker, we really cannot treat to the issue of substance abuse as merely a condition of offenders. In a number of countries, drug addiction is treated as a medical condition rather than a criminal offence. And I am particularly desirous of the day when in Barbados we treat to this issue in the same way - that it is wholly considered a medical condition rather than a criminal condition. In this way we can provide the requisite treatment for individuals who have suffered psychotic changes as a result of this drug use. And I need to make the point, sir, that in many cases, whilst an individual may feel that he or she may

have control over their use of drugs with a high dependency, one does not control one's actions once exposed to a particular substance. That is why, for example, many of these drugs are classified as Schedule 1 drugs, meaning that they are considered illegal for use, they are considered drugs of very high dependency, and they are considered drugs with limited known medical use.

So we need to treat to the drug user as one who may not necessarily have any control over his actions, even actions which are frowned upon by society. A caring, mature democracy would then address the concerns of the substance abuser or the substance offender more as a case of medical treatment than that of any form of criminalisation. And we have in our facilitation, Verdon and CASA, two very outstanding facilities that are addressing these issues.

Now what, sir, are the primary challenges faced by these two facilities? In the context of regulation, it is absolutely important for government to be able to regulate and to ensure some form of standardisation of these facilities. We want to be certain that those who submit themselves to treatment receive the best care under a practice that affords best procedures for the outcomes which are desired. We need, Mr. Speaker, to ensure that women are also provided for. And I note again that Verdon is in the process of creating that facility for women. We also need to create facilities for very young abusers. CASA is known to provide such a facility because children age 12 years and up can actually be accommodated in this non-residential facility.

But Mr. Speaker, the challenges of under-financing are very real challenges which we must explore and try to find solutions in addressing these issues. I would like to see Barbados move to a stage where our drug offenders are treated as though we have a vested interest in their rehabilitation at every level.

I express my concern for the criminalisation of those with very small quantities of substance use, in particular marijuana. I believe that any law that predominantly targets any one socioeconomic group - targets them for harassment, arrest, prosecution and incarceration - is a bad law. And I believe that we in Barbados have endured a silence that really and truly has not served our country well. I believe that as we move toward celebrating 50 years of an independent nation that it behoves us to look at the manner in which we treat to this issue, the silence in which we wink at certain individuals of particular socioeconomic groups, all the while targeting specifically working class communities for incarceration. It is an untenable situation, Mr. Speaker, one which needs to be addressed.

And I trust that we are prepared to make the bold and revolutionary moves that are required to bring a certain

parity - parity to the way our laws are implemented. My issue is not an issue, sir, with whether we should allow individuals to possess any forms of substances for their own recreational purposes. My issue is an issue more or less of social justice. And I am saying that as we as a mature democracy advance our national development, we must ensure that we treat to the issue of substance use and abuse in an equal way.

I desire to see, Mr. Speaker, at this time, a national consultation on the use and abuse of these substances under consideration. It is important that we have these consultations because we need to ensure that all those with a vested interest be provided with a platform of parity for this discussion to take place. It is a discussion, Mr. Speaker, that will allow us to serve our communities better simply because if we look at the root cause - let us look at the root cause of some of the ailments which today plague our society.

We are currently dealing with a state of unrest. And when one looks to the root cause of this state of unrest, we see a youth movement that is very dissatisfied with their own progress. We see a youth movement that is hopeless and feels that they have been the victims of our very harsh laws that tend not to be applied in a very equal manner. We are dealing in our working class communities with broken families, families where in some instances all the male figures have been incarcerated as a result of nothing more than possession of very small quantities of these substances. Fathers are missing from homes, some of them primary revenue earners. Mothers are losing their sons to this particular situation. And Mr. Speaker, we need to be able to heal our societies, to heal our homes, to heal our communities. And one of the ways in which we need to be able to do this is the bold and revolutionary move of reducing our intent to incarcerate and consider more on treatment and rehabilitation.

So I am asking for that national consultation on substance abuse and substance use with a view to ensuring that there is reduced incarceration of our youth. I reiterate my position that any law that predominantly targets any one group is a bad law and needs to be addressed and resolved.

And so, Mr. Speaker, with respect to any regulation, any rehabilitation, I more or less lend my support to this particular amendment. I do believe that it is important for us to create a society of parity. And it is certainly my hope that as we have major discussion on these issues that we would certainly move in that direction. And with these few remarks, Mr. Speaker, I am obliged to you.

Mr. SPEAKER: Yes, the honourable member for St. James. Sorry, for St. [Inaudible.]

Mrs. M-J. M. THOMPSON: Mr. Speaker, permit me to participate in this debate because of my interest in health, in promoting and pursuing the healthy lifestyle. Because the healthy lifestyle does not only consist of the physical aspect, but there is the psychological, mental, whatever you wish to call it. And that really is the focus of this debate here today. I find that I frequently encounter youngsters who are affected by substance abuse and I have actually had to channel one or two of them into the right direction to get the necessary help.

Now this Bill, the Health Services Amendment Bill 2015 and Health Services Substance Dependency Treatment Facilities Regulations 2015, comes about as a result of private entities and non-governmental organisations that have come on stream to help tackle this problem of substance abuse that really has mushroomed to the point where there is an increased demand for facilities to treat such. The Ministry of Health probably welcomes the assistance of these new entities. I think it actually encourages them in light of the increased demand. But it is essential that these facilities operate within specific guidelines and according to certain regulations. Because after all, we want to ensure that there is an acceptable standard, a standard of quality care, and that all of these entities are operating on the same level or singing from the same hymn sheet, as we often say.

And these facilities include, as the Minister mentioned earlier, the Substance Abuse Foundation which operates out of Verdun House in St. John. There is the Centre for Counselling, Addiction Support Alternative - CASA - which is a non-residential facility. Then there was Teen Challenge which catered for younger ones up to age 25. And I suppose this is my opportunity now to mention that I think that Teen Challenge should really urgently be reopened so as to continue to serve the needs of that age group. This was a residential facility and it had a programme that was Christian-oriented, which I think is a good thing, so that it had a rather holistic approach to the treatment of these youngsters in need of assistance.

But getting back to Verdun House, I want to have a look at what it is that they offer. I have been fortunate enough to be able to visit the facility - I have been there more than once actually - and I was sufficiently impressed with all that I saw and therefore want to be able to tell the nation about it and to inform you of the all-inclusive and most helpful programme that takes place there. As I mentioned before, it is a residential facility and the treatment programme really involves endeavouring to get the client able to reintegrate back into normal life in society. It means that there is what they call a client development programme so that the client is encouraged to work on the premises. There is a bakery and so therefore there are bakers. They get them into farming, of which the Minister spoke earlier. All kinds of farming, lots of crops

are grown and you heard the statistics earlier. But there are also programmes, almost like school. They can do more CXC's, their CVQs as well. They can get into computer programming. And the client is expected to move at his own pace. There is no rush to say, well, you need to get through this within a certain time and get out of here. They really and truly try not to force that sort of pressure or stress on the client so that it is rather considerate, if I could use that word.

There are also family sessions that are held so that family members are brought in and interviewed to see how they can assist the client. And this family may not necessarily be actual blood relations, but whoever the client is interacting with or had been interacting with on the outside. And the aim is to have that family assist the client or alternatively, I suppose, desist from whatever it is that the family is doing that affects this individual to the point where he reaches the state that he gets to. There is then an after-care programme so that even a year after the client has left Verdun House, they can still go back at any time and speak to the counsellors and say how they have been doing and what challenges they are having now that they are no longer there, and that encourages them to continue and to manage their lives thereafter. There is also an alumni, so that they get together yearly or whatever else, and they actually celebrate their recovery and encourage each other to continue.

In that vein, the same group, the Substance Abuse Foundation, is now about to open a facility for women because Verdun House has been housing only men. I think they did try to have women at Verdun as well, but found that did not work out, so that was abandoned. And so the need has been there for some time to have a facility for women. And so the Maria Holder Memorial Trust, a group that has been doing some wonderful work here in Barbados, has partnered with the SAF and with the Government. There was an old building in St. John also that was purchased and is now being refurbished, renovated or rebuilt - I do not know which one. And it really is coming along very nicely and looks very good. And it will house women who are suffering from substance dependency. I am told that women tend to seek treatment less readily than men because of the considerations that women have for their responsibilities. They tend to put themselves last and so seek treatment only when things have really become that bad. But I am also told that women heal faster and that their relapse rate is a lot smaller than that of men.

So this facility is due to open later this year in September, and it will cater for women who can, if necessary, bring their child with them for the treatment. The main reason why women do not get around to getting their treatment is because they are tied down by having to take care of family and children. So if the children or child

can be with the mother, then they can get on with their treatment right there at the new facility, which I mentioned would also be in St. John.

Now, Mr. Speaker, the treatment for a person suffering from substance dependency involves having an assessment which is done at the Psychiatric Hospital, and then the person needs to go on to what they call detox. And that also has to be done at the Psychiatric Hospital. It is after that they will then be sent on, or it is recommended that they be referred to whatever the facility is, whether it is Verdun House or Marina House or CASA, whatever it is. And I am talking about this because it has been brought to my attention by people who have sought substance dependency treatment that they really have an aversion to going to the Psychiatric Hospital because of the stigma that is attached. And I actually had a young man who so did not want to do this part of the programme that he actually told me that he was not going to bother to go ahead with it at all. He would treat himself. And so I am waiting to see what success he has giving himself his own treatment. But the point is that part of the programme clearly is off-putting, and maybe we need to look at some other facility at which this can be done.

That brings me back to my usual concern - that of the polyclinic in St. John, which is soon due for completion. This facility, I am convinced, would be perfect for doing this part of the programme and assisting the Psychiatric Hospital. And perhaps people would feel less uncomfortable about going there. It is also situated in between the two facilities - the one for men, Verdun House, and the women's facility. So it really is almost as though I could say that St. John could be a one-stop shop where you get everything done right there in St. John. So, not that I necessarily have to sell the polyclinic in St. John, but I do think that would be a good idea to help those people who really are so put off by going to the Psychiatric Hospital.

So, Mr. Speaker, I shall, as usual, be short and sweet. I will detain you no longer. I wish to come to a conclusion by stating that substance dependency really is a disease, a debilitating one at that. It impacts negatively on the individual and therefore would impact negatively on the nation as a whole. Therefore, there is a definite need for treatment centres for this dependency. And those who provide that service need to all operate at a certain standard that is in line with the standard of other health services in the island. So therefore, I wish to end by giving my full support, my unequivocal support, to this Bill, the Health Services Amendment Bill 2015. I am obliged.

Mr. SPEAKER: Yes, the Member for St. James South. Thank you.

Hon. D. O'N. INNISS: Thank you very much, Mr. Speaker. I rise, of course, to give full support to this matter

before us, the Health Services Amendment Bill 2015 and the attendant regulations. I think that this debate today offers us a wonderful opportunity to weigh in on a serious issue we have in this society, and that is the issue of substance abuse, which is oftentimes linked with or used primarily referred to as drug abuse, even though we are talking here about more than what Barbados calls marijuana as the main drug here. I must commend the officers in the Ministry of Health. The fact remains that as Barbados moves forward, the state has to be far more involved in providing the regulatory environment for both state-owned and private facilities. If Barbados is truly to be functioning effectively in the 21st century, we cannot operate in a system where the state is the sole provider of services and oftentimes does not have the right regulatory environment to ensure that such services are provided at optimal levels.

I also wish at the very beginning to say that this discussion today is not for me about Vernon House, which is one of the substance abuse treatment facilities in Barbados. And I say that because we must not lose sight of the perspective that the state must not impose upon others that which it will not impose upon itself. And therefore, I expect that whatever regulations apply to privately owned substance abuse treatment facilities in Barbados will also apply to state-owned facilities as well - in this case, including the Queen Elizabeth Hospital, the psychiatric hospital, and all of those primary and tertiary health services facilities that are owned by the state. Mr. Speaker, if we don't take this approach, we will quickly be accused of having one set of rules for others and one for ourselves in the state.

Secondly, it is important because at the end of the day, we are talking about setting standards for all in this society, and the standards must not differentiate based on socioeconomic situation, where those who may be financially well off are able to go to private facilities and those who are in the lowest socioeconomic grouping have to operate in a substandard facility that may be owned by the state. The other point, of course, is that we are seeking to ensure that whether facilities are privately owned or publicly owned, they have the same high level of standards across the board, including in this case the clinical staff and support staff, all the attendant treatment facilities and resources that are necessary.

Mr. Speaker, I say that this debate today ought to be very instructive for all of us as parliamentarians, because all of us in our daily existence do have to deal with families and individuals who face the scourge of substance abuse in Barbados - not just abuse of marijuana and illicit drugs, but also alcohol. And I think this affords us the opportunity now to wrap our minds around some of the underlying factors that lead to this particular situation in Barbados. It is not just substance abuse. You also have to talk about

substance use. Because before you get to the point where you are classified as abusing, you really ought to be using. Someone ought to be able to pick it up rather early.

The reality about it is that many of our young people in particular still face the challenge every day of immense peer pressure. And those of us who are parents can certainly attest to this. Those who may not be parents, but certainly keep their ears to the ground and work with families and their communities, can really attest to the fact that peer pressure does play a serious role in driving a lot of our young people towards what they consider to be the comfort of substances that they then ultimately abuse. So some may sneak away and smoke a cigarette, some may sneak away and pull on a joint, some may go and have a little drink. The reality about it is that oftentimes a lot of what we are dealing with at this macro level manifests itself in how these young people in particular address the peer pressure that they are confronted with.

We also have very many dysfunctional families - families wherein the young ones in particular are not able to have a conversation with their parents or their guardians about problems that they are facing elsewhere. And sometimes even the way we react as parents, as guardians, can be such a turn-off for young people in particular. I think that we have to realise that what we are dealing with here - because even though we are talking about regulating facilities that deal with those who abuse substances - we can never lose sight of our goal as a government, including the opposition, to ensure that we reduce the use and abuse of substances in Barbados. And one of the underlying factors, as I say, is the level of dysfunctional families, those where the young people in particular are not able to communicate effectively and get the right kind of guidance and leadership in their own home environment.

We also have, of course, the issue of challenges to our school system. And let us not bury our heads in the sand. The school today is expected to do so much. The school is expected to be the mother and the father and the guardian, the financier, the social worker, the healthcare practitioner - everything to the child. And the reality about it is that we have never been and perhaps will never be resourced enough to provide all of the interventions that are necessary at that stage of development for our children within the school setting. Yet still more and more is being applied there. And I think wherever possible, the Minister of Education has been very steadfast in the perspective on this. Wherever possible, the state will step up to the plate and provide the necessary services, even if they are counselling services that have to be shared across several schools based on zone or whatever.

The bottom line, Mr. Speaker, is that before we start digging deeply into the issue of substance abuse, let us look at those underlying factors that impact upon the

development of an individual and see to what extent we can deal with some of these issues at an early stage. And therefore, that is why I feel that there is a need for more psychology services and counselling services throughout our school system in Barbados. Our emphasis continues, of course, to be on mathematics and English and history and all those subjects. But we cannot underscore enough the importance of those soft social services that do impact upon our young people and perhaps can help to stop a lot of them going in the direction that we do not want them to go.

The other point to make quickly in respect of the underlying factors is that we have a rather weak NGO system in Barbados - non-governmental organisations or civil society that sometimes seem rather unfocused, are not able to run the course, and oftentimes are centred around the egos of one or two individuals. And sometimes these NGOs and civil society, as well intentioned as they may be, oftentimes do not have the kind of leadership structure or resources to make the kind of sustainable interventions that are necessary in respect of matters such as substance abuse in this country, particularly in terms of early diagnosis and treatment of the particular issues.

Mr. Speaker, we therefore have, going forward as government and responsible leaders in society, to join the crusade in addressing the wider issue of mental health in Barbados. And I think that what the Minister of Health and his team is doing here certainly speaks volumes to the direction in which this government continues to go - and I dare say in which the former government also was directing this country - and that is fundamentally in reducing and removing the stigma associated with mental health in Barbados. Because hitherto you really only talked about Jenkins or the psychiatric hospital. So everyone who conducted themselves in what the average person would deem to be a strange manner was classified as a mad person and needed to be sent to Jenkins for observation, for treatment. And of course oftentimes people say you cannot come back any saner than you went in, which really and truly is not necessarily the case.

But the reality about it is that we have seen some interventions in recent times that have certainly indicated that government is moving and leading the charge in helping to reduce that stigma associated with mental health, including the decentralisation of mental health services in the Ministry of Health, whereby now I believe in most polyclinics, mental health services are available in some form or fashion. It may not always be a case of a psychiatrist being stationed at a particular clinic, but it may also be the case where you have a mental health nurse who is able to provide that frontline and early diagnosis, intervention, and care and treatment that is necessary. Also the community health practitioners who now are perhaps better equipped in terms of mental health training to make

the kind of early diagnosis and provide the long-term care that is needed at the community level.

And Mr. Speaker, this has become very important because in spite of what the Honourable Member for Christ Church West cited earlier and perhaps made a document of in terms of photographs from the psychiatric hospital, that institution continues to be challenged with a limited budget of about \$30 million a year with a 500-bed facility, averaging therefore I believe about \$60 000 per year per bed to care for mentally challenged people in this country. And the reality about it is that you have a situation there where approximately 30 per cent of the individuals who currently are housed at the psychiatric hospital need not be at that institution. And it tells me, therefore, that we still have a long way to go in terms of removing that stigma associated with mental health and with the psychiatric hospital as an individual institution, and getting it back into the community and back into the family environment.

There are 30 per cent of the individuals who are at the psychiatric hospital on any given day who need not be in that institution. For many of them, it has become the only place they know as home, and they have been there for in excess of 10 years. And because of the stigma that says if you go there, you cannot be welcomed back in the community, families are not pulling their weight. And I would therefore like to make a call for special attention to be paid to that aspect of the mental health portfolio to see what resources or solutions can be brought to bear to remove those individuals from that institution and place them back into residential care in the wider community. I know the institution has been helping through halfway homes and other things, but there are limitations to what they can do. I think this is a national dialogue we need to have, because if we do not confront the issues surrounding mental health in this country, then I do not think we are going to get to the root and really find the level of sustainable solutions to address the matter of substance abuse which we are talking about here today, which is one aspect of mental health in many respects.

Mr. Speaker, I will also say in relation to the issue of mental health in this country, from the state's perspective, that we have also recognised the level of subspecialties in the field of psychiatry. There is greater recognition of the importance of psychologists and counsellors and those who are well trained in the area of mental health to ensure that they are deployed across the society, hence reducing the need for institutions to provide that kind of care. But as we go forward and we look at this issue of substance abuse in Barbados, I think we can fairly dissect it and look at the various interested parties that are impacted by it as a way of frontally addressing these issues and finding sustainable solutions.

As mentioned before, it is a matter that is usually associated with youth, even though it is not only young people who are involved in drugs. But suffice to say that unless we continue to find ways in which our young people can be positively highlighted, unless we can find ways to celebrate all the good about our young people and stop behaving as though every young person in this country is a criminal and illiterate, until we can start to find ways in which we can help those young people who start to go astray from a very early stage, I dare say we are not going to make the difference that we want to make in this society. I have a lot of faith in young people in this country. I think there are far more good than there are bad. I actually am far more concerned about the adults in this country than I am about the young people, generally speaking.

The issue of gender is also another factor to address. And certainly the realisation that substance abuse may be an issue that is more akin to the male in the society. But the reality about it is that more and more females are now being diagnosed, and it is sometimes a case where they are able to deal with their pressures a lot easier than we men are, or maybe it is a case where they have some existing support mechanisms in place. But the reality about it is that today more and more females in Barbados are being diagnosed. It could also be a case that more and more females are now using drugs and alcohol than had existed before.

I think what is missing in part of the debate and part of the dialogue in this country is the role of data collection and analysis. Because quite often we come with some very anecdotal perspectives instead of really being able to make that investment in the kind of researchers who are able to really say, this is where we were at 10 years ago, this is where we are now in terms of the numbers of females who are involved in the abuse of substances, so that we are better able to plan and equip for it.

The other challenge that we have in addressing the issue of substance abuse and facilities for females is the reality that females oftentimes in these situations have children. And it is quite easy, as we have been reared in this society, for us men to have these challenges and go away to institutions for six months or a year or whatever, and be rehabilitated, because we do not walk with our children, we do not have to worry about our children - generally speaking, that is somebody else's problem. But when a young lady with two or three children, maybe from different fathers, is faced with this dilemma, it is not only her that is at the centre of the issue, it is also her children, particularly when there is not a support mechanism in place because the fathers are not pulling their weight in this society, because the grandmothers and grandfathers are busy with their own lifestyle too, and because, generally speaking, our social services infrastructure does not allow

for us to be able to keep those children in a kind of environment where they remain together as a family.

So invariably, those who have addressed the issue of substance abuse facilities for females have found themselves having the additional cost and burden of having to realise that it must be a family-oriented facility. Even if the children are not able to live there with the mother, the children must still be able to visit, or the mother must be able to make those weekend visits back to the family. Because the last thing you want to do is to inflict more mental pain on that mother by having her be disassociated from her children for an extended period of time. And therefore, I salute those who are making the valiant effort in addressing the issue of substance abuse, especially in relation to women in our Barbadian society.

The other issue, of course, is the differentiation in income group. And the reality about it is that we must be very careful that we do not have one set of standards for those facilities that are appealing to those of the upper income in this society, and one standard for those who have to depend on the state. Generally speaking, hitherto, until Verdun House and perhaps other facilities came around, those who had money were able to send their children who had these challenges off to Florida or other parts of the world where they could be hidden away and rehabilitated. Today, many of them cannot afford it. And we have therefore to ensure that as we build out and support facilities that cater to this growing challenge, they are able to cater to a wide cross-section of individuals regardless of their socioeconomic circumstance.

Mr. Speaker, the other two points I wish to touch on quickly in terms of the underlying issues. We can regulate all of the substance abuse facilities in the world. We can have the best substance abuse facilities in the world. But if we do not deal with the issues of drug laws in this country in particular, we are going to be forever looking to regulate and build more substance abuse facilities in Barbados. And I keep saying all the time that I wonder why we in this society are not able to identify, apprehend, and have drug lords feel the full weight of the law. I am not seeking to cast aspersions on any one department or individual in this society, generally speaking, but all of us know that there are individuals who can point to no meaningful employment in this country ever in their life, but they are able to maintain a lifestyle. There are those who we know are able to be in and among the blocks occasionally, or sometimes they do not even go there, but you hear and you are aware that they are the ones who are financing the drug trade in Barbados.

And I am of the firm view that they are the ones who must really and truly feel the full weight of the law in this country, and it cannot be left to the police alone. Let me make that abundantly clear. Because there are those who

are going to respond and say, oh, it is the police that need to find them, et cetera. But sometimes they are given comfort from quarters that they ought not to be given any comfort from either. And I am of the firm view that those leeches, those nuisances and corrupt minds in this society that masquerade as drug lords are the ones that really and truly must be vigorously pursued and they must be made to feel the full weight of the law. When I was Minister of Health, I made a call that they are the ones who should be at the psychiatric hospital, seeing the effects of their own trade and profession. They are the ones that should be scrubbing the walls, repainting and cooking in the kitchen as part of their penalty. And you know what? They are the ones who oftentimes you never see with a spliff. If the police stop them, you never find a firearm on them. But they are the dunces in this country. They are the ones who some individuals are looking to now for school supplies and for this and that and all the rest. To me, they are the ones we have to root out in Barbados. There must be no retreat, no surrender and no mercy whatsoever for those drug lords in Barbados.

The other point I must make quickly is that as a government, we have made some strides because it is not just about institutions to house those who are abusing substances, but our judicial system is also making some strides in that area. And that is why I commend the Attorney General, the Prime Minister, and all those who are involved in the creation of the Drug Treatment Court in Barbados, because the reality about it is that it needed special attention. And I hope that it has been able to maintain the resources and grow to the point where it is firmly planted in our judicial system and our social services system as well.

I remember a few years ago when the courts in Barbados would look at an individual and say, well, I am sending you to Verdun House - go out there and get some remedial treatment or whatever. And the Ministry of Health took the position that no, that is erroneous. We needed to ensure that the individuals who come before the judicial system suspected of needing that kind of intervention are able to be first analysed or examined by those in psychiatric care facilities in the Ministry of Health, who then determine the kind of intervention that is necessary, including then going to Vernon House, in which the state would make a contribution. And that is where the barriers arise. Because I hear people keep talking about taxes paid, taxes paid, et cetera. But every child, every individual that we send to a private substance abuse facility in Barbados is costing the treasury a bit of money. I believe we are spending about \$550 per day per person. That is not a small amount to sneeze at.

And I think if we are going to get the best return on our investments, it is instructive and necessary therefore that what we are doing here today in terms of bringing this

bill to give the Ministry of Health and the Minister of Health the authority to determine first what qualifies as a substance abuse facility - the kind of physical space and arrangement necessary, the kind of staff that is necessary from the clinical directorate all the way down to the other support staff that is needed in that facility, the ability to set standards - and Mr. Speaker, this is an extremely important part of our work because we must be able to monitor and evaluate these facilities. We must be able to say they have been a success. Not to have others write questionable stories from far away occasionally to say a facility is a success in Barbados. But for us to have the kind of structures in place that allows us to monitor and evaluate these facilities, to set the standards, and of utmost importance, to have the ability to penalise -

those who do not adhere to the standards, the procedures that are necessary for us to have the appropriate facilities in Barbados for these drug treatment circumstances going forward. I firmly believe, Mr. Speaker, as I come down the line, as I said at the very beginning, these regulations are applicable to all facilities whether they are privately owned or state owned. I know, therefore, the task is going to be up to the Ministry of Health now to get their own facilities up to the level that we can really and truly say they have passed all the tests. It is not going to be easy tasks and let us not fool ourselves, it is not going to be easy for those in the private sector either. But I think through a collaborative effort that we are going to see a marked improvement. Improvement in diagnosis, care and treatment of those who abuse substances in Barbados, whether they are the illegal drugs or they are the legal ones.

At the end of the day, Mr. Speaker and colleagues, I think we are at the stage now where we really and truly have to say it must be all hands on deck as we battle the issue of substance abuse in Barbados. It cannot be left up to the Ministry of Health, who oftentimes see the end results of what happens very early on. It has to start in our homes. It has to start in our churches. It has to be in our communities. It has to be on the block with the boys. It has to be wherever the girls are hanging out. It has to be all over this society where we truly adopt a position that every mind that is in one way or another corrupted or negatively influenced by substance is a mind that we cannot afford to lose. In this society, we must also continue our quest to decentralise mental health. We must continue the battle to ensure that the stigma is removed around this issue. And we must, of course, ensure that the facilities that provide the diagnosis, care and treatment are well regulated and that they adhere to the highest level of standards. With these few words, Mr. Speaker, I am obliged to you.

## SUSPENSION

Hon. J. D. E. BOYCE: Mr. Speaker, I beg to move that the sitting be suspended for lunch until 2.00 this afternoon.

*The question that the House be suspended until 2.00 p.m. was put and resolved in the affirmative without division and Mr. SPEAKER suspended the House accordingly.*

## RESUMPTION

Mr. SPEAKER: Members, the sitting of the House has resumed when suspension was taken. We want Order Number 17. And to that shall I return. Yes. The Honourable Member for St. Thomas.

Miss C. Y. FORDE: Thank you very much. Thank you, Mr. Speaker. I am happy to be a part of the members in this honourable chamber to have the privilege to lend my support to the amendment that we are discussing here today. I think that it is very worthy, the Health Services Act, Cap. 44, and looking basically at persons with mental illnesses and the role of the psychiatric hospital. And I want to support every exercise that refers to our nation's health, being our people's health, being the nation's health, our nation's wealth, for that matter. I also believe that the dependency on certain substances has really impacted on the lives and the livelihood of all users, but more particularly, it feeds into families and overall into communities and the society. We all know, Mr. Speaker, that there is a significant disability and loss of productivity associated with mental illness. So I support what we are doing here today.

I know that there have been over the years, and I would say over the past 20 years - I speak on that with a measure of understanding and authority - there have been refurbishment packages for the psychiatric hospital to make sure that the facilities meet the needs of those who work there and those who are clients there or those who reside at the hospital or even have to visit to be able to get treatment, whether it be in the form of psychological services or social services, medications, doctors, engagement and so on. And therefore, I really would love to indicate, though, that too many of our people are suffering. And I believe that we must start looking at new facilities or additional facilities, let me say, to be able to cater to the needs of this vast growing number of persons who are in some way addicted to drugs, meaning alcohol, marijuana, cocaine and all others.

I know that it is not a problem that impacts on Barbados alone, but indeed the region and the rest of the world. And we know of other places in the world where when persons are found with drugs, they have to have a

hand taken off as punishment or some other real barbaric treatment that I really do not subscribe to at all. But I believe that the punishment shall meet the crime. And therefore we need to do even more in helping to get rid of the scourge called drugs in our societies. And I said to one of the honourable members on the other side downstairs just now that I am so proud to have been a person of the past era, for if I were young now, I really would not know what to do in this world where there are so many negative influences and so many other choices that we did not have. And it worked well for all of us, if not most of us, if not all of us.

Mr. Speaker, harsher penalties should be placed on those perpetrators who destroy our societies and the societies in the rest of the world through drugs. It is okay to sell the drugs for them because the mentality of many people now, rich and poor, old and young, in some instances is to get rich or to die trying. We don't have to bother about them once they develop the habit of using the drugs. There is a sure market for us in that respect. I know that government has been spending millions of dollars in an effort to - and all successive governments, I would say, have spent millions of dollars. And they have also done many plans to be able to treat to the issues of health in general, but more particularly mental health. And I wasn't startled at all at the statistics offered by the honourable Minister this morning. Simply because I get the impression that those statistics may be like 10 years old. And we always have a problem in Barbados. We have no current data to be able to offer the kind of urgent information that is necessary if we are to plan more strategically for the future. But they are still frightening, according to the details that were offered by the honourable Minister. I say that it is at crisis level.

No, sir. As I move through various communities in Barbados across the length and breadth, to see what the scourge of drugs has done to our people, more particularly our youth - our capital city, Bridgetown, is now filled with persons who are on the streets. They have become vagrants. Not that all of them would have come from St. Michael. Because it seems to me as though there is a mentality where, as long as you have hardship and you have run afoul of the law and you have done all the things that are wrong, you head down to Bridgetown, and therefore they too become a challenge for the police and the business people and visitors to our country. I was appalled when a vagrant nearly beat me about a month ago downtown, pushing a piece of string across a tourist's neck. And I said to him, you know, you should not be doing that. Of course he threatened me. But, Mr. Speaker, you know I am not afraid. So I told him I would have pranced him down Broad Street. Because he has a life and I have one. And for him to go to Dodds, to spend time there - and I am a dead girl. I have too much to offer this country. And therefore I will take first chance. And I will beat him to

pulp in Bridgetown. So he ran away. He ran away, Mr. Speaker, sir.

But I am saying, when you see them, you can tell that these are people who have had access to the free education that we have boasted about. You can see that many of them would have had quality lives. There are some who have qualified as financiers, some as lawyers, some as teachers and others. And they are now on Bridgetown, Swan Street, Broad Street, you name it - mistress, give them a dollar 25 cents. That is the impact that drugs has had. So to my mind, perhaps it does not always go with ability. Because if a person who is trained as a professional then ends up on the street as a drug addict, what about those young boys and girls or young men and women who do not know how to say no because they are so introverted and never had the exposure? They too get caught up in the trap. And then it comes right back down on government and other social agencies to plan for them, to be able to help them over their situation.

I know that the treatment at the psychiatric hospital is often criticised by all and sundry because of the stigma - where people know you. They see you go in with a client or you go in on a matter to see a relative. And then everybody says, I saw Cynthia - I wonder if she has a problem, she gone mad. And that is the mentality of Barbadians. And so young people are saying, I have my problem, I want to get cleaned up, but I do not want to go down there. Because when I go and others from in my village see me, they are going to spread the word that I was at the psychiatric hospital and something is wrong with me. And therefore I support any effort to be able to remove that stigma by the establishment of other facilities to treat persons who are addicted to drugs or need some form of treatment.

I also think that housing is critical because if you are talking about the homeless in the street, the Clyde Gollop Centre is really not enough. There are men who are blocking the streets out there at night, getting somewhere at least to sleep. And especially when it rains, it is worse. One had the opportunity to look over to the south of this distinguished chamber, sir, this honourable chamber, on the gallery away from the other place. And I saw no less than about 75 people in the evening waiting for a meal. And of those 75, there were only about three women. All the others were men. And I talked to the honourable Minister of Social Care - I said, look at what we are experiencing in Barbados. We have never seen it like this. I am not blaming the government fully for it because that was certainly before the hundred and some of the 3 500 people were sent home. But the point is most people gravitate towards town because they would be trying to get something to eat and some clothing to wear and so on and so forth. So the housing through the Rural and Urban Development Commission and of course the National Housing

Corporation is critical to help both men and women, because there is nothing more disconcerting than to see women with children drawing up in somebody's gallery at night, sleeping under somebody's cellar. That is the reality of what is happening in this country. And they are not drug addicts. It is because families have put them out. And if they cannot get a place to sleep or to sit and be comfortable, what about those persons who are mentally ill? It really calls for a national conversation for us to be able to meet and have discussions in communities to be able to treat to the challenges that we are facing.

But Mr. Speaker, the younger people seem to think that it is okay to take the drugs. And some people say, well, if you smoke the marijuana and you are asthmatic, your asthma goes. And if you are not clear when you go to write your exams at UWI or in sixth form or wherever you are and you smoke a little weed, it clears up the mind and you could not do better. And I say to them, look at this old girl here. I do not even take medication unless it is something critically wrong with me - the arthritis or whatever. But I have never smoked marijuana. I do not drink alcohol in the way that people do. I have it as a social drink and I am always on a high. Why do you have to be bored and why do you have to smoke weed to get a high that is going to be temporary, and then after that the urge to have more? You do not have the money, you are breaking and entering any and everybody else's house. And it is not only in the St. Michael and Christ Church areas and possibly St. Philip now that we are having serious break-ins. We are having them across the length and breadth of this country. Those are some of the issues from which drugs cause that to happen. I am not even going to talk about the murders and the maiming and disfiguring as a result of drug territory. That is another story that does not come into this discussion at this time, sir. But I know that situation is one where they talk about peer pressure and they talk about showmanship. And so that is one that is really having a deleterious impact on our societies. And it is not okay to take drugs.

I support 100 per cent that women's clinic and I trust that it will be established in 2015 and not like Ms. Shops - not called Freedom Village - that were to be open since September 2011. It is unconscionable. And women deserve whatever is for them, as men are, because they are contributors to this society. Our women work hard. Too many of them are burdened with juggling a job, rearing children, being beaten and abused and all forms of abuse. They suffer at times, and then they have to be able to survive and give discipline and love and care. It is a very difficult task. So I support that whole exercise. I welcome it rather, and I hope that matter will soon be facilitated. I am not so sure if the honourable Minister had said it will accommodate 15 persons or 50 persons, but if it is 50, that makes me feel a little better. Because women too are forced to take the drugs - drink it in the tea, depending on the kind

of partner they have - and ought to think that is a way out as well for the challenges that they have in their lives now.

I am appalled, Mr. Speaker, that I knew during the period of time - and I could say it is probably around 1995 or so - when the National Council on Substance Abuse was established, that the Royal Barbados Police Force was intimately involved in a programme called the DARE Programme. And there was funding. And I am appalled that it does not seem to be happening anymore in our primary and secondary schools. I found it to be extremely impactful because I had the experience of working with children in the community where I live. And the police officer who was responsible, the community officer who was responsible at that time - every year the training took place and the children did the performing arts. They demonstrated what it is like to be a drug addict, how you feel and so on. Children opened up to those police officers and told them almost everything. At times they had to even stop them. They learned that children - children told them, sir, ma'am, my mommy packed the drugs in my school bag and told me, go to school and sell to my friends. Primary school, some at six and seven years, know what it is like to smoke the weed or to carry it in their lunchbox to a neighbour or to travel with it in the bus. And there were so many creative ways that parents who should know better have been training their children. I am saddened that the DARE programme does not seem to be happening anymore. But unless we nip our situation about drug and drug abuse and addiction in the bud from at the nursery and primary level, we are going to lose it all. So I advise the government, please - I am not going to ask the Honourable Member for St. Philip South if it is still happening, because to hear him from Mr. Speaker tells me that a police station has started in King Garden, St. Thomas. A younger Member asked me that - Cynthia, has the police station started? Grass is still there and lots of trees too, Mr. Speaker. So I am not going to ask you all. Remember, he had this opportunity to speak to the DARE programme - that it was so impactful, but it is woefully missing. And I want to commend the staff at the National Council on Substance Abuse for the excellent work they have been doing over the years.

Now, Mr. Speaker, I have not asked your permission if I could table documents for the House. But if you will allow me, sir, I shall. I will make them documents of the House because I know that there was a memorandum on March 30, 2015, to the Acting Director of the psychiatric hospital that spoke to extremely low doses of medication in a number of critical areas. Now, Mr. Speaker, if you are mentally ill, you have to have medication. And when you see guys go off the street, go to the psychiatric hospital and come back out, you do not know that they were admitted. But it is because they got the necessary treatment while there, at least to put them on a good footing, that when they come back out, their hair is combed and they are wearing

different clothing and they are not walking around with the middle finger stuck inside the palm and so on. So if a hospital that is the only major hospital for mental treatment is low on medication, then you, Mr. Speaker, can understand the reality of the situation.

And so I felt extremely disillusioned when I learned of that memoir. But you know what? A former member for St. Michael East that used to talk about shadows and black shadows made a midnight visit to the psychiatric hospital in the early 1980s and startled everybody, cat spaddled everybody. Mr. Minister, I believe you need to do that. Not perhaps at midnight, because he may not find you the next morning if the medication is not being given to the patients. However, there is need for a critical examination as to what is happening at the hospital. So, Mr. Speaker, I'm going to make this a document of this honourable chamber, because to have had the caution set out where medication was so low - and I wrote down some of the names, Mr. Speaker, for fear that they would not have condemnation - and the chorus that came to it is low stock, very low stock levels. Out of stock, very low stock levels. Used for inpatients only. So every man get admitted today. And there's no medication to suit my condition. I go before down to hospital because you only expect me to get violent. You will get worse as a mad person, a mentally ill person, excuse me. And therefore they're very low. Presently out of stock, extremely low stock levels. Something called Risperdal. Stock levels lower. Dilantin. Inpatient use only. Tegretol. Inpatient use only. Mr. Peter Akoras. I do not know what condition these serve, but they would not have been on the formulary were they not available for persons with mental disorders and challenges.

And I do not know. So let me highly commend the staff at the psychiatric hospital. And I see the now Permanent Secretary who was a director there. I know of the quality work that was offered. But you look at the psychologists and the counsellors and the nursing staff and the janitors and watchmen. And so they work beyond human call. The honourable member for Christ Church spoke about that this morning. They work beyond human call to be able to meet the needs of the clients, despite the challenges, economic challenges and so on. And so I want the honourable Minister, please, to tell us about this memo that was just over a month ago. What has been corrected? Have these drugs been made available? Are the drug producers, the business people who are the distributors? Have they been paid their money so that the psychiatric hospital can have its drugs in place? So that in case any of us, any Barbadian has to go there, at least there is medication for them?

Mr. Speaker, you know, none of us knows what may happen to us. Because to my mind, mental illness is like diabetes - another chronic, non-communicable disease. You never know when it can happen. Because one simple thing

and you can snap, just as you could if you had to be a normal person today. Fall off a horse, fall down some steps, lift up something too heavy, you can become disabled. We do not know what the future holds for us. I have visited the psychiatric hospital. I did not go there to people - that's not my role. But I did it. I visited there with a few friends; I had a few students who were there as a result of drug addiction. And I can see that the staff at the psychiatric hospital are dedicated workers who are only asking for a little more in the form of resources, better facilities, their allowances that were taken away, their salaries - that some of them have not had a salary in three and four months. How can people work day in and day out, extra hours, and cannot get paid? The honourable Minister, sir, they can't get the income tax either. I can't get money if I don't get my income tax. Those poor persons can't get theirs. I would like mine. I would like the honourable Finance Minister to be aware of that.

And so Mr. Speaker, I want to know what recourse will our patients have when the pharmacy stock at the psychiatric hospital is empty. Mentally ill persons must have their medications in a timely fashion in order to help to stabilise them. No one can imagine what is going to happen then with a family where most people have been made unemployed. Because this government puts certain policies in place that don't meet their needs and therefore some of them have to go home. They have to be admitted to the psychiatric hospital and their families are of the feeling, well, if you are mad now, you're mad forever - or mentally ill now, you're mentally ill forever - because that's the expression you should want to use. And therefore some of them don't even go back to visit their relatives unless they can't get the medication. Oh dear Lord, have mercy. Mr. Speaker, it really is a devastating experience. Many relatives though go to QEH and take the medication. They buy it over the counter, they pay the handling fee and they take it back to QEH. But very few would want to go to Psyche because they don't have the elasticity in the pocket and the funding to be able to go and to treat to that.

So Mr. Speaker, I made this one with a memoir, a document of this honourable chamber. But you know what even makes it worse? Limited food for the residents there. And I want to know, does the psychiatric hospital have a nutritionist or a set of nutritionists? Because Mr. Speaker, the food that I saw - not even a little gravy - I do not know, it looks like rice and pellets and a little butternut squash or sweet potato, the other orange one I do not know, Mr. Speaker, I'm not going to say that. But Mr. Speaker, this is frightening. The nutrition of a mentally ill person is also critical because you can be mentally ill and you can also have other chronic, non-communicable diseases that will be impacting on you. So you must have a better diet. But you know what, Mr. Speaker, there are persons who would have been supplying those hospitals with supplies - food wise, yams, potatoes, oranges, grapefruits, bananas and so

on. I know someone, Mr. Speaker, who is still owed \$11 000 for supplying one of the health institutions with supplies. Poor, ordinary people in Barbados. And every time they go, they cannot get any money. But they're saying, well, it's because of the residents in these institutions. I will continue, but I hope that the government will give me something. I would like the honourable member for St. Michael North West to hear that. At least find some money and release it. Because it's critical that the food be put on the table in the psychiatric hospital, the district hospital, in the Queen Elizabeth Hospital and other agencies that this government is responsible for overseeing.

Mr. Speaker, another one. Mr. Speaker, this looks like rice and a little coleslaw. And I can't tell if it is me. How do you feed somebody who is critically ill this kind of diet? I am not going to go to school meals because if you're going to feed the children the way that school meals is feeding them, something is definitely wrong with the society. Because if school meals is not serving it well, or preparing a meal as nutritious as it should be - if the district hospital is not doing it well, if the psychiatric hospital is not doing it well, if QEH is not doing it well - well, then tell me where it is happening. Something is definitely wrong. Honourable Minister, I wish you please to tell us what is happening there. Limited cleaning agents. There are members of staff who bring in Clorox, smell of pine and different things. Because if you're dealing with clients who are critically ill, you have to make sure that everything is properly sanitised. The bed linen is another problem. Limited clothing for some of the clients. I want to recommend, sir, if it is not happening yet, that there be an association of friends of the psychiatric hospital where Barbadians can go and volunteer their time but help to supply the resources necessary. I will be one of the first to join. Not to head it up, but to take some resources. Because I understand. I haven't got any relatives there, but I understand what is happening. I'm sure other honourable members on that side and on this side will be willing to give their two cents' worth without any camera. I'm tired of seeing the cameras of CBC going into those institutions and putting poor people's plight in the exposure. I am tired of it.

Mr. Speaker, sir, the poor condition at the psychiatric hospital - walls collapsing, ceilings water-logged, tiles blown and ready to trip up the workers and the clients. All of this. Mr. Speaker, sir, it is disgraceful, the deplorable condition that these people are in. And we're saying, well, they're psychiatrics, so they don't know the difference. They do know. I want families to come out and assist in making sure that their relatives and friends are well looked after. I know they're well looked after, but I'm talking about the physical environment that they are in. Walls falling apart because the steel is also blown. And I can go on and on. Mr. Speaker, look at the bed linen. Look at the bed linen. Mr. Speaker. It hurts me that much when I

see the squalor at the psychiatric hospital. I don't have to go there to see it. Garbage all over the place.

Mr. SPEAKER: Remember, you have four minutes. I can finish off.

Miss C. Y. FORDE: Mr. Speaker, sir. Thank you. Mr. Speaker. I also want to find out from the honourable Minister if the hospital has a programme that will go hand in hand with the disaster emergency plan in the country. Where I have difficulty is to find out, sir, if there is a plan in case there's any disaster. We do not have any plan for Glendairy Prison in the way that we ended up. And we hear of the criticisms over the years. But if there should be a fire, God forbid, or a tremor that causes a section of the hospital to collapse, or flooding in the area, or any epidemic - because we know that the hospital was closed off at a point because there is an incubator of infection in there - for what I would have shown just now, what plan does the hospital have for equipment and materials and a relocation of those clients and so on and so forth? There are people too. And I think it is incumbent upon this government to make sure that there are emergency systems put in place and members of staff trained to be able to treat to those critical matters that are impacting on the individuals.

The final comment, sir. Many of our people are now suffering from depression. A lot of them anxiety, because they know not if they can pay the mortgage. They know not if the car will be picked up. They know not if the money will come for them to pay their rentals, or they and their children will have to go running around. And I want to highly commend that ward at the Queen Elizabeth Hospital - will not give its name - because of the excellent work that it does in dealing with matters that are milder compared to persons who are really on the way in a serious way with mental illness. Depression is not anything to take lightly. Some men leave us behind. They walk us, they make us go to the church and then they don't turn up. That is an element of depression that will kick in there. Loss of employment, property, poor health and so on. I want, sir, to highly commend the staff at the Queen Elizabeth Hospital who treat those persons who are milder with their mental condition. I support Vernon House. I've had the privilege of taking individuals there for help. And I think that is a wonderful thing that the volunteers and some of the members of staff are those who would have come through the programme and can therefore offer assistance.

Mr. Speaker, one - the honourable member who is the Minister of Education - to watch out for what is being sold around our schools. We are hearing now of persons selling things outside the school gates that when the children pop them, they're sweet, but they have an impact. We have men that are working in bars. And a publication would have had a story last week that hurt my heart, where

young women are going to the clubs - some of them, because they will never have gone to a club in my youth - and leaving a drink on the counter with guys there talking. And he was proud to tell the publication that he dropped pills in the girl's drink and then her knees buckled and he took her up and he carried her somewhere and he did whatever he could with her.

I want the police to follow that. Not only look for a fellow who criticises the minister, but make sure that guy who did it has been dealt with. He has broken the law. It is something illegal. And those barmen and bar ladies and those persons working in other facilities of hospitality must not take advantage of young people, or anybody at all. Because it is important that once you start to take the drug, chances are the drug will stay with you. And then the whole scourge and the cycle and the sadness and the brokenheartedness will come as a result of addiction.

Mr. Speaker, sir, finally, finally, I want to praise the pastor who is responsible for the drug dependency organisation, Pastor Roach, because I see him now. Over the years, although it looks as though you're spinning top in mud, there have been some achievements. I encourage all Barbadians to come out and lend support to the NCPAD. I encourage Barbadians to come out and volunteer, for none of us knows whether our children, our relatives or us ourselves may be the next one. And any effort that the honourable Minister and this government puts in place to improve the conditions at the psychiatric hospital and to ensure that the medication and all other aspects of drugs are available for the clients - I would want to encourage the Minister, please, pursue. Mr. Speaker, I wish to thank you.

Mr. SPEAKER: Yes, the honourable member for St. Michael West Central.

Mr. J. D. PAUL: Mr. Speaker, sir, I raised participating this debate on the amendment that has been made in which what the state is trying to do is to find a way to make available to Barbadians who suffer from drug dependency, at least to create other alternatives for them. Mr. Speaker, sir, I think that in looking at the whole issue of drug dependency, we also need to examine how is it that today in our society that, you know, speaker after speaker, we've heard indicating how the threat is increasing, how today many of our young people are being exposed to drugs in a way that was not being done before and whether or not the very institutions that we have available to us, whether or not be a state institution or private institution, are actually capable of dealing with the threat as we see it.

But Mr. Speaker, sir, I think we have also to recognise that if we just focus on the symptoms, we are not taking the problem in its totality. I think we also have to recognise that we also have to look and see what is causing

it. And it is easy. I think, remember for St. Thomas indicated that, you know, the times that we live in causing might be contributing to the fact that people are getting anxious and all this thing. But, you know, Mr. Speaker, sir, I grew up in a time in Barbados where we had poor people in which had very little available to them. But because of the fact that I think said he was different then, certainly was different then, you were able to at least cope with the challenges that society presented then to you. But one of the things I think that should concern us certainly is that when we see the significant number of young people who somehow become involved, we have to ask ourselves what is it that has changed in our society that has caused this?

And I really think that exposing or given an opportunity for different actors to be involved, I say involved in the fight against drugs because that is what it is. We are involved in a fight against drugs because of the fact that we have to be involved in that fight. And certainly if we are to save future generations, we must be active in it. And in that regard, I want to actually take up a point in relation to the National Council for the Prevention of Alcoholism and Drug Dependency. I think that in the same way that this country has been largely successful in fighting smoking because, you know, when we took up the whole thing about smoking, you know, it seemed as if the fight was not there. But what we have seen as a result of the whole thing about fighting tobacco smoking. What we have seen among Barbadians is at least a decrease in the number of Barbadians who actually smoke that you actually see smoking. And maybe if we can replicate this in relation in the same way to drugs, it would help.

Because, you know, Mr. Speaker, sir, you know, sometimes in a society like this, we speak sometimes with two mouths, because on the one hand, it seems as if we, yes, recognise the dangers of drugs. We recognise that if young people get involved in it, the harm that they can do. But on the other hand, we seem at times, even in sometimes some of the music that we play, to be glorifying drugs. And you know, Mr. Speaker, this is the issue that we need to face, that we also need to examine ourselves as a society and look and see, first of all, what are we doing that is causing a significant number of our young people to turn to drugs. And secondly, how can we then correct that in our society to avoid that from happening?

And I think, sir, that we need to examine this in a very real way, because when you talk to young people and it is not that there aren't other opportunities available to them in order to make a livelihood, but there are some young people today, sir, that will tell you that drugs themselves represent an opportunity for them. And you know, that the adults - there are some adults who will actually support that. And I think that is something, sir, that we need to address. We need to be serious in terms of what is causing it. Why are so many young people being driven?

And I think that we have, as a country, to go after those people who seek to exploit the naivety of young people in order to get them involved in drugs. And very seriously, sir, you know, when you look to see the ravages and the damage that it caused among our young people, we have to take the threat very seriously.

Because, you know, I listened carefully to the fact that some people were saying that, you know, we will not want to be - some people are concerned that they will not want to go to the mental hospital for treatment. But the fact of the matter is that it is a sickness that has to be treated. And one of the issues sometimes is that, you know, people will even tell you that in some cases that, you know, they don't have a drug problem, and that is why they don't want to go to the mental hospital. But the fact of the matter is that there is a drug problem. And to the extent where I think that one of the things I want to encourage is that a lot of the private institutions that are coming up - I will hope that government ensures that the type of care that is delivered at those institutions for drug addicts certainly is one that can help them to get away from the scourge of drugs because it has a significant impact on our family structures in this country. We have seen situations where whole families are torn up as a result of a particular family member getting involved in drugs.

And certainly this is not something that the effectiveness of the programme of the government alone can handle. But it also takes the involvement of a lot of other institutions in our society, such as the same NCPAD, which I think we need to complement the work of Pastor Victor Roach in terms of the whole question of the no smoking drive that we've had. We need to compliment him on that. But also to the other institutions. And I think we need to use the other institutions that we have in our society, such as the schools. We need to use also the churches, youth groups, in order to fight the whole issue, sir, of drug dependency.

And, you know, one of the things that we also need to recognise, even in terms of the music, because very often a lot of young people themselves are also attracted to music. And I think we need to look to see how we can actually use music as a means of fighting drugs. Because, you know, unfortunately, you know, sir, I love reggae very much, but one of these unfortunate byproducts of reggae is that the aspect of drug use sometimes is promoted in reggae very much. You know, I was alarmed when I remember reggae when I looked at reggae on the hill. And here emblazoned on young people's T-shirts is the herb plant marijuana emblazoned. And not only that, you have situations at some of these concerts where you have people smoking open air and you can smell it. And sometimes I ask myself, is the law on no smoking at these public events being enforced in the way it should be enforced?

And not only that, we also have some leading people in our society because, you know, we have a hypocritical society here because a lot of them, when it comes to their own sons and daughters, you don't find them wrong it. But, you know, when they want to identify with the masses any way they want to identify with them, they encourage them in the most ludicrous type of behaviour, but don't apply it to their family. They are like lily white. But when it comes to the family of what we would call the poor classes, no, we could go there and be in the company. And this is the kind of thing that we are sending mixed messages to our young people. On the one hand, we do not embrace these activities, but on the other hand, in order to gain a popular vote or look as if you are doing something, you embrace it too. At the same time, we are sending mixed messages in our communities, to our young people and to the drug lords.

We are sending mixed messages because when on the other hand, we have these functions. And I want to say to the Minister of Culture too, I'm sorry, he's not here, because I would say, you know, this thing, reggae on the beach - we saw some of the most, we heard some of the most, the worst songs being sung on a stage in Barbados. And I am saying that, look, I love reggae, but people who are coming here to sing in this country have to be told that we have laws and it has to be respected. And we cannot on national stages be promoting pornography in many ways, because that is what it comes down to. And if these artists that are coming here cannot find anything better to sing, it's better not to have them. Because when I look at the Bajan artists, I'm very proud of them - they came clean and they sang what I would call uplifting songs, righteous songs. That is what they did. On the other hand, we seem to be intoxicated - I use the word intoxicated - by persons from abroad who come and seek to sully the reputation of this country with these type of songs.

And not only that, and then of course, the other things that come after that. And I really think that the Royal Barbados Police Force need to screen some of these people who are coming here. And the persons who put on these shows too have a responsibility to this country to ensure that the laws of this country are observed. And I'm saying that we can therefore understand in that type of environment what are the push factors that cause a lot of our young people to be involved in disposing of drugs. And it is being felt in the schools.

When you look and you know, unfortunately, we talk about the successes that we have in our schools. You know, I always say that we are producing good athletes. And the recent success of some of our athletes at Carifta indicates that we have at least been able to produce a 100 metre gold medal winner at Carifta who I expect will go far. But, you know, our young people need to be told in very clear terms that there is no way in which marijuana

helps you to do anything. And there are some people even in the medical community.

Mr. Chairman, you know, I had a [Inaudible.]

I had a conversation with a doctor recently who - I know you would not think it, but the point is really this. I had to remind them that the way in which we are pushing for this whole marijuana issue, sometimes maybe some people are pushing for the freedom for marijuana in a way that is doing significant harm to some of our young people, because some of them do not understand that a drug in itself is a drug. And there is a certain measure of dependency that, if you do not do it properly or if you do not use it properly - all of us have our various weaknesses and we sometimes do not understand how our passions in some areas could mislead people in terms of doing certain things that actually harm themselves.

And I think we need to seriously sit down and look and see the kind of impact that we are having by these types of misleading statements to our young people who, in their own naive way, catch on upon these things. And then the untold damage that is done, the wreckage that is produced, even at our schools - the athlete who maybe could have done well, gone on to win a gold medal; the brain surgeon that we could have produced in this country to help people. Those are the people we are losing. In other words, unfulfilled dreams. We have people who can do better. They are sidetracked because somehow they got the wrong message. And it is those people that we need to look at - the people that we just were not able to catch. And I think it is unfortunate, Mr. Speaker, that that is the type of society that we have.

But I really want to again encourage the Government to ensure that those that we utilise - yes, we need to look at private institutions and we need to ensure that we utilise them in a way to fight this whole court of drug dependency. Because, you know, again, I have seen people who, when it comes to fighting certain sicknesses, will tell you that they go to the doctor and the doctor gives them a whole slew of tablets to take. And there are some people - I am not saying in all cases, but it has happened - who will tell you, you know what, after going on the courses, they begin to recognise that these tablets are not doing them any good. And there are some who have gone for their own remedies in some different ways, and it has worked for them.

The point is really, though, essentially this: how do we get our people to recognise what we need to do, and what would ease the Government considerably? How do we remove the present attraction that drugs seem to have to our people and get them away from it? How do we get them to understand that every person who sells drugs is actually, in some cases, dealing in death in this country? Every person who is out there on the streets peddling

marijuana or cocaine, whatever it is, they are actually sudden death to unsuspecting victims in this country. How do we get our people to recognise that? And we need to deal with it.

And I am saying that even as representatives, we also need to hold hands with each other. Because, you know, Mr. Speaker, it does not make any sense trying to say whether or not there is enough drugs in the mental hospital. Because if it starts to get worse, it does not matter how much drugs you have in the mental hospital - it does not matter, because you will have persons suffering from it that the drugs cannot handle. So we have to get our acts together as parliamentarians and recognise that we have a general fight out there to see if we can save as much of our people as possible from this scourge of drugs.

Because unfortunately, we have young people now who are prepared to turn away from what I would call - in some cases it might not be spectacular employment, it might not give you the best wage, but it gives you a wage. And some young people will tell you, are you doing that? I am not doing that, it is not paying enough. Some young people will say that to you. And there are some parents who will tell you, my child is not doing that. So you know, how do we, as a Parliament - because this is not a you-and-me thing, it is not an opposition-and-government thing - how do we deal with that? How do we therefore carry a discussion to the people that helps them to recognise that it is our own individual actions that are producing the results that we are seeing when it comes to the issue of drugs?

And that is why I am saying I am even calling on the CMNC, because I really think that the campaign that they did at the time - in terms of the whole drive against smoking and the fact that they were able to reduce the number of Barbadians who were actually engaged in cigarette smoking - I think that we need to find a way to understand what were the reasons that campaign was successful. And based upon that, how then can we replicate that campaign in the fight against drugs and the abuse of drugs? How can we do it? And I think that is what we need to do. Not to come here and sit up and talk about how much medicine the psychiatric hospital has, because we have to start to get to the curve of the problem.

And, you know, one of the issues - maybe why we are not doing it so much - is because there is a snob thing in this country. Maybe enough persons who are of the right standing in this country are not being affected by it, or even if they are affected, they have ways of dealing with it. But what we are seeing out there - and I am saying that a lot of poor people need to understand that they have the resources to deal with it - because in the same way our parents in the past helped us to manoeuvre the challenges of life, we also have to work before people to help them to manoeuvre the challenges of life, even at this time. And the way to do it is

not to incur division in society. The way to do it is to let us get out there as representatives of the people and work with our people in order to help them through those challenges. That is what we need to do. And we are doing that from this side. That is what we are trying to do.

And I am saying that we have to examine this because again, when we look and see the output from our school system, when we look and see that so many of our young people are caught up into it - and it seems as if in some cases there is a suggestion, and sometimes we overstate things, but we have to be careful that the very small things do not turn out to be big things as we go into the future. We know that there are some families out there who seem to think that drugs is the way forward. But I am saying that we are most likely overstating those numbers.

And one of the things I really want to encourage in this whole issue - because I know we have not discussed it - we have seen Jamaica go ahead and legalise marijuana. But one of the things we need to help people to understand is that even in that legalisation in Jamaica, there are problems that even the Jamaicans themselves do not know how to deal with. I am saying to poor people in this country that the people who will be more severely impacted by anything are not the rich and the upper middle class - it is the children of poor people who sometimes do not have an understanding of what they are getting into. They are the ones who will suffer. And the rich and the middle class who have this kind of philosophy - [Inaudible.]

Miss S. J. O. BRADSHAW: A number of these buildings have existed for a long time. But I do believe that provisions need to be made to ensure that these buildings are properly maintained, because we cannot expect from our staff to have to look after these persons. And in some cases they are doing so in conditions which are not conducive to the environment in which they work. You have staff in the psychiatric hospital who are finding themselves working for several months without pay. You have a situation in the psychiatric hospital where you are supposed to have four persons as a minimum, dealing with persons in the acute section. And this is over - I think it is 52 persons you have in the acute care section. You now have three nurses looking after a complement of 52 persons. So we are highlighting these issues to members on the other side. But we are concerned about the conditions under which our people are working. And they are not Labour Party people. They are people, ordinary Barbadians, regardless of what political persuasion they may have. And I think that is something that should be of concern to all of us, because they are workers and they should be treated in a respectable way.

So if it is that there is termite infestation at the hospital, or if it is that the chairs are broken, or if it is that the patients have to utilise cut plastic cups that are not, as

we would know it, properly sterilised for the use of the patients attending there, if it is that there are shortages of drugs which, when I look at the list of the drugs on the memorandum that went on the 30th of March of this year, there is a suggestion of a number of drugs which are used to treat things like depression, obsessive compulsive disorders, things like schizophrenia, psychosis, bipolar disorder. And at the side of the list of all of these drugs, you see very low stock levels, drugs being out of stock. Now, I am not going to accuse the Honourable Minister of not having the items there today, but I am saying to him and to this country through you, Madam Deputy Speaker, that if it is that this memorandum that was sent from the hospital director to the assistant director is accurate, then the Honourable Minister owes this country an explanation, as was asked of him by the junior doctors in the Queen Elizabeth Hospital. Are we in a situation presently where these issues have been addressed? Because we can come here, we can raise the issues, but really, at the end of the day, the public of this country want to know that whether they are from the heights, the terraces, or whether they are from the housing units, that if, for instance, they take sick tomorrow and they have to find themselves in the psychiatric hospital, that there are proper resources available to them for the staff who work under strenuous conditions to be able to facilitate their care. I don't think that has any colour. I don't think that has any politics in it. I believe that is simply a question of what it is that people would like to know in the public domain.

I am also mindful, Madam Deputy Speaker, that the food that is being prepared at the psychiatric hospital is now being prepared at the geriatric hospital. And I understand that perhaps constraints may have led the administration to take different measures. I understand that there were renovations that were to be done at the kitchen facility at the psychiatric hospital. But I believe also, Madam Deputy Speaker - and the Honourable Minister can correct me - the project was begun in 2009. It was to be completed by the 14th of March of 2014, and the staff at the hospital are no closer to the completion. And I know the Honourable Minister will respond in due course on that and allow the country to know what is happening. But what concerns me is not that this administration has rectified a problem that may have been long existing. What concerns me is when I hear, for instance, that there is one food cart at the hospital, and in addition to which, the one food cart makes it very difficult for persons to get their meals on time. The second issue is that when the food comes from the geriatric hospital, it is coming around 11:30. And this is for breakfast, not for lunch. This is for breakfast. So you have persons there with mental illnesses eating at 11:30. No doubt I would assume that they have to take the medication early in the morning in most cases, or at least two or three times a day. And I think we all know the reality of taking medication on a hungry stomach. In some cases, I suppose you have to take it on a hungry stomach.

But for those who do not have to take it on a hungry stomach, I urge the Honourable Minister, through you, Madam Deputy Speaker, please look into the situation. And I ask him to address this matter as a matter of urgency.

The other thing is that they tell me that when lunch comes, lunch sometimes comes at 3, 3:30. And again, Madam Deputy Speaker, I find those things unacceptable for Barbadians living in a 2015 Barbados. If it is that there is a problem, if it is that the Honourable Minister and the Government needs the assistance of the private sector entities, if it is that we have to rationalise the health care services, then those are the discussions that we need to have. But this is not about linguistics. Photographs before this Honourable Chamber to score cheap political points. This is about dealing with the issues that are facing us. And this is about revolutionising or rationalising a system that we know worked well 100 years ago. But the fact of the matter is the system - whether we talk about the psychiatric hospital, the geriatric hospital, the Queen Elizabeth Hospital, whether we talk about our educational system - the systems that represented us well years ago are not now representing us well. And we have to take urgent action if it is that we are going to turn around this situation.

Now, Madam Deputy Speaker, I believe that the other issue that I would want the Honourable Minister to address is the fact that there was an in-house programme several years ago which would have catered to persons who it was felt would sleep in at the hospital for the required care. I am made to understand there is now a five-day programme for eight weeks which runs from 8:00 until 4:00. Now, yes, the persons receive the meals, but they go back home. And again, here comes my concern because I am well aware in St. Michael's office and across this country that there are persons who require to be able to stay in the hospital because of the lack of assistance at home in getting the care that they need. I am aware of the fact that because of the shortages in the psychiatric hospital, it becomes difficult for even the staff to get out into the community to provide the necessary support to the family environment in order to look after those persons after 4:30 and until they come back in the morning at 8 a.m. And I say to this Chamber, we need to investigate this situation to see if there is any way that we can perhaps even find the resources to accommodate some of those persons. The reality is you cannot be admitted into the hospital unless you request to do so. So I have several people in St. Michael South East who we know to be persons who may need the psychiatric services but at the end of the day cannot be removed unless they harm themselves or they harm others. And I think that is where I believe we need some assistance in terms of being able to provide those persons who are identified as requiring services to be able to access those services.

Now the other thing, Madam Deputy Speaker, is that the current environment itself is also resulting in a number of cases coming to the psychiatric hospital as a result of depression. You are also having a number of persons who are attending the hospital and being admitted to the hospital on some occasions with dementia and Alzheimer's. And I am told that in a lot of cases, because the geriatric hospital is full, some of these elderly persons are finding themselves in the care of the psychiatric hospital, not because they have a mental illness, but simply because, as you and I know, Madam Deputy Speaker, there are situations where families, unable to cope, place their family member in the care of the psychiatric hospital and do not look back. And that is something that we need obviously to address in this society because we cannot have a situation where you will turn up in accident and emergency at QEH and you will see elderly persons left abandoned in the hospital, particularly at weekends, particularly at bank holidays. And similar things are happening at the psychiatric hospital. Those are all things, I believe, that we have to look at.

And I want to say to this administration: the rise in the cases of depression is no doubt very much linked to the current economic situation. I am seeing a lot of situations in this country where men in particular are very depressed. Men who have been breadwinners in this country now find it difficult to put food on their table, now find it difficult to be able to go home to their families and to be able to support their children. They are being obviously incarcerated when they cannot pay their bills. They are being incarcerated when they cannot pay the child support. And at the end of the day, a lot of them, because they have gone over the brink, are finding themselves before the very same psychiatric hospital. And I say to this Chamber that whatever can be done by this administration, utilising all of the resources on both sides, needs to be done to stop this country from going down this current trajectory. If it is that those on the other side do not see it, I am telling you that members of the Opposition see it on a day-to-day basis. I had the unfortunate situation yesterday of interacting with a client in the lobby of my chambers and a gentleman was trying to explain to me that he cannot pay his phone bill. He said, "I don't have a phone. I had to take out the phone because I simply cannot afford it." Then he has to make a choice between what to pay. He is trying to pay the rent because he is trying to keep a roof over himself and his family. These are the realities. And I watch this man on the brink of what I consider to be depression because he is not accustomed to being in a situation where either he has to depend on his woman or his wife. And there are many others like that. And we all know the majority in here are men. We know how it is that men are often accustomed to being the suppliers of the household. So we cannot take this lightly.

And for those on the other side who want to say that this situation happened before, again, I say to you, err on

the side of caution, because the people in this country recognise that you all are the Government. And at the end of the day, if something happened before, it is for you now to take corrective action to bring the people into your confidence that you are doing something differently. But if you continue to agitate the situation and you continue to promise people that they are going to get back their jobs, and you continue to tell people you are going to rationalise the social services sectors and other government agencies, and people are concerned whether they will be able to pay their mortgages and pay their rents, you are not helping the situation in this country. So it does not matter what happened in 1991. It does not matter what happened in 2008. This is 2015. And people are facing the realities of their houses being taken up. People are facing the reality of not being able to send their children to school. And people are ending up very depressed and in some cases not wanting to go to the psychiatric hospital because of the same stigma that I spoke about. And those are the realities of what is happening in this country. So we cannot pull the blinkers over our eyes and say it is their problem, it is not our problem. I believe that we all recognise on both sides what the problems are. And we know that the resources are now limited in the last seven years, but at the end of the day, recognising that something needs to be done and not doing anything about it only further serves to accelerate the problems that now exist.

Now, when we talk about our young people and their drug dependencies, I have this to say, Madam Deputy Speaker. Our young people are not ignorant. Our young people are well aware through the available technology to them what is happening internationally in relation to drug use and abuse. People can go on their smartphones, they can clue into the Internet. They see what is happening. They see the changes that have been taken across the globe in relation to things that once were illegal and now are legal. And I say to this Chamber, instead of us pointing fingers and trying to pretend as though the decriminalisation of any particular substance is all of a sudden going to have everyone walking around this country as zombies, perhaps we need to engage in a serious discussion on the facts, because it is only then that the people of this country, both the old and the younger generation, can actually make informed decisions. If it is that the Government controls the Caribbean Broadcasting Corporation, start to use it effectively to educate the people about the issues. If it is that you want to create this shock and awe in this country about issues that are affecting or you think are going to potentially affect our people, well, I say to you, engage them in a serious discussion and maybe let the people decide what they want. But I do not believe that the 30 of us in here should be pronouncing on what the public of this country want in relation to certain issues. We need to give the people also the right to decide, because the people of this country also see that in other jurisdictions people are given the right to have a say and to be engaged

in making an informed decision in the way they want their country to go.

So again, I say to members on the other side, err on the side of caution. We will never be able to appeal to every single sector in this country. And yes, the 30 of us will have to make decisions at times that we feel are in the best interest of the country. But we too must do so as legislators, informed and armed with all of the information. Let us look at the statistics, because nobody is bringing statistics to this Chamber or anything in relation to drug use or abuse. We are talking very, very prettily, but nobody is bringing the statistics and laying them before this Chamber. Nobody is setting up the commissions to be able to have even within this Chamber joint select committees on issues that are affecting our country and our young people. That is the problem. So when we talk in here very prettily, understand that the public is listening and recognising that you are pronouncing on something that you yourselves do not even sound like you are literate on. And it is dangerous ground that members in this administration are setting.

The other thing I want to say very quickly, Madam Deputy Speaker, is that I think I came in at the point where I heard that if garbage is not collected outside of an institution, it is the fault of the workers - that it is a reflection on the workers. And I want to say to this Chamber that is nonsense. If my garbage is not collected, it is the fault of the Minister for not inquiring into what is happening in the sanitation department to collect my garbage. And he must know this. I cannot blame the workers and I would expect that the Minister would comment. If there are issues with garbage at the psychiatric hospital, then somebody needs to be speaking. If it is not the senior level management, somebody needs to be speaking and the Minister should be talking about it. And I am disheartened to hear an Honourable Member from the other side cast the blame on our public servants in the way in which it was cast. Because if it is that things are breaking down in our country, since when do we not recognise the doctrine of individual responsibility as ministers or collective responsibility for things going wrong? It is not the public servants that are at fault. You all have to get up and lead. And if you lead by example, the people will follow. But if it is that they are accustomed to everybody in the Government passing the buck, then at the end of the day, if they see garbage, they are going to step over it. Because the ones who sit in here and make the decisions are not themselves doing the things to set the examples for the people in this country. And this hypocrisy has to stop because we cannot be coming in here and talking about examples being set when the examples are not being set in here. Something is wrong.

So, Madam Deputy Speaker, I support the amendments. I believe it is timely. But I believe that we

have to have a laser-like focus in relation to our drug use system and drug abuse dependency in this country. And I believe that we cannot speak about it in isolation from the psychiatric hospital because it touches on so many other entities across the country that I believe we have to take a very wide approach in addressing these problems. And again, I want to reiterate that putting documents before this House is to elicit a response from the Minister that again informs the people of this country. It is not intended to point a finger at anyone. If it is that the Minister says it is not true, but the staff at the psychiatric hospital are saying it is, then something is wrong. If the people at the psychiatric hospital, who are members of unions, feel that they are not properly being represented and they come to the Barbados Labour Party members and ask us to speak out about it, that is what we are here to do. And I make no excuse or apology for that. But if they need a voice, the Barbados Labour Party is going to give them a voice in this country. And I would hope that those on the other side would take heed of that position. I thank you, Madam Deputy Speaker.

Madam DEPUTY SPEAKER: Hon. Member for Christ Church West Central. Thank you very much.

Hon. S. A. LASHLEY: Madam Deputy Speaker, I rise to also support this particular amendment before the House. Under normal circumstances, a rather simple amendment to the Health Services Act would not have detained the House in such a varied manner. But of course the opportunity is always welcome to use this particular amendment to talk about relevant issues pertaining to the whole question of drug abuse and drug addiction. And of course, we have also spanned into the realm of mental health and all of that, to my mind, Madam Deputy Speaker, affords us the opportunity to speak very candidly to some issues which are relevant in Barbados. I also am quite aware that I'm sure the Minister of Health will in his wrap-up address many of the assertions made by the last speaker for the Opposition. I'm informed that many of them are off the mark and certainly not connecting with the reality of what is happening within the mental health system in Barbados.

But this amendment, Madam Deputy Speaker, really and truly is one that has given us the opportunity to look at the whole question of preventative care as it relates to the whole question of abuse of drugs and other substances in Barbados. What certainly would have taken me not necessarily by surprise, but gives me the opportunity to voice some concerns, relate to some of the statistics introduced by the Honourable Minister in relation to the experience at the Verdun facility in St. John, which as you know, is a care facility for those persons who have addiction - drug addiction and of course addiction in relation to other substances. And of course, this particular amendment affords the Minister the opportunity to bring

into effect regulations to ensure that facilities such as Verdun are managed and appropriately licensed so that they can deliver based on the overall policy framework that these particular important matters should be dealt with.

The statistic that the Minister would have referred to brought our attention to the fact that over the past five years there has been a shift in the age group of persons who have been admitted at the Verdun facility and obviously would have made themselves available for care in relation to drug, alcohol and other addiction. That age group, Madam Deputy Speaker, seems to have now gone into the very young age, commencing from the age of 18 and ranging from 18 to 35, a shift, as we heard from the Minister, from the age group of 30 to 35. That to my mind raises a number of concerns, because not that we would not have known that there is an issue in Barbados in relation to drug abuse and drug addiction which impacts on our youthful population. But what is important to know is that that particular statistic is an indicator of what is being presented to the persons who are charged with the responsibility at Verdun of seeking to reverse this trend among young persons who abuse in terms of drugs. And it ought to be seen as an eye opener in relation to what I believe must be a national discourse on the whole question of drug abuse and drug addiction.

It is certainly to my mind not a sexy topic. It is certainly not an opportunity to have an excuse, as we have seen happening in Barbados, about the use of illegal substances inclusive of marijuana. And I must say, Madam Deputy Speaker, that it has become almost like a subculture where the abuse of illegal substances such as marijuana is often dismissed as being a topic or being an issue that should not be addressed. In other words, while we recognise that it is illegal, there is almost a tendency across Barbados to ignore the fact that we ought to be addressing frontally this issue of abuse of marijuana and other substances, whether it be alcohol, cocaine or otherwise.

My particular focus, though, Madam Deputy Speaker, is the issue of the abuse of cannabis, because we will have to have a discussion in Barbados. It is now taking on a wider ambit of dialogue across the Caribbean in relation to the decriminalisation of marijuana. But of course, at the end of the day, what we are seeing are trends that as lawmakers we have to cast our sights on how we address this particular matter. And I raise the issue, Madam Deputy Speaker, because certainly to point out - and I think our responsibility as lawmakers - and while I understand, and I certainly compliment facilities such as Verdun because they have a critical role to play in terms of dealing with issues of drug addiction that, if left unattended, will continue to wreak havoc on the lives of particularly young people, transforming them into persons other than productive individuals.

I read an interesting article in one of the newspapers recently where the Governor of the Central Bank was making a clarion call for more productivity in Barbados. In other words, if we do not address the question of addiction and substance abuse - all of these things are attacking the very nature of our productive population, mainly our young people - then we will very well be in a situation where the kind of productivity that we require may become rather elusive. And therefore it has to be an issue for us to address and nip it in the bud.

I also want to say, Madam Deputy Speaker, that certainly in the era of sports, for example, where we know that abusers of various substances, whether it be cannabis, whether it be alcohol, and of course the other drugs that are often very problematic in the area of sports, we have a responsibility to tell our young people, particularly those who are aspiring athletes, whether it be footballers, basketballers and other persons who are involved in sports, that there is a cost - there is a very severe cost to be paid for abusing not only illegal substances, but those that are available, such as alcohol. And the cost is that your career and your aspirations as an athlete may be cut short if you abuse these substances.

We know, for example, that in Barbados we have the Regional Anti-Doping Agency, which is connected to the World Anti-Doping Agency, WADA. And in recent times there has been a significant amount of attention being paid to the whole question of drug abuse and the abuse of substances as it relates to impacting on sports. And there are many young people who are involved in sporting activity and who are also getting involved in the abuse of substances, who only realise at a very late stage that they cannot progress in terms of a sporting career or even involvement at the professional level, because they are caught when various random tests are carried out by the various agencies. And I believe that it is important to carry out a full public education on this. I know that the Regional Anti-Doping Agency in Barbados, informed by international research, is doing a very good job, particularly as it relates to what is happening within our schools and the wider population. But I believe we have to be able to expose our young people to these particular facts of life, so that as they get caught up in the culture of being tempted to use substances, whether it be cannabis or otherwise, they understand that there are implications for this.

And I speak too within the context of the issue of even seeking to reduce the numbers that may present themselves to the law courts for the abuse of illegal substances, and the fact that many countries have sought to use different techniques of doing it. Decriminalisation has been one. But to my mind, Madam Deputy Speaker, that issue does not remove the reality of the medical and health consequences that are entailed in the abuse of these substances. In my mind, they do not in any way eradicate

those. We know, for example, that there are consequences for the use of various substances. Depressant drugs, for example, such as cannabis and alcohol, oftentimes would render an athlete very unable to perform in the way that they should, because they affect your breathing, they reduce the amount of oxygen that goes into the bloodstream and therefore negatively impact your muscles and the ability to perform within a high-intensity environment. Heart rate, for example, is affected. Stimulant drugs such as cocaine and ecstasy have become extremely popular among certain people. But where you have persons - particularly athletes - who get involved in these drugs, they discover at a very late stage that they are unable to compete effectively because of the stress on the heart.

And of course, issues such as impact on concentration levels have been tagged as areas of immense concern. When we have issues such as abuse of narcotics, we know that cannabis, for example, Madam Deputy Speaker, plays havoc on your senses and you have delayed responses. You are not able, for example, to understand and pay attention or respond appropriately, and therefore your performance could be disrupted. And this could lead also to certain brain behaviours - stimulants too can impact on your brain capacity to decipher information. And these oftentimes are long-lasting, even after there is treatment, even after you have entered a facility for care. These particular things oftentimes are long-lasting and sometimes they require the use of drugs and treatment. And that is why, Madam Deputy Speaker, I make the point that there is need for a national dialogue to confront the issues, because all of us are aware - you just have to go to a particular event, and it is becoming now a fashionable thing. You just have to go to an event, whether it is reggae, whether it is crop over, whether it is football, sports - you cannot even take a deep breath because you can smell the cannabis in the air. You can smell all the things that you yourself would not want to inhale. So it is becoming now a big issue because while many of us are not ourselves users and abusers of marijuana, indirectly, because of the blatant and open use and smoking of marijuana in public places, those of us who are not smokers, who are not users of the drug, indirectly become users because you are forced to breathe and you are forced to inhale the marijuana which is so blatant in the atmosphere.

And I am saying, Madam Deputy Speaker, that these are real issues which we have to confront. I know we have taken the decision - and a very wise decision in Barbados - that we will ban smoking in public places. And we did ban smoking in public places. But we are yet, as a country, Madam Deputy Speaker, to have a united voice against the abuse, and I would say the use, of cannabis and marijuana. And I dare say there is a growing trend of the abuse of these substances in public places, whether there are children around, whether there are aged people around, whether there is anybody around - and there is an excuse

for smoking marijuana, whether it is night, day, whether it is a tea party, whether it is a fete. And I want to say, Madam Deputy Speaker, that I frown on that kind of behaviour. And I think in addressing this issue of substance abuse, we have to really be able to confront these issues and call for a certain amount of public responsibility on this particular matter.

And therefore, Madam Deputy Speaker, I want also to congratulate the Royal Barbados Police Force in its efforts to eradicate the illegal use of substances in Barbados. And as far as I am aware, Madam Deputy Speaker, the use of marijuana and other illegal drugs is still against the law. They are still against the law in Barbados. And I dare say that there tends to be a tendency among certain people to find excuses to condone these practices, whether it is a spliff, whether it is two, whether it is twenty. And I have to say to you, Madam Deputy Speaker, that my position is that there ought to be certainly severe penalties reserved for those persons who are the drug pushers, those who command businesses in the area of illicit use of drugs and who command various places in Barbados and use it as their backyard for the sale and promotion of illegal drugs. I would say, and I would certainly agree on that, that we have to reserve a special place for the drug barons. But that does not excuse, Madam Deputy Speaker, those smaller users, those persons who go and buy or who are supplied and who use. And therefore I have to have maximum respect, Madam Deputy Speaker, for the enforcement which is being done by the Royal Barbados Police Force. Until the law is changed - and it has not been changed - those persons who openly and flagrantly violate the law and claim that they have a spliff or two, I believe they ought to feel the full weight of the law. There is no excuse for that because it is a wider picture.

There are young people now - vulnerable young people, particularly those in our schools - who are looking and watching certain behaviours being displayed and acted out in society. And when we realise, because I did hear an Honourable Member make the point that we do not have the statistics, and I hope that when we bring the statistics in relation to substance abuse, in particular the abuse of cannabis, alcohol and those substances, we will not be surprised when we learn of the very wide-scale abuse which is threatening the younger elements of our population, particularly in relation to our schools. And we have to draw a line in the sand, Madam Deputy Speaker, in relation to this very issue. Because if we do not draw a line in the sand and if we do not take a bipartisan position -

Madam DEPUTY SPEAKER: Honourable Member for St. George North, would you please take your seat?

Hon. S. A. LASHLEY: If we don't take, Madam Deputy Speaker, a bipartisan approach on this issue, then I believe that the Hon. Minister of Health, when he is

drafting regulations in relation to the licensing and the management of facilities such as Verdun, may very well have to cast his sights much wider because then we will have to look at even having additional facilities in place to deal with this issue. And therefore I place it, Madam Deputy Speaker, on that level. Because I think as a society, we need to protect the vulnerable. We need to understand that unless we control the abuse of substances, and I say substances in its totality because some of the worst offenders we have to do with the abuse of alcohol. Alcohol abuse in this country is of such a level that it could very well impact on the overall productivity of our country. And I say this, Madam Deputy Speaker, because it is an issue that has continued to wreak havoc in families, in workplaces and so on. And if we add to that reality and abuse of marijuana and cocaine and the other drugs such as ecstasy and so on, and we don't take a position.

There are some countries, Madam Deputy Speaker, where the use and abuse of certain drugs are met with a mandatory penalty. In other words, some societies have taken an approach of zero tolerance to the use of certain types of drugs. Why is it that Barbados cannot take that approach as well? What is wrong with that approach? Are we going to stand on the fence and take a position that says, well, we have to look and see what the rest of the world is doing and if they decriminalise, then let us hold a particular position, or are we going to take a position in defence of our young people and to determine that due to the vulnerabilities impacting on them that we have to take a decision?

And I did hear clearly the Hon. Member for St. Michael South East, making a point that - I want to quote her correctly - making a point that we have to give the people the right to decide. The Hon. Member says we have to give the people the right to decide. And I don't quite understand that unless it is to say that we have to engage in a purposeful dialogue and proper consultation on this issue. If it means that, then I agree that we have to engage in a wide-scale public discourse. But at the end of the day, Madam Deputy Speaker, it is going to be left to us in this House after careful deliberation and careful study, careful analysis and bearing in mind all of the various variables, it is going to be left to us to make a very informed decision in relation to how we proceed on this issue of substance abuse and what we will do with it.

We can no longer continue to look at the tail end of the issue and the tail end of the issue really is in relation to rehabilitation. Rehabilitation comes after the fact. It is an important factor. But I believe the focus, Madam Deputy Speaker, must be on prevention. We have to scale up preventative measures in Barbados in relation to the abuse of substances, illegal and otherwise, because we also have the abuse of medication that is prescribed. There are many people who abuse that as well. So I'm saying that the way

forward is to ensure that we can prevent. I think our young people in Barbados are in need. Many of them who abuse - all they are in need of is proper guidance. And certainly within the Ministry of Culture, Sports and Youth, particularly in our youth division, all of the programmes that are used in the communities are geared towards prevention, whether they are sports-based, whether they are dealing with the creative sector, using the arts. In our communities, they are all geared on prevention.

And I see a wider role for the use of sports in particular to get those young people who are involved in abuse and who are asking for help, to get them away from that kind of activity. And that is our focus. Our focus should not be to find excuses why people use marijuana or use cocaine or ecstasy. Our focus must be to ensure that we enlighten them as to the dangers and that we devise and get them onto programmes. Because the programmes are there. There are many programmes designed in our communities. And Government continues to spend millions of dollars on an annual basis, certainly voting in the Estimates and otherwise, in programmes that connect with ensuring that we continue to have a society in Barbados, notwithstanding the economic challenges that we have. But we recognise that it is important. And when we are talking about ensuring that we have a society, we are connecting with issues such as this that we are discussing in this House today. Because unless we focus on building out a society in Barbados that focuses on caring for individuals, then we will have people who believe they have no hope but to fall victim to narcotic and other drugs.

And that is it. There is a heavy economic cost, Madam Deputy Speaker, to be paid in relation to this issue of drugs and addiction. The cost is horrendous. We already heard the daily rate for caring for patients who may enter the facility at Verdun. But if we multiply the effect of that, because it is not only the individual who presents him or herself for rehabilitation that we look at the costs. The cost has to do with the loss of man hours in the workplace, the impact on families who have to respond to a situation where a family member falls victim to addiction, the impact of that particular issue on the dislocation of services. And if you do the totality and doing a very simple mathematical calculation, you will see the amount of dollars that are lost in this economy because of the lure to the use of drugs.

And I would say, and certainly if we are serious about the issue and if we speak with so much passion in here, I would make a clarion call to every Member of Parliament, every Member of Parliament, to make a declaration either here or in their constituency, that they are prepared to take a zero tolerance level to the abuse of narcotic drugs and other substances. And I am saying that it should be raised to that point where we are prepared to confront the use of marijuana in particular and to have the

appropriate discussions with the various persons who we know may be involved in this particular activity. Because my experience is that it is the circle of persons who are offended and impacted that we have to be concerned about. And I am saying that it has to be escalated to that level if we are not going to be accused of issuing empty words on a debate of this kind.

And I certainly would want to lay my particular arguments around that issue and to say quite candidly that this is a serious matter for consideration. It is an issue that we have to grapple with. I believe this amendment before the House allows us reasonably to touch the issue. But I am sure that this issue will have to come back before the House again. But certainly the opportunity to send a signal that we have to address this issue of abuse in a frontal way and also to complement, of course, the Verdun facility for continuing to do a very good job. I saw in one of their reports that some of the persons who have entered that facility have gone on to do extremely well in higher education. I believe one person has done a particular higher-level degree in mechanical engineering and continues to do extremely well. So there is hope, there is hope through rehabilitation for our people. But I believe there must be steps even before rehabilitation, steps of a preventative nature to ensure that we can nip this particular problem in the bud and that we can save in particular that age group between the age of 18 and 30 and speak to them frankly of the dangers of abuse and to help them to find their way back to productive and wholesome activity. Madam Deputy Speaker, I am obliged.

Madam DEPUTY SPEAKER: Honourable Member for St. Michael East.

Mr. T. A. PRESCOD: Madam Deputy Chair. This three-lane amendment has generated marathon discussion as a result of the collective efforts and inputs - more so about what was not said within the amendment. And obviously it could not be said. And I think that it was an attempt to give some clarity to the intention, even if that was not the intention of the minister who actually introduced the amendment. But many other elements, obviously - and I believe that is the purpose of having all of us here - many other elements that probably were not part of the construct initially are some of the things that have been injected into the dialogue. And I am happy to join the honourable member who spoke before me.

The honourable member who spoke before me also made reference to the importance of prevention, which I believe that in a modern society we ought to be looking at more from that human perspective. While I agree that we can touch on all the institutional concerns about garbage and structures and all of that, I am more concerned about the harm that is normally done to these people and how society perceives them to be. Too many people in this

society refer in a very negative way to the institution that we are discussing. And I think that is a matter that we also should address in relation to where we are in a modern society, unlike societies of the past - the old classical societies who believed that these people should be relegated to the backwoods and become unimportant in the eyes of mankind. Many people believed during that time that these people were demons, or even possessed of demons, or heathens in the society itself. But they were also placed into cells - haunted cells - and in many cases large chains were put on their feet, and they were abandoned in such areas until they were transformed from what ought to be described as human beings into some kind of subhuman type creature.

In modern Barbados, and I believe in an enlightened parliament, obviously we would like to be able to make a contribution to a new form of development among our people. And important issues like prevention would come to the fore. Obviously, concerns about what happens when people become institutionalised, and obviously the post-institutionalised period as well, should be brought into the analysis in a very serious way.

As I discuss this matter today, I reflect on my early days at university. We would go to the pages in Themes and Perspectives. I heard the honourable Minister for Education make reference to Themes and Perspectives by Harold Lamberth some time ago in the discussions here. I will go back to the issue of suicide. So apart from institutionalisation and the harm that is done to these people in the society, we have seen other thinkers before us - and probably more advanced than we are - who paid serious attention to some of the evils of persons who eventually find themselves at the ultimate, where they are prepared to take their own lives because of some of the external and social conditions within the society itself that impact on human beings.

And I think that this discussion should not be taken lightly. And I am supportive of almost everything that I have heard. I don't always buy the logic, but I believe that some important issues were put on the table today. And I think that I would like to believe that the minister and the ministry and the personnel within the ministry - and I say the ministry should be much wiser - knowing something about what we reflect as the public's concerns, because we want to build a society that is much more humane than the old classical period when men were seen as beasts.

Now, this same institution - there are still many people who refer to this institution as "the mental." And I don't say "the mental" within the true definition of the word. In the Oxford Dictionary, "mental" means a madhouse. There are people who also refer to this institution as Jenkins. And when people tell you, "you went to Jenkins," they mean that you are not fit to interact in a

normal everyday society with civilised men and women. So you have to deal with all of these important issues in this discussion.

In probably the urban communities more so than the rural communities, the concerns about drugs - not alcohol. Society has acknowledged alcohol as a social drink. So you could drink ten pints of alcohol and it would be seen as socialising. You get drunk, you get up the next morning, you are good. But most of the young people don't consume alcohol. They look for ganja. So you hear the local, the parochial type - the Jamaican good stuff - and you know, good stuff coming from Latin America and other places, and from the United States of America.

Most of us, to some extent, are caught within a dilemma because this is now a global discussion: should we legalise these drugs that are considered illegal drugs? But a politician has to act when the society has reached a stage where many persons who consume and also distribute for rewards - these drugs are important social entities, significant others within the communities in urban Barbados. And with the best of heart, if somebody wants to take a stand against the legalisation of drugs, I believe that most politicians try to avoid the debate, because sometimes the survival of the politician in the electoral process rests very much on probably five hundred young men or women within the community who see it as a means of socialising with their peers, especially when there is a social event in the community and certain types of music are playing.

You don't smoke to classical music. Nobody dances to that and smokes to that. I know who I am - Mozart, you don't dance to these things because it is not the essence of the spirit of our people. So when our people hear music, when our people hear the rhythms that are relevant to Caribbean culture, there is a harmony - a harmony that exists practically and psychologically in the social environments that give rise to the music and the marijuana and the interaction between our people. What, in these circumstances, are we courageous enough to come and hold a strong position?

I heard the honourable member who spoke before me waxing warm on this issue, but I believe that he thought that he was in a criminal court. I don't know if he can make these statements, hold these strong positions about severe penalties, during the transition of social and economic life in the society, when the whole world is holding a position on marijuana. I personally would not be engaged in any argument where you say more people should be sent to jail for a longer period of time. I will never go that route, regardless of how strongly I feel. Because the reality is that in the United States of America, all across the Western world, there is a big debate by intellectuals who know more than him and who are probably not in as vulnerable a

position as he is, arguing more scientifically on this specific issue.

and more convincingly that we ought to take these things into consideration. I would urge any government in these present circumstances not to go for any stiffer penalties. Come to grips with the reality of the social and economic transitions that are occurring across the world. In general. In general, let us decide if all of the states in the United States of America or most of the states having a strong debate on this issue. Should we exclude ourselves from this Western thought in this society? Should we confront it and just emotionally - a kind of knee-jerk kind of approach to the debate - jump out and start to talk in terms of penalising? Because we already come to the conclusion that what we are here discussing about drugs is already a serious criminal act. And you are now moving it from not just being seen. Because if the penalty must match the nature of the crime, and you are suggesting that you should now give more severe punishments to individuals, you are suggesting that it is now moving from a misdemeanour to a felony. And that is completely opposite to the reality around us. Let us come to a discussion, a genuine discussion, not trying to argue within the narrow confines of two. I don't even know if there are two different political perspectives on this or not. But I find that sometimes we need to broaden the debate in a very serious way.

What are the conditions that cause an individual to smoke marijuana apart from socialising? What are the conditions that cause a young man to drink excessively? All different types of long necks and brand names and all of that. What are these conditions? What happens in the society that drives a man into hopelessness? What drives a society into hopelessness? Or even a man experiencing certain domestic terrors, challenges within the household with his spouse. And I believe that all of us have had that experience and don't have the capacity or the ability to deal with these things and find some mental equilibrium in order to bring resolve to the conflict within the household. So what does he do? I live beside a rum shop. I don't go to it too often. No, I do not go there like others to put all of my troubles down by the riverside. There are many people who go to the rum shop on a regular basis, especially for breakfast in the morning and then through the entire day and at night. Because there are domestic issues that undermine the stability of the social relationship itself.

But that relates to the question of potency, right? But the reality - Madam Deputy Chair, the alcohol as well as marijuana - I don't believe that we should ignore it if the society believes. Some people in society believe there is no problem with consuming alcohol, whether it is wine, whiskey, brandy, whatever it is. People even make their own homemade brews and consume it. And that brings me to an argument. I believe that the Honourable Member for

Christ Church West Central was making the point. Probably not as I would, because he is a fairly enlightened young man. The whole question - during the disorder during the apartheid period with the Boers and the Xhosa and the Zulus, the South African Pan-Africanists tried to put social programmes in place to what was described then as moralising the leisure time of young people. And I believe that is what the Honourable Member was speaking about - that you put social programmes in the society, decentralise the burden on the hospital itself, even if you have to subsidise NGO groups, not just Vernon House, because it is not only a psychiatric or psychological problem. The reality is it starts as a sociological problem. It starts there; when it gets to the hospital, it is a different game. And it starts in the community sometimes, as I said, because of domestic issues. And it also could come when people are unemployed.

Now, this is no indictment on any government. Sometimes when there is a high level of unemployment, we are going to see all different forms of social deviance, all types of disorder in society. And the law courts would tell you that, and the prisons will tell you that, and the mental - so-called mental - would tell you that as well. Because the society itself, especially if you are producing a high level of intelligent individuals in the society who are ambitious and they cannot find any opening that would give some comfort in the form of work to that ambition, the chances are that they reach a stage where Durkheim describes it as anomie. So when you are in a state of anomie, you are in a state of hopelessness, unknownness. And then you see all the breaking down of the values in the society in general. So you get not only mental illness, but you get all types of behaviour emerging in the system. And it is very difficult when we reach there for a government or a ministry to handle it independent of all the other institutions in the state that we describe as non-state institutions. You have to have a relationship, a harmonious relationship with the other institutions in the state, because you have to address it as a preventative method first.

And then as we go the two steps after prevention, then you might still have - especially when people are returned to society after being incarcerated, if it becomes a crime. Because everybody - the discussion went as though everybody that takes drugs goes to the psychiatric hospital. But you go to the psychiatric hospital if people see behaviour that they perceive to be abnormal or dysfunctional. Otherwise you go to Dodds, right? But only that the problem is still that when you go there, you are stigmatised. You are stigmatised. And from the way this is only here stable, sometimes some people tell me to go in there walking at a reasonable pace. And because of the treatment given, a man is slowed down considerably. Now a question has to be asked if there are any side effects - that you could go in sane, but come out insane too. These are serious discussions that we need to look at. Because some

of you see people going there walking at what we consider to be a reasonable pace. But when they come back from that institution, they walk very slow. So we have cases of that kind.

One of the other things that I am concerned about, Madam Deputy Chair, is we have a lot of people that are described as vagrants in this society. A study, an extensive study that was done by the public service some time ago - I will not go into all the details of it - identified a whole set of people and, based on the quantitative measurement that was carried out, probably 80 per cent of the persons who they saw on the streets across the city were persons who were ex-patients of the psychiatric hospital. So I don't know if it is a case where these people are released from the institution prematurely. I don't know if that is the case that we have across Barbados or we have a number of cases - when I say a case I mean in general - if this is what is happening in the society itself. I don't know if it is a case where when people are released from the hospital they have no place of abode and they linger and loiter around the city streets. Some time ago, I believe the government was motivated to enclose the Treasury building because people were sleeping there. But the evidence - and sometimes the police harass them - now in my view it is not a police case. These people are not criminals.

And this is something that I would like to see addressed. The police have no authority - they should not have the authority to deal with sick patients who are victims of a health issue and run them around the state. If the legislation - I don't know how far this regulation will go - but I prefer to see the authority being placed in the Ministry of Health and the minister himself or whoever would attend to somebody. Because obviously they are all brothers and sisters and sometimes they are in need of help and care. And if we can at least put that straight - if not an officer snatching up their mind - you know that the hospital released this man prematurely, you know they know that the man has no place to go. So he sleeps on the public building in the city. Because we feel that the dynamics of the city is a form of protection. He is not going to sleep up by Buckley. He is not going to sleep at Four Roads. He sleeps in the city because the city provides protection - food, cash, the hospital, everything. The city - even the ones who experience this that come from St. Lucy - they come back to the city. The dynamics of the city is comforting to this man, though many - the disequilibrium, the dysfunctional nature of the man. There is always - I don't believe any man that is mad is always mad. There are times when people are in a very lucid way and I know that very well because I observe it sometimes even in here.

So the reality is that we probably need to put in place more halfway units - more halfway units. I don't know if the appropriate name will be transitory units. So that when these people come out of the psychiatric hospital, sensible

people who don't play comedy with every serious issue would understand the importance of having some place for these people to live. Why call them transitory units? It is that in the interim period, arrangements can be made for these people to be reintegrated - because it is just like people coming out from the prisons. Many families go to look for people coming out from the prisons, but when they come out, they don't want them back. So in a modern society it might be good - and we can understand why other civilisations have these halfway houses in the system - that allow for those persons to stay there for a period of time. I don't know if it requires legislation that still gives the state some observer status or what. But in the post period out of the psychiatric hospital, we probably can do a lot better if we have some unit or units at different parts of the country where these people could stay within that interim period until they are fully reintegrated back into civil society itself.

And I will tell you this - too many of these people, many of these people, two types. Two types. The ones who go into the prison and the ones who go to the psychiatric hospital. This society is not a cunning one. This is not a cunning society. Even your blood relations - when you come out of those two institutions, a large percentage of them don't want you back in their homes. I also know that. I know it is a burden. I know what is happening. I know the realities that we have to face. But that is why I am saying that I welcome a debate like this by serious men and women and people who understand they have a commitment to their constituents and to Barbados in general and don't get engaged in clowning. Even within the House of Assembly. This is a serious forum. Sometimes people are older than us, younger than us - people who are victims of the system that went to the same prison or went to the same hospital are the very people who believe that we are the people best fit to come and represent their interests. It goes even deeper than that. If you understand what our role is supposed to be - it goes back - and the Honourable appointments can explain this to people who reduce this thing down to laughter. We represent the general will of the people. That is the point. So when we get in here - Jean-Jacques Rousseau - when we get here to discuss these important issues, we are speaking not only on behalf of our constituents. Because I don't like the selfishness of a person who can only speak on behalf of his constituents. You speak on behalf of the people.

I am concerned because I have to go. Things social - things that I am concerned about might not concern others. When I look out to the southern side, they look out there. It is a painful thing to see what is happening out there sometimes. I know the challenge with the state carrying all of that at this time. We are facing challenging economic issues, but it does not mean that people with a social conscience should abandon the social conscience simply because they don't have the money at this specific time to

bring the institution into being. We can look at it and we can say, yes, it is an idea worth pursuing - even if I don't do it well, if I at least give a clue to the concept, you can refine it, you can add more to it. Let us come up with something. Because these are issues that I believe a Parliament ought to be applying itself to.

Now, I know that an issue that was excluded from the debate and I am very concerned about is not just the mental health question, but I heard the minister make reference to a number of variables. But the idea is still going on in my mind - are we seeing any increase in suicidal cases in the system? Does anybody think that is not a pertinent question? Are we seeing, as a consequence of all that is happening in this society today, an increase in the numbers, the rates of suicide? Are the reporters or the persons who are writing on the documents in the institution saying to us, look, there is an emerging social problem in the system - not just as a result of drugs, the causes don't necessarily have to be drugs - whatever the causality, whatever the causal problem is, are we witnessing these changes in our society? I assume that we are witnessing some of the pressures within the society where you see the reaction - you see how people - I am not saying that is exclusively the case, but you see people consuming more alcohol, you see people smoking, you see things like that. But after many of them have been sent into Vernon House, sent into the psychiatric hospital, are we really seeing a high percentage of those? And this is nothing - I am not looking for something in order to criticise the minister about. It is an important issue. Just look at it. Ask the person, are these things happening to us? Let us come back here and look at these things and see what programmes outside of the medication, what social programmes we need to put in place.

We will be able to understand why there is a Vernon House. You begin to understand why there is an Israël Lovell Foundation. You will be able to understand why there is a Pinelands Creative Workshop. You will be able to understand why there is a Haynesville Group. These are the non-state institutions that deal with the preventative methods and in some cases the post-institutional methods that address the social norms that are occurring within the society.

Madam Deputy Chair, I believe I have said to you what I have to say to the optimum point of my capability. I cannot give you more. If I have given you less than you expect, then consider me to be a fool or a dummy. But I believe I have done my duty and I want to tell you how much I appreciate you for listening patiently to what I have to say. And I hope that I have been able to impart something of great value to you and the entire House of Assembly. Thank you very much.

Madam DEPUTY SPEAKER: Honourable Member for Christ Church East. Thank you very much.

Dr. the Hon. D. S. LOWE: Madam Deputy Speaker. I must confess that I thoroughly enjoyed the presentation of the speaker who just took his seat and that nothing that bordered on the illogical could remotely distract from the substance of what the last speaker had to say, because he really created a context that is most suited for a discussion such as this. I am very glad that the speaker who just took his seat did not choose to scavenge around for garbage to try to make a point about such a fundamental subject that really should not have found its resonance in 2015 in this House.

For many years now, Madam Deputy Speaker, we have skirted around a discourse to address the issue of psychiatric care in Barbados. I don't believe that there is any doubt in anyone's mind that it has been a subject of great concern for many over the years, to the extent where there were those who, because they were not in a position to handle the challenges of emerging psychiatric problems among their family, their communities, extended neighbours and so on - that as the speaker who just took his seat indicated - they would try to postpone confronting these issues, to the extent at times where family members and friends and associates who would exhibit symptoms of dysfunction that are mentally based were carted away and hidden away in the corners of homes and communities because there was not sufficient care available to those persons.

I remember well in the early 1980s - it may have been around 1981 - I was with a group that visited the psychiatric hospital, which was then commonly referred to as the mental hospital, or sometimes Jenkins, as the former speaker said, and was given a tour of that facility at that time. And it happened somewhere around 1982. And during that tour, as a young theological student, I was mesmerised by what I observed to be the environment where persons who should only have been there because they were experiencing not just symptoms, but feelings of dysfunction, whether they were medically based, socially based, or psychologically based.

As a matter of fact, there is still some blur as to how our society defines psychiatric illness. And apparently some of us don't even understand where to have that discussion or to locate it. Because you cannot have a debate in this House on the matter of drug addiction, drug abuse, psychiatric illness and care without understanding the journey of psychiatric illness. It just doesn't happen. Yes, from time to time, there are episodes that would give rise to certain extreme dysfunctions where persons tend to lose their mental and psychological equilibrium and act out of character. And sometimes it is just episodic. But we are talking about a deeper issue here.

And the question that I want to ask, perhaps myself, if not anybody else, is: what really drives addiction and the consequences of addiction? Addiction, which may be from time to time psychiatric dysfunction - what really drives it? I see people strained to suggest that because of the current economic crisis, people are committing suicide and people are abusing their spouses - men, their wives; wives, their husbands - and want to link it to what is happening in the society, in the economy. And I want to say the truth is that psychiatric dysfunction is as old as civilisation. It has always been around in the human community, has always been a feature of the journey of some human beings, has always been the dysfunction that turns societies and homes and villages upside down. It has always been there. So let us not try to suggest in this House that because persons are having hardships they are prone to committing suicide.

What has gone wrong with the resilience of our people? What has gone wrong with the capacities of our people to go through extreme struggle and yet still come out on top of the struggle? What has gone wrong with that? For many of us in here are the children of struggle. Many of us - there are some of us who boast of their upbringings in certain types of environments where they may not have experienced the kind of challenges that many of us have experienced. But I would dare say I am quite sure the Honourable Member for St. Michael East would agree that all of us in here, Madam Deputy Speaker, are the products of struggle at varying levels. Some of us one of many siblings, some of us reared in single-parent homes. But those people were resilient because they understood the value of the words of the Good Book that says, by the sweat of a man's brow he shall eat bread. And that sweat there does not just simply mean the running of water. That sweat refers to the anguish of the labour that is involved in seeking to put bread on the table. No wonder he who penned the words of our national anthem talked about in plenty and in time of need. No society ever goes through an endless journey of plenty.

The great societies of the past, Egypt and Israel and many other societies went through years of famine, seven, sometimes 12, sometimes or more. And where, because of the ingenuity of leadership, faith in God, that those societies survived, and wisdom, they survived. So I am puzzled at why we tend to believe that these dysfunctions that have been around it. And I will say to you that some psychiatric dysfunctions are the products of abnormal psychosocial development because there are certain developmental milestones that all human beings go through and there is something called arrested development where if some individuals are not allowed to be guided and to thrive in those developmental and vulnerable years, as Abraham Maslow would suggest, they can suffer what is called arrested development that could lead in the development of dysfunctional personalities. And they tell us from the research and the literature that individuals

going through the adolescent years are most vulnerable to these kinds of arrested developmental experiences. Why? Because the adolescent years are those years where individuals are searching for identity. And what the researchers say is that if they are not successful in developing healthy identities, they will be victims of what is called identity confusion. And anyone who is arrested by any such circumstances - now there is no suggestion that once you are arrested, you always stay in an arrested state. And that is why I always say that kids who do not do well in school in the early years, that is no indication that they may not rise against those deficits and become some of the most productive citizens in the world.

My colleague, the Member for St. Michael East, noted in his presentation that from time to time, individuals who pass through the difficulties of addiction and through programmes of rehabilitation and ultimate regrouping, they then become productive and successful citizens, citizens that the country can be proud of. And I am saying that if we continue to tell the public that because we are going through difficult times the public will become more vulnerable to fall into these kinds of dysfunctions, we are sending a message that is contrary to the human spirit. It is contrary to the human spirit. And I defy anyone who suggests to me that because I have a psychological or psychiatric problem, momentary or permanently, that I am a victim of my economic circumstances. If that were the case, how would we explain those persons from affluent homes and societies that become incarcerated or institutionalised, diagnosed with psychiatric dysfunctions? How do we explain that? Well, it is not just the man at the bottom that has exposure to these problems. And one might suggest that because of inadequacies in home care and inadequacies in nurture and sometimes inadequacy in nature, that one could well be predisposed or predestined to become someone with psychiatric problems. I say no, because there are endless testimonies of persons who have gone through far deeper stresses than any Barbadian is going through today and who have fought through, because of the resilience of their faith in God and the resilience of the human spirit, and were able to rise above those circumstances.

What we need to be talking about today is how does the system respond to any inadequacies in the care for the person who is mentally ill? How do we fix that? And I would make this point, Madam Deputy Speaker, that when Barbados had the best opportunity to address some of the issues and challenges at the psychiatric hospital that were enumerated in here today by members of the opposition, when Barbados had a chance to correct some of those things, rather than fixing the psychiatric hospital, we were building a \$400 million prison. That is what we were doing. When we had a chance, Madam Deputy Speaker, to address some of those issues, we had a chance to spend some of the money there. That is the current problem.

Apart from complimenting the Honourable Member for St. Michael East, I did not choose to interrupt anyone in their presentation. But I am saying, Madam Deputy Speaker, that if we are so evangelical today telling the Government what is wrong - and there is nothing wrong in telling the Government your perception of what is wrong, there is nothing wrong in saying to us that perhaps this needs to be tweaked versus that - but I am saying, and I say it all the time in here, that when a man chooses to point a finger of accusation against another man, he should first check himself. And I am saying today that when the Glendairy Prison supposedly burned down, it was only an area of the prison that was damaged, that could have been fixed. And that is the point I am seeking to make: that rather than going and building a \$400 million prison, what was wrong in isolating the damaged area of that prison and fixing it? That is all I am saying. And perhaps those who now speak loudest have the answers to that.

I know that there have been challenges at the psychiatric hospital. I know that there is in fact the need for improvement, as there would be in any age-old institution. But what I also know is this: that none of the challenges that we now experience at the psychiatric hospital were birthed post-2008. They must have been there long before. But I will journey on.

So when you look at understanding the drivers of psychiatric illness, you have to determine what genetic drivers exist or nature-nurture-based drivers. And you also have to ask yourself what psychosocial links may be involved with the development of this dysfunction. I would want to say, Madam Deputy Speaker, that issues like environmental challenges - environmental referring of course to home environment - I would want to say that peer pressure can be one of the drivers that impact upon one's instability. I would want to say that behavioural tendencies like lifestyle choices, like drug abuse and addiction, both legal and illegal.

Madam Deputy Speaker, I heard in here today one of the Honourable Members talk about the ban on smoking in public places. And the Honourable Minister, then Minister of Health, who was responsible for the introduction of that important piece of legislation should be lauded for his efforts. But there are people who still smoke in the presence of Parliament, right in the presence of this public space, with no regard, no regard for the law. I hear people frown on the difference between illicit and legal drugs and what could possibly cause persons to act in a psychiatric manner. Well, let us define what a psychiatric manner is. And let us ask ourselves: when individuals choose to disguise their sexuality, is that psychiatric dysfunction? Tell me that one. I hear people get up and talk in certain spaces. Not to suggest we are talking in here, but I am saying that if we are going to say what is causing the problem, let us first define the problem. Define the

problem. Define it. You cannot come in here and point fingers at the Government because it may be convenient for your crusade when in truth and in fact you yourself have not explained to the public why they rejected you in the first place.

So, developmental issues. Developmental issues can also be cited as pre-adolescent developmental issues, post-adolescent developmental issues, and adolescent developmental issues. Behavioural and developmental tendencies can result in dysfunction that can be labelled as psychiatric. Now, when you begin to look at that, development does not occur in isolation. Development is spurred on by influences in the society. And I am saying, Madam Deputy Speaker, that if you look at the profile of a lot of the people who are unfortunately involved in the committal of crime, you would have to say to yourself that these things are happening among those who would have been under the direct influence of a certain type of leadership.

So you have individuals who are cornered by the realities of their own socialisation, particularly during the vulnerable years, who sometimes have difficulties in adjusting. And what a psychiatric institution should do is first of all get the diagnosis right. A person should not be sent to a psychiatric institution because there is no room at the institution that most suitably suits their condition. Should not. And I know, and I agree again with the Member for St. Michael East, I have seen persons who have left communities identified as going through stress, not feeling well, talking to themselves, talking aloud. I have seen them leave their communities and go down to the psychiatric hospital and return to their communities like zombies. I have seen it. I have seen it in my family. And you cannot cast aspersions on the competent men and women there. But all I am saying is that there are persons who have been misdiagnosed as having psychiatric problems and put into an environment with genuine psychiatric patients, who started to mimic the behaviours of those persons who were rightfully there, as part of the psychology of the journey. And I would want to advise or suggest to my colleague, the Minister of Health, that as he continues to reform the systems, this is something that he must pay attention to.

Economic circumstances do not of themselves cause stress beyond a point. Anybody can have stress for any reason whatsoever - for personal reasons, for professional reasons, for relational reasons, as it relates to family life, spousal disputes, disputes with parents, and on and on. I am not suggesting that problems with persons' capacities to carry themselves and their families could not cause stress. But there is no evidence anywhere in the literature that suggests that stress just emerges out of economic struggle. The whole of Spain would be stressed. The whole of Italy would be stressed. And that is the reality. And I believe

that we do the public a disservice when we begin to suggest to the public that things are so hard and so difficult and you cannot get this done and that done, and perhaps that is why people are committing suicide, or perhaps that is why people are shooting other people. It is a careless, reckless, irresponsible commitment of a sin in the society. And I am saying, Madam Deputy Speaker, that we have to understand those issues in order to respond appropriately.

Now I am going to make a final point because I know my time will soon be up. If we begin to look at the anatomy of psychiatric problems, the causes and so on, we then have to look at the modalities for responding to them. One modality is institutionalisation. And if institutionalisation is going to work, it means that we have to try to correct some of the things that need to be corrected there - the modernisation of the institution, the adequacy of staffing, the improvement of the accommodations for patients. All of these things must happen if we are going to do that. Institutionalisation must mean that you have at your fingertips the services required to address people's needs. That is important in a modern institution. It used to be called Jenkins, not because of anything other than the fact that it is sitting on an old plantation that used to be called Jenkins. Now I have reason to pass there pretty often over the years. I have seen a tremendous amount of improvement. Yes, never been in residence. And I know that if you pass and you look through a genuine eye, you will see more than garbage. You will see the improvements that have happened over the years and under a former director of that institution - and I did not have permission to call his name, but if I had permission, it would be Tennyson Springer, who is now Permanent Secretary in the Ministry of Health - a hard-working, honest officer who did his part while he was there to improve that institution. But we all accept today in this debate that there is the need for continuous improvement of the institution. We also accept the fact that there is the need for a broadening of the menu of services provided at that institution.

And that really brings us down to the outpatient care side of psychiatric patients. There are patients who have psychiatric problems, have been diagnosed with them, and they get their care as outpatients. They are not residents there. And what kinds of treatments are there? There is the chemical-based treatment where we give medications and so on to treat people's problems. But then there is psychotherapy, where you actually engage the patient in prolonged sessions of cognitive discourse that is either behavioural in nature or cognitive in nature, or sometimes spiritual. This is what happens in that setting. And you are looking now beyond the medical model of treating psychiatric problems. You are looking at the more psychosocial therapeutic model. And there are persons who are appropriately trained to take on board that kind of approach and they have provided outstanding services for patients. Then you have group therapy, where persons sit

down in groups of persons who share similar challenges and talk through many of their problems. This sometimes may be accompanied by mild medication, but for the most part it is engaging people at the mind level, the cognitive level, so that they could talk through the things that challenge them. And of course there is, as I said before, spiritual therapy, where persons sit down with people and help to lead them to a position of faith and conversion and help them to work through their challenges.

I believe that you have to face those issues now. The truth is that residential care is one that has picked up momentum in Barbados, as it has done in North America and other places. Residential care is important because it keeps the patient in an environment as closely similar to what they would be in if they were not contending with psychiatric dysfunction. And residential care requires a strong patient care commitment in terms of analysis and diagnosis. Residential care requires a person to be exposed to a variety of cognitive activities that help them to refocus their minds and focus on what their strengths are supposed to be. And residential care is one that focuses also on safety and camaraderie, if you will, or family, if you will. And that is why the discussion on Verdant House came up. And that is why that is an important discussion, because we need to continue to strengthen these kinds of institutions and help people to move forward. Madam Deputy Speaker, I thank you.

Madam DEPUTY SPEAKER: Honourable Member for St. Philip South. Thank you.

Hon. A. D. BRATHWAITE: Madam Deputy Speaker, I rise in support of this bill within the context of the Drug Treatment Court that was recently launched in Barbados. Indeed, the Member for Christ Church South would confess that for the last several weeks I have been asking where are we with this amendment? Because the regulations that have been laid were absolutely essential for us to have a regulated environment for service providers, who in particular will provide services for drug dependent individuals within that context. I listened this morning to the Member for Christ Church West, and would like to touch on a few issues raised by her, and in particular, whether or not we needed to examine the whole issue of how we treat individuals who are caught with illegal substances. And in Barbados, the substance of choice we know is marijuana. But I will come back to that.

The framework, the drug framework that we inherited came about, Madam Deputy Speaker, because of three UN conventions - I believe the 1961 convention, the 1971 convention, and the 1988 convention. And basically out of that came a framework that many countries like Barbados, and many international countries, created an environment where drugs were illegal, drugs were treated as a criminal offence. So we in Barbados, for example,

enacted the Drug Abuse Prevention and Control Act. I think we had a Drug Misuse Act, et cetera. Most countries in the Caribbean, for sure, and most countries in the world, I believe, looked at the conventions and took the spirit of the conventions and enacted legislation which criminalised. They criminalised illegal drugs, possession of illegal drugs. So you had a system where individuals who were caught with illegal drugs were automatically brought before the criminal court and in many instances incarcerated. And that went on for many years.

But in many countries, they realised that it was not having the desired effect, that rather than seeing a decline of individuals utilising illegal drugs, they were in fact seeing an increase. So the thinking then began to shift in terms of: are we correct in looking at this as a criminal matter, or should we look at this more as a health issue? And that is where I want to spend my time - in showing how we had this shift away from approaching the possession and use of illegal substances in particular as a criminal matter, to now looking at it more as a health matter.

Madam Deputy Speaker, let me use Portugal as an example. In the late 1990s, Portugal had a significant issue with the use of cocaine, heroin and marijuana. And in fact, to the extent where, even though they had the criminal sanctions, the government at the time felt that they almost put their hand up and said, well, we do not know what else to do. And someone came up with the idea: let us approach this matter differently. Let us not look at this matter from a criminal perspective, but let us look at it from a health care perspective. And what Portugal did in 2000 is that it decriminalised the possession of illegal substances. That is, if you were caught with an illegal substance - and I think they use a benchmark of your personal use for ten or fewer days - they developed what were called dissuasion commissions. So rather than going into the criminal court, you went before this commission who then examined your individual case, and they recognised that what you really needed was structure, what you really needed was mental health care, or what you really needed was detoxification, et cetera, and they provided this care. And that worked for them for quite some time.

So in fact, rather than seeing the spike that they were seeing in the late 1990s, by not treating the possession as a criminal matter, they actually found that there was a reduction in the use of the illegal substances that they had been grappling with for quite some time. And this thinking has caught on internationally to the extent where we are having more and more discussions on whether or not we should have criminal sanctions in particular for individuals who have illegal substances for personal use. Now, note I said for personal use, because I do not believe that anyone is saying that traffickers should be treated differently - that traffickers should not be treated with the full weight of the

criminal law. But where the user has the addiction, let us treat the addiction, because there is no use within a Barbados context in taking the young man, sending him up to Dodds where he does not get the treatment, he spends a year or 18 months and he comes back out, and what does he do the first night out? He goes back onto the block and has another smoke or whatever. So that does not work. And that is where we need to have this discussion on a national basis.

I have said, and I have been misquoted in this regard, I have said that we will not rush as a country - or rather that I will not suggest to my Cabinet and to my colleagues that we look at the decriminalisation of marijuana simply because it is being done elsewhere across the world. But the reality is that given what is happening across the world, there are about 23 states in the US now which have decriminalised marijuana for medical purposes. Just this morning I read that Puerto Rico - I think the Governor of Puerto Rico has issued a decree again decriminalising it for medical purposes. And we know that Jamaica earlier this year is treating - I do not remember the weight, whether it be two ounces - that is now treated more as a civil matter, so that you are fined as opposed to being treated as a criminal matter. And of course you know that they are looking at the whole issue of medical marijuana. I was listening to CNN a couple of days ago and there was a programme on Colorado, and what they were saying is that this is a \$2 billion industry already that they have developed within the space of two years. So I am saying, Madam Deputy Speaker, with all due apologies -

Madam Deputy Speaker, that we are seeing more and more. Let us look at alternatives to imprisonment when it comes to possession of illegal substances for personal use. Uruguay, for example, if memory serves me correctly, possession of marijuana for personal use is not a criminal offence. What some countries are doing is that they have gone further than decriminalising possession for personal use. In fact, they are not even encouraging the police to charge individuals so it does not become a criminal offence at all. What they are doing is treating it more as a penalisation of the individual for having, let us say, marijuana in his or her possession. So what the police then does is that rather than charge the individual, the police makes a determination in terms of what treatment is available for this individual. Again, treating the individual as opposed to what the old system was. Because basically the old system said: possession, charge, incarcerate - it does not matter the amount, et cetera, or the condition of the individual. That one-size-fits-all method that was being adopted. That, in fact, the learned are now saying does not work. And in that regard, therefore, I have said to the National Task Force on Crime Prevention, let us have a marijuana study conducted in Barbados, and I believe it is still ongoing, so that we can examine the extent to which marijuana is used in Barbados, the impact that it has on

individuals or has had on individuals, whether or not there are additional costs to the mental health facility, whether or not there are additional costs to the Queen Elizabeth Hospital, whether or not there are additional costs to our health care system. That is the kind of scientific analysis that we have to look at and are doing so.

Therefore, I wanted to support this bill and I want to encourage my colleague Minister to bring this bill with haste because, as you know, we adopted a drug treatment court model earlier this year. So we have a pilot project ongoing presently where there are - I believe there were 15 individuals initially, three have been discharged - there are now 12 individuals in this pilot project. And what this project entails is that the drug treatment court team, which is comprised of the magistrate, the prosecutor, the defence attorney, psychologist, probation officer - all of the actors who will be involved in terms of trying to ensure that the individual receives treatment. Not what we are saying, and these, as you would have heard me say in the past, Madam Deputy Speaker, are individuals who are charged with non-violent offences and who have admitted to committing the offence and who have also admitted their addiction. And of course the team does the assessment to make that determination that, in fact, the cause of their offensive behaviour is in fact their addiction to whatever substance it is. And therefore we are treating that addiction, therefore we are treating that illness in the hope that if we treat the root cause of their offending they will not re-offend. And this programme goes 12 to 18 months and is a continuous programme. Of course, whilst the individual is in the programme, they are tested on a continuous basis to ensure that they are abiding by the terms of the agreement. As I said, it is a voluntary programme. The individual must admit that he or she has a problem and must admit that they want to be part of the programme because they want to be cured of the problem that they have.

In the United States they have had a programme - a post-conviction programme for traffickers 18 to 30 years old - where the trafficker, on the first offence, is someone who is caught with enough to be considered a trafficker as opposed to personal use. This individual would have to be, as I said, between 18 and 30 years old, must be on his first offence. And upon conviction they have made a determination in terms of whether or not they can put this individual into a programme, teach them whatever skills best suit them because they have to be released back into society. So the argument is, rather than just incarcerating the individual, given his age, et cetera, why not teach him some skills in a productive programme so that when he is released from prison he does not go back and start selling all over again.

So my point is that more and more internationally what we are seeing is alternatives to imprisonment. But more importantly, within the context of this debate,

treatment of individuals as individuals. Look at what substances they are using, look at their special circumstances, look at their family structure, look at their individual lifestyles and see how we can assist them in that regard. I also wish to say, for the benefit of the member for St. Thomas, that notwithstanding what you might hear about our challenges financially as a country, there have been no reductions in the programmes that we offer to individuals at the various institutions. At the NCSA they still have their projects, they still have the programme, they are still going to the junior schools and the secondary schools. In fact, we have carried out a survey of the secondary schools in terms of the use of drugs and in particular illegal drugs. And we recognise that there is a requirement for further intervention and we are still doing so. The Royal Barbados Police Force still has their programme. They still have the community police officers who are still going into the communities and who are still encouraging our young people to stay away from illegal drugs.

But what we do need as a country - and where I want to agree, even though I think the member for Christ Church West said it badly, because the member for Christ Church West seemed to have suggested that we have a law that discriminates - if you are caught with an illegal substance, you are caught. It does not matter if you are from St. Philip or Christ Church. The law does not say that there is one law that applies to individuals from the middle class or individuals from Sunderland, et cetera. Although let me say this, Madam Deputy Speaker: there is one individual in Barbados who sings, or who sang, a song one year about two Barbadoses. And I laughed. I laughed because there are some people who are able to go through this life and live and do as they please - like, in his case, drive down to Marhill Street where I live every morning, stop and have a glass of water and go on to work. And that was fine. But then there are other individuals who, if they did that, would probably be caught by the police and taken into custody, et cetera. I do not subscribe to the fact that there are two Barbadoses. So for the member for Christ Church West, I just want to say that the real issue is whether or not we should have a discussion as to whether, if we have not reached the stage where it is a good use of police time chasing an individual with a joint, only taking him into police custody, charging him, bringing him before the court, et cetera - I believe that this is the discussion that you want to have and that we need to have as a country - or whether or not we go the model that Jamaica has gone and treat it more as a civil penalty and save that judicial time, et cetera. But more importantly, how do you continue to treat the problem?

I heard my colleague and friend from St. Michael Central making the point that we were able to persuade the majority of Barbadians who were smoking to stop smoking. So hand in hand with whatever initiative that we

take, we have to also spend the time trying to persuade our young people that smoking is bad for them. And that includes smoking of marijuana. But it is not just marijuana, of course. We are also and should be concerned about the fact that there are more and more new substances coming on, and our young people are exposed to the Internet, they are exposed to television, they travel, they go off to college, et cetera. I saw recently in Florida - I think there is a substance, I am going to tell you it is called flakka, but I might have it wrong - it is called flakka, and it is causing tremendous damage to several young people in Florida. I think it is about three or four dollars for a hit. And there are reports of people taking off their clothes and walking down the streets naked because of the impact it has on their brain. So we also need as a country to continuously have our eye on new substances and ensure that we expose not only our young people to the significant and negative impact these substances could have on them, but also - let me use the Post Office as a good example. Later this year we are going to have another training programme which would include members of the Post Office, because we have lots of individuals who are ordering substances online and they come to the Post Office. We need to train our officers so that they know the nature of the substances that have been imported and the potential use of these substances, because just because it comes in a nice package from a pharmacy does not mean that it is innocent, et cetera. So we are going to have a training programme on Internet sales, on Internet pharmacy sales. We have to do the same thing in terms of Customs, so that when people come through a port and they have substances, we appreciate the potential damage that this can have on our young people. So, Madam Deputy Speaker, our responsibility is a continuum of training for our people and in particular our young people. And it does not matter the socioeconomic background - all of our young people.

You know, there was a time when we stupidly used to associate - and I say stupidly - we used to associate drugs with, you know, the average guy that you used to see on the block, et cetera. I remember vividly going to pick my first son up from a party one night in Rowans Park. And when I got there, the smell of marijuana was so potent. And I said to him, you know, young man, what is going on here? And he said to me, well, Daddy, there is this group at school that no matter what party we have, this is what they leave home and come and do. And that was supposed to have been one of the better schools in Barbados. It still is. I will not call its name, of course, because they may not invite me back to my alma mater. But the point I am making is that there was a time when you used to associate certain behaviours - when I say we did, the country did, because maybe it suited them - that it only happened in certain schools or with certain individuals, et cetera. That is not the case. If you go down to CASA, you would have heard about CASA from several speakers in terms of their interventions for school children. In particular, if you visit

CASA, you are not seeing individuals from one school only. You are seeing young people from across the full gamut of the school system. So it is a real problem.

What concerns me also, and concerns all of us, is that in the review done by the National Task Force, when asked a question about the availability of drugs, the majority of young people - these are school children - said that they felt that they could have easy access to drugs. They were also asked whether or not they believed that there was anyone in school who was selling. And the majority of them also said they believed that, in fact, there was someone on the school compound from whom they could purchase drugs, in particular marijuana, if they wanted. That should concern all of us.

What concerns me - and it should concern all of us - and we are seeing this more and more, is the number of young women who are now abusing illegal substances, in particular marijuana. And worst of all is that when you go out, you are not only seeing the young women smoking a joint, but they have little toddlers at their sides. We have a real fight on our hands. The fight is not just to provide the facilities, because we would rather not have to utilise the treatment facilities. The fight is: how do we persuade a generation of people who have come along believing that there is nothing wrong with having a joint before they go to school, and there is nothing wrong with going under the street lights every afternoon and having a joint? How do we persuade them that there is a better way? That is our challenge. And we as leaders in this society, we as parliamentarians, we need to join in this fight. We need, whatever position that we might have, to look and recognise - in particular, I have no problem with adults making whatever decisions they want to make. I do not try very hard to change adults' minds. When you reach a certain age and you know right from wrong, you make that determination yourself. But it is the impact on our young minds - the fact that their brains are not fully developed and are more susceptible to injury - that is where I want to spend more time and more energy. And that is why I want to commend the members of staff and management of the NCSA and the members of staff and management of the National Task Force on Crime Prevention for the effort with our young people.

We have heard, and I note that the member for Christ Church South has made Verdant House's review a document of this House. I have visited them and have seen their work firsthand. Most importantly, we still have to work out how do we prevent the number of young men who are going to them on a continuous basis. How do we reduce the recidivism? How do we stop our young men in particular from falling off the wagon? You would have heard from the member for Christ Church South that, in fact, we are going to have the Maria House - Maria Marina House - probably by September, and it should be a 15-bed

residential facility for women. That, Madam Deputy Speaker - and I think you yourself addressed that issue - is a recognition of the fact that we do have issues with respect to the females. And, as I do not remember which speaker mentioned it, but with the females also comes the additional challenge: what happens to the children when these females are at these institutions? How do you ensure that provisions are made for the children, et cetera.

Now I heard the member for St. Michael East and he did confess to you, Madam Deputy Speaker, that he had given his best shot in his presentation. And there were a couple of things that he said that resonated with me. But I just want to say this. There is a slight amount of hypocrisy that seems to permeate lots of individuals when they make presentations outside of Parliament - and in Parliament sometimes, if I am allowed to say that - because in an ideal situation, at no point in time that I can remember have we ever been able to provide all the resources for the Psychiatric Hospital or the Queen Elizabeth Hospital. No point in time. Indeed I challenged the Minister of Health. I said to him: I need you to do your research and let Barbadians know that, in fact, over the last eight or nine years we have continuously put more money into the health care system than the other administration. So when you hear all these things and pictures about poor facilities here and there and the need for additional facilities, et cetera, these are the realities - that, in fact, we have never had all of the resources. We would like to do more.

You heard the member for St. James South mention that, in fact, at least 20 to 30 per cent of the individuals at the St. Clair Hospital are there not because they should be there, but are there because they have nowhere else to go. It is a serious challenge. I have said in this Chamber, and I say and repeat it here again, that at Dodds, where you have 900 inmates, I am told at least 180 of them are actually mental health cases. They are actually mental health cases that, in fact, what they needed was treatment as opposed to incarceration. But do we have the resources to address this issue at this point in time? We have to do it step by step. But at least I can say this: this Government recognises that there is an issue. I recognise that we have to address it and we are addressing it. Yes, we are. So we need to have more resources to treat the problems as opposed to criminalising the behaviour.

So when I hear about: let us build a facility to send these mental health patients to, because the families do not want them, they prefer to lie down and break down where they are closer to the hospital, et cetera - all kinds of baloney. Because the simple question is: where do you find the resources to build such a facility? Who is going to maintain it? Because they will still need structure. They are going to still need to have the doctors, the clinical psychologists, the nurses, the cooks, beds, medication, et cetera. So it will still be required. So we do not have an

ideal situation at the Psychiatric Hospital. We have never had an ideal situation there. But at least we have recognised the challenges and we have been working on the challenges. We have spent and continue to spend a tremendous amount of time and effort on community mental health issues.

You would have heard me say - and I have gotten a signal, Madam Deputy Speaker - you have heard me say that, in fact, I grew up with an aunt who is a mental health nurse, and I used to go driving around with her and I understood from early the challenges that families face, because she spent more time speaking to family members than with the patient. You have to counsel the family members. You have to get them to accept that, in fact, it is an illness and that this individual, this loved one, needs care and attention and acceptance. And that is the challenge that we have. So that is why we speak about the 30 per cent who are still inside the hospital rather than at home, because we then need to spend the time with the families to get them to accept that this is an illness like any other illness. I close. I thank you, Madam Deputy Speaker, and pledge my continued support to this bill and look forward to certain actions being taken with respect to the regulations, because we do need as a country to have additional treatment facilities. I thank you.

Madam DEPUTY SPEAKER: Honourable Member for St. Michael South.

Rt. Hon. F. J. STUART: Madam Deputy Speaker, just a brief intervention in this debate which has to do with an amendment to the Health Services Act to give the Minister the power to make regulations for providing facilities for the treatment of persons with an addiction to or dependency on drugs or other substances. We have had a long debate on this issue and many very important points were made. There really is not much left to be said, most of the issues having been covered, but I just thought I would rise to give my full support to the amendment because any discussion on the issue of substance abuse is an important discussion, and every attempt to educate the public on this issue should be seized.

The Verdant House facility at St. John, of course, has rendered an impressive service in this area for many years. I visited it myself when I was Attorney General and responsible more directly for these matters. And I really want to publicly congratulate those who are responsible for that facility for the excellent work they have continued to do over the years. And I am very pleased to note that there is going to be by September a facility to deal with the female cohort of the population - a residential facility, the Marina facility - and we look forward to the service that facility will render to complement the services being rendered by Verdant House.

But the issue of drug abuse or substance abuse has been with us for a very long time. And of course, we have seen many changes take place in the treatment of it or the attitude to it with the passage of time. I know that certain changes have been taking place in the United States of America in relation to the decriminalisation, for example, of marijuana. And that has led certain countries in the CARICOM region - should I say certain producer countries in the CARICOM region - to raise the issue about decriminalising within CARICOM as well.

I have sat at many meetings and I have heard the arguments from those producer countries, or the leaders of those producer countries, that they do not want to be caught as small countries like ours have been caught in the past, following the morality of richer and more powerful countries and treating things like marijuana as illegal, only to find one morning that we get up and have to import it from them because they have got a head start and we are caught trying to play catch-up - that if there is going to be money to be made out of this, that we should be on the cutting edge as well. I know that when we met with President Obama in Jamaica recently, one of the leaders of those producer countries raised the question directly with him. Of course we did not have a long discussion on it for obvious reasons, but CARICOM has set up a broad-based task force to look at the entire issue. I believe that task force is being chaired by Professor Rosemary Antoine, who now lectures in the Law Faculty at St. Augustine. And on that task force is represented practically every interest group you can think of in the Caribbean - a very broad-based task force to look at all of the issues and the possible implications of the decriminalisation of marijuana.

Because CARICOM leaders have taken the position that we are not going to be railroaded into this. We are not going to in any knee-jerk way react to what is happening elsewhere. Our primary focus is going to be the security, and the good health and the welfare, of the people of the Caribbean. So the next CARICOM Heads meeting is going to be held here in Barbados from the 1st to the 4th of July. I do not believe that by then the task force would have finished its work, but we will certainly get a status report on what is happening with the task force and what results it is able to report by then.

But I think we have to put the whole issue of substance abuse in some kind of context - I like to say some kind of philosophical context - because that is the way in which things are best understood. Those who produce drugs, legal drugs or illegal drugs, are motivated by a desire to make money. Let us be very clear on that. It is entrepreneurial activity; it is business activity. And the whole rationale for the production of drugs, legal or illegal, is to make money - all part of capitalistic enterprise. Those who market drugs, legal drugs or illegal drugs, are also motivated by a desire to make money, because again,

marketing is a part of the whole business environment. Of course, when we are talking about illegal drugs, we like to use the word trafficking, but that is all part of the whole marketing exercise. And the rationale is to get money. It is a profit-making exercise. And that is precisely why people do it.

Those who consume drugs, legal drugs or illegal drugs, have a different motivation altogether. They're not motivated by any desire to make money. They are responding to what they perceive as a problem. Now, where legal drugs are concerned, we get doctors involved and they prescribe because the pain or the inconvenience from which the consumer is seeking relief is usually physical pain or physical inconvenience. And even if it is not physical pain or physical inconvenience, it is thought to be the kind of inconvenience that a medically trained person can handle. And therefore we accept on the basis of the trust we have in medical personnel, that the drug specifically prescribed are the ones we should take, and we take them. And therefore the whole pharmaceutical industry across the Western world has been one of the most profitable industries of all time. We have come through this global financial downturn. It has had many permutations and many combinations. Many companies have folded up, insurance companies, companies in the auto industry have all had problems. Not one pharmaceutical company has had any problems during this crisis. Because western society is a pill-popping society. We like taking medication, we like taking drugs. And we accept the prescriptions of doctors who say to us, you need this or you need that drug for the relief of your physical or your other kind of pain.

What we do not do, though, in respect of those persons who take drugs that we say are illegal, that we designate as illegal - those drugs the use of which legislation prohibits - we do not make that necessary leap to ask ourselves: if those persons who take legal drugs are taking them for the relief of pain or inconvenience of some kind, is it not just possible that those persons who are taking illegal drugs are taking them for the same reason? Is it not possible that there is a kind of pain, a kind of inconvenience being experienced by those persons who opt for illegal drugs, to the relief from which we have not been addressing our minds? So it is perfectly alright for us to accept that an 18-year-old can have physical pain and can go to a doctor, or can go to a dentist for that matter, and get medication and take drugs, but that same 18-year-old we do not believe can have any other kind of pain or inconvenience that might incline him or her in the direction of those drugs we designate as illegal.

And that is why we adopt this attitude that young people who end up abusing substances like marijuana and alcohol as well - that there is something perverse about them, there is something wrong with them. There is nothing wrong with them if they are physically ill, but there

is something wrong with them if they are ill in any other kind of way. And that is a mountain, Madam Deputy Speaker, that as a society we have to face. We have to face the reality that there are challenges being faced by our young people that may not fit into any of the traditional categories to which doctors respond. But the fact that they don't fit into any of these traditional categories does not mean that they do not exist.

And the Honourable Member for St. Michael East talked about anomie and Emile Durkheim's theories on anomie and rootlessness and normlessness and that kind of thing. And there are things like loneliness, there are things like depression, to which young people respond and respond in the ways that they think will bring them the kind of relief that they are looking for. Only yesterday, addressing a group of young people elsewhere, I was making the point that sometime in the early 1980s, during the presidency of President Reagan, a survey was done in the United States of America amongst teenagers, upwards of 70 per cent of whom in the survey said that they saw the President of the United States more often than they saw their own parents because he was always on television. But their parents were busy doing two and three jobs in order to finance the material comforts and so on that they needed. And therefore their parents' ears were not available to them. They had to face the challenges of life on their own and deal with their own challenges as they saw fit.

And the pace of life has so quickened in Barbados that the truth is, even in the adult world, people don't have the time to stop - or don't make the time to stop - and listen to you anymore. Everybody is in a hurry doing what he or she is about. People really don't have time or don't make time to talk to one another anymore. The technology, whether it be the cell phone or the many variants of it nowadays, the computer as well, have now become so central to people's lives that interpersonal exchange has diminished as a result. People spend more time looking at a cell phone screen or looking at a computer screen than they spend talking to people, and children - children in particular in homes and elsewhere - are made to suffer as a result.

I listened with interest to the distinguished Attorney General in his speech. We grew up in the same village. He will tell you that at times critical in his life and in mine, we had ears available to us - people who would listen to us, listen to our problems, listen to the challenges we were facing - and we could at any time go and knock on certain doors and be heard. Barbados has changed a lot since then. And there is a lot of alienation, a lot of social alienation in this country, in this region, dare I say. People feel very much on their own. Children, young people feel very much on their own as a result of a lot of the changes that have taken place around us - the technological changes, the economic changes, the social changes and so on.

And this kind of experience - new to us, but as the Member pointed out, these problems are not new because other societies have experienced them in the past and that is why people have written about them - but the kind of alienation, the kind of acute loneliness, the pain that flows from not having access to people even to listen to you or to make time to hear you out, can lead young people to seek comfort elsewhere and amongst their peers who may all be having the same problems. Whatever solutions the peers come up with, those solutions are likely to get their endorsement. And that is why it is so important to make time to talk to and to spend with your children.

I know, Madam Deputy Speaker, that I am preaching to the converted when I look you in the eyes and say all of this, because I know what your position is on these things. But I think Barbadians need to hear these things, because it is not that our young people are so perverse and wicked that instead of doing the right thing, they take to the abuse of substances. There are other things happening that incline them in this direction. And we have to face the reality that when you consume drugs, whether legal or illegal, the whole objective is to cure some kind of pain or inconvenience. We find it very easy to understand that if we are talking about legal drugs because we come through the doctor or we come through the pharmacist. But it is a little more difficult to ingest, to internalise and to comprehend if we are talking about illegal drugs, because the user uses his own discretion and relies on the marketing of the trafficker only. And it just happens that these drugs are habit-forming, they are addictive, and our young people - too many of them nowadays - are getting caught.

So I just thought, Madam Deputy Speaker, I would make this intervention, because it is against that background that I spoke to the Honourable Member for Christ Church West Central about two or three years ago. And I said to him, look, we have become so economicistic a society and so materialistic a society that we have found it convenient to have a consultation every year or every two years on the economy. Has the time not come for us to have a consultation on the society? When you have the consultation on the economy, you come to talk money, you come to talk growth and production and marketing and that kind of thing. When you have a consultation on the society, you come to discuss people's real problems in the context of their interactions with the society, in the context of their interactions with one another. What is going on in our homes, what is going on in our schools, what is going on in our communities, what is going on in our churches, and so on.

And I have to say that the Honourable Member for Christ Church West Central convened that consultation. It was very heavily subscribed and we got some very incisive contributions coming out of it. And in fact, we are in the process of planning another one for the very near future,

because it is only in this way that we are going to get to the bottom of a lot of the problems that have been afflicting us and that have been baffling us, because I do not think we do the correct analyses. If you do not ask the right questions, no matter how enthusiastic the answers you get, those answers are going to be irrelevant. Answers are only going to be useful if the right questions have been asked. And we can only get to the right questions not by focusing on buying and selling - important though those things are - but in terms of the social issues we face, we need to sit down and talk some of these issues through, looking, as I said, at what is going on in our homes, what deficits and in some cases what spectacular failures have been taking place in our homes and in our schools.

Because I do not think you have to be any rocket scientist to know that although people in this region have easier access to information today than at any other time in this region's history - in spite of the fact that there is more reading material, there are more organs of public information, in spite of the fact that all of these things exist - our homes are weaker places today than they were 40 years ago. Much weaker places. And the centre of gravity, therefore, has had to shift to our schools. And the pressures that have been put on our schools as a result of the fact that the homes have been failing have created their own problems for our teachers as well. So we have some issues to discuss. The Member for Christ Church West Central is going to be convening another consultation on the society very shortly. And we hope to plumb the depths of some of these problems so that we can be better informed in our policy making and try to resolve some of the more daunting challenges facing the society.

I just thought I would make that brief intervention, Madam Deputy Speaker, but I just want to repeat that my full support is behind this amendment to the Health Services Act. I want to conclude by congratulating the Minister of Health for seeing the importance of doing this. And I hope that we can reap the kind of results from it that the Ministry, the Government and all Barbadians contemplate. I am obliged to you, Madam Deputy Speaker.

Hon. J. D. E. BOYCE: Madam Deputy Speaker, let me in wrapping up the consideration of this amendment, start by thanking honourable members for their very measured interventions, both from the members on the government side who spoke and the members on the opposition who have also contributed very meaningfully to the debate. I believe firmly in the participatory democracy and certainly the ideas which have been shared today will be part of the solutions that will roll out as we continue to look at the whole issue of this special area of health care. And indeed, Madam, health care in general. I turned to the Honourable Prime Minister earlier and I asked her about what we have been speaking about of late. The whole question of healthcare finance and the national discourse on

healthcare finance which will take place and I am pretty sure very soon this, the paper from the Ministry of Health will be considered by cabinet and if approved, the public discourse on healthcare finance for Barbados will take place in organised fashion under the management and the programme direction of the Ministry of Health, obviously in consultation with the National Economic Society and the Ministry of Finance, along of course, with any legal interventions we may need from the Ministry of the Attorney General. And of course, I expect the honourable members of the opposition to participate in this public discourse. They call for it very often. They call for opportunities to offer comments along with encouraging other members who may not be members of this chamber to come and participate in this discussion. So we look forward to that event and the opportunity to dig even deeper and deal even more thoroughly with the question of health care finance and health care offering in Barbados.

I think it is necessary, Madam Deputy Speaker, though, to seek to clarify some of the issues which were raised. And I want to start with the honourable member for Christ Church West who spoke to some issues which need to be corrected. I want to start by saying that no nurses or health care professionals have been retrenched in the recent programme in Barbados. This is a fact and this is a statement of fact and policy. General workers probably who were associated with some areas of healthcare delivery in our institutions or in the Ministry of Health itself may have been affected. But I repeat, no nurses or healthcare professionals have been retrenched in our recent programme.

The substance abuse programme at the psychiatric hospital is only a day programme. It runs from 8.00 a.m. to 4.00 p.m., Mondays to Fridays. Therefore, there is, in my view, no possibility of staff working long and unacceptable hours during such a programme. It is structured to be a day programme, 8.00 a.m. to 4.00 p.m., Monday to Friday. The programme has some four nurses per patient and is higher than even the programme we spoke about at Verdant House, which is residential and more certainly than the CASA arrangement. And these are the facts as they relate to that portion of the mental health programme at the psychiatric hospital.

Madam Deputy Speaker, the data which I refer to - I made the point of making the Verdant House Review 2014 a document of the House. There therefore can be no question as to the dating of the data that we are using in our analysis. This is a report, a review 2014 of the Verdant House programme, one year old. And I have another document here. It is entitled the Marijuana Debate, also which has been put out by Verdant House, which puts one side of the argument in terms of the use of marijuana generally, the medicinal use, the abuse of marijuana, etc. And it certainly should be reading for anyone who is

interested in the subject. So again, I am going to make this Verdant House document - which is volume two, issue one, 2015 - a document in the House. This is the Marijuana Debate.

Madam Deputy Speaker, the opposition has sought to introduce into the chamber photographs which they attribute to the psychiatric hospital and they have claimed that they represent what we would call mistreatment or maltreatment of patients. I want to assure the opposition that I will investigate the validity of the documents which have been introduced and see whatever is present in this documentation that has to be corrected will be corrected. But certainly in terms of the photograph of the meal - what appears to be rice and peas, coleslaw and some kind of offering of meat - I would have to of course discuss with the members of the psychiatric hospital management team and try to verify the accuracy of what we are talking about. On the surface, that meal looks very familiar to me and like any rice and peas offering, raisin peas offering, that you would receive at a canteen in Barbados. The other photograph, we can have it checked. There are peculiarities about the psychiatric hospital which I think all members are aware of. So to come into the chamber with a photograph, attribute it to the psychiatric hospital and bandy about some evidence of mismanagement, I think is irresponsible in the first instance and needs to be properly investigated. I want to assure this chamber, ma'am, that I will carry out a full investigation as to what this is all about.

The other photograph was that of a memorandum dated March 30, 2015, seeking to speak to the stock levels of drugs at the psychiatric hospital. These are legitimate pharmaceuticals at the psychiatric hospital. As I said, this is dated March 30, 2015. There are 23 drugs listed on this page - 23 drugs - and there are 4 that are reported as being out of stock. It would be reasonable for me to assume that at the end of the month when you are looking at your stock and reporting to your superiors, the pharmacist would indeed construct a memo which reflects the status of the drug situation. It is not necessarily a reason for panic. And I am not at any moment trying to say that there has never been a situation where drugs were short or out of stock in any institution in Barbados. And as has been pointed out in this debate, that has been a phenomenon which has been part of our experience even in the times when there was plenty of money around to deal with the issue.

Again, I have investigated the matter subsequent to this date. The psychiatric hospital has received on one occasion some \$166 000 worth of pharmaceuticals. The psychiatric hospital on average uses about \$102 000 worth of pharmaceuticals monthly. That would seem to indicate to me that the situation has been returned to even above what exists in this memo.

So I believe, Madam Deputy Speaker, that with those comments, I hope I have adequately dealt with the issues that were raised by these so-called dramatic interventions - the so-called okras that were introduced in this debate a little earlier on this afternoon. But as I said, this is part of the exercise which the opposition will engage in from time to time. And it is our responsibility as members of government and as ministers of government to make sure that the people of Barbados are fully aware of the real situation and are also comfortable in the fact that our investigation and subsequent corrective action will ensure that the situation is returned to absolute normalcy and that there is control of what we are doing at these institutions.

It is unfortunate too, Madam Deputy Speaker, that the good work of the psychiatric hospital has not been recognised more by some of the members on the other side, who have sought just to criticise. I am not for one moment suggesting that all is perfect at the psychiatric hospital or for that matter at the Queen Elizabeth Hospital. I have never tried to put that position ever since I have had the responsibility of Minister of Health of this country. But what we must ensure as a ministry is that dialogue takes place, that management expertise is available, that research and data collection is carried out so that we can direct our energies in the correct, the most effective areas, and that we can ensure that the best outcomes are made available for the people of Barbados.

I want to again congratulate the work of the psychiatric hospital, the fact that the new kitchen at the hospital is a couple of weeks away from completion now and that because of the situation around both the new construction and the existing facility, we have moved the preparation of meals to the geriatric hospital, where the honourable members on that side should remember a new brand kitchen, as they say, was built on that facility only a short while ago - a kitchen which is largely underutilised. I submit to this chamber, I submit to the people of Barbados, that there is nothing wrong

in today's technology the way we can move food around safely. There are entities who distribute food in this country every day who do not necessarily cook at every facility where the distribution occurs. As a matter of fact, most of them cook at a central location and have the same items that we go and purchase for us and our children delivered in safe containers to that facility. That is what is happening at the psychiatric hospital now. I am assured by the members of staff of the hospital that if the incident which the Honourable Member referred to as an 11.30 delivery of breakfast, that would not be the norm. If we take every time we wake up late, every time we wake up late in a month and we say, well, that is how we are behaving, we are in trouble. You know what I mean?

Honourable Madam Deputy Speaker, what are we talking about? One instance of a late delivery of breakfast becomes the subject of ridicule as far as the members on that side are concerned. I am very worried when we reduce this Parliament to that level of debate. However, those are the facts. And indeed, Madam Deputy Speaker, we are going to continue to look at the decentralisation of these services, both the preparation of food, the laundering of linen and uniforms. These are things which can be centralised and the distribution can occur. You can therefore benefit from economies of scale and sometimes the measures which the period which we are going through helps us, Madam Deputy Speaker, to arrive at effective, efficient conclusions which help us to reduce the overall cost of the delivery of health care services in our island.

Madam Deputy Speaker, the Honourable Member for the City spoke to statistics and the building up of adequate statistics for health care and how important it is to get accurate health statistics for health care. I think the Right Honourable Prime Minister spoke to the fact that we occupy so much of our time looking at video screens nowadays, rather than many other things that we could be or would be doing. The truth is, and the Right Honourable Prime Minister, I know, is acutely aware of that, a lot of information now passes these screens. While I must admit, even while the Right Honourable Prime Minister was delivering his comments, I was receiving an update on the fact that there is now available a finger scan technology which is being deployed in other countries, but which, when the healthcare worker goes into a community and scans the fingerprint of the individual, that information can immediately allow the healthcare worker to access health care data about the individual. Is this not something which we should reach for? Is this not something which would help us to more effectively deliver that important healthcare service that we talk about?

And the MED data that we launched in November last year is specifically designed to do that. We have rolled out MED data - that is a medical information systems programme - at the Sir Winston Scott Polyclinic and the Edgar Cochrane Polyclinic. And we are now in the process of rolling it out at the Queen Elizabeth Hospital, along with being available so that consultants can have on their handheld devices imaging technology from radiography investigations, et cetera. They can therefore consult among colleagues here in Barbados. They can consult with specialists overseas to come up with more accurate diagnoses.

I noted, Madam Deputy Speaker, your comments about the St. John Polyclinic. And you know that you and I are at one in this regard in our urgency to make sure this facility is available at the promised date. The Right Honourable Prime Minister has made it very clear he wants it on the 30th of June. And we have confirmed that as the

promised date. I am held, therefore, Madam Deputy Speaker, by that deadline. And we will work to make sure that deadline is met.

Madam Deputy Speaker, I am, however, encouraged by your interesting comment that we can seek to deliver some of our substance abuse healthcare solutions within the confines of that building - a building which has the capacity. And it is therefore something I would certainly encourage the members of staff at the Ministry of Health to investigate with a view to being able to roll out in that location. That would of course allow us to benefit from the practices of Verdant House, who have perfected a lot of these modern intervention methods and who could probably offer the Ministry of Health some ideas and some guidance as to how we can help to deal with at least the ambulatory part of our mental health care delivery system.

And again, I want to note that more than one member has spoken to the fact that in September we look forward to rolling out our 15-bed facility for women at Verdant House. I want to thank not only the Verdant House Directorate but the Maria Holder Memorial Trust Programme for their very important contribution. I mentioned in my earlier presentation of course that the philanthropic portion of our health care delivery in Barbados must really be appreciated. And certainly I want to record my personal appreciation for the high level of philanthropy which accompanies the delivery of health care in Barbados. And it is something which we encourage. We have structured it at the Queen Elizabeth Hospital and we need to structure it even more so in the wider delivery of our health care.

So, Madam Deputy Speaker, I really want to express my sincere appreciation to the members who have contributed and made suggestions in this regard. I want to thank the Right Honourable Prime Minister of course for the kind of summary and the context in which he has placed this debate. Mental health care and the whole question of substance abuse is something which we have to look at. The Member for St. Michael East made that point. The Member for St. Philip South, the Honourable Attorney General, spoke at length on the whole question of alternative treatment instead of criminalisation for drug offences, especially in the case of first-time offenders - our drug treatment court, the separation of the person who is caught or found with the drug as against the criminal element who are distributing or deliberately distributing the drug. The fact that we have to separate the two and make a very clear distinction in the context of the Barbadian psyche as to who the offenders are in this regard. And certainly I think that the Ministry of Health would continue to embrace this approach and certainly make sure that Barbados stays in step with the issues. I think the Right Honourable Prime Minister made the point, however, that we are not going to be rushing to any position in this

regard. Careful consideration will have to be a feature of the way we do this business.

So, Madam Deputy Speaker, with that expression of appreciation to Honourable colleagues on this side and members of the chamber, I beg to move that this bill be read a second time.

*The question was put and resolved in the affirmative without division and the Bill was read a second time.*

Hon. J. D. E. BOYCE: Madam Deputy Speaker, I beg that you do now leave the chair and the House resolve itself into committee for further consideration of this bill.

*The question was put and resolved in the affirmative without division and Madam DEPUTY SPEAKER left the Chair and the House went into Committee, Mr. J. D. PAUL, Chairman of Committees, in the Chair.*

## COMMITTEE

Mr. CHAIRMAN: The House is now in committee.

*Clauses 1 and 2 were called and passed.*

*On the motion of Hon. J. D. E. BOYCE, Mr. Chairman reported to Her Honour, the DEPUTY SPEAKER, the passing of one Bill in Committee without amendment and Madam DEPUTY SPEAKER resumed the Chair and reported accordingly.*

*On the separate motions of Hon. J. D. E. BOYCE, the Bill was read a third time, passed and cited as the Health Services Amendment Act, 2015.*

## SUSPENSION

Hon. J. D. E. BOYCE: Madam Deputy Speaker, I beg to move the suspension of the chamber for dinner until twenty minutes to eight o'clock this evening.

AN HON. MEMBER: I beg to second that, Sir.

*The question that the House be suspended until 7.40 p.m. was put and resolved in the affirmative without division and Madam DEPUTY SPEAKER suspended the House accordingly.*

## RESUMPTION

### SEVERANCE PAYMENTS AMENDMENT BILL, 2015

Mr. SPEAKER: Yes, our Minister.

Hon. C. P. SINCKLER: Thank you very much, Mr. Speaker, sir. I don't intend to be very long. It is a very

simple amendment, but it is a very important intervention by the government in relation to this proposed amendment to Section 25 of the Severance Payment Cap 355A to give effect to the intention of the National Insurance Fund and the Board of the National Insurance - which of course is fund manager for the Unemployment Benefit Fund - to ensure that its sustainability can be maintained over a short to medium term as we deal with the situation in relation to the effects of the economic downturn and the fallout because of high, or relatively high, or unacceptably high levels of short-term unemployment.

As you are aware, Mr. Speaker, sir, our members would be aware as well. The Unemployment Benefit Scheme was crafted and instituted with the intention of providing a level of short-term security and financial comfort to those members within our communities who would from time to time, both circumstances beyond their immediate control, suffer the unfortunate peril of having to lose their employment. And it was designed, as is the case with most structures of this nature in countries that have the privilege of having such a fund - and not many countries do have it - but for those that do have it, and for us, it has been designed to act as a trigger to assist members in our communities who, as I said, have fallen prey to the peril of unemployment, to assist them for a short period of time as they seek to reorganise their lives, either to re-enter the workforce in the job that they previously had, if it becomes available again, or to enter the workforce in another capacity, whether it is in employment with somebody or indeed in employment by themselves as self-employed persons.

And this very important and critical piece of social engineering and legislation, governed by the various legislation and administrative arrangements, operates on the basis of contributions that are made by those who are employed to support those who, as I say, may fall to the peril of unemployment for whatever particular reason that may be beyond their immediate and eventual control. And from time to time, as has been the case with funds of this nature in different countries, this unemployment fund has had challenges or faced challenges of liquidity whenever there is an expansion in the numbers of those who are unemployed, and particularly not just an expansion in numbers, but if that state of condition continues for what we would consider to be a less than reasonable or inordinate period of time.

Of course, nobody knows how these things will perform when they happen. Nobody intends for people to become unemployed. Nobody prefers to have a situation where they stay unemployed. Because the job of the government, the job of the private sector, the job of our society generally as a country, is to try to provide as much employment for persons as is humanly possible in the circumstances within which you are operating. And so we

know from time to time, however, that even against the best of our efforts, that persons will fall into a state of unemployment and have to call upon the resources of this entity or this fund to be able to backstop, so to speak, for the period of time for which benefits are paid, to assist them in the adjustment process as they get, first of all, accustomed to their new status, but hopefully not settled in that new status, but can return to the workforce.

And so, periodically, as Barbados has gone through many periods or some periods of economic decline or economic contraction, depending on the severity of that contraction, you could find that there will be a spike or a rise in the numbers of the unemployed, and particularly those persons who are entitled to draw on this fund. And this has happened, you know, variably across the recessions that we have had. In fact, in the early 1990s, when we last would have had major adjustments to the unemployment benefit scheme, when we had the economic downturn and there was a spike in the levels of unemployment, it was then determined by the administration in office that adjustments had to be made to the unemployment benefits scheme to ensure its survivability and sustainability. Not because the then government wanted to adumbrate the benefits which were due to persons naturally, but looking at the numbers of persons who would have been affected by unemployment and who would naturally have to draw on the scheme, it became necessary to make adjustments. And I recall quite clearly that in those days, the then government preferred an option of expanding or increasing the level of contribution and decreasing the time period for which claims could be made. And that was done particularly to ensure the financial viability and sustainability of the fund.

So, from time to time, a fund of this nature, which does not necessarily draw huge amounts of money out of the working population, but at least sufficient enough, we hope, in circumstances where unemployment is either low or at a moderate level, to be able to sustain its viability. And so when those numbers rise, for whatever reason, it becomes necessary to make adjustments if those resources going in do not and cannot adequately, over the life of the periods of when persons will be unemployed, cover those payments going out.

And we have come to a situation where, sir, as you know, because of the major economic fallout we have had globally and the impact which it has had on Barbados' economy and other economies around the world, where unemployment levels have increased to unacceptable levels, that persons have had to call on the unemployment benefit scheme in numbers much larger than we would have preferred and much larger than are comfortable to be sustained on a viability level or sustained at a reasonable level in terms of the viability of the fund. And this, sir, became particularly acute in 2014 when the government,

because of its programme for fiscal consolidation and restructuring of the Barbados economy, was called upon, unfortunately, to have to sever some of its employees or retrench some of its employees from the public service. A decision, of course, that we did not take lightly and was taken with much soberness as to what was required to ensure that we could keep our economy stable, protect our foreign currency, protect our exchange rate, and of course, bring stability to our foreign exchange market while reducing our fiscal deficit and working on our debt numbers.

So we had to take those decisions. But having taken that decision, we knew and could have anticipated, based on the financial calculations, that it would have been difficult or it would become difficult increasingly over time for the fund to be able to sustain payments going out because of that level. And as I said, it happens at two levels. The first level is the level in relation to the amount of persons that become unemployed. But another level is how long the persistence of the unemployment situation. We normally would presume in normal circumstances that a fund like this is designed to address a short-term problem of unemployment. It is not designed in the way to sustain payments for an inordinately long period of time. But if the economic circumstances do not allow for a recovery strong enough, full enough and assured enough to allow those persons who have come off of the employment roll to get back on and therefore come off of the unemployment benefit scheme, then - and you have to pay out in greater numbers for longer periods of time - it affects the viability of the fund.

And somewhere towards the middle of 2014, the dynamics of the fund financially suggested that the fund was indeed operating, or would likely by the end of 2014 be operating at a deficit of \$2.5 million per month. This emanated from the basic calculation that it was taking in \$2.5 million in contributions, but because of the numbers was actually paying out \$5 million. So the difference in terms of the two - the deficit - would have been \$2.5 million, and that this in itself would lead to the insolvency of the fund if an intervention was not made to address this situation.

Now, in examining this particular issue, the National Insurance Fund - the staff and of course its board - were presented with a number of options in what I believe is the 40th actuarial review of the fund. A recommendation was made by the actuaries that since the Severance Payment Fund was as liquid as it is - and it is quite liquid and it is quite healthy - that resources should be taken, and they actually put a figure to it: about \$50 million should be taken from the Severance Payment Fund and put into the Unemployment Benefit Scheme to ensure its viability. But two issues arose with that. The first issue is that of course that is not a sustainable way - that is not sustainable for the

fund in the sense that if the situation continued, the \$50 million would come to an end quite quickly and therefore you would still be back at square one.

But over and above that, a legal opinion was sought by the Fund, both from its private lawyers and the Ministry of Finance also asked for a legal opinion from the Solicitor General's Office. And both legal opinions suggested that it was not legally possible to just transfer funds from one entity - in this case the Severance Payment Fund - over to the Unemployment Benefit Scheme, as that would not be permitted in law, since the Severance Payments Act spoke only to those funds being invested. And therefore, because the legislation was so clear in that particular regard, it did not give scope for money to be taken out and just put into another fund for that to be paid out to any entities.

There was also an option proposed that some of the holdings of the Unemployment Benefit Scheme - some of the bonds and Treasury Notes and other instruments, medium and long-term instruments that the Fund held in government paper - could be redeemed to the extent that those resources could then be injected into the fund and allow for this to help with the recapitalisation of the fund to meet those particular demands which were being placed on it, as I said, because of the high unemployment situation. Now, this is a particular financial management strategy that has been used by different funds and different entities. If you have instruments, investment instruments available to you that you can break or can cash in to deal with a short-term situation, then you should look at those, and the National Insurance Board accepted part of that argument. But of course you would not want to entirely utilise the whole or to use the entire investment portfolio of the fund, because of course that would undermine the long-term viability of the fund itself by depleting those investments.

So while the Board accepted that some of the instruments could be utilised - cashed - and of course in this instance the recommendation was that those instruments should be sold to the NIS so that the National Insurance Fund can hold those instruments on behalf of the Unemployment Fund and pay cash for them. And of course as the fund gets more financially viable, they could always purchase them back. It was determined that again this too was only going to be a short-term solution and that it could not address in the medium term the issues which confronted this unemployment benefit scheme. So that would not have solved the entire problem.

So examining this point, the National Insurance Fund management, with the sanction of the Board and instruction of the Board, took a decision to speak with the employers through the Barbados Employers Confederation - who of course are co-jointly responsible for the Severance Payments Fund - about a possible suggestion. In fact,

before I get to that, Mr. Speaker, sir, I think I should say in sequential order that the National Insurance Scheme so advised the Government of Barbados through the Ministry of Finance that it should do two things. One, that there should be an injection of \$12 million from the Consolidated Fund to the Unemployment Benefits Scheme as a short term injection to the scheme. That matter was discussed by the Cabinet of Barbados and agreed - I am advised that of that, \$6 million has already been injected and the balance of the funds of course are going to be injected over time. So that was to deal with some of the immediate concerns of the fund.

The second part of the strategy was to discuss with the Employers Confederation the possibility of taking some of the contributions - or taking the contributions from the employers into the severance payments fund and redirecting those contributions into the Unemployment Benefit Scheme for a short term period of no more than three years to allow for the scheme to be able to replenish itself and get a chance to breathe while we deal with the situation, which is a permanent solution to all of this - working to get our economy back on track, increasing the employment numbers or bringing down the unemployment numbers and having more contributions being made to the scheme naturally, as they are wont to be done under normal circumstances.

That proposal was discussed and the Employers, much to their credit and for which we are eternally grateful, agreed that this is the most efficacious and useful approach to supporting the short term viability of the fund while we work on instruments and strategies for its longer term reform and of course eventual sustainability and viability. So the recommendation went to the Board of the NIS that the contributions made by employers to the Severance Payments Benefit Scheme - as covered under section 25 and the various subsections that follow - that a contribution of 0.5 per cent be redirected or allocated to the Unemployment Benefit Scheme, so that the scheme would benefit from a contribution over an annualised period of \$10 million per year for three years, or in other words, \$30 million Barbados dollars.

And it was determined that this would be the requirement to ensure that the fund is able to make all of its payments - the demands which are being made on it at current rates - but also be able to replenish and recapitalise itself so that it will have a stock of resources to face any particular challenges. Mindful as we are that particularly from the public sector side, the Government's position has been that going forward we are trying our level best to ensure that there are no more mass layoffs in the public service and that we are taking decisions to ensure that we do not have to go that route any further. And so if there is any impact on that fund, it certainly would not come via

what we would have experienced in 2020 or 2014, having of course passed that particular road already.

So the proposal would be that from January 1, 2015 to December 31, 2017, that 0.5 per cent contribution from the employers to the severance payments fund - which of course, Mr. Speaker, as I told you, is extremely well capitalised, has extensive investments, cash on hand, and is in no immediate, short or medium term danger of being put under this type of stress because of severance or whatever the case may be - and therefore can, for the time being, forego those resources, so that those be redirected so that we have a new contribution rate which would look something like: from 2015 to 2017, 0.75 per cent for employees, which is currently 0.75 per cent - so that is untouched. And for employers, the current rate is 0.75 per cent, but would move to a new rate from 2015 to the end of 2017, December 31, 2017, to 1.25 per cent from the 0.75 per cent. And that, as I said, will gain the Unemployment Benefits Scheme an additional \$30 million at a rate of about \$10 million per annum.

And the recommendation went to the NIS's board. The board agreed with the joint recommendation of the employers and the Staff Fund and so advised and called upon the Cabinet of Barbados - the Government of Barbados, through the Cabinet of Barbados - to support that second prong of the proposal. Remember, it is two tracks. First, the Government makes an injection, as it is wont to do under the National Insurance Fund Act, to make replenishments from the Consolidated Fund through Parliament to the Unemployment Benefit Scheme if it so needs injections - and that of course we put at \$12 million. And then secondly, to do this redirection or reallocation of contributions from employers from the severance payments fund into the Unemployment Benefit Scheme.

Having done that, Mr. Speaker, sir, the Cabinet received, discussed and of course approved that approach to be taken to ensuring the short to medium term viability of the fund. And this is absolutely critical. Yes, it is critical because, Mr. Speaker, sir, one of the things that we have to be proud about in Barbados is that we have a lot of instruments, mechanisms and processes that offer social and economic protection to workers and ordinary citizens in Barbados that a lot of countries do not have. And I make this point because I saw in President Obama's State of the Union address only a few weeks ago, he was talking about the United States introducing a scheme similar to this. This is the United States of America. We did this since the 1970s, and he was speaking about introducing and proudly declaring it in a State of the Union address to both houses of Congress. We have been doing this now for, as people say in common parlance, donkey years. And we not only have to be proud of it, but we have to ensure that we protect it.

But we also have a human responsibility to those persons who unfortunately, due to no circumstances of their own, have fallen upon the peril of unemployment. And I remember when this crisis first started, a lot of people forgot that this administration also entered into the fray to extend unemployment benefits to members of this community who would have been impacted upon by the worst effects of that global recession. Now, it is true that some of that would have drawn on the fund a little heavier than we think, but we did it to protect our workers. We did it to protect and defend their circumstances having fallen on the peril of unemployment.

And therefore, I think that when a proposal like this could come from both the fund staff, the board and importantly as well the employers, it goes to show that the social partnership of Barbados, for all people talk about, is still very much intact and works. And when it comes down to the crux of the matter, serious people will make responsible interventions and decisions to assist and of course protect the most vulnerable within our community. And so, on behalf of the Government of Barbados, I really want to express our appreciation for the high level of cooperation shown by our employers in this particular regard. I equally want, Mr. Speaker, sir - even before the opposition speaks - to express our appreciation to the opposition for their support in this matter too.

I know the Honourable Member for St. George South has been preparing his speech for the past six weeks for this particular debate and I am going to give him the opportunity to deliver it. I know there are a lot of things he is bursting to say, so I am going to give him the opportunity to say them. But I know that regardless of whatever he says, I am reasonably confident that the opposition is not going to oppose this because this is the right thing to do.

In order to be able to give effect to this, Mr. Speaker, sir, of course we are drawing here to make an amendment to the Severance Payments Act, Cap. 355A, section 25, and to insert after subsection three, subsection four.

We say what we are here to do: notwithstanding subsection two, no contributions are payable under this Act. And of course it means it waives - because that is basically what it does - it waives the liability of employers to make the contribution to the fund so as to free their hands to be able to have those resources, those contributions, redirected into the Unemployment Benefit Scheme. I said commencing from the 1st day of January 2015 and ending on the December 31, 2017.

So Mr. Speaker, sir, this is something which I believe I heard the opposition spoke about - certainly opposition leaders spoke about somewhere towards the end of last year - about having the need to deal with this

situation. It is a situation which we studied properly in terms of what was required legally. We took the decisions on the short term injection to keep the fund going and now we are coming for a more medium term stabilisation of the fund through this particular amendment and of course the adjustments to the necessary regulations which go with this particular piece of legislation to ensure that this can be legally effected and given proper standing in the law.

So with those few words, Mr. Speaker, sir, and given the import of the decision which we are taking in this particular regard to stand by our workers - those who have, as I said, fallen on the unfortunate peril of unemployment - and with full empathy to those who have had to contend with that state of existence, our hope is that we can very quickly, through our very actions, transform the situation in Barbados in relation to our economy to get them back into the workforce. And so to ensure that the fund continues to function at the level which we expect it to on a natural basis. But for the time being, the Government is committed to doing this particular intervention, to ensuring the fund's viability. And with those very few words, I beg to move that this bill be read a second time.

Mr. SPEAKER: That is the Honourable Member for St. George South.

Mr. D. G. SUTHERLAND: Mr. Speaker, I rise to make my contribution to this bill. It seeks to amend the Severance Payments Act, Cap. 355A, to provide for a suspension of contribution to the severance fund for a period of three years. But I wish to start by letting the Honourable Member for St. Michael North West know that it might have taken me six weeks or six months to prepare for this presentation and I have gotten it right. But it has taken him six years or more to try to get this economy right. And up to this day he has not gotten it right.

Now, Mr. Speaker, generally with the National Insurance Scheme, you want to ensure that whatever contributions you have made to the scheme, you receive your benefits - whether it is for unemployment, whether it is for severance, whether it is for maternity benefits - but whatever contributions you make to the National Insurance Scheme, under whichever fund it is, you receive your benefits.

Mr. Speaker, the Government of Barbados would have done the analysis and in their view the severance fund is strong enough to carry any potential severance bill over the next three years. And in principle, we the opposition are not opposed to it. Because Mr. Speaker, when you look at the 14th Actuarial Review and you refer to the severance fund, you will see that this fund has a lot of reserves. And over the period that the actuarial review was done - I think it covered three years, 2008 to 2011 - you will see that the

fund would have increased somewhat from \$112.6 million to \$152 million at the end of 2011.

But having said that, I still have some questions for the Government and through you, Mr. Speaker. Because even though this fund is well endowed, we still have a situation whereby there are several severance payment claims that are held up in the system. And that is from the actuarial report - we can make this a document of the House if it is not one already, Mr. Speaker. And that is my privilege to you, Mr. Speaker. The Honourable Member for St. Lucy had us there and I think he should give me my time. To you, Mr. Speaker.

To discuss the issues. But Mr. Speaker, can you give us their assurance - can you give us their assurance - that there will be no more layoffs coming from the public sector. I heard the Honourable Member for St. Michael North West make several pronouncements in this Honourable House. Many pronouncements before. And at the last hour he would have changed his statements that he made in this House and something else was done. And I keep saying to people, the members, the members from the government side, the Honourable Member for St. Michael North West - and it is a saying in the country, in rural Barbados where I am from, that you practise turkey and you preach fowl. So I am hoping that the Honourable Member in his opening remarks assured us that there will be no more layoffs. That we do not see the servants fund, having asked to suspend the contributions to this fund. We do not see this severance fund now being managed like how the Democratic Labour Party managed the unemployment fund. Because we can say what we like. The unemployment benefit fund has taken a sustained set of blows. This unemployment benefit fund has taken a sustained set of blows. And we need to refer to the actuarial review because this is an independent document, independent from the government. This was done by the actuaries. And when you refer to page 38 of this fund you will see that the Democratic Labour Party must be blamed since 2010 because several things they would have done to this fund has caused this fund to be bankrupt today. Mr. Speaker.

And I will just name a few. Let us start with the transfer in 2010 of \$10 million from the unemployment fund to the government's retraining account. And Mr. Speaker, when this was done in 2010 there were signs in 2009 that the income over expenditure was negative. And then you come in 2010 and you took \$10 million of the unemployment fund to go to government's retraining account. This was done by the government, the Democratic Labour Party. But that is not all. I heard the Honourable Member for St. Michael North West - he spoke glowingly about the maximum benefits period that was extended from 26 weeks to 40 weeks. And the actuaries told us in this report, and I will read for you, these policy decisions

further contributed to increasing costs and reserves falling from \$128.8 million at the end of 2008 to \$85.4 million at the end of 2011. So you want to tell me, Mr. Speaker, that the management of the unemployment fund and the management of the National Insurance Scheme by this government has placed the unemployment fund in the position it is in today. Yes, we are going to hear about recession. I heard the Honourable Member speak about recession. But there was no prudence, Mr. Speaker. There was no looking ahead. I call it a lack of a duty of care. And I spoke this in this Honourable House already, Mr. Speaker, because if you were prudent and you were managing the National Insurance Scheme funds - it is not government's money, it is the people's money that are held in trust so they can receive their benefits when it is due to them - and when you can take it upon yourself to withdraw \$10 million from this fund and then to extend the benefit period from 26 weeks to 40 weeks, then this is indeed poor management strategy displayed by the government.

But I understand why, Mr. Speaker. The government did it back then because they did it on the eve - a couple of years just before the 2013 election. So this again was an election gimmick that all Barbadians have now come to see and will not fall back into that trap again. So Mr. Speaker, these are some of the strategies and what I call a lack of foresightedness that were employed by the Democratic Labour Party.

But that is not all. Let us look at Transport Board workers. Workers were severed from Transport Board and this severance fund is well endowed. This severance fund - \$154 million. I said \$152 million. But yet money was borrowed from the National Insurance Fund to pay severance to the Transport Board workers. Yes. You are going to argue that the statutory corporation Transport Board does not pay severance and so forth. But when you can tell me that this fund is well endowed and we have no problem in principle with you suspending the payments - I said that - but we have a problem when you are not looking at the total picture and managing it properly, whereby you can borrow National Insurance funds to pay severance to the Transport Board workers while this fund is still well endowed. So these are some of the things that I want to raise here this afternoon in my presentation and I am not finished yet. Because prudence and a duty of care must be the order of the day.

Because when we look at what government has been doing over the last six years, the government of Barbados collects the public servants' contributions to the NIS monthly. And they have not been paying these contributions to the fund. They have not been paying, even though they are collecting this money from the public servants on a monthly basis - their contributions - they have not been paying it into the National Insurance Fund. This is a major problem. In addition to that, government has been

using the National Insurance Fund to pay its way. They have been using the National Insurance Fund to pay salaries. So we cannot now boast about economic recovery. Because that is what I have been hearing over the last couple of weeks. The Honourable Member for St. Michael South, the Right Honourable Member - has been boasting about economic recovery as well.

So I am hoping, based on what the Honourable Member for St. Michael North West said, that this is indeed a short-term measure, because the unemployment fund's bankruptcy seems to be a long-term problem. Because you are going to take \$12 million now to pump into this fund. And you said over three years the suspension from the severance will go to the unemployment fund. That is \$30 million. Thirty plus twelve - \$42 million. Is this enough to shore up this fund for the short and medium term? Like the Honourable Member for St. Michael North West presented, will you guarantee the people of this country that there will be no more layoffs? But having said that, we still have to cater to the private sector. We see what is happening with the Lighting and Power on the horizon. There are other challenges in this country within the private sector that will force employers to tap into this fund. So is the \$42 million within the next three years adequate enough to shore up this fund? That is a question that I ask. And in the wrap-up, the Honourable Member for St. Michael North West will be in a position to answer me. But also government - the Ministry of Finance uses [Inaudible.]

Hon. C. P. SINCKLER: That we all had to go through. We all are. We all had to go through that process. But I want to thank him for his contribution because he asked questions, I think, that are pertinent, even if he himself didn't understand what he was asking. Let me take the last point first. The last point the honourable member is making. And I think the member was obviously given some notes and wanted to get across certain things in the debate, even with the short period of time he wanted to speak. You know, it's always said that a little knowledge is a very dangerous thing. The actuarial reports, sir, are to give analysis of the current state of the various funds that the National Insurance is called upon to manage, the principal one, of course, being the National Insurance Fund. They're also designed to examine the contextual environment within which those funds are operating, and they're also designed to give futuristic projections as to what is and will be required for the continued viability of those funds. In the context of that, they look at issues pertaining to the economy, the demographics, the investment environment and so forth and so on. And those things are always critical.

They're actuarial reports, and they offer recommendations or they proffer recommendations. We've heard this commentary not only from members of the opposition and members of the public, we've heard it from

other people as well, that international actuarial standards for social investment schemes suggest that schemes of that nature should not be invested more than 55 per cent or 54 per cent in government as some kind of theoretical measure, beyond which, if you go, you automatically enter the realm of compromising the integrity of the fund. We know in the practical world that quite a bit of that really is not true. For example, if we take a simple example of Singapore, the Singapore Social Security scheme, as I understand it, Mr. Speaker, says more than 95 per cent invested in the government of Singapore. And Singaporeans, they don't go off to the United States or China or Britain or anywhere looking for anything to invest in. They invest in their own people. So when we make these points, we have to be very clear.

I spoke about the Actuarial Review, speaking about the investment climate. We know that for the past six or seven years, interest rates in most of the industrial investing world have been at so depressed levels that people who have money in those countries have been looking outside of those countries for investments in order to get a higher return on the investment. And therefore, indeed in the last four or five years, emerging market economies have been able to attract considerable amount of financing for their paper issued in the various markets of these countries simply because that paper is offering a better rate of return than what is being offered in some of these industrialised countries. Now in the United States, for example, U.S. treasuries have been offering 0.5 per cent and less on paper. So you can't give me a staid - and some people may say stale and unenlightened - argument that uncritically puts a recommendation in the paper that you should take more money out of your country and take it into somebody else's country to prop up their economy and finance their deficit at a lower rate of return than what you will be getting in your own country.

So if I am offering on my short-term paper 3.25 per cent on a Treasury bill or between 6.5 to 7 per cent on a longer-term paper, debenture, or bond or whatever the case may be, you're telling me I'm to take that out of Barbados? Supporting the development of Barbados. And because somebody says in a report that you should not have so much money invested in your country, you should diversify it, you're going to just take it up and go and put it in somebody else's country to prop up their economy and get a smaller return on your investment. Well, that don't make sense. That simply does not make sense.

Apart from the fact - and I'll tell this to the member for St. George South because I know he would be interested to know - you can't invest in the US or British economy using Barbados money. You have to take up foreign exchange. You have to take reserves out of the central bank to go and invest them in other countries. So when you say go and invest in other securities overseas,

you don't go and do that with Barbados dollars. A Grant Lee Adams or Errol Barrow can't buy stock in New York. You got to get US money. So are you suggesting - is the honourable member suggesting - I don't believe he is suggesting it. I know he said it, but I forgive him because I know he didn't know what he was saying. But you cannot tell me that you're going to run down my reserves to go hunting for an investment that's going to give me a smaller return than what I can get in Barbados while I prop and finance the United States deficit and I got one that I need to be financed, huh? Precisely.

So when we read these reports, maybe you hear people on calling programmes and you hear these people on these blogs writing and, you know, just giving a lot of noise. They don't subject themselves to the discipline of understanding anything. They just want to make a point.

Now the second major point the member made is about contributions to the fund. Well, I try to give it some rating. If we had to use the movie ratings, I would rate the speech PG-13. But seriously, Mr. Speaker, sir, we know government is having cash flow problems and in those cash flow problems some of the departments, because they're getting their money behind schedule, may have a short-term indebtedness to the National Insurance scheme, but that does not mean that money is not owed and that money will not be paid because it has to be paid. And over time, as the cash flow improves, we work those amounts down so as to ensure that the departments are all in a state of proper order in relation to their liabilities. So those are securitised.

Equally as well, in relation to the point the honourable member made reference to regarding the non-contributory pensions - the Treasury pays non-contributory pensions on behalf of those persons who still receive it in Barbados and those are done variably as we go on in relation to the pension scheme, and that's a charge on the Treasury. So therefore, as the cash comes in and the situation eases, the government is required to pay on behalf of those persons who still receive a non-contributory pension. Don't forget that it was the last government that took the decision to eliminate going forward what we call a non-contributory pension, and that those persons who came after a certain period of time - I believe it was 1999 if my memory serves me correctly, but I speak subject to correction - that if you came after that period, you would not be entitled, if you didn't contribute, you would not be entitled to a pension. You had to go to the Welfare Department. Of course that placed considerable pressure on the Welfare Department because we had to move the transfer from the statutory transfer from NIS and you had to put it in the Welfare Department. So you're really just moving something from one place to the other in that particular regard.

Equally as well, because of a series of actuarial interventions in order to maintain the sustainability of the fund going forward, it was agreed that every year or every couple of years the contributory pensions would have been increased. And the government has kept faith with those particular recommendations and has been increasing those as we have gone on. So that increased the cost of the contribution of government to pensions. And we know in the government's expenditure budget, pensions and gratuities are one of the fastest growing line items in the government's budget. So we deal with those matters in particular to that.

And then finally, sir, in relation to what the member would have said relative to the issue of the unemployment scheme and the government taking decisions that caused the scheme to go bankrupt - Mr. Speaker, sir, none of that is true because the fundamental facts are that the fund has come under stress because we've had a spike in unemployment and that nobody could have predicted at the beginning of this recessionary period how long the recessionary period would last and how impactful it would have been on the employment situation or the unemployment situation, whichever way you want to take. And therefore we knew that if it got to a certain stage, we would have to do interventions, and that's why we're doing this type of intervention. But our hope was never - and in fact, it gives light to the view held out in the public that it was always this government's intention to lay people off, because if that was our intention, we would have moved to surely fund ever since and we would not have extended unemployment benefits to those persons because it would not have made sense. But the fact that we actually did it would suggest to the thinking person that in fact the government's commitment to keeping as many public servants employed for as long as we could have done in the circumstances was a genuine commitment on the part of this government and that we were able to do it. But the circumstances changed radically in 2013 and we had to take a different stance at the wicket and play a more defensive hand. But that's what happened.

So the facts now about what has happened with this fund do not line up with this argument that this government misled anybody into believing that we were not going to lay off people where we knew and we had a plan to lay off people. So you see all these things come full circle. It's very, very interesting how they do. But of course we will have a lot more time to canvas this. We stood with the workers when times were hard. We extended. I don't believe I heard the honourable member for St. George saying that we should not have done it, even though he said that it contributed to bankrupting the fund. I don't believe that the honourable member really said that anybody in Greens or up in Ellerton who might have lost their job in 2009 or 2008 because of the recession ought not to have

gotten an extension in their benefits. I don't believe he can go back up there and tell them that.

I heard him say something like that. I heard him say something like that, but I don't believe that is what he really meant. I heard him say something like that. I'm going to check back the record. I am going to check back the record because I can't believe that he's really been saying that it was not a good idea to extend unemployment benefits to those persons who might have lost their jobs in 2008 and 2009. I know for sure. I heard him say that taking \$10 million out of the fund to help retrain some of those people from St. George who lost their work was not a good idea. He did say so. He did say so. And that shocked me a little bit because I'm sure he's going to spend all of tomorrow trying to convince his constituents that he, in fact, did not say so.

Mr. D. G. SUTHERLAND: On a point of elucidation.

Mr. SPEAKER: Yes, I can only entertain the point of elucidation if the member who is speaking is willing to give way. Our member for St. Michael North West. Are you willing to give way to his point?

Hon. C. P. SINCKLER: Yes. Let's hear you.

Mr. D. G. SUTHERLAND: Mr. Speaker, the point was made in my presentation that the funds for retraining could have come from somewhere else. That is what I said as well. So that's just a point of elucidation, a point of clarification. The funds could have come from somewhere else. Thank you.

Mr. SPEAKER: We stand elucidated. Honourable member, please continue.

Hon. C. P. SINCKLER: Yes, Mr. Speaker. So I am not any more enlightened from the intervention, but I was graceful enough to give way to my colleague from St. George. But I did hear him say that the government decision to take \$10 million out of the fund is what had contributed to undermining the viability of the fund. I know he wants to recant from that and he wants to climb down from that particular position, but he'll deal with that with his constituents later.

But the point is that we took a policy decision. This government, you know, and people criticise us - oh, the measures you took in 2014 you should have taken five years before. And you can only take measures when they are required. You can't go at the beginning of a recession and decide I can lay off 3 000 people or you can lay off 2 500 people or 1 500 people. You deal with circumstances as they arise. And our first line of attack was to defend the workers of this country, to keep them employed as long as

we could; for those who might have lost their jobs, to ensure that we extended a hand to them. We even accelerated the payments of the reverse tax credit. We did all of that. Nobody gives you credit for anything. Not that we out there looking for credit. But the facts are the facts in relation to those. And if the circumstances have changed and we had to change the policies to suit the circumstances, then we had to do so.

So, Mr. Speaker, this is a good thing that we are doing here. Employers agree. The staff, NIS management and board agrees. The cabinet - they have invited the cabinet to make these changes. And the cabinet, having analysed and studied them, agree that this is the correct thing to do in the circumstances. Our hope, as I said before, is that we can get our economy turned around to the sufficient extent that the employment numbers will go up and that even before the three years have come to an end, we may be able to revisit this and change it if necessary. But that will rely on the hard work of all of us in Barbados - government, private sector, the unions, civil society, all Barbadians - to work to ensure that we continue to push ahead and that the signs of turnaround and recovery that clearly are showing their heads in Barbados, that we continue to ensure that those shoots grow right out and blossom to the eternal benefit of Barbados and all Barbadians. And with those few words, Mr. Speaker, sir, I beg to move that this bill be read a second time.

*The question was put and resolved in the affirmative without division and the Bill was read a second time.*

Hon. C. P. SINCKLER: Mr. Speaker, sir, I beg to move that your Honour do now leave the chair and that the House resolve itself into committee for further consideration of this bill.

*The question was put and resolved in the affirmative without division and Mr. SPEAKER left the Chair and the House went into Committee, Mr. J. D. PAUL, Chairman of Committees, in the Chair.*

## COMMITTEE

Mr. CHAIRMAN: House in Committee.

*Clauses 1 and 2 were called and passed.*

*On the motion of Hon. C. P. SINCKLER, Mr. Chairman reported to His Honour, the SPEAKER, the passing of one Bill in Committee without amendment and Mr. SPEAKER resumed the Chair and reported accordingly.*

*On the separate motions of Hon. C. P. SINCKLER, the Bill was read a third time, passed and cited as the Severance Payments Amendment Act, 2015.*

## ADJOURNMENT

Hon. C. P. SINCKLER: Mr. Speaker, sir, we have come to the end of Government Business for the day. I beg to move that the sitting be adjourned until Tuesday, 12th May, at 10.00 a.m.

*The question that the House be adjourned until Tuesday, May 12, 2015 at 10.00 a.m. was put and resolved in the affirmative without division and Mr. SPEAKER adjourned the House accordingly.*

## CONTENTS

## PRAYERS

## MINUTES

Hon. J. D. E. BOYCE.....1

## PAPERS

Hon. J. D. E. BOYCE.....1

## FIRST READINGS OF BILLS

Hon. J. D. E. BOYCE.....1

## ORDERS OF THE DAY

## SUSPENSION OF STANDING ORDERS

Hon. J. D. E. BOYCE.....2

## GOVERNMENT BUSINESS

ORDER NO. 17 – HEALTH SERVICES AMENDMENT  
BILL, 2015.....2

Hon. J. D. E. Boyce, 2; Dr. M. M. Agard, 7; Mrs. M-J. M. Thompson, 9; Hon. D. O’N. Inniss, 10.

## RESUMPTION

## ORDER NO. 17 (resumed)

Miss C. Y. Forde, 15, 19; Mr. J. D. Paul, 19; Miss S. J. O. Bradshaw, 22; Hon. S. A. Lashley, 25, 27; Mr. T. A. Prescod, 29; Dr. the Hon. D. S. Lowe, 33; Hon. A. D. Brathwaite, 36; Rt. Hon. F. J. Stuart, 40; Hon. J. D. E. Boyce, 42, 45.

## RESUMPTION

## ORDER NO. 17 (resumed)

## SEVERANCE PAYMENTS AMENDMENT BILL, 2015

Hon. C. P. SINCKLER.....45

Mr. D. G. Sutherland, 49, 53.

SUSPENSIONS.....15, 45.

ADJOURNMENT.....54

Hon. C. P. Sinckler, 54.

## SPEAKERS IN THIS ISSUE

**AGARD, Dr. M. M. (Christ Church West)**  
**BOYCE, Hon. J. D. E. (Christ Church South)**  
**BRADSHAW, Miss S. J. O. (St. Michael South East)**  
**BRATHWAITE, Hon. A. D. (St. Philip South)**  
**FORDE, Miss C. Y. (St. Thomas)**  
**INNIS, Hon. D. O’N. (St. James South)**

**LASHLEY, Hon. S. A. (Christ Church West Central)**  
**LOWE, Dr. the Hon. D. S. (Christ Church East)**  
**PAUL, Mr. J. D. (St. Michael West Central)**  
**PRESCOD, Mr. T. A. (St. Michael East)**  
**SINCKLER, Hon. C. P. (St. Michael North West)**  
**STUART, Rt. Hon. F. J. (St. Michael South)**  
**SUTHERLAND, Mr. D. G. (St. George South)**  
**THOMPSON, Mrs. M-J. M. (St. John)**

**DISCLAIMER.** *This transcript was prepared with the assistance of artificial intelligence tools and is provided for reference only. It has not been reviewed, verified or approved by the Hansard Department of the Parliament of Barbados and does not constitute an official parliamentary record. It may contain errors or omissions, including inaccuracies in wording or speaker identification. For authoritative quotations or confirmation of proceedings, consult the official Hansard record when available.*

---

**EDITORIAL NOTES — NOT PART OF THE REPORT**


---

*Prepared with the transcript; for checking against the recording and the Minutes.*

**EDITORIAL QUERIES**

*Points noted while correcting and preparing this report. Members are named as in the 2013–2018 Parliament.*

**Q1. Front matter.** The source records Prayers but does not name the officiant, and does not record the PRESENT list. The Members listed are those identified from the record; the time of meeting, 10.00 a.m., is as stated in the source. Please supply from the Votes and Proceedings.

**Q2. Throughout.** The bracketed time-checks in the source are out of sequence (for example '[ 12.30 a.m. ]' and '[ 1.00 a.m. ]' during the morning, and '[ 2.30 p.m. ]' and '[ 03.00 a.m. ]' after the luncheon suspension) and have been omitted.

**Q3. Throughout.** The words 'I beg to second that' at the start of the Chair's putting of the question on the Minutes and on the dinner suspension are printed as a separate seconding under AN HON. MEMBER; the seconders are not identified. Please confirm.

**Q4. Order No. 17, Dr. M. M. Agard.** Before Dr. Agard's speech the source has a line headed 'DR. WILLIAM F. DUGUID, J.P., M.P.' (not a Member of the 2013–2018 House) containing only a speaker-uncertain marker; it is omitted. No call from the Chair is recorded before Dr. Agard's speech.

**Q5. Order No. 17, Mrs. M-J. M. Thompson.** Headed 'HON. MS. C. SANDRA V. HUSBANDS, M.P.' in the source; she was not a Member of the 2013–2018 House. Mr. SPEAKER's call is partly inaudible ('the honourable member for St. James. Sorry, for St. [Inaudible.]'), and the speaker raises 'my usual concern – that of the polyclinic in St. John' and promises to be 'short and sweet' 'as usual'. The speech is printed under Mrs. M-J. M. THOMPSON, Member for St. John, speaking from the floor. Please confirm.

**Q6. Order No. 17, between Mr. J. D. Paul and Miss S. J. O. Bradshaw.** Part 2 of the source ends during Mr. Paul's speech and Part 3 begins during Miss Bradshaw's speech, with no call from the Chair. Part of the debate may be missing at this point, including any change in the Chair (Madam DEPUTY SPEAKER presides from Part 3). Please check against the recording.

**Q7. Order No. 17, Hon. S. A. Lashley.** Headed 'HON. MICHAEL A. LASHLEY, S.C., M.P.' in the source. Madam DEPUTY SPEAKER called the Member

for Christ Church West Central and the speaker refers to 'the Ministry of Culture, Sports and Youth, particularly in our youth division', so the speech is printed under Hon. S. A. LASHLEY. Please confirm.

**Q8. Order No. 17, Hon. A. D. Brathwaite.** Headed 'HON. INDAR A. WEIR, M.P.' in the source; he was not a Member of the 2013–2018 House. Madam DEPUTY SPEAKER called the Member for St. Philip South, the speaker discusses the Drug Treatment Court, and Hon. J. D. E. Boyce later refers to 'the Honourable Attorney General' having spoken on it, so the speech is printed under Hon. A. D. BRATHWAITE. Please confirm.

**Q9. Order No. 17, Hon. J. D. E. Boyce (reply).** The source reads 'The Member for Christ Church East, the Honourable Attorney General, spoke at length on ... our drug treatment court'. The Attorney-General was the Member for St. Philip South; corrected.

**Q10. Order No. 17, Committee.** Mr. CHAIRMAN is not named in the source; the Chairman of Committees, Mr. J. D. Paul, is presumed for both Committee stages in this sitting. The Committee stages are condensed to the Official Report formulae; the clauses were passed without amendment.

**Q11. Severance Payments Amendment Bill, 2015.** The source does not record the resumption after the dinner suspension or the Clerk's reading of the Order; Part 4 opens with the words 'Amendment Bill 2015. Yes, our minister.' The Order number is not given. The first reading gives the title as 'Severance Payment Amendment Bill, 2015' and the passing as 'Severance Payments Amendment Act 2015'. Please supply from the Order Paper.

**Q12. Severance Payments Amendment Bill, Hon. C. P. Sinckler.** The mover's speech is headed only 'HON. MEMBER' in the source. Mr. D. G. Sutherland addresses the mover as 'the Honourable Member for St. Michael North West', and Hon. C. P. Sinckler replies to the debate and moves the later stages, so the speech is printed under Hon. C. P. SINCKLER. Please confirm.

**Q13. Severance Payments Amendment Bill, Mr. D. G. Sutherland.** The words 'Lucy had us there and I think he should give me my time. To you, Mr.' and the remainder of the speech are headed 'DENIS ST. E. KELLMAN' in the source. They complete Mr. Sutherland's sentence 'The Honourable Member for St.' and continue his argument (the \$10 million transfer in 2010, which Hon. C. P. Sinckler attributes to him in reply), so they are printed as part of Mr. Sutherland's speech. Please confirm.

**Q14. *Severance Payments Amendment Bill, between Mr. D. G. Sutherland and Hon. C. P. Sinckler.*** Part 4 of the source ends during Mr. Sutherland's speech and Part 5 begins during Hon. C. P. Sinckler's reply ('That we all had to go through'). Part of the debate may be missing, including any other speakers. Please check against the recording.

**Q15. *Severance Payments Amendment Bill, point of elucidation.*** The exchange on Mr. D. G. Sutherland's point of elucidation is split between speakers in the source ('Mr. Speaker, the point –' is headed Mr. SPEAKER). Words have been restored to the speaker whose sentence they complete. Please check against the recording.

## DEBATE SUMMARY

*(Editorial summary — not part of the record.)*

The House of Assembly met at 10.00 a.m. on Tuesday, May 5, 2015, with Mr. SPEAKER presiding, and the Minutes of March 16 and April 10, 2015 were confirmed. The Leader of the House, Hon. J. D. E. Boyce, laid the Severance Payments Fund Contribution Amendment Regulations, the National Insurance and Social Security Collection of Contributions Amendment Regulations and the Health Services Substance Dependency Treatment Facilities Regulations, 2015, and moved the first readings of the Severance Payment Amendment Bill and the Land Tax Amendment Bill, 2015. Standing Orders were suspended for the remainder of the sitting.

Under Order No. 17 Hon. J. D. E. Boyce moved the second reading of the Health Services Amendment Bill, 2015, which empowers the Minister to make regulations for substance dependency treatment facilities. He said that Verdant House had recorded some 1 131 admissions representing 759 clients in about 15 years, that most clients were now aged 18 to 35, that the Psychiatric Hospital had 218 admissions to its drug rehabilitation unit in 2012, and that Marina House would begin treating women in September. Dr. M. M. Agard supported the Bill in principle, said the 20 to 34 male age group was most affected, and called for a national consultation with a view to reducing the incarceration of young people. Mrs. M-J.

M. Thompson described the programme at Verdun House, urged the reopening of Teen Challenge and proposed the St. John Polyclinic for assessment and detoxification. Hon. D. O'N. Inniss said regulation must apply to state and private facilities alike.

After the luncheon suspension Miss C. Y. Forde described conditions at the Psychiatric Hospital and asked about its disaster plan, and Mr. J. D. Paul urged attention to the causes of drug use among young people. Miss S. J. O. Bradshaw said that three nurses were caring for 52 patients in the acute section. Hon. S. A. Lashley spoke of the shift in the age of Verdun admissions and called for a bipartisan, zero-tolerance approach; Mr. T. A. Prescod and Dr. the Hon. D. S. Lowe spoke on mental health care and residential treatment. Hon. A. D. Brathwaite traced the drug framework to the United Nations conventions of 1961, 1971 and 1988 and supported treating drug use as a health matter through the Drug Treatment Court. Rt. Hon. F. J. Stuart said that CARICOM had set up a task force on marijuana and that Barbados would not be railroaded. Replying, Hon. J. D. E. Boyce said that no nurses or health care professionals had been retrenched. The Bill passed through Committee without amendment and was read a third time and passed as the Health Services Amendment Act, 2015. The sitting was suspended until 7.40 p.m.

Hon. C. P. Sinckler then moved the second reading of the Severance Payments Amendment Bill, 2015, which amends section 25 of the Severance Payments Act, Cap. 355A, so that the employers' contribution of 0.5 per cent is redirected from the Severance Payments Fund to the Unemployment Benefit Scheme from January 1, 2015 to December 31, 2017, alongside an injection of \$12 million from the Consolidated Fund. Mr. D. G. Sutherland said the Opposition did not oppose the Bill in principle, noted that the severance fund had grown from \$112.6 million to \$152 million, and criticised the transfer of \$10 million from the unemployment fund to a retraining account in 2010 and the fall in reserves from \$128.8 million to \$85.4 million. In reply Hon. C. P. Sinckler defended the extension of unemployment benefits during the recession. The Bill passed through Committee without amendment and was read a third time and passed as the Severance Payments Amendment Act, 2015. The House adjourned until Tuesday, May 12, 2015 at 10.00 a.m.