



# SYNTHETIC DRUGS STUDY

Summary Report – Trinidad and  
Tobago

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## List of Acronyms

Accident& Emergency	A&E
Early Warning System	EWS
Global Medical Response of Trinidad and Tobago	GMRTT
Inter-American Drug Abuse Control Commission	CICAD
Law Enforcement Agency	LEA
Memorandums of Agreement	MOAs
Methylenedioxymethamphetamine	MDMA
Military-Led Academic Training Programme	MILAT
Ministry of Education	MoE
Ministry of Health	MoH
National Alcohol Drug Abuse Prevention Programme	NADAPP
National Drug Council	NDC
Standard Operating Procedures	SOPs
Strategic Services Agency	SSA
Tetrahydrocannabinol	THC
Transnational Organized Crime Unit	TOCU
Trinidad and Tobago Coast Guard	TTCG
Trinidad and Tobago Fire Service	TTFS
Trinidad and Tobago Forensic Science Centre	TTFSC
Trinidad and Tobago Police Service	TPPS
Trinidad and Tobago Postal Corporation	TTPOST
Trinidad and Tobago Prison Service	TTPrS
Youth Training and Employment Partnership Programme	YTEPP

## 1 Introduction

This summary report is part of a wider project on Synthetic Drugs, commissioned by the Inter-American Drug Abuse Control Commission (known by its Spanish-language Acronym, CICAD), and includes the Caribbean islands of Barbados and Jamaica.

Synthetic drugs have been categorized as one of three major illicit drug problems for Trinidad and Tobago, however, the scale and extent of the problem, in terms of the sale and consumption, remain unknown<sup>1</sup>. This study, therefore, seeks to respond to some of these data gaps.

Accordingly, the consultant utilized questions, developed by the Lead Project Consultant, to guide seven (7) focus group sessions. These sessions were grouped into the indicated thematic areas and included the following stakeholders identified by the National Drug Council (NDC):

1. Special Investigations Supply Chain (Thematic Areas -Legislative and Policy & Supply Chain and Trafficking)
  - a. Stakeholders: Transnational Organized Crime Unit (TOCU); Customs and Excise Division; Strategic Services Agency (SSA); Trinidad and Tobago Coast Guard (TTCG); and the Trinidad and Tobago Prison Service (TTPS).
2. Public Health – Prevention (Thematic Areas - Public Health/Social Responses & Social and Cultural Context)
  - a. Stakeholders: National Alcohol Drug Abuse Prevention Programme (NADAPP); Ministry of Sport & Community Development; and the Trinidad and Tobago Police Service (TTPS).
3. Administrators (Thematic Areas Public Health/Social Responses & Prevalence of Patterns of Use)
  - a. Stakeholders: Rebirth House, Caura Substance Abuse and Prevention Centre, and New Life Ministries.
4. First Respondents (Thematic Area - Public Health/Social Responses)
  - a. Stakeholders: National Emergency Ambulance Authority Board; Trinidad and Tobago Fire Service (TTFS); and Global Medical Response of Trinidad and Tobago (GMRTT).
5. Guidance Counselors (Thematic Area - Public Health/Social Responses)
  - a. Stakeholders: Guidance Officers/Counsellors – North, South, East and West.
6. Past Treatment Clients (Thematic Area - Prevalence of Patterns of Use)
  - a. Stakeholders: Recovering Individuals.
7. Industrial/Training Schools (Thematic Area - Prevalence of Patterns of Use)

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<sup>1</sup> Ministry of National Security. An Examination of Narcotic Offending trends in Trinidad and Tobago: A review of the drug information network report of Trinidad and Tobago (DIN-TT) 2022.

- a. Stakeholders: MIC Institute of Technology; Youth Training and Employment Partnership Programme (YTEPP) and Military-Led Academic Training Programme (MILAT).

Additionally, the consultant used questions, developed by the Lead Project Consultant, to conduct seven (7) interviews with the following stakeholders selected by the NDC:

1. Office of the Drug Inspectorate, Ministry of Health (Thematic Area-Legislative and Policy).
2. Ministry of Attorney General-Solicitor General (Thematic Area- Legislative and Policy).
3. National Drug Council (Thematic Area- Legislative and Policy).
4. Trinidad and Tobago Forensic Science Centre (Thematic Area- Forensic Analysis and Detection).
5. TT Prison Service (Thematic Area- Public Health/Social Responses).
6. Strategic Services Agency and Transnational Organized Crime Unit (Thematic Area- Legislative and Policy & Supply Chain and Trafficking).
7. Serenity Place (Thematic Area – Social and Cultural Context).

Data generated from this process was therefore transcribed, analyzed, and then condensed in the form of this Summary Report.

It should be noted that, given the paucity of data on the phenomenon of synthetic drugs in Trinidad and Tobago, the majority of the information provided by stakeholders on trends in prevalence; user profiles; trafficking; detection; and other related aspects was anecdotal and based on experiences.

## 2 Findings

This section of the report details the main findings of focus group and interview sessions that were conducted with key stakeholders.

### 2.1 Legislation

In Trinidad and Tobago, the primary legislation under which synthetic drugs is currently governed, according to stakeholders, is the Dangerous Drugs (Amendment) Act, 2019;<sup>2</sup> and to a lesser degree the Customs and Excise Act.<sup>3</sup>

There were mixed views, however, amongst stakeholders regarding the effectiveness and adequacy of the primary piece of legislation, as it related specifically to synthetic drugs.

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<sup>2</sup> Int\_Ref.3; Int\_Ref.4; Int\_Ref.5; FG\_Ref.1

<sup>3</sup> Int\_Ref.4

For instance, it was mentioned that amendments to the Dangerous Drugs Act Schedule encompass new substances and, in so doing, bolster regulatory and enforcement initiatives.<sup>4</sup>

One stakeholder, stated:

...our law was drafted adequately, we included not only the actual item, but we included the analogs, the derivatives, the salts, the stereoisomers, so that if the drug is just changed, a little tweak of the drug, we won't have to keep going back to amend legislation all the time or to update the list.<sup>5</sup>

On the other hand, some stakeholders maintain that the Act does not include an exhaustive list of synthetic drugs given the constantly evolving nature of substances.<sup>6</sup>

It was recognized, however, that the Minister of Health is tasked with ensuring the harmonization and updating of the list, in accordance with the existing international convention,<sup>7</sup> and the Act also incorporates stipulations for the prosecution of offences (i.e. possession and trafficking) for scheduled drugs.<sup>8</sup>

Nevertheless, some definitional shortcomings were raised by stakeholders as the current Act does not define synthetic drugs, nor does it differentiate between synthetic drugs and more traditional drugs.<sup>9</sup>

Additionally, stakeholders recommended that application permissions and procedures for the legitimate importation of scheduled dangerous drugs should be 'tightened'<sup>10</sup> and asserted that controlled delivery laws should be incorporated into the Dangerous Drugs Act.<sup>11</sup>

There was also a view that vape shops should be legislatively regulated.<sup>12</sup>

Apart from this, it was stressed that requisite legislation should be accompanied by appropriate enforcement measures, to ensure its effectiveness.<sup>13</sup>

Stakeholders further recognized that although precursor chemicals are integrated in the Dangerous Drugs Act<sup>14</sup>, the absence of a standalone precursor chemicals act, is a notable legislative gap in anti-synthetic drugs response.<sup>15</sup> It was further noted that a Precursor Chemical Bill had been prepared but it lapsed in 2015.<sup>16</sup> One stakeholder emphasized:

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<sup>4</sup> Int\_Ref.3; Int\_Ref.4; FG\_Ref.1

<sup>5</sup> Int\_Ref.4:12

<sup>6</sup> Int\_Ref.5; FG\_Ref.1

<sup>7</sup> Int\_Ref.4

<sup>8</sup> Int\_Ref.4

<sup>9</sup> Int\_Ref.5

<sup>10</sup> Int\_Ref.3

<sup>11</sup> FG\_Ref.1

<sup>12</sup> FG\_Ref.7

<sup>13</sup> Int\_Ref.1

<sup>14</sup> Int\_Ref.3

<sup>15</sup> Int\_Ref.1; Int\_Ref.4

<sup>16</sup> Int\_Ref.4

...we don't have a licensing authority to say we are enforcing on the importation of certain chemicals. We have a lot of manufacturing agencies in T&T and they import a number of chemicals to do their job, but who is regulating that 300 tonnes come in and 300 tonnes are used? We don't know. Those are the things we need to put into place with respect to the legislative gap.<sup>17</sup>

## 2.2 Supply Chain and Detection

### 2.2.1 Production

Within the bounds of the law, one stakeholder informed that in Trinidad and Tobago at least two manufacturing sites produce narcotics containing preparations for approved use.<sup>18</sup>

Conversely, stakeholder engagements revealed that illicit synthetic drugs production may be occurring, in light of emerging evidence. More specifically, stakeholders referred to the discovery of a methamphetamine lab in a relatively affluent community in South Trinidad which resulted in the detention of a Chinese national.<sup>19</sup>

Correspondingly, some stakeholders pointed to the detection of several pill presses and 3D printers which could be used in the manufacture and printing of capsules,<sup>20</sup> along with KitchenAid mixers which the authorities linked to the 'cooking' of substances.<sup>21</sup>

Furthermore, it was emphasized that step by step instructions and general information for creating synthetic drugs are readily available on the internet.<sup>22</sup> Hence, one stakeholder indicated:

... we have some young people who are very ambitious who will do all the research and try to create these things in their home. So everybody is becoming a chemist, if not for their personal use, to traffick. And they call themselves entrepreneurs, and putting themselves through school. It is the UWI students making it themselves at home. So you not looking for 'big bad' labs anymore.<sup>23</sup>

Specific reference was also made to a male student from a prestigious high school who was making ketamine in the school laboratory.<sup>24</sup>

Cognizant of these discoveries, stakeholders surmised that synthetic drugs are being produced in Trinidad and Tobago.<sup>25</sup>

Notwithstanding this, it was noted that importation appears to be a greater challenge than the production of synthetic drugs.<sup>26</sup>

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<sup>17</sup> Int\_Ref.1:5

<sup>18</sup> Int\_Ref.3

<sup>19</sup> Int\_Ref.1; Int\_Ref.2; Int\_Ref.3; FG\_Ref.1; Int\_Ref.4

<sup>20</sup> Int\_Ref.2

<sup>21</sup> Int\_Ref.5

<sup>22</sup> FG\_Ref.1; FG\_Ref.5

<sup>23</sup> FG\_Ref.7:3

<sup>24</sup> FG\_Ref.7

<sup>25</sup> FG\_Ref.1; FG\_Ref.7

<sup>26</sup> Int\_Ref.1; Int\_Ref.2;

## 2.2.2 Trafficking & Sale

According to stakeholders, synthetic drugs entering Trinidad and Tobago, generally originate from two main source countries: Mexico and China.<sup>27</sup> Respondents added, however, that the manufacturing locus of production is shifting from China to Mexico.<sup>28</sup>

Other flows have been traced to Europe (inclusive of the Netherlands; the United Kingdom; and Germany (for ecstasy)<sup>29</sup> and North America,<sup>30</sup> with methamphetamine streams from the United States and Canada being highlighted.<sup>31</sup>

Further to this, stakeholders observed that Trinidad and Tobago is a transshipment point for Methyleneidioxymethamphetamine (MDMA) destined to the United Kingdom.<sup>32</sup>

Interestingly, respondents asserted that these surreptitious flows of illicit drugs are facilitated by porous national borders.<sup>33</sup>

In terms of trafficking methods, the Trinidad and Tobago Postal Corporation (TTPOST) and courier companies were identified avenues through which synthetic drugs are transported, with the option for home deliveries. Hence, there were reported synthetic drug seizures at courier companies.<sup>34</sup>

Courier and mail-based trafficking, however, complicates official investigations as these companies may not always adhere to stringent identification criteria. The failure to do so consequently presents opportunities for the use of false credentials or the involvement of others who are not implicated in the criminal activities.<sup>35</sup>

Furthermore, some stakeholders highlighted that there were ecstasy seizures at the port of Port of Spain.<sup>36</sup>

Discussions about the methods of concealment for synthetic drugs, revealed that perpetrators are employing evolving techniques given the discovery of ketamine in coffee sachets comingled with real coffee<sup>37</sup> and ecstasy disguised as sugar crystals, sweets, and vitamins.<sup>38</sup>

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<sup>27</sup> Int\_Ref.1; Int\_Ref.3

<sup>28</sup> FG\_Ref.1

<sup>29</sup> Int\_Ref.3; Int\_Ref.4

<sup>30</sup> Int\_Ref.3; Int\_Ref.4

<sup>31</sup> Int\_Ref.4

<sup>32</sup> Int\_Ref.2

<sup>33</sup> Int\_Ref.3

<sup>34</sup> FG\_Ref.1; FG\_Ref.4

<sup>35</sup> FG\_Ref.1

<sup>36</sup> Int\_Ref.4

<sup>37</sup> Int\_Ref.1

<sup>38</sup> Int\_Ref.4

In addition, the cyber world, via social media marketplaces and the dark web, was highlighted as another trafficking channel<sup>39</sup> which challenges law enforcement detection efforts, as they are not equipped to effectively navigate these largely unmonitored spaces.<sup>40</sup> One stakeholder stated:

...they have numerous chat rooms and they have different ways and methodologies by which they speak and communicate which avoids any possibility of law enforcement being aware to intercept any of these activities. It does not even require sometimes physical meet ups for these things to transfer from one person to the next.<sup>41</sup>

Facebook marketplace was also referred to as a medium for marketing edibles.<sup>42</sup>

Stakeholders further informed that synthetic drugs are sold in local clubs, at popular hangouts, in rave parties<sup>43</sup> and by children in schools.<sup>44</sup>

Apart from this, drone technology has been used in attempts to smuggle contraband substances into the carceral system<sup>45</sup> and it was noted that ecstasy pills were seized in the prison late last year.<sup>46</sup>

### 2.2.3 Investigations and Detection

Interviews indicated that one of the initial seizures of synthetic drugs occurred in 2017.<sup>47</sup> However, it was noted that:

...it doesn't mean that it didn't exist, we are now identifying it...and actually it was only then that the law enforcement would have also have to be trained to identify these particular things. If you never been trained on it then you don't know what it looks like and you would bypass it.<sup>48</sup>

Nevertheless, although some law enforcement personnel have been exposed to prior training, there was an expressed need for additional training in the areas of the detection and investigation of synthetic drugs.<sup>49</sup> For instance, one stakeholder noted:

The average officer who is out on the beat and not in that special unit, may not have that exposure and therefore a roadblock stop will just be a roadblock stop. It wouldn't be the fact that I see a pill that is not a normal Panadol...you wouldn't be able to recognize it. Those are the things we trying to see if we can get put in place to increase sensitization.<sup>50</sup>

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<sup>39</sup> Int\_Ref.4; FG\_Ref.1

<sup>40</sup> FG\_Ref.1

<sup>41</sup> FG\_Ref.1:5

<sup>42</sup> FG\_Ref.2

<sup>43</sup> FG\_Ref.1

<sup>44</sup> FG\_Ref.5

<sup>45</sup> Int\_Ref.6; FG\_Ref.1

<sup>46</sup> FG\_Ref.1

<sup>47</sup> Int\_Ref.1

<sup>48</sup> Int\_Ref.1:1

<sup>49</sup> FG\_Ref.1

<sup>50</sup> Int\_Ref.1:4

Moreover, from 2018 onwards, stakeholders witnessed a spike in synthetic drugs consumption in Trinidad and Tobago.<sup>51</sup> Interestingly, it was stated:

...from 2018, we got a piece of equipment, donated and that allowed us to do more rapid testing of the drugs that we were seeing and we started seeing pills alright, and these pills were largely ecstasy pills coming through the mail and the Postal Service.<sup>52</sup>

Testing devices were therefore highlighted as critical to effective detection<sup>53</sup> and improved assessments of prevalence.<sup>54</sup>

Yet, in spite of new testing equipment for the detection of synthetic drugs, it was emphasized that some key frontline agencies lack basic Raman testing devices<sup>55</sup> which impedes their field-testing capabilities and impacts detection rates.<sup>56</sup>

Thus, given the traditional focus on marijuana and cocaine, stakeholders recognized the importance of amending policies to incorporate the impacts of synthetic drugs and resourcing requisite agencies with the wherewithal to address current and emerging trends.<sup>57</sup>

On the other hand, only a few stakeholders had access to testing devices, like Raman devices, and other stakeholders with more complex equipment had not ventured into identifying chemical structures<sup>58</sup>. Instead, there was tendency to operate within the limits of their resources and in accordance with the existing requirements for prosecution.<sup>59</sup>

Nonetheless, stakeholders acknowledged the option for testing with the Trinidad and Tobago Forensic Science Centre (TTFSC) to support their efforts<sup>60</sup> and referred to plans to extend testing capabilities to the Chemistry Food and Drugs Laboratory.<sup>61</sup>

Additionally, the lag time between actual arrests/seizures and confirmed lab results appeared to be another obstruction to expeditious investigations, either because the submission of the substances was delayed or the actually testing was prolonged.<sup>62</sup>

Therefore, notwithstanding the tremendous work of the TTFSC, stakeholders recognized a need for more robust capabilities and the decentralization of testing to facilitate timely testing

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<sup>51</sup> FG\_Ref.3; Int\_Ref.4

<sup>52</sup> Int\_Ref.4:2

<sup>53</sup> Int\_Ref.4

<sup>54</sup> Int\_Ref.3

<sup>55</sup> FG\_Ref.1; Int\_Ref.3; Int\_Ref.6

<sup>56</sup> Int\_Ref.4

<sup>57</sup> Int\_Ref.2

<sup>58</sup> Int\_Ref.4

<sup>59</sup> Int\_Ref.4

<sup>60</sup> Int\_Ref.4; Int\_Ref.6

<sup>61</sup> Int\_Ref.4

<sup>62</sup> Int\_Ref.2; Int\_Ref.4

processes, especially for tablets, to improve the efficiency of law enforcement investigations and detections.<sup>63</sup>

The importance of information to support the efforts of law enforcement personnel was emphasized.<sup>64</sup> Furthermore, low detection rates of synthetic drugs in Trinidad and Tobago was linked to the small numbers of recorded incidents of these substances.<sup>65</sup> Hence, it was noted that more work and intelligence-gathering is needed to improve detection rates.<sup>66</sup> Stakeholders qualified, however, that the persons apprehended with synthetic drugs are not necessarily the users of these substances<sup>67</sup>, or the importers.<sup>68</sup>

In the area of collaboration, there was some measure of investigations-based networking amongst law enforcement and intelligence agencies, but these arrangements were not formalized and instead premised on mutual understanding and respect.<sup>69</sup>

Information sharing, however, seemed to be problematic because of mistrust amongst the agencies, fueled by a fear of corrupt elements within various divisions of law enforcement, given the nature of organized crime.<sup>70</sup> This created information gaps and challenged efforts.<sup>71</sup>

### 2.3 Prevalence of Use

#### 2.3.1 Types of Synthetic Drugs

Stakeholder feedback revealed that the consumption of marijuana and cocaine is more prevalent in Trinidad and Tobago than that of synthetic drugs.<sup>72</sup> Information about local poly drug use also pointed to mixtures of different drugs that are sometimes consumed with alcohol<sup>73</sup> and ‘zesser pills’ which is a combination of synthetic drugs<sup>74</sup>. For instance, one stakeholder observed “*it might be marijuana, plus ecstasy, plus the ketamine, plus something else.*”<sup>75</sup>

Law enforcement stakeholders further indicated that divisional police have been encountering pills and crystals.<sup>76</sup> In addition, stakeholders identified an inflow of raw and other forms of ketamine, crystal methamphetamine, MDMA, pills (inclusive of adulterants), mushrooms, pellets, and injectables into Trinidad.<sup>77</sup>

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<sup>63</sup> FG\_Ref.1

<sup>64</sup> Int\_Ref.1

<sup>65</sup> Int\_Ref.3

<sup>66</sup> Int\_Ref.3

<sup>67</sup> FG\_Ref.1

<sup>68</sup> Int\_Ref.3

<sup>69</sup> FG\_Ref.1

<sup>70</sup> FG\_Ref.1

<sup>71</sup> FG\_Ref.1

<sup>72</sup> Int\_Ref.4; Int\_Ref.4; FG\_Ref.3; FG\_Ref.4; FG\_Ref.6

<sup>73</sup> Int\_Ref.5; Int\_Ref.7; FG\_Ref.1; FG\_Ref.2; FG\_Ref.6

<sup>74</sup> FG\_Ref.1; FG\_Ref.3; FG\_Ref.7; Int\_Ref.4; Int\_Ref.6

<sup>75</sup> Int\_Ref.4:4

<sup>76</sup> Int\_Ref.2

<sup>77</sup> FG\_Ref.1; Int\_Ref.2; Int\_Ref.3; Int\_Ref.4

There have been changes over time, however, as one stakeholder contended:

...historically would have seen the MDMA's and then they started with the ketamine and then it's coming on to the fentanyl and then they're being adulterated at any cost and then you're gonna we start seeing some of them coming with the benzodiazepines, which is what's happening internationally.<sup>78</sup>

The situation also appears to be topical at the governmental level, as reference was made to a meeting between Trinidad and Tobago's Minister of Foreign Affairs and the US Secretary of State where there was acknowledgment of a slow surge of synthetic drugs in Trinidad.<sup>79</sup>

Apart from this, in spite of extensive checks and security systems within schools, stakeholders informed of detections of substances that could all adversely affect school children<sup>80</sup> such as synthetic marijuana edibles, lean (a mixture of codeine/cough syrup and sprite), something 'like ecstasy' and molly on school compounds and within youth programmes.<sup>81</sup>

Interestingly, however, stakeholders recognized that not all school-based drug discoveries are consistently referred to the police, and this derails data collection on the incidence of synthetic drugs.<sup>82</sup> Moreover, police interventions were reportedly impacted by school and child-related policies.<sup>83</sup>

Alternatively, some stakeholders spoke to large amounts of codeine purchases, a base product in some synthetic drugs, along with purchases of other narcotic-containing preparations such as cough syrups with pseudoephedrine.<sup>84</sup> A few stakeholders further noted that oxycodone was detected<sup>85</sup> and significant quantities of Xanax were also found in ecstasy seizures<sup>86</sup>. In addition, a respondent referred to one diversion issue<sup>87</sup> and other stakeholders revealed that pharmaceutical drugs such as codeine and ketamine are being diverted for recreational use<sup>88</sup>. In the case of ketamine, it was highlighted, however, that it; "*is not only being diverted from medical use; it is also being imported as a recreational drug.*"<sup>89</sup>

Stakeholders, therefore, acknowledged a need for active enforcement of regulations and monitoring systems for the importation of legitimate pharmaceutical drugs in large quantities, to reduce instances of diversion, as the whereabouts and intended use of these substances appear largely unknown.<sup>90</sup>

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<sup>78</sup> Int\_Ref.3:2

<sup>79</sup> Int\_Ref.4

<sup>80</sup> FG\_Ref.2

<sup>81</sup> FG\_Ref.3; FG\_Ref.4; FG\_Ref.5;

<sup>82</sup> FG\_Ref.2

<sup>83</sup> FG\_Ref.2

<sup>84</sup> FG\_Ref.1; Int\_Ref.2; Int\_Ref.3

<sup>85</sup> Int\_Ref.2

<sup>86</sup> Int\_Ref.4

<sup>87</sup> Int\_Ref.3

<sup>88</sup> Int\_Ref.4

<sup>89</sup> Int\_Ref.4:3

<sup>90</sup> Int\_Ref.2

Furthermore, with the decriminalization of marijuana in 2019, some stakeholders commented on an upward trend in the prevalence of tetrahydrocannabinol (THC) oils<sup>91</sup>, synthetic cannabis<sup>92</sup> and the consumption of marijuana-infused edibles, which included cookies, cakes, brownies, candies, ice cream, and alcoholic drinks.<sup>93</sup>

It was also noted that the presence of synthetic marijuana edibles and vaping are evident in school environments<sup>94</sup> and the popularity of vaping with marijuana oils is increasing in the wider society.<sup>95</sup>

In addition, there was an expressed fear that fentanyl, given its cheap cost and extremely harmful effects on the user, could become a problem.<sup>96</sup> One stakeholder emphasized, “...*there's fentanyl here that we're not aware of*”.<sup>97</sup> Moreover, the COVID 19 pandemic and the associated border closure appeared to have shifted patterns in use towards methamphetamine as an ‘ecstasy substitute,’ since the tablets ‘look’ the same.<sup>98</sup>

With regard to the carceral system, it was highlighted that inmates are not allowed access to medications other than those dispensed by in house medical staff;<sup>99</sup> and there are reportedly stringent measures in place to screen visitors and search inmates to reduce opportunities for the smuggling of contraband substances.<sup>100</sup>

It was indicated, however, that there were a few detected cases of synthetic drug use within the prison system, as smuggling remains a challenge.<sup>101</sup>

### 2.3.2 User Profile

Some stakeholders were unaware of the socio-demographic characteristics of synthetic drug users in Trinidad and Tobago, given the existing research lacuna on this issue.<sup>102</sup>

Nonetheless, other respondents indicated that synthetic drugs are popular amongst party goers;<sup>103</sup> and spoke of the phenomenon of individuals outside of parties, who had ‘passed out’ and had to be treated by ambulance attendants and Accident and Emergency (A&E) staff at the hospital.<sup>104</sup>

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<sup>91</sup> Int\_Ref.4

<sup>92</sup> Int\_Ref.5

<sup>93</sup> FG\_Ref.1; Int\_Ref.4; FG\_Ref.3; FG\_Ref.4; FG\_Ref.5; FG\_Ref.7

<sup>94</sup> FG\_Ref.5

<sup>95</sup> FG\_Ref.1; FG\_Ref.7

<sup>96</sup> FG\_Ref.1; Int\_Ref.3; Int\_Ref.4; Int\_Ref.5

<sup>97</sup> Int\_Ref.3:1

<sup>98</sup> Int\_Ref.4; FG\_Ref.3

<sup>99</sup> Int\_Ref.6

<sup>100</sup> Int\_Ref.6

<sup>101</sup> Int\_Ref.6

<sup>102</sup> Int\_Ref.3

<sup>103</sup> Int\_Ref.1; FG\_Ref.1; Int\_Ref.4

<sup>104</sup> Int\_Ref.4; Int\_Ref.4

The majority of stakeholders, however, were unable to provide a detailed breakdown of users in terms of sex, socioeconomic background, and ethnicity.<sup>105</sup> Notwithstanding this, some respondents referred anecdotally to young persons in gangs who used these substances.<sup>106</sup>

In terms of the age groups of synthetic drugs users, the feedback from stakeholders generally placed them between 15 to 45 years old<sup>107</sup> and a few noted that very young persons consume expensive products.<sup>108</sup>

Yet, respondents stated that synthetic drugs are used more heavily amongst the school population than the adult population<sup>109</sup> and one stakeholder referred to "*a lot of children who eat marijuana brownies.*"<sup>110</sup>

Stakeholders further highlighted that ketamine was a popular substance used amongst Chinese and Asian nationals in Trinidad;<sup>111</sup> and informed that during the height of the pandemic it was used in Chinese-led human trafficking operations to tranquilize trafficked Venezuelan migrants on route to big Chinese cargo ships.<sup>112</sup> Ketamine is also used in local human trafficking rings and networks.<sup>113</sup>

Correspondingly, respondents noted that many of the Chinese nationals in Trinidad originate from a province in China, a party area that is renowned for the use of ketamine, recreationally.<sup>114</sup>

Stakeholders also acknowledged the changing 'face' of drug users from predominantly depressed and economically disadvantaged persons to include middle and upper-class individuals experimenting with substances.<sup>115</sup> Moreover, it was recognized that the costliness of some synthetic drugs could restrict the market to persons with access to requisite financial means such as university students, medical doctors, professionals and persons from higher socioeconomic classes and their children.<sup>116</sup>

Nevertheless, synthetic drugs are apparent in other areas, as ecstasy is regarded as a 'regular thing' in 'crime hotspot' housing communities during any given Friday evening hangout.<sup>117</sup> Some

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<sup>105</sup> Int\_Ref.1

<sup>106</sup> Int\_Ref.1; Int\_Ref.2

<sup>107</sup> FG\_Ref.1; FG\_Ref.2; FG\_Ref.6; FG\_Ref.7; Int\_Ref.3,

<sup>108</sup> FG\_Ref.1;

<sup>109</sup> FG\_Ref.2

<sup>110</sup> FG\_Ref.3:5

<sup>111</sup> Int\_Ref.2; Int\_Ref.3

<sup>112</sup> Int\_Ref.1

<sup>113</sup> Int\_Ref.2

<sup>114</sup> Int\_Ref.2

<sup>115</sup> FG\_Ref.1; FG\_Ref.6; Int\_Ref.4

<sup>116</sup> Int\_Ref.4; FG\_Ref.1; FG\_Ref.2; FG\_Ref.5; FG\_Ref.7

<sup>117</sup> Int\_Ref.4; FG\_Ref.2

stakeholders, however, informed that persons of lower socio-economic background seem to be more inclined to use marijuana.<sup>118</sup>

It was noted that geographically, synthetic drug discoveries are commonly concentrated in the urban,<sup>119</sup> northern, and western parts of Trinidad<sup>120</sup> and most of the ecstasy and synthetic drug seizures occur in the western part of Trinidad.<sup>121</sup> There is evidence though, of a few incidents in South Trinidad and in Tobago.<sup>122</sup>

In the case of Tobago, however, some stakeholders emphasized; “*the popularity of synthetic drugs may have started in Tobago with island crashers etc. being tourism-based, there is different type of use.*”<sup>123</sup>

Alternatively, regarding persons involved in trafficking, stakeholders indicated that locals generally tend to be the middle men and pushers of the drugs.<sup>124</sup>

### 2.3.3 Reasons for Use

Various contributory factors were associated with the escalating use of synthetic drugs in Trinidad and Tobago, however, similar to the socioeconomic trends, the information obtained was anecdotal in the absence of definitive research on this phenomenon.<sup>125</sup>

Specifically, Trinidad and Tobago’s party culture appeared to influence and encourage synthetic drug use amongst patrons<sup>126</sup> as there was a perception that it could ‘enhance the partying experiences.’<sup>127</sup>

Stakeholders also mentioned ‘pill parties’ which advertise as such<sup>128</sup> and one respondent indicated, “*you come with your pills and throw in a bowl and then everyone takes a handful and whatever you get you have to pop.*”<sup>129</sup>

Moreover, it was stated that certain parties ‘push’ synthetic drugs to test the market, a trend that was observed during clandestine COVID 19 parties<sup>130</sup> and within some carnival mas’ bands and parties.<sup>131</sup>

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<sup>118</sup> FG\_Ref.4

<sup>119</sup> FG\_Ref.7

<sup>120</sup> Int\_Ref.3; FG\_Ref.2

<sup>121</sup> FG\_Ref.1

<sup>122</sup> Int\_Ref.4; FG\_Ref.6

<sup>123</sup> FG\_Ref.2:16

<sup>124</sup> Int\_Ref.1

<sup>125</sup> Int\_Ref.1

<sup>126</sup> Int\_Ref.4; FG\_Ref.1; FG\_Ref.4

<sup>127</sup> Int\_Ref.2

<sup>128</sup> FG\_Ref.4

<sup>129</sup> FG\_Ref.4:9

<sup>130</sup> Int\_Ref.2

<sup>131</sup> Int\_Ref.4; FG\_Ref.4

One stakeholder recalled:

...was another Carnival event ... it seems, to have been promoting the fete with the intent to let patrons know that they would be distributing ecstasy during the fete. I can't say if it was for sale or for free, but the posters for the fete seem to indicate very, very much in the open that there was going to be ecstasy use at the fete.<sup>132</sup>

Specific reference was also made to a party where a male was distributing 'pills' and subsequent to the event there were party goers who were 'zoned out'.<sup>133</sup> Occurrences of this nature, however, could be overlooked due to lack of awareness amongst front line law enforcement personnel, therefore perpetuating circumstances of underreported incidents.<sup>134</sup>

Furthermore, stakeholders pointed to a potential link between national or cultural events such as Carnival, the July- August vacation, and the Christmas Season during which there was increased 'trending' of synthetic drugs.<sup>135</sup>

Additionally, they noted a pattern of heightened synthetic marijuana use in the wake of the decriminalization of marijuana.<sup>136</sup> Moreover, the pandemic emerged shortly thereafter and, according to the respondents, this precipitated use of a wider range of synthetic drugs<sup>137</sup>, "*in response to our social, physical, mental, economic issues, challenges /experiences and allowed persons to escape, you know numb.*"<sup>138</sup>

Other developments such as the local 'Zesser culture' and the associated 'Trinibad'<sup>139</sup> music along with gangs were also highlighted as contributing to the increased popularity of synthetic drugs in Trinidad and Tobago.<sup>140</sup> Similarly, stakeholders informed that social media<sup>141</sup> and global music and media mainstream the attractiveness of the consumption of synthetic drugs<sup>142</sup> and link its use to a 'certain type of social circle.'<sup>143</sup>

Added to this, there are persons who are habitual users and fall outside of the above-indicated scenarios. One stakeholder further noted that persons who use crack cocaine may have a greater propensity to be introduced to synthetic drug use.<sup>144</sup>

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<sup>132</sup> Int\_Ref.4:5

<sup>133</sup> Int\_Ref.2

<sup>134</sup> Int\_Ref.2

<sup>135</sup> Int\_Ref.3

<sup>136</sup> Int\_Ref.4; Int\_Ref.5; FG\_Ref.1; FG\_Ref.3

<sup>137</sup> FG\_Ref.1; FG\_Ref.2 Int\_Ref.2

<sup>138</sup> FG\_Ref.1:1

<sup>139</sup> Trinibad – a music genre which is a local iteration of dancehall, is known for its gritty lyrics that frequently depict violence, power struggles, and a street-oriented lifestyle. <https://www.linkedin.com/pulse/trinibad-music-public-health-perspective-its-youth-ornella-marie-uv1qe/>

<sup>140</sup> Int\_Ref.2; Int\_Ref.4

<sup>141</sup> Int\_Ref.7; FG\_Ref.7

<sup>142</sup> Int\_Ref.4; FG\_Ref.2; FG\_Ref.4; FG\_Ref.6; FG\_Ref.7

<sup>143</sup> FG\_Ref.2

<sup>144</sup> Int\_Ref.7

There were also views that some persons may transition to synthetic drugs to obtain a faster, more effective high;<sup>145</sup> respond to peer pressure or ‘fit in’;<sup>146</sup> out of curiosity<sup>147</sup> and to deal with boredom<sup>148</sup> and depression.<sup>149</sup>

Additionally, stakeholders acknowledged that some synthetic drugs are ‘clean’ and could be consumed indoors, minus the foul smell of smoke, which could be an impetus for use.<sup>150</sup>

#### 2.4 Public Health and Social Responses

From a public health perspective, it was highlighted that, given prevailing privacy issues, there is currently no system in place, at hospitals, to rapidly test clients for synthetic drug use.<sup>151</sup> Instead, information is obtained primarily via client self-reports or if the client becomes a fatality and the presence of the drug is detected by forensic testing.<sup>152</sup> Thus, much of the available information on synthetic drugs is concentrated in the area of seizures and not use.

Similarly, stakeholders echoed the lack of testing options for first responders in suspected intoxication cases. It was also expressed that health professionals cautiously determine substance use disorder diagnoses because of litigious environment within which they operate and the absence of supporting evidence.<sup>153</sup> This gap, however, significantly challenges appropriate treatment options and the data collection on synthetic drugs.

Moreover, some treatment providers do not appear to have extensive knowledge, wherewithal, or targeted programmes to respond specifically to clients presenting with synthetic drug disorders.<sup>154</sup> Consequently, general substance use disorder treatment approaches are employed.<sup>155</sup> Additionally, clients do not typically seek treatment solely for synthetic drug use.<sup>156</sup> Treatment centres also appear to be ill-equipped to test clients for synthetic drug use disorders as they did not have neither the necessary testing kits to do so<sup>157</sup> nor the urine detectors.<sup>158</sup> Hence, identification and focused treatment of synthetic drug users appears to be a problematic.<sup>159</sup>

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<sup>145</sup> Int\_Ref.7; FG\_Ref.3; FG\_Ref.7

<sup>146</sup> FG\_Ref.3; FG\_Ref.5; FG\_Ref.6

<sup>147</sup> FG\_Ref.4; FG\_Ref.5

<sup>148</sup> FG\_Ref.2

<sup>149</sup> FG\_Ref.3

<sup>150</sup> FG\_Ref.7

<sup>151</sup> Int\_Ref.1; Int\_Ref.4; FG\_Ref.3

<sup>152</sup> Int\_Ref.4

<sup>153</sup> FG\_Ref.3

<sup>154</sup> Int\_Ref.4; Int\_Ref.7

<sup>155</sup> Int\_Ref.7; FG\_Ref.7

<sup>156</sup> FG\_Ref.7

<sup>157</sup> Int\_Ref.7

<sup>158</sup> FG\_Ref.7

<sup>159</sup> Int\_Ref.7

Notwithstanding this, some treatment facilities reportedly encounter clients who ‘dabbled’ in synthetic drugs along with other substances, based on self-reports.<sup>160</sup>

Importantly though, stakeholders stressed the need for aftercare facilities for recovering persons, with substance use disorders, upon completion of their treatment program, as they often have nowhere to go and such facility seemed non-existent in Trinidad and Tobago.<sup>161</sup>

In addition, treatment facilities for youth and adolescents were purportedly lacking but very necessary given the incidents of youth drug use and their vulnerability to synthetic drug use.<sup>162</sup>

There was also an expressed concern that managing the effects of synthetic drug consumption could become a burden on the public health system.<sup>163</sup>

Apart from this, despite the decriminalization of marijuana in 2019, stakeholders noted that some jobs still require a drug test, which if positive could reduce or eliminate chances of employment.<sup>164</sup> This fact points to the need for greater public sensitization on this issue.<sup>165</sup>

Law enforcement respondents also highlighted the demand reduction aspects of their work which involved collaboration with partner organizations such as the Ministry of Health (MoH), NADAPP, and the NDC and outreach work with community, school and religious bodies.<sup>166</sup>

Furthermore, stakeholders referred to general substance use disorder programs at the prisons but specific content on synthetic drugs was not included.<sup>167</sup>

Correspondingly, non-Law Enforcement Agency (LEA) stakeholders informed of collaborative efforts with LEA and inter-ministerial key stakeholders such as the NDC, NADAP, the Ministry of Health<sup>168</sup> and treatment centres.<sup>169</sup> These arrangements, however, appeared to be informal.<sup>170</sup>

#### 2.4.1 Health and Safety Risks

A few stakeholders seemed aware of the health and safety risks of synthetic drugs. More specifically, one stakeholder referred to a fatality in Tobago prompted by a combination of different drugs and Viagra<sup>171</sup> whilst another noted:

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<sup>160</sup> FG\_Ref.7

<sup>161</sup> Int\_Ref.7

<sup>162</sup> Int\_Ref.7; FG\_Ref.4

<sup>163</sup> Int\_Ref.3; Int\_Ref.4

<sup>164</sup> FG\_Ref.1

<sup>165</sup> FG\_Ref.1

<sup>166</sup> FG\_Ref.1

<sup>167</sup> Int\_Ref.6; FG\_Ref.2

<sup>168</sup> Int\_Ref.3; Int\_Ref.7

<sup>169</sup> Int\_Ref.7

<sup>170</sup> Int\_Ref.7

<sup>171</sup> FG\_Ref.6

...the persons who didn't die who had lifelong effects of it they didn't know how to treat them because it so many different things in their system and they don't know exactly what causing the effects.<sup>172</sup>

Respondents also recognized the following symptoms:

- Adverse impacts on the brain,<sup>173</sup>
- Heart attacks,<sup>174</sup>
- Worse withdrawals than traditional drugs,<sup>175</sup>
- Severe irritable bowel syndrome as a result of synthetic drug use in combination with alcohol,<sup>176</sup>
- Dehydration and unconsciousness due to mixing ecstasy with alcohol followed by exposure to the sun,<sup>177</sup> and
- Extreme thirst caused by some pills.<sup>178</sup>

Added to this, many stakeholders emphasized the perilous and sometimes fatal impacts of fentanyl on users.<sup>179</sup>

The constantly evolving nature of synthetic drugs could therefore produce a range of unanticipated, serious consequences. One respondent underscored:

...there is no regulation or set recipe so every day the chemical composition is changing. So it's very unpredictable. I can have a molly dealer and get some from him today and have what I think the normal results will be. Next week I go to the same dealer and because his chemical composition is altered I would have a very adverse effect happen to me.<sup>180</sup>

## 2.5 Awareness and Sensitization

### 2.5.1 Stakeholder Awareness

Many stakeholders were very aware of the definition of synthetic drug, the various types that exist such as amphetamines, methamphetamines, and ecstasy etc., and how it differed to other more traditional drugs such as cocaine and marijuana in terms of its artificiality and chemical compositions.<sup>181</sup>

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<sup>172</sup> FG\_Ref.2:7

<sup>173</sup> FG\_Ref.7

<sup>174</sup> FG\_Ref.6

<sup>175</sup> FG\_Ref.6; FG\_Ref.7

<sup>176</sup> Int\_Ref.5

<sup>177</sup> Int\_Ref.4

<sup>178</sup> FG\_Ref.3

<sup>179</sup> FG\_Ref.1; Int\_Ref.3; Int\_Ref.4; Int\_Ref.5

<sup>180</sup> FG\_Ref.7:1

<sup>181</sup> Int\_Ref.1; Int\_Ref.2; Int\_Ref.3; Int\_Ref.5; Int\_Ref.6; FG\_Ref.1; FG\_Ref.2; FG\_Ref.3; FG\_Ref.4; FG\_Ref.5; FG\_Ref.7

On the other hand, some respondents appeared familiar with synthetic drug substances but not the actual formal term 'synthetic drugs'<sup>182</sup> and a few were completely unaware of what it entailed.<sup>183</sup>

It was also noted that a few first responders such as ambulance and fire officers were not sensitized to synthetic drugs and therefore trained only to respond to general intoxication situations.<sup>184</sup>

### 2.5.2 Sensitization Efforts

Feedback from stakeholders indicated that internal synthetic drug sensitization sessions have been conducted by some local agencies such as the TTFSC, NADAPP, and the NDC.<sup>185</sup>

NADAPP's initiatives, though, are geared toward public sensitization with an emphasis on the school-age populations, school safety officers, and guidance counselors<sup>186</sup> whereas the TTFSC focuses more on law enforcement agencies.<sup>187</sup>

Additionally, stakeholders that are members of the Early Warning System (EWS) network benefited from information sharing as it relates to the impacts of synthetic drugs, associated legislative changes that prohibit it, and agency-specific expectations.<sup>188</sup>

The extent to which information obtained in sensitization sessions is disseminated within represented organizations however remained uncertain.<sup>189</sup>

Apart from this, some stakeholders gained knowledge on synthetic drugs and its associated risks through international trainings and meetings.<sup>190</sup>

Yet, in spite of apparent pockets of information on synthetic drugs, stakeholders acknowledged a need for greater synthetic drug sensitization efforts particularly in schools and with school agencies which focus their sensitization efforts more on marijuana than on synthetic drugs.<sup>191</sup>

Moreover, there was a view that first responders and prison officers are reportedly unaware of how to detect if individuals are under the influence of synthetic drugs, a skill that current trends necessitate.<sup>192</sup> Similarly, it was advanced that specific exposure to fentanyl- related interventions should be facilitated for first responders.<sup>193</sup>

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<sup>182</sup> Int\_Ref.7; FG\_Ref.2

<sup>183</sup> FG\_Ref.3

<sup>184</sup> FG\_Ref.3

<sup>185</sup> Int\_Ref.1

<sup>186</sup> Int\_Ref.1; FG\_Ref.2

<sup>187</sup> Int\_Ref.1

<sup>188</sup> Int\_Ref.1; Int\_Ref.4; FG\_Ref.2

<sup>189</sup> Int\_Ref.1

<sup>190</sup> Int\_Ref.1

<sup>191</sup> Int\_Ref.1

<sup>192</sup> FG\_Ref.1

<sup>193</sup> FG\_Ref.1

In addition, stakeholders indicated that law enforcement sensitizations should stress that all suspicious substances be forwarded for official lab testing, even if field tests yield negative results, as some kits may not be sensitive enough to determine particular drugs.<sup>194</sup> Failure to address these situations could lead to underreporting.

On the other hand, there was a view that the public appeared to be more aware about marijuana than synthetic drugs as it is not yet a local priority<sup>195</sup> and consequently, there is a lack of information, in the public domain about the harmful and multifaceted societal effects of synthetic drugs.<sup>196</sup> It was further stated that unless death isn't a possible outcome the apprehension to use synthetic drugs may be missing<sup>197</sup> and some individuals still mistakenly view it as safe and legal.<sup>198</sup>

Reference was also made to some agencies that employed local entertainers to promote synthetic drug prevention sensitization amongst youth, via social media.<sup>199</sup> It was noted, though, that in the post-pandemic period there was an observed decline in drug prevention sensitization efforts.<sup>200</sup>

## 2.6 Other Areas

Stakeholder discussions revealed other thematic areas connected to the anti-synthetic drug response which require attention and action in some cases, such as: resources; standard operating procedures (SOPs); training; and data and research.

### 2.6.1 Resources

Access to sufficient human resources was identified as a significant shortcoming for some stakeholders who perform key roles in the anti-synthetic drug work.<sup>201</sup>

Also, as previously mentioned, the unavailability of testing tools, and in some case non-operational devices, for some frontline agencies stymied 'on the ground' testing.<sup>202</sup>

Additionally, inadequate financial resources seemed to limit staff training at treatment centres and restricted the acquisition of testing kits and urine detectors.<sup>203</sup>

Furthermore, funding for drug sensitization programmes and associated monitoring and evaluation were reported as challenges faced by some stakeholders.<sup>204</sup>

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<sup>194</sup> Int\_Ref.4

<sup>195</sup> Int\_Ref.1

<sup>196</sup> Int\_Ref.1

<sup>197</sup> Int\_Ref.1

<sup>198</sup> Int\_Ref.4

<sup>199</sup> Int\_Ref.1

<sup>200</sup> FG\_Ref.4

<sup>201</sup> Int\_Ref.3

<sup>202</sup> Int\_Ref.3

<sup>203</sup> FG\_Ref.7

<sup>204</sup> FG\_Ref.2

Apart from this, it was recognized that with the influx of Venezuelan migrants into Trinidad and Tobago, language and cultural barriers could hinder sensitization efforts geared towards Venezuelan migrants.<sup>205</sup>

### 2.6.2 SOPs

Standardized Operating Procedures (SOPs) amongst key stakeholders engaged in anti-synthetic drug work, or in the treatment of persons with attendant disorders was not consistently observed for all agencies.

For instance, respondents referred to standardized procedures for testing substances<sup>206</sup> and the development of a manual to guide EWS alerts, which is not yet finalized.<sup>207</sup>

Similarly, in the area of health care services, stakeholders acknowledged the existence of universal protocols and informed that treatment services use SOPs for general substance use disorders, but not specific ones for synthetic drug use disorders.<sup>208</sup>

It was noted, however, that within the prison system there was a need for more formalized policies and directives in terms of SOPs, Memorandums of Agreements (MOAs) and referral pathways for inmates.<sup>209</sup>

### 2.6.3 Training

There was a sense that some agencies have been exposed to synthetic drug-related training at both the national and international levels<sup>210</sup> which included awareness, detection, and train-the-trainer sessions.<sup>211</sup> A few training sessions also appeared to be facilitated, annually.<sup>212</sup>

In addition, stakeholders referred to training provided by the CICAD<sup>213</sup> and Red Lab.<sup>214</sup>

Training, nevertheless, appeared to be limited.<sup>215</sup> Stakeholders also observed that staff at treatment facilities did not receive specific training in synthetic drug use treatment approaches.<sup>216</sup> Moreover, training did not seem to be mandatory but rather the responsibility of the staff themselves.<sup>217</sup>

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<sup>205</sup> FG\_Ref.2

<sup>206</sup> Int\_Ref.4

<sup>207</sup> Int\_Ref.1

<sup>208</sup> Int\_Ref.7

<sup>209</sup> Int\_Ref.6

<sup>210</sup> Int\_Ref.1; Int\_Ref.4; Int\_Ref.5; Int\_Ref.6;

<sup>211</sup> Int\_Ref.4

<sup>212</sup> Int\_Ref.4

<sup>213</sup> Int\_Ref.1; Int\_Ref.4; FG\_Ref.2

<sup>214</sup> Int\_Ref.4

<sup>215</sup> Int\_Ref.1; FG\_Ref.2; FG\_Ref.3

<sup>216</sup> Int\_Ref.7

<sup>217</sup> FG\_Ref.7

#### 2.6.4 Data and Research

Insufficient data collection was identified as a key challenge to determining the true nature and extent of the problem of synthetic drugs in Trinidad and Tobago and to developing strategies to address the issue.<sup>218</sup> Moreover, further inquiries into the ‘why’ data gaps persist revealed that human capacity and insufficient funding stymie efforts.<sup>219</sup> Accordingly, there was an expressed need for more research and data on synthetic drugs to inform evidence-based policies and the user profiles.<sup>220</sup>

Apart from this, it was noted that if a suspect pleads guilty to possessing a substance, before the substance has been tested, the matter ‘technically finishes’ and the evidence is not submitted for testing but rather destroyed by the police.<sup>221</sup>

Likewise, within the prison system, stakeholders informed that officers may be inclined to simply dispose of pills that are discovered, if there are no obvious suspicions, rather than refer them for testing.<sup>222</sup>

These measures, therefore, disrupt testing and data collection efforts. Hence, it was suggested that strategies to support data collection initiatives should be explored.<sup>223</sup>

In the case of treatment centres, stakeholders informed that some facilities capture data on synthetic drugs whilst others do not.<sup>224</sup>

### 3 Recommendations

The following recommendations are proposed based on stakeholder feedback and suggestions under the indicated thematic areas:

#### 1. Legislation

- a. Include new substances in the Dangerous Drugs Act schedule, if systems do not already exist, to limit the importation of precursor chemicals which could be diverted for the creation of synthetic drugs.<sup>225</sup>
- b. Review existing Dangerous Drugs Act to determine any possible gaps or loopholes.<sup>226</sup>

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<sup>218</sup> Int\_Ref.1

<sup>219</sup> Int\_Ref.1; FG\_Ref.7

<sup>220</sup> Int\_Ref.4

<sup>221</sup> Int\_Ref.4

<sup>222</sup> Int\_Ref.4

<sup>223</sup> Int\_Ref.4

<sup>224</sup> Int\_Ref.7

<sup>225</sup> FG\_Ref.1

<sup>226</sup> Int\_Ref.5

- c. Consider incorporation of controlled delivery law to the Dangerous Drugs Act.<sup>227</sup>
- d. Advance the Precursor Chemicals Act to regulate and monitor the import and sale of precursor chemicals.<sup>228</sup>
- e. Introduce legislation to support law enforcement detection and investigations in social media spaces.<sup>229</sup>
- f. Consider legislation similar to breathalyzer to make drug and by extension synthetic drug testing mandatory.<sup>230</sup>
- g. Consider legislation to regulate vape shops.<sup>231</sup>

2. Supply Chain and Detection

- a. Train and equip law enforcement agencies to investigate, gather intelligence, and detect synthetic drugs and cyber trafficking.<sup>232</sup>
- b. Advance policy amendments to prioritize synthetic drugs and provide agencies with resources to address current and emerging trends.<sup>233</sup>
- c. Strengthen capabilities and decentralize the testing of synthetic drugs to facilitate timely testing processes, especially for tablets, and improve the efficiency of police investigations and detections.<sup>234</sup>
  - i. Testing at the airports recommended<sup>235</sup>
  - ii. Frontline agencies i.e. police, pharmaceutical inspectors, prisons etc. should be supported with Raman devices to facilitate timely testing processes and improved detection rates<sup>236</sup>
- d. Explore options for regional collaboration amongst drug inspectorates to share knowledge and information on trends<sup>237</sup>

3. Public Health and Social Responses

- a. Explore options for rapid drug testing of hospital clients to assist with treatment and data collection initiatives.<sup>238</sup>
- b. Provide training to first responders and prison officers on the detection of synthetic drug use.<sup>239</sup>
  - i. Inclusive of training on fentanyl related health interventions.
- c. Train treatment staff in synthetic drug use treatment approaches.<sup>240</sup>

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<sup>227</sup> FG\_Ref.1

<sup>228</sup> Int\_Ref.1

<sup>229</sup> FG\_Ref.1

<sup>230</sup> FG\_Ref.3

<sup>231</sup> FG\_Ref.7

<sup>232</sup> FG\_Ref.1

<sup>233</sup> Int\_Ref.2

<sup>234</sup> FG\_Ref.1

<sup>235</sup> FG\_Ref.1

<sup>236</sup> Int\_Ref.3; Int\_Ref.6

<sup>237</sup> Int\_Ref.4

<sup>238</sup> Int\_Ref.4

<sup>239</sup> FG\_Ref.1

<sup>240</sup> Int\_Ref.7

- i. Training should have some mandatory components.
- d. Equip treatment centres with synthetic drugs testing kits and urine detectors.<sup>241</sup>
- e. Consider the introduction of after care facilities for recovering persons with substance use disorders to address this evident need.<sup>242</sup>
- f. Consider the introduction of treatment facilities for youth and adolescents to respond to the specific needs of this population.<sup>243</sup>

4. Sensitization and Training

- a. Facilitate heightened sensitization and training amongst key stakeholder agencies that may interact with persons who may have synthetic drug use disorders to ensure greater access to treatment opportunities.
  - i. Specific sessions should be conducted with prison officers, health professionals and first responders<sup>244</sup>
- b. Advance a more structured, integrated, ongoing training curriculum on synthetic drugs for the police, other law enforcement personnel, and prison officers.<sup>245</sup>
  - i. Special emphasis should be placed on the need for timely submission of substances for testing.<sup>246</sup>
- c. Promote public sensitization on the harmful effects of synthetic drugs to deter use.<sup>247</sup> These sessions should include:
  - i. Collaborative, public educational campaigns, inclusive of social media platforms, role plays and testimonial, that specifically target younger groups, children, families, and parents, with visual props to support effective dissemination of information and dispel myths about safety of synthetic drug use.<sup>248</sup>
  - ii. Information on the impacts of drug use on employment prospects.
  - iii. School principals and administrators as well as security guards and reiterate the importance of reporting instances of synthetic drug use<sup>249</sup> and stress what to look for.<sup>250</sup>
  - iv. Youth in trade, vocational and training programmes.<sup>251</sup>
  - v. Tobago.<sup>252</sup>

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<sup>241</sup> Int\_Ref.7; FG\_Ref.7

<sup>242</sup> Int\_Ref.7

<sup>243</sup> Int\_Ref.7

<sup>244</sup> FG\_Ref.3

<sup>245</sup> Int\_Ref.1; Int\_Ref.2; Int\_Ref.4; Int\_Ref.6

<sup>246</sup> Int\_Ref.4

<sup>247</sup> Int\_Ref.1; Int\_Ref.2; Int\_Ref.6

<sup>248</sup> FG\_Ref.1; Int\_Ref.5; FG\_Ref.2; FG\_Ref.3; FG\_Ref.6; FG\_Ref.7

<sup>249</sup> FG\_Ref.2

<sup>250</sup> FG\_Ref.3

<sup>251</sup> FG\_Ref.4

<sup>252</sup> FG\_Ref.2

vi. Marginal populations such as migrants, visually and hearing impaired, and rural communities without internet access.<sup>253</sup>

## 5. Resources

- a. Facilitate access to financial resources for the acquisition of synthetic drugs testing kits for treatment centres.<sup>254</sup>
- b. Fill essential human resources gaps to ensure optimal performance of key stakeholder agencies.

## 6. SOPs

- a. Formalize SOPs and define and document referral pathways for persons with synthetic drug use disorders.

## 7. Research and Data

- a. Improve research efforts to support evidence-based policies and more accurate assessments of user profiles and prevalence of synthetic drug use.
- b. Strengthen communication and information sharing mechanisms amongst stakeholders to enable improved assessment of current situations.<sup>255</sup>
- c. Institute targeted synthetic drugs data collection at treatment facilities.
- d. Facilitate relationships with the Ministry of Education (MoE) to obtain data on synthetic drug incidents in schools and review school and national policies to support this process

## 4 Conclusion

Trinidad and Tobago has made significant strides towards addressing and responding to the challenges of synthetic drugs. Whilst these drugs do not appear to be the most problematic ones in the country, it is evident that their popularity has increased substantially since 2018, and gained further momentum during the pandemic and post-pandemic period.

Moreover, synthetic drug use appears to be widespread and not localized to one specific group or region. Hence, well-coordinated, multi-pronged, and impactful sensitization is imperative to reduce the demand for these drugs.

Education, training, and adequate resources for key stakeholders and front-line agencies are also essential for improved responses and augmented efforts.

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<sup>253</sup> FG\_Ref.2

<sup>254</sup> Int\_Ref.7

<sup>255</sup> Int\_Ref.3; Int\_Ref.7

Additionally, measures to close legal and operational gaps should be made to bolster systems geared towards detecting and prosecuting crimes associated with synthetic drugs.

Furthermore, loopholes that perpetuate underreporting or poor detection should be addressed and cooperative arrangements amongst agencies should be advanced and strengthened to support coordinated approaches.

Continuous research and data collection efforts are also integral to evidence-based policies and more accurate assessments of the situation of synthetic drugs.

## 5 Limitations

The study encountered the following limitations:

- Respondents for the party promoters' interview were unreachable despite several efforts from the NDC.
- Joint sessions were difficult to navigate but yielded valuable information nonetheless.