



DIAGNOSTIC STUDY **Trinidad and Tobago**

Gender in the Criminal Justice System
**Youth Diversion, Justice, and
Integration Program (YDJIP)**



OAS | CICAD

Canada 

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Youth Diversion, Justice, and

Integration Program (YDJIP)

This diagnostic study was carried out in coordination with the Government of Trinidad and Tobago and under the leadership of the Executive Secretariat of the Inter-American Drug Abuse Control Commission (ES-CICAD) of the Secretariat for Multidimensional Security (SMS) of the Organization of American States (OAS). ES-CICAD receives institutional and financial support from the Government of Canada through the Anti-Crime Capacity Building Program (ACCBP). The contents expressed in this document are presented exclusively for informational purposes and do not necessarily represent the opinion or official position of the Organization of American States, its General Secretariat or its member states.

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Executive Secretariat of the Inter-American Drug Abuse Control Commission (ES-CICAD/OAS)

Angela Crowdy, Acting Executive Secretary

Principal authors-investigators

Leigh-Ann Waldropt- Bonair

Maxine Hunte

Susan Alfonso

Project Manager

Antonio Lomba Maurandi

Project Coordinator

María Sol Purita

Key Contributors:

The members of the Technical Committee:

Cheryl St. Louis – Felix – The National Drug Council

Folade Mutota – WINAD

Frances Turton-Long – Probation Services

Lyra Thompson-Hollingsworth

Ria Collingwood-Boafo – The Judiciary of Trinidad and Tobago

Shermin Charles – ADAPP

Shelly- Ann Hart – Office of the Prime Minister (Gender and Child Affairs)

Carlene Cross – The Judiciary of Trinidad and Tobago

Editorial Committee

Kathleen Sperduti

Esther Best

Collaborators

- *Alcohol and Drug Abuse Prevention Programme (ADAPP)*
- *Chamber of Commerce – Tunapuna*
- *Coordinator of the Criminology Unit,*
- *The University of the West Indies (UWI)*
- *International Organization for Migration (IOM)*
- *Ministry of the Attorney General and Legal Affairs - Criminal Justice Unit*
- *Ministry of Culture and Community Development*
- *National Alcohol and Drug Abuse Prevention Programme (NADAPP)*
- *National Drug Council (NDC)*
- *Prison Youth Club*
- *Probation Services*
- *Ministry of Agriculture, Land and Fisheries*
- *Special Investigations Unit (SIU), Trinidad and Tobago Police Service (TTPS)*

- *Ministry of Sport and Youth Affairs*
- *Ministry of People, Social Development and Family Services*
- *Tobago House of Assembly (THA) - Division of Community Development, Youth Development and Sport*
- *Trinidad and Tobago Prison Service (TTPrS)*
- *Youth Transformation and Rehabilitation Centre (YTRC)*
- *Persons 18-25 with lived experience (PWLE)*
- *Office of the Prime Minister- Gender and Child Affairs*
- *Ministry of Labour, Small and Micro Enterprises – On-the-Job-Training department*

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List of Acronyms

Alcohol and Drug Abuse Prevention Programme.....	ADAPP
Adolescents and Young Adults.....	AYAs
Alternatives to Incarceration.....	ATIs
Attention deficit hyperactivity disorder.....	ADHD
Case Care Management.....	CCM
Caura Substance Abuse and Prevention Treatment Centre.....	SAPTC
Civilian Conservation Corps.....	CCC
U.S. Centres for Disease Control and Prevention.....	CDC
Community-based Organization.....	CBO
Community Family and Youth Resilience.....	CFYR
Council on Criminal Justice.....	CCJ
Dangerous Drugs Act	DDA
Director of Public Prosecutions.....	DPP
Dissuasion Commission.....	DC
Driving Under the Influence.....	DUI
Drug Information Network of Trinidad and Tobago.....	DIN-TT
Drug Treatment Court.....	DTC
Drug Treatment Court Process.....	DTCP
Early Childhood Care and Education.....	ECCE
Early Warning System.....	EWS
European Monitoring Centre for Drugs and Drug Addiction.....	EMCDDA
Faith-based Organization.....	FBO

List of Acronyms

Gender-Based Violence.....	GBV
Government of the Republic of Trinidad and Tobago.....	GoRTT
Gross Domestic Product.....	GDP
Human Development Index.....	HDI
Human Rights-Based Approach.....	HRBA
International Narcotics Control Strategy Report.....	INCSR
International Organization for Migration.....	IOM
Lysergic Acid Diethylamide.....	LSD
3,4-Methylenedioxymethamphetamine.....	MDMA
Monitoring and Evaluation.....	M&E
Monitoring, Evaluation, and Learning.....	MEL
National Alcohol Drug Abuse Prevention Programme.....	NADAPP
Narcotics Anonymous.....	NA
National Drug Council.....	NDC
National Drug Policy.....	NDP
New Psychoactive Substances.....	NPS
Non-Governmental Organization.....	NGO
On-the-Job-Training.....	OJT
Oppositional Defiance Disorder.....	ODD
Organization of American States.....	OAS
Organization of American States /Inter-American Drug Abuse Control Commission.....	OAS/CICAD
Persons 18-25 with Lived Experience.....	PWLE
Phencyclidine.....	PCP
Regional Social and Human Development Councils.....	RSHDCs
Special Investigations Unit.....	SIU
Substance Abuse and Mental Health Services Administration.....	SAMHSA
Substance Use Disorders.....	SUDs
Terms of Reference.....	TOR
Tobago House of Assembly.....	THA
Trinidad and Tobago.....	TT
Trinidad and Tobago Police Service.....	TTPS
Trinidad and Tobago Prison Service.....	TTPrS
United Nations.....	UN
United Nations Office on Drugs and Crime.....	UNODC
United States.....	US
University of the West Indies.....	UWI
Vision on Mission.....	VOM
Women's Institute for Alternative Development.....	WINAD
Youth Diversion, Justice, and Integration Program.....	YDJIP
Youth Resilience Inclusion and Empowerment.....	YRIE
Youth Transformation and Rehabilitation Training Center.....	YTRC

Key Terms and Definitions

TERMS	Definition
<i>Alternatives to incarceration</i>	Any measure (whether legal reforms, strategies, programmes, or policies) intended to: <ul style="list-style-type: none"> i) Reduce criminal prosecution, ii) Limit the use of incarceration as a punishment, or iii) Decrease the time of actual deprivation of liberty in the event of incarceration, for individuals who have committed drug-related offences – (Organization of American States Inter-American Drug Abuse Control Commission [OAS, CICAD], 2015).
<i>Gender</i>	The social attributes and opportunities associated with being male and female and the relationships between women and men and girls and boys, as well as the relations between women and those between men. These attributes, opportunities and relationships are socially constructed and are learned through socialization processes. They are context/ time-specific and changeable. ¹
<i>Gender perspective mainstreaming</i>	The process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in all areas and at all levels. It is a strategy for making women's as well as men's concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that women and men benefit equally and inequality is not perpetuated. The ultimate goal is to achieve gender equality. ²
<i>Human rights-based approach</i>	The human rights-based approach (HRBA) is a conceptual framework for the process of human development that is normatively based on international human rights standards and operationally directed to promoting and protecting human rights. It seeks to analyze inequalities which lie at the heart of development problems and redress discriminatory practices and unjust distributions of power that impede development progress and often result in groups of people being left behind. (United Nations [UN], 2003).

1- <https://www.un.org/womenwatch/osagi/conceptsanddefinitions.htm>

2- <https://www.un.org/womenwatch/daw/csw/GMS.PDF>

<i>Intersectionality</i>	Recognizes that people's lives are shaped by their identities, relationships and social factors. These combine to create intersecting forms of privilege and oppression depending on a person's context and existing power structures such as patriarchy, ableism, colonialism, imperialism, homophobia and racism. ³
<i>Substance use disorders</i>	A treatable mental disorder that affects a person's brain and behaviour, leading to their inability to control their use of substances like legal or illegal drugs, alcohol, or medications. Symptoms can be moderate to severe, with addiction being the most severe form of SUD. ⁴
<i>Youth</i>	<p>Refers to persons between the ages of 15 and 24 years, without prejudice to other definitions by Member States.⁵</p> <p>In the Youth Diversion, Justice and Integration Programme [YDJIP] youth will refer to persons between the ages of 18 and 25 years.</p>

N.B - Academic papers are cited in-text unless they were included in tables and in those instances, they were cited in footnotes. Footnotes were used primarily for websites and interviews primarily.

3- <https://unwomen.org.au/our-work/focus-area/intersectionality-explained/>

4- <https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health>

5- <https://www.un.org/esa/socdev/documents/youth/fact-sheets/youth-definition.pdf>

1 - Introduction

The Republic of Trinidad and Tobago is a twin-island nation located in the southern end of the Caribbean archipelago, north-east of Venezuela, and south of the island of Grenada. It is 5,127 square kilometers (1,980 sq. miles) and shares maritime boundaries with Barbados to the northeast and Guyana to the southeast. The Republic comprises two (2) main islands – Trinidad and Tobago (TT) – of which Trinidad is the larger and more populous of the two (Drug Information Network of Trinidad and Tobago [DIN-TT], unpublished). Collectively, it has a population of 1,368, 333 million, as of June 2024, with males narrowly surpassing females and the majority of the population being concentrated in the 15-64 years age-group.⁶

Trinidad and Tobago (TT) is categorized as a high-income country, according to World Bank classifications, and it is the second most populous English-speaking Caribbean country.⁷ The country also has one of the strongest economies in the region, which has been fueled by its oil and gas sectors (Bryan, 2011). A 5.6% contraction in the energy sector in 2023 prompted greater economic diversification and investment in human capital (Ministry of Trade and Industry, Government of the Republic of Trinidad and Tobago [GoRTT], 2024). Declining international energy prices also led to lower export earnings⁸ and negatively affected the country's energy-based economy, which is a significant contributor to its gross domestic product [GDP].⁹ The country further encountered economic contraction in the wake of the COVID-19 pandemic.¹⁰

Downward trends in headline inflation, however, were evident in 2023, and food and core inflation decelerated.¹¹ In addition, the labour market showed signs of post-pandemic recovery with improvements in the unemployment rate, which dropped to 4% in 2023 from 4.9% in 2022.¹² Developmentally, the country recorded a Human Development Index (HDI) of 0.814 in 2023/2024, which positioned it in the “very high” human development category and 60th globally.¹³

1.1 - Trinidad and Tobago and Drugs

Trinidad and Tobago's proximity to Venezuela, coupled with its porous borders, have contributed to its characterization as a transshipment point for drugs destined for Europe, North America, and the rest of the Caribbean (International Narcotics Control Strategy Report [INCSR], 2023). The country, therefore, continues to institute multi-pronged supply and reduction measures to address the challenges of drug trafficking and drug use primarily in the form of legislative, policy, law enforcement, and treatment efforts (INCSR 2023).

These initiatives have informed research on the drug phenomenon in Trinidad and Tobago; however, data on drug use remains scarce and generally anecdotal.

6-<https://cso.gov.tt/subjects/population-and-vital-statistics/population/>

7-<https://www.congress.gov/crs-product/IF10914#:~:text=The%20State%20Department's%202022%20International,the%20rest%20of%20the%20Caribbean.>

8- <https://www.central-bank.org.tt/wp-content/uploads/pdf/annual-economic-survey-2023-june2024.pdf>

9-<https://www.congress.gov/crs-product/IF10914#:~:text=The%20State%20Department's%202022%20International,the%20rest%20of%20the%20Caribbean.>

10-<https://www.congress.gov/crs-product/IF10914#:~:text=The%20State%20Department's%202022%20International,the%20rest%20of%20the%20Caribbean.>

11-<https://www.central-bank.org.tt/wp-content/uploads/pdf/annual-economic-survey-2023-june2024.pdf>

12-<https://www.central-bank.org.tt/wp-content/uploads/pdf/annual-economic-survey-2023-june2024.pdf>

13-<https://hdr.undp.org/data-center/country-insights#/ranks>

1.2 - Project Objectives

The Organization of American States/Inter-American Drug Abuse Control Commission (OAS/CICAD) - funded Youth Diversion, Justice, and Integration Program (YDJIP) project identifies existing gender-sensitive mechanisms, and alternative measures provided by the criminal justice system in TT for youth aged 18–25 who have either committed non-violent, drug-related offences or have committed non-drug-related, non-violent crimes and are experiencing substance use disorders (SUDs). This analysis aims to generate insights that can inform the development of targeted and effective drug policies and alternative justice programmes, taking into consideration the unique needs and circumstances of young individuals.

Accordingly, the program's specific objectives are:

1. To identify the current legal framework for drug-related offences, gender-related approaches, and alternatives to incarceration (ATIs) for youth in Trinidad and Tobago.
2. To determine the situation of youth as it relates to their involvement in the criminal justice sector and substance use in Trinidad and Tobago. This includes an examination of contributing factors informed by:
 - a. Why are they committing these types of crimes?
 - b. Where are they more likely to commit these types of crimes?
 - c. Are there any relationship/s between the types of youth-related crimes committed and drug use?
3. To identify the current opportunities for prevention and diversion interventions for youth in, or at risk of, entering the criminal justice system.
4. To identify and document Promising Practices among agencies.

Youth within this study are defined as individuals 18 to 25 years old.

This report is divided into six (6) main sections, which include an Introduction, a Literature Review, Methodology, Key Findings, Recommendations & Promising Practices, and Conclusion. The literature review presents a snapshot of research at the global and local levels related to the youth and drug-related offences nexus, inclusive of gendered situations. Specifically, the global perspective examines international trends in drug use, focusing on vulnerable populations such as youth and women. It also explores the link between drug use and crime, highlighting vulnerabilities and the interplay between risk and protective factors, and considering gender differences in drug use experiences and pathways. The local context reviews policies and legislation in TT that guide responses to drug-related offences, punishment, and youth. It further expounds on reports and research, and considers national trends in youth drug use, drug-related incarcerations, and associated gender issues. The literature review also discusses ATIs in greater detail. It explores strategies that reduce criminal prosecution, limit the use of incarceration as a punishment, and decrease the timeframes of liberty deprivation in the event of incarceration.

The methodology section explains the approach employed for the study and details the research methods, data sources and analytical methods used.

The key findings discuss the trends and patterns elicited from the data collection exercises. It focuses on topical areas such as commonly used substances among youth, youth risk and protective factors, demographic trends in youth substance use and drug-related offences, legislative framework, and youth drug-related offences, linkages between substance use and criminal behaviours, preventative measures, treatment and rehabilitation, and youth alternatives. It also outlines critical challenges and gaps.

The recommendations section incorporates the findings of the data collection exercise and reflects some of the topical areas indicated in the key findings section. It also introduces new areas such as promising practices, intervention opportunities and measures to address identified gaps and challenges.

The conclusion provides a general synopsis of the research effort, revisits the study's main findings and key recommendations, and explores important conclusions and considerations that could inform the next steps for practitioners and guide the work of the National Technical Steering Committee.

2 - Literature Review

2.1 - Global Perspective

Drug use is a persistent and complex global problem affecting several vulnerable populations, including young people and women. Globally, the estimated number of drug users is 292 million or 1 in 18 persons, which represents 5.6% of the global population aged 15 – 64 and accounts for a 20% increase from the previous decade (United Nations Office on Drugs and Crime [UNODC], 2024). The World Drug Report further recognizes cannabis as the most prevalent drug used internationally, but notes the increasing evidence of amphetamines and polydrug use, along with the extremely harmful effects of opioids (UNODC, 2024). Correspondingly, 64 million people or 1 in 81 persons worldwide suffered from drug use disorders in 2022. However, only 1 in 11 persons with drug use disorders received drug treatment, mainly for opioids, cannabis, and cocaine (UNODC, 2024).

Youth are a particularly vulnerable population who experience heightened risk of substance use and reside in environments with high drug use prevalence (Ismail et al., 2015). This exacerbates their exposure to the dangers of substance abuse, including dependency, health issues, and criminal involvement (Halim et al., 2024). Research also showed that some migrants may be particularly susceptible to SUDs as they seek to cope with traumatic experiences, comorbid mental health disorders, acculturation challenges, and social and economic inequality (Lindert et al., 2008).

Drug use has been directly linked to crime through drug consumption, possession, cultivation, or production and distribution, along with the impacts of drug use on behaviour and engagement in other illegal activities (US Department of Justice, 1994). Accordingly, of the 7 million people in 2022 who were in formal contact with the police, inclusive of arrests, cautions, and warnings, 66% were related to drug use or possession for use (UNODC, 2024). Correspondingly, 2.7 million people, in the same year, were prosecuted internationally for drug offences and over 1.6 million were convicted (UNODC, 2024). It is important to note, however, that there were slightly more people prosecuted and convicted for drug use or possession offences than for drug trafficking (UNODC, 2024).

Alcohol, stimulants, barbiturates, and Phencyclidine (PCP) could also lead to psychopharmacological violence, i.e., violent behaviour as a direct result of drug use, resulting in violent victimization (Boles & Miotto, 2003; Kalat, 2001; Kuhns & Clodfelter, 2009). Apart from this, drug use is associated with risky sexual behaviour, the experience of violence, and mental health and suicide risks (U.S. Centers for Disease Control and Prevention [CDC], 2024).

2.1.1 - *Global Perspective*

Most individuals initiate drug use during their teen or young adult years (Chadi et al., 2018), with ages 12-17 representing a critical risk period for commencement of substance use, and the 18-25 age bracket having peak levels of use (UNODC, 2018). The most prevalent substances globally among young people are tobacco, alcohol, and cannabis (Chadi et al., 2018; Esmaeelzadeh et al., 2018; UNODC, 2018; Azzopardi, 2021), and they also engage in other illicit drugs such as cocaine, ecstasy/3,4-Methylenedioxymethamphetamine (MDMA), inhalants, hallucinogens, heroin, amphetamines, and methamphetamines (Gray & Squeglia, 2018). Adolescents and young adults' substance use in developed countries such as the United States (U.S.) and Canada is therefore a major public health concern (Esmaeelzadeh et al., 2018).

Moreover, justice-involved young adults exhibit higher rates of SUDs than their non-justice-involved peers, and substance misuse has been found to increase the risk of recidivism (Substance Abuse and Mental Health Services Administration [SAMHSA], 2019). Further to this, it was noted that common crimes committed by youth with SUDs include drug-related offences, i.e., possession, distribution, and minor trafficking, along with property crimes, i.e., theft, burglary, and vandalism, which are often committed to support substance use (Mulvey et al., 2010). Violent crimes and gang-related crimes are also prevalent among high-risk male offenders, with substance use acting as a risk factor for violent offending (Mulvey et al., 2010). Additionally, young persons with SUDs have higher rates of physical and mental illnesses (CDC, 2024).

Youth are exposed to a range of risk factors that influence their susceptibility to substance use. These factors have been classified into developmental, genetic, and environmental categories. Developmental factors refer to the unique needs of adolescents and young adults (AYAs) and the important biopsychosocial differences between this population and older adults who use substances. Alternatively, genetics encompasses the role of genes in explaining the variance between individuals with and without SUDs, and environmental factors include psychosocial issues that influence AYAs' perceptions and attitudes to drugs (Chadi et al., 2018). Treatment options for SUDs, however, often lack age-appropriate or age-specific services for young persons. This population also faces other barriers to treatment, such as stigma, the cost of treatment services, and the lack of knowledge of SUD treatment options (UNODC, 2024).

Pivoting to the impacts of socio-economic status and drug use, it was found that both highly educated young persons, such as college students, and young persons with low educational attainment encounter heightened risk of substance use. However, higher income has been associated with a higher probability of alcohol or drug use (de Jonge et al., 2022). It was also noted that key motivations for synthetic drug use among young people included enhanced school or job performance, a desire for euphoria and entertainment, and drug use by peers (UNODC, 2024).

2.1.1.1 - *Risks and Protective Factors*

Substance use is impacted by an intricate interplay of risks and protective factors that increase or decrease the likelihood of substance use and/or disorder. Specifically, risk factors are characteristics or variables that heighten the probability of an individual developing a disorder (Mrazek & Haggerty, 1994). On the other hand, protective factors mitigate risks through different mechanisms (Hawkins et al., 1992) and protect individuals from using substances and developing SUDs. Generally, these factors are classified into individual, family, social, and community categories and are elaborated on in Table 1.

Table 1 - Key Substance Use Risk and Protective Factors for Youth

	Risk	Protective
Individual		
	<p>Genetic predisposition, prenatal exposure to alcohol and other drugs¹⁴</p> <p>Co-occurring psychopathology, i.e., ADHD and depression & mental health problems¹⁶</p> <p>Physical & sexual abuse¹⁸; early exposure to trauma¹⁹</p> <p>Antisocial behaviour²¹</p> <p>Poor self-esteem²³</p> <p>Sex/Gender²⁴</p> <p>Rebellion²⁵</p> <p>Weak social skills²⁶</p>	<p>Spiritual/religious values¹⁵</p> <p>Self-control¹⁷</p> <p>Good problem-solving skills²⁰</p> <p>Well-established social skills²²</p>
Family		
	<p>Family history of substance use²⁷</p> <p>Lack of parental supervision and monitoring²⁹</p> <p>Parental/family conflict³¹</p> <p>Family system weakness³³</p> <p>Authoritative/very strict parents³⁵</p>	<p>Supportive and stable family²⁸</p> <p>Parental supervision³⁰</p> <p>Parental involvement³²</p> <p>Family bonding³⁴</p>
Social		
	<p>Academic stress/failure³⁶</p> <p>Low-level commitment to education³⁸</p> <p>Delinquent behaviour⁴⁰</p> <p>Peer pressure, peer substance use⁴²</p>	<p>Healthy/supportive peer relationships³⁷</p> <p>School engagement³⁹</p> <p>Involvement in co-curricular activities⁴¹</p>
Community		
	<p>High drug availability in the community⁴³</p> <p>High crime and violence rates in the community⁴⁵</p> <p>Extreme economic factors leading to high poverty rates⁴⁷</p> <p>Lack of opportunities for education, employment, and economic progress⁴⁹</p> <p>Lack of community connections and social bonds; alienation⁵⁰</p> <p>Availability/Accessibility of drugs in the community⁵¹</p>	<p>Community engagement and involvement⁴⁴</p> <p>Involvement in community activities⁴⁶</p> <p>Stable social support system⁴⁸</p>

- 14- Gray & Squeglia (2018)
15- Grim and Grim (2019); Miller, (1998); Móró et al. (2011)
16- Gray & Squeglia (2018); Alves et al. (2020); Azmawati et al. (2021)
17- Allahverdipour et al. (2006); Pokhrel et al., (2007); Rollins & Crandall (2021)
18- Bunu et al. (2023); Svingen et al. (2016)
19- Gray & Squeglia (2018)
20- Heradstveit et al. (2023)
21- Maguire (2013);
22- Abbasi & Muhammad (2022); Botvin (2000)
23- Mutatayi et al. (2022)
24- Halim et al (2024)
25- Hawkins et al. (1992)
26- Masten et al. (2017)
27- Bunu et al. (2023), Gray & Squeglia (2018); Johannessen et al. (2022)
28- Azzopardi (2021); Chang et al. (2023)
29- Maguire (2013); Gray & Squeglia (2018); Liu et al. (2022); Mutatayi et al. (2022); Bunu et al. (2023)
30- Yamamoto (2004)
31- Hawkins et al. (1992); Edwards et al. (2018); Gray & Squeglia (2018)
32- Azzopardi (2021)
33- Lee et al., (2023)
34- Mutatayi et al. (2022); Halim et al. (2024)
35- Mariana et al. (2019)
36- Hawkins et al. 1992; Bugbee et al., (2019); Gray & Squeglia (2018); Halim et al. (2024)
37- Azzopardi (2021); Mutatayi et al. (2022)
38- Hawkins et al. (1992); Chao-Kai et al. (2023)
39- Azzopardi (2021)
40- Mustafa et al. (2022); Hawkins et al. (1992)
41- Arcadio and Trujillo (2023)
42- Hawkins et al. (1992); Otten et al (2017); Gray & Squeglia (2018)
43- Arcadio and Trujillo, (2023)
44- Griffin et al. (2010); Azzopardi (2021)
45- Piquero et al. (2014)
46- Arcadio and Trujillo (2023)
47- Edwards et al. (2020)
48- Holt-Lunstad & Uchino (2015)
49- Martín (2013)
50- Lambe and Craig (2017); Schaefer (2018)
51- Arcadio & Trujillo 2023; Larrosa & Palomo (2012)

Apart from these factors, drug use could be influenced by the type of drug, the frequency of pattern of use, the social setting within which the drugs are used, and the characteristics of the person who uses the drugs (European Monitoring Centre for Drugs and Drug Addiction [EMCDDA], 2019; Hartogsohn, 2017; Zinnberg, 1986). Trans people additionally report heightened risks of drug use disorders compared to the general population (Reisner et al., 2016; Yi et al., 2017). Accordingly, the Theory of Protective Factors and Risk Factors (Hogan et al. 2003) advances the critical importance of reducing risk factors while enhancing protective factors in prevention strategies.

It is also evident that mental health disorders and substance use can co-occur (Esmaeelzadeh et al., 2018) and particularly, in the wake of the COVID-19 pandemic, there were elevated concerns regarding the mental health and social well-being of youth and the related potential of exacerbated substance use behaviours. Some studies found, however, that the prevalence of youth substance use during the pandemic showed signs of decline (Layman et al., 2022).

2.1.2 - *Gendered Issues*

There are gendered differences in the extent, prevalence, and patterns of drug use among men and women. This also includes variations in the processes of drug use initiation, social factors and characteristics related to drug use, as well as biological effects and progression to the development of SUDs between men and women (UNODC, 2018). More pointedly, men account for more than 75% of the global drug users, especially for drugs such as cannabis, amphetamines, opiates, and cocaine (UNODC, 2024). The gender gap is narrowing, however, as women show higher representations in some psychoactive drugs, as well as non-medical use of opioids and tranquillizers (Mutatayi et al., 2022). Females also tend to engage more in polydrug use, such as prescription drugs and stimulants (Mulvey et al., 2010; Azzopardi, 2021).

Furthermore, trends in risk and protective factors show gendered differentiations, as there are specific substance use protective factors for girls. Some of the main ones include:

- i) Individual level - positive self-image and body image (Elliot et al., 2008);
- ii) Family level - mothers' knowledge of their daughters' whereabouts, activities and companions (Schinke, Fang and Cole 2008); mothers' employment, fathers' high level of education, having responsibilities within the family (Norman 1997; Turner, Norman & Zunz, 1995);
- iii) Social - popularity with peers, positive high school experiences, and participation in sports (Norman 1997; Turner, Norman & Zunz, 1995); romantic or intimate partners who use drugs (UNODC, 2024).

On the other hand, aggression, delinquency, hyperactivity, and same-sex peers who use drugs are important risk factors for boys' use of methamphetamine during adolescence (UNODC, 2024). Research on motivations for initiation and continuation of drug use also showed that women's reasons are centered around pain management and self-medication to address anxiety, depression, and household issues, which contrasted with those of men, that were linked to job, sexual performance, and coping with stress related to familial expectations (UNODC, 2024). Additionally, high levels of past trauma and gender-based violence (GBV) were also evident in women with drug dependence (Penal Reform International, 2021).

In terms of the treatment of SUDs, however, men are more likely to seek treatment for substance use compared to women who encounter treatment barriers such as stigma, discrimination, caregiving responsibilities, and fear of losing custody of their children (Azzopardi, 2021; UNODC, 2024). Some treatment services also lack a gender-specific approach, and women who use drugs are not consistently aware of available drug services (UNODC, 2024). Women are, therefore, underrepresented in drug treatment (UNODC, 2024).

Globally, men comprise the majority of individuals in contact with the criminal justice system for drug-related offences such as drug production, trafficking, and offences of possession for personal use (UNDOC, 2024). There are, nevertheless, slight upward trends in the proportion of women involved in drug-related crimes from 2010 to 2022. This has been attributed, in part, to the greater ease of prosecuting lower-level crime, mandatory pre-trial detention, disproportionate sentencing, mandatory minimum sentencing, and lack of alternatives to incarceration or punishment (Penal Reform International, 2021).

Data also showed that the proportion of women arrested for possession of drugs is higher overall than for drug trafficking (UNODC, 2024). Mutatayi et al. (2022) further recognize that drug-related offences, such as possession and petty crimes, dominate sentencing trends for vulnerable populations, particularly women and non-binary individuals. Drug-related offences, therefore, have been identified as predominant charges for which women are engaged with the criminal justice system (UNODC, 2018), although they are rarely the main players in the illegal drug trade and tend to be drug couriers (Penal Reform International, 2021).

Women and girls, however, who become involved in the criminal justice system experience unique pathways compared to men, as they engage in crime differently than their male counterparts, by committing offences in different proportions and for different reasons (Council on Criminal Justice [CCJ], 2024). Women's involvement in the justice system is also often related to experiences of poverty, abuse, trauma, sexual victimization, violence (including domestic violence and intimate partner violence), mental health, SUDs and unhealthy relationships (CCJ, 2024; Fleming et al., 2021). Bonnell (2014) further asserts that women with SUDs often engage in property crimes, drug sales, and survival-based offences (e.g., sex work) to sustain their addiction. As such, women have different patterns of criminogenic risks from men, which necessitate targeted intervention needs (Fleming et al., 2021).

Regarding incarceration, 35% of women in prison worldwide have been sentenced for drug-related offences versus 19% of men; and 51% of women suffer from drug use disorders versus 30% of men. Women, in prison, however, encounter distinctively different incarceration experiences than men (Fleming et al., 2021) as they face specific challenges and barriers and have unique needs that often go unaddressed (CCJ, 2024). Additionally, women may be the sole or primary breadwinners for minor children or the primary caretakers, and therefore imprisonment presents new complexities regarding continued economic responsibilities and the maintenance of interpersonal connections with their children (CCJ, 2024; Benedict, 2014). These circumstances produce devastating effects on women, their families, and their communities.

Criminal justice policies and practices have also been traditionally male-centric, geared toward the management of men and not women. There is, however, increasing recognition of the need for these systems to be more responsive to women's risks and needs, and to promote gender-responsive policies, procedures, and services, which include the incorporation of trauma-informed policies and practices (Benedict, 2014).

Apart from this, research indicates higher rates of licit and illicit drug use and endured violence or discriminatory experiences among trans people of all genders compared to the general population (Coulter et al., 2018; Johns et al., 2019; Reisner et al., 2016; Yi et al., 2017).

2.2 - Local Context

Trinidad and Tobago has cross-cutting policy and legislative frameworks that support anti-drug initiatives. Accordingly, the policy dimension encompasses key areas of drug supply and demand reduction, along with control measures, while the legislative arm focuses on criminal justice responses to drug-related offences. Apart from this, the country has several governmental and non-governmental drug treatment programmes and a Case Care Management (CCM) Program launched in 2021 (INCSR 2024), which enhances coordination and streamlines services for justice-involved persons with SUDs. Trinidad and Tobago is also in the process of introducing a Dissuasion Commission (DC) to divert first-time offenders with minor drug-related offences away from the court process towards more health-based approaches that could offer treatment interventions for SUDs.

2.2.1 - National Drug Policy

The National Drug Policy (NDP) of Trinidad and Tobago 2021-2025 is the main drug policy that addresses the complex issue of drug control through a multi-pronged approach, which prioritizes the health and safety of citizens. It aims to reverse the negative impacts of illicit drug trafficking and the use of both legal and illegal drugs on the physical, social, and economic well-being of all individuals. The Policy and the Plan outline the government's approach to implementing policies and programmes. This approach is consistent with all United Nations Conventions on drug control and aligns with the Organization of American States (OAS) Hemispheric Drug Strategies and their accompanying Plans of Action.

Cognizant of the constantly evolving nature of the drug problem, the policy reinforces a public health response to drug dependence as a complex health disorder. Furthermore, it acknowledges the importance of a criminal justice system based on restorative justice principles, and balanced by robust law enforcement activities aimed at the interdiction and prosecution of drug-related crimes.

The policy is founded on the following five (5) thematic areas:

- i) Institutional Strengthening and International Cooperation: Develop, strengthen and maintain institutional mechanisms that facilitate planning, coordination, execution, monitoring and evaluation for local and international drug control.
- ii) Research: Promote evidence-based policies and programmes through timely, accurate and relevant information and research.
- iii) Demand Reduction: Improve the physical, mental, social, spiritual and economic health and well-being of citizens.
- iv) Supply Reduction: Reduce the supply of illegal drugs.
- v) Control Measures: Reduce drug trafficking and its related criminal activities, as well as control the diversion of precursor chemicals.

All efforts are grounded in drug control conventions and human rights laws, principles, and standards, including equality and non-discrimination. The policy emphasizes that all actions must align with the Universal Declaration of Human Rights, with particular attention to the inclusion of youth, children, and women. Additionally, in keeping with a comprehensive, integrated, and balanced approach essential to drug control efforts, the policy upholds human rights and fundamental freedoms while prioritizing the health, safety, and well-being of all individuals—regardless of race, ethnicity, nationality, age, migration status, disability, gender identity, sexual orientation, or economic status.

In terms of youth, the policy urges that understanding their use of substances, both licit and illicit, must be seen in the context of the countless challenges with which they are confronted. Evidence-based responses require a clear picture regarding the nature and extent of their

involvement in drug trafficking and related criminal activity, as well as drug use and misuse, the routes into problematic use at a young age, and the drug-related harms to which young people are vulnerable.

The NDP 2021-2025 also notes that historically, women's rights or gender equality have not been given prominence in discussions on the world drug problem and that drug control policies have not addressed the specific needs and circumstances of women. It also acknowledges that developing and/or enhancing systems to accurately understand, describe, measure, and quantify the impact of drugs and drug control on women is critical in the design of relevant intervention strategies.

Furthermore, it recognizes migrants' vulnerability to substance use and misuse, which could be precipitated by trauma, unemployment and poverty, loss of family and social support.

2.2.1.1 - *Operational Plan for Drug Control*

The Operational Plan translates the Policy into action by steering the implementation of coordinated interventions geared towards reducing the harms caused by illicit drug trafficking, associated criminal activities, and substance use and misuse disorders. The Plan also considers the operational plans of relevant ministries, agencies, and key entities and provides for the development and implementation of annual action plans for each of the pillar groups.

2.2.2 - *Definition of Drugs*

The Dangerous Drugs Act (DDA), Chapter 11:25, defines 'dangerous drugs' as a narcotic drug listed in the First Schedule or a thing that contains such a drug or a psychotropic substance listed in the Second Schedule or a thing that contains such a substance.

Accordingly, substances listed in the first schedule (see Appendix 1), inclusive of their preparations, derivatives, alkaloids, and salts, are:

1. Opium poppy
2. Coca (Erythroxyton) and Synthetic cocaine
3. Cannabis, Cannabis sativa, Cannabis sativa, inclusive of synthetic preparations such as Cannabis resin; Cannabis (marihuana); and Cannabinol (3-n-amy-6, 6, 9-trimethyl-6-dibenzopyran-ol)
4. Phenylpiperidines
5. Phenazepines
6. Amidones
7. Methadols
8. Phenalkoxams
9. Thiambutenes
10. Moramides
11. Morphinans
12. Benzazocines
13. Other chemical compounds such as:
 - a. Clonitazene
 - b. Diampromide
 - c. Difenoxin
 - d. Etonitazene
 - e. Tilidine

On the other hand, substances in the second schedule (see Appendix 2) include:

1. (+)- Lysergide
2. Eticyclidine
3. Etryptamine
4. Methcathinone
5. Rolicyclidine
6. Psilocybin
7. Tenocyclidine

In addition, the Act incorporates precursor chemicals, which refer to substances listed in the fourth schedule (See Appendix 3). The Act also stipulates that the Minister may, by order, add or delete substances from the First and Second Schedules periodically, as they deem necessary, in accordance with public interest.

The definition of 'dangerous drugs' was further refined with the Dangerous Drugs (Amendment) Act, 2019 which specified that 'Cannabis' referred to the plant of the genus cannabis or any part of that plant, whether growing or not, inclusive of seeds, and any compound, salt, mixture, extraction, derivative, product, synthetic or other preparation of the plant, any part of the plant, its seeds or cannabis resin.

In addition, the Cannabis Control Act, 2022, specifically addressed cannabis (marijuana) and its by-products and defined cannabis as all parts of any plant of the genus cannabis, including any resin obtained from the plant. It also distinguished "cannabis material" to be (a) cannabis; (b) cannabis resin; and (c) any other raw material derived from the cannabis plant and stipulated that "cannabis resin" referred to the separated resin, whether crude or purified, obtained from any plant of the genus cannabis.

Apart from this, it introduced the term medicinal cannabis as cannabis that is handled under a licence issued under section 29 (1) of the Act.

2.2.3 - *Legislation*

Trinidad and Tobago has a comprehensive legal framework to address drug-related crimes, which encompasses criminal prosecution, financial oversight, rehabilitation programmes, ATIs, and international collaboration. The cornerstone of this strategy is the Dangerous Drugs Act (Chap. 11:25), 1991, as amended, which is reinforced by additional legislation targeting specific elements of drug trafficking and non-violent drug-related offences. This system aims to curb the supply and demand of controlled substances, disrupt organized trafficking operations, promote offender rehabilitation, and safeguard public health and safety.

Existing legislation also delineates the parameters of offences as they relate to drug possession and drug trafficking charges. It could be noted, however, that both offences begin with the possession of drugs.

2.2.3.1 - *Dangerous Drugs Act*

The DDA (Chap. 11:25), 1991, is a contemporary legal anchor for the control of narcotic drugs and psychotropic substances in TT. This Act also provides for the confiscation of the proceeds of drug trafficking and other matters related to drug trafficking.

However, with the proclamation of the Proceeds of Crime Act (Act No. 55 of 2000), on November 6, 2000, Section 61 of this act repealed Sections 30 to 53 of the DDA. The exception to this provision occurs in the instance when any drug trafficking proceedings were initiated before

November 6, 2000. Accordingly, the latter continue to be governed by the repealed sections of the DDA regarding the confiscation of proceeds and related matters of drug trafficking.

2.2.3.2 - *Drug-related Offences*

Several drug offences are indicated in the DDA (Chap. 11:25), 1991, as amended by Act 24 of 2019; however, it is noted that the Minister under section 57 of this Act may:

- Issue licence for the import, export, diversion, sale, manufacture, production or distribution, at a stated place, of any dangerous drug;
- Issue licence for the cultivation, gathering or production, at a stated place, of opium poppy, marijuana, or coca plant;
- Name the ports or places in the Territory where any dangerous drug may be exported or imported;
- Prescribe the manner in which any dangerous drug is to be packed and marked for export;
- Authorize the furnishing of dangerous drugs to the master of a ship for the medicinal needs of the crew thereof;
- Prescribe the records that are to be kept by any person in connection with the export, import, manufacture, receipt, sale, disposal and distribution of a dangerous drug.

2.2.3.2.1 - Drug Possession

Under the DDA (Chap. 11:25), 1991, as amended by Act 24 of 2019, this offence refers to a person who has in their possession any dangerous drug, based on the indicated definition.

Such a person, under section 5 (1), is therefore liable upon summary conviction to a fine of two hundred and fifty thousand dollars (amended in the Dangerous Drugs (Amendment) Act, 2019) and to imprisonment for five years. Additionally, upon conviction on indictment, they would be liable to a fine of one million dollars and to imprisonment of fifteen years, based on Act 24 of 2019, which amended the DDA.

2.2.3.2.1.1 - Cannabis

The Dangerous Drugs (Amendment) Act, 2019, stipulates that under section 5C (2A), a person who has more than 30 grammes, but not more than 60 grammes, of cannabis; or more than five grammes, but not more than 10 grammes, of cannabis resin, is liable on summary conviction to a fine of fifty thousand dollars.

On the other hand, under section 5C (2B), a person who has in his possession more than 60 grammes, but not more than 100 grammes of cannabis; or more than 10 grammes, but not more than 14 grammes of cannabis resin is liable on summary conviction to a fine of seventy-five thousand dollars.

The Act, nonetheless, includes provisions for the Court to make a community service order for an individual who is unable to pay any fine imposed on him under section 5C (2A), which requires him to perform thirty hours of community service, in accordance with the provisions of the Community Service Orders Act.

Alternatively, the Court could make a community service order for an individual who is unable to pay any fine imposed on him under section 5B (2B), which requires him to perform fifty hours of community service in accordance with the provisions of the Community Service Orders Act.

2.2.3.2.1.2 - Cocaine

Section 5(2) states that for the possession of 20 grammes or less, a person who commits an offence under subsection (1) is liable upon summary conviction to a fine of two hundred and fifty thousand dollars and imprisonment for five years. Alternatively, upon conviction on indictment he will be liable to a fine of one million dollars and imprisonment of 15 years, as amended by the Dangerous Drugs (Amendment) Act, 2019.

2.2.3.2.1.2.1 - Exclusions

The legislation, however, excludes persons who:

- Have requisite licences and authorizations permitting them to have these substances in their possession,
- Professionals duly authorized for medical and medicinal purposes,
- A person who has in his possession not more than:
 - o 30 grammes of cannabis; or
 - o five grammes of Cannabis resin;
- A person who cultivates or has in his possession not more than four growing plants of the genus Cannabis.

2.2.3.2.2 - Drug Trafficking

Drug traffic or trafficking within the context of the 1991 DDA entails the importation, exportation, manufacture, sale, giving, administering, transportation, delivery or distribution by any person of a dangerous drug or any substance represented to be such or the making of any offer in respect whether within the Trinidad and Tobago or elsewhere (Dangerous Drugs Act, 1991, Section 3(1)).

This offence is also extended to include the utilization of proceeds of drug trafficking and it is identified as an offence under section 5(4) and (7) and referred to in section 47 of the Act.

2.2.3.2.2.1 - Cannabis

Section 5(5) notes that subject to subsection (7), a person who commits the offence of trafficking in a dangerous drug or of being in possession of a dangerous drug for the purpose of trafficking is liable upon conviction on indictment to a fine of three million dollars or, where there is evidence of the street value of the dangerous drug, 10 times the street value of the dangerous drug, whichever is greater, and to imprisonment for life, in accordance with the Dangerous Drugs (Amendment) Act, 2019.

According to Section 5(9), possession of more than 1 kilogramme (1,000 grammes) of cannabis or “one hundred and sixty-five grammes of cannabis resin,” as amended by the Dangerous Drugs (Amendment) Act, 2019, is deemed possession of the dangerous drug for the purpose of trafficking unless proven otherwise.

2.2.3.2.2.2 - Cocaine

Subject to subsection (7), section 5(5) states that a person in possession of a dangerous drug for the purpose of trafficking commits an offence and is liable upon conviction on indictment to a fine of three million dollars or, where there is evidence of the street value of the dangerous drug, 10 times the street value of the dangerous drug, whichever is greater, and to imprisonment for life based on the Dangerous Drugs (Amendment) Act, 2019.

Section 5(9), however, stipulates that the possession of more than ten grammes of cocaine leads to a legal presumption that the person is in possession for the purpose of trafficking unless proven otherwise.

2.2.3.2.3 - Other Dangerous Drugs

The Dangerous Drugs (Amendment) Act, 2019, also specifies that the possession of the following dangerous drugs and the indicated dosimetry will be categorized under the offence of trafficking:

- 20 grammes of diacetylmorphine (heroin);
- 500 grammes of opium
- 30 grammes of morphine
- 5 grammes or 20 tablets of 3, 4-methylenedioxymethamphetamine (ecstasy) or
- Any drug listed in Schedule I and Schedule II, and the Second Schedule of the Act;
- 10 grammes or one hundred and seventy squares of lysergic acid diethylamide (LSD); and
- 5 grammes of ketamine.

2.2.3.2.3.1 - Cultivation of a Dangerous Drug

The cultivation of prohibited plants such as cannabis, opium, poppy, or coca plant without authorization is an offence under Section 5(3).

For large-scale cultivation (trafficking intent) a person who cultivates, gathers or produces any marijuana, commits an offence and is liable upon conviction on indictment to a fine of two hundred thousand dollars or, where there is evidence of the street value of the dangerous drug, fifteen times the street value of the dangerous drug, whichever is greater, and to imprisonment for a term of 25 years to life.

2.2.3.2.3.1.1 - Exceptions

A person who possesses an appropriate licence for cultivation under section 4 or where he/she is acting under the supervision of a person who has such a licence is exempted from this offence.

In addition, the Dangerous Drugs (Amendment) Act, 2019, decriminalizes the cultivation and/or possession of not more than four growing plants of the genus Cannabis.

2.2.3.2.3.2 - Possession of a Dangerous Drug within 500 Metres of any School Premises

Section 5(7) denotes that a person who is in possession of a dangerous drug or substance other than a dangerous drug which he represents or holds out to be a dangerous drug on any school premises or within 500 metres of a school is deemed to have the drug or substance for the purpose of trafficking.

This person is therefore liable upon conviction on indictment to a fine of three million dollars or, where there is evidence of the street value of the dangerous drug, 10 times the street value of the dangerous drug, whichever is greater, and to imprisonment for life, in accordance with the Dangerous Drugs (Amendment) Act, 2019.

2.2.3.2.3.3 - Precursor Chemicals

This offence is found under section 6A of the DDA (Chap. 11:25), 1991, as amended by Act 24 of 2019, and it states that the manufacture or possession of a substance referred to in the Fourth Schedule, or the transportation of such a substance or supply of it to another person, is an offence.

Accordingly, such a person is liable upon conviction on indictment to a fine of one hundred thousand dollars or, where there is evidence of the street value of the dangerous drug, three times the street value of the dangerous drug, whichever is greater, and to imprisonment for a term which shall not be less than 25 years.

2.2.3.2.3.4 - Supply of Dangerous Drugs by Licensed Persons and Pharmacists under Licence

Sections 7 and 8 permit a licensed person, under section 4 of the DDA, and a pharmacist to supply a dangerous drug once there is a written order or prescription signed by a practitioner authorized to do so. Additionally, section 9 expands upon the termination or revocation of the legal authority for a person to possess drugs under the Act.

Section 10, however, indicates that a person who contravenes sections 7, 8, or 9 commits an offence and is liable upon conviction on indictment to a fine of one hundred thousand dollars or, where there is evidence of the street value of the dangerous drug, three times the street value of the dangerous drug, whichever is greater, and to imprisonment for a term which shall not be less than twenty-five years.

Furthermore, section 11 denotes that any medical practitioner, dentist, or veterinary surgeon who prescribes, administers, gives, sells or furnishes any dangerous drug; or signs any prescription or order for a dangerous drug, otherwise than in accordance with the Regulations, is guilty of an offence.

Such a person is therefore liable upon conviction on indictment to a fine of one hundred thousand dollars or, where there is evidence of the street value of the dangerous drug, three times the street value of the dangerous drug, whichever is greater, and to imprisonment for a term which shall not be less than 25 years.

2.2.3.2.3.5 - Supply of dangerous drugs by two or more medical practitioners

Additionally, the Act, under section 14, penalizes a person who, during the course of treatment, knowingly obtains a supply of a dangerous drug from a medical practitioner and fails to disclose that he had already obtained that drug from another medical practitioner is guilty of an offence and is liable upon summary conviction to a fine of ten thousand dollars and imprisonment for six months.

2.2.3.2.3.6 - Possession of certain devices and apparatus

Section 15(1) and (2) stipulate that a person who, without lawful authority or without the written permission of the Minister or some person so authorized by the Minister, has in his possession any device, article or apparatus designed, generally used or specifically altered for the illegal use of dangerous drugs is liable upon summary conviction to a fine of ten thousand dollars and imprisonment for six months.

2.2.3.2.3.7 - Unlawful Use of Premises

According to section 16, a person who is in a location (house, room or place) and is using, without lawful or reasonable excuse, any dangerous drug while there, is guilty of an offence and is liable upon summary conviction to a fine of ten thousand dollars and imprisonment for six months.

2.2.3.2.3.8 - Enclosing drugs in a letter

Under section 17(1), a person who knowingly encloses a dangerous drug in a letter, packet, or other matter which is being sent by post or courier, commits an offence and is liable upon conviction on indictment to a fine of one hundred thousand dollars or, where there is evidence of the street value of the dangerous drug, three times the street value of the dangerous drug, whichever is greater, and to imprisonment for a term which shall not be less than 25 years.

2.2.3.2.3.8.1 - Exception

Section 17(3) notes that the above does not apply to any wholesale pharmacist who forwards by ordinary post any preparation or remedy that the Regulations permit to be sold without a prescription by a pharmacist, and may forward by registered post any dangerous drug. Similarly, section 56(A) provides that where a person under the age of 25 years appears before a Court and is found guilty of an offence under this Act, the Judge or Magistrate may impose a lesser penalty on such a person than that specified for the offence in this Act.

2.2.3.3 - Dangerous Drugs (Amendment) Act, 2019

The Dangerous Drugs (Amendment) Act, 2019, amends the DDA, Chap. 11:25, and specifically addresses cannabis. It also decriminalizes the possession of not more than 30 grammes of cannabis or not more than five grammes of cannabis resin and allows a person to cultivate or possess not more than four growing male plants of the genus cannabis.

Further to this, the Act creates offences which restrict the use of cannabis in specific instances. Additionally, it enables a person who has been convicted for the possession of not more than 60 grammes of cannabis or not more than ten grammes of cannabis resin to apply through his attorney-at-law to the Commissioner of Police to have that offence expunged from his criminal record and to apply for a pardon.

It also increases the penalties for the possession of and trafficking in dangerous drugs and adds new dangerous drugs, including ecstasy, LSD and ketamine, where the possession of more than the specified amounts would be deemed for the purpose of trafficking.

2.2.3.3.1 - Personal Possession of Cannabis

There is no criminal record or imprisonment for a person who has up to 30 grammes of cannabis.

2.2.3.3.2 - Possession of Cannabis over 30 grammes

The possession of more than 30 grammes of cannabis or five grammes of cannabis resin (but less than 60 grammes of cannabis or 10 grammes of resin) is considered a summary offence with a fine of TT\$50,000, payable within 12 months, without a prison sentence.

The Act, however, allows the Court to make a community service order, where a person who is convicted of an offence under subsection (2A) fails or is unable to pay any fine imposed on him, is required to perform thirty hours of community service.

The possession of more than 60 grammes but not more than 100 grammes of cannabis or more than 10 grammes, but not more than 14 grammes of cannabis resin, attracts a fine of TT\$75,000. The Act, likewise, allows the Court to make a community service order, where a person who is convicted of an offence under subsection (2B) fails or is unable to pay any fine imposed on him, is required to perform fifty hours of community service.

2.2.3.3.3 - Cultivation

The Act decriminalizes the cultivation of four cannabis plants or fewer by an adult (18 years or older). However, the cultivation of more than four plants is treated as a trafficking offence with the applicable penalties.

2.2.3.3.4 - Possession of Cannabis near Schools or Children

The Act, under section 5 (8), expands the list of public places where children are present to include: nursery, kindergarten, day care centre, early childhood care and education centre, and children's home. A person who commits this offence is liable upon conviction on indictment to a fine of three million dollars or, where there is evidence of the street value of the dangerous drug, ten times the street value of the dangerous drug, whichever is greater, and to imprisonment for life.

2.2.3.3.5 - Smoking in a Public Place

The Act amends the DDA, Chapter 11:25 by inserting after section 5, sections 5A (1) and 5B (2). Under section 5A (1), a person who smokes or uses cannabis or cannabis resin in a public place commits an offence and is liable, on summary conviction, to a fine of fifty thousand dollars. Under section 5B (2), for a person who is convicted of an offence and fails or is unable to pay any fine imposed on him under that subsection, the Court may make a community service order requiring him to perform 30 hours of community service in accordance with the provisions of the Community Service Orders Act.

2.2.3.3.6 - Other Offences

Section 5C penalizes a person who:

- Whilst under the influence of cannabis, does anything which constitutes negligence, professional malpractice, or professional misconduct.
- Has cannabis or cannabis resin in his possession on a school bus; or on any premises where children are present for the purposes of education or attending or participating in any sporting or cultural activity.
- Operates, navigates, or is in actual physical control of any motor vehicle, aircraft, or ship whilst under the influence of cannabis.
- Such persons are liable on summary conviction to a fine of two hundred and fifty thousand dollars and to imprisonment for five years.

2.2.3.4 - Cannabis Control Act, 2022

The Cannabis Control Act (2022) provides for the regulatory control of the handling of cannabis for certain purposes and the establishment of the Trinidad and Tobago Cannabis Licensing Authority and connected matters. It also works alongside the Dangerous Drugs Act to define legal and illegal activities concerning cannabis.

2.2.3.4.1 - Failure to cease activities after revocation or suspension of a licence

Section 29 refers to the issuance of licences for medicinal, therapeutic or scientific purposes. Licences fall under the following categories:

- Cultivator Licence,
- Research and Development Licence,
- Laboratory Licence,
- Processor Licence,
- Retail Distributor Licence,
- Import Licence,
- Export Licence, and
- Transport Licence.

It is noted, however, under section 39, that in instances of suspension or revocation of licences, individuals are required to cease all activities. Therefore, a person who fails to cease all activities as required under section 39 subsection (1) or (2) commits an offence and is liable on summary conviction to a fine of five hundred thousand dollars and imprisonment for a term of seven years.

2.2.3.4.2 - Unauthorized Use of Medicinal Cannabis

Section 41(1) stipulates that a person who uses medicinal cannabis without being authorized to use medicinal cannabis by a prescription or recommendation from a medical practitioner commits an offence and is liable on summary conviction to a fine of ten thousand dollars and imprisonment for a term of six months. On conviction on indictment, the person is then liable to a fine of one hundred thousand dollars and imprisonment for a term of ten years.

Under Section 41(2), a parent, guardian, or any person responsible for a child who is a patient commits an offence if they fail to obtain (i) a certificate in writing from a medical practitioner certifying the use of medicinal cannabis for the child, and (ii) written consent to the child's use of medicinal cannabis, and nevertheless permit or cause the child to use medicinal cannabis. This person is on conviction on indictment liable to a fine of one hundred thousand dollars and imprisonment for a term of ten years [Section 41(3)].

2.2.3.4.3 - Prohibition of commercial use of cannabis for religious purposes

Section 46 prohibits religious organizations that are permitted to handle cannabis under a licence from handling of cannabis for any type of commercial benefit or engaging in any type of sale, supply or other transaction involving cannabis for money or for any profit, financial or monetary gain or compensation.

A person who contravenes subsection (1) commits an offence and is liable on summary conviction to a fine of ten thousand dollars and to imprisonment for a term of six months [Section 46(2)].

2.2.3.4.4 - Prohibition of use of cannabis by children

Section 49(1) prohibits individuals from causing or permitting the dispensing of cannabis to a child at a place of worship, a sacramental dispensary, or an exempt event. For this offence, on summary conviction, there is a fine of two hundred and fifty thousand dollars and to imprisonment for a term of five years [Section 49(2)].

2.2.3.4.5 - Failure to comply with any of the provisions of this Act or the Regulations

Under Section 65, a person who fails to comply with any provision of the act and its regulations will incur, on summary conviction, a fine of one hundred thousand dollars and in the case of a continuing offence, a further fine of one thousand dollars for each day that the offence continues after conviction.

Section 67 also notes that the authority may make regulations for carrying the Act into effect and prescribing anything required to be prescribed under this Act. Additionally, it notes that regulations may provide that any contravention thereof shall constitute an offence punishable on summary conviction by a fine not exceeding one hundred thousand dollars and imprisonment for a term not exceeding two years.

2.2.3.5 - Drug Treatment Court

The Drug Treatment Court (DTC) Pilot Programme, launched in 2012, is an alternative to traditional incarceration. It focuses on the rehabilitation of non-violent offenders with SUDs through supervised treatment programmes. This Court combines traditional justice processes with treatment options, and it aims to address the root causes of criminal behaviour linked to drug dependency, thereby reducing recidivism and alleviating prison overcrowding. The success of the DTC is reliant on the offenders' willingness to accept responsibility for their addictions and agree to enter into the Court-supervised treatment.

Drug treatment courts were founded on the idea that addicted offenders are best served when the justice system and community-based treatment stakeholders work together to promote each participant's recovery. The DTC team in Trinidad and Tobago is comprised of:

- A dedicated drug treatment court magistrate;
- A representative designee of the Director of Public Prosecutions (DPP);
- A defence attorney;
- A police prosecutor, assigned on a rotating basis;
- A representative from Probation Services; and
- A local treatment provider (one in each site).

2.2.3.5.1 - Legal Eligibility

Eligibility is restricted to defendants with a diagnosed substance addiction whose offences are linked to their drug use. Qualifying offences include drug possession, possession of paraphernalia, driving under the influence (DUI), certain larceny-related charges, and other offences as determined by the DPP. Those charged with trafficking or possession with intent to traffic may be considered if the crime was committed to sustain their addiction.

2.2.3.5.2 - Clinical Eligibility

Prospective participants must take a drug test within 24 hours of pleading guilty and signing the waiver. Those who test negative may be ineligible. The most common substances among the DTC programme participants are marijuana and cocaine; alcohol-only users do not qualify. A clinical assessment by a social worker or treatment provider is required, with results sent to the DPP for final eligibility approval. Defendants with a co-occurring mental illness are not eligible.

2.2.3.5.3 - Program Referral

If a defendant meets the legal criteria and is likely to have a SUD, the magistrate at his/her first court appearance may inform him/her about the DTC Programme. While referrals can come from various court officials, they are typically made by DTC Programme magistrates. If interested, the defendant is connected with a defence attorney who explains the application and waiver processes before enrollment.

2.2.3.5.4 - Program Admission

Defendants must plead guilty to initiate a drug screening, clinical assessment, and background check. The application is reviewed by the DPP, who makes the final eligibility decision. Approved cases are transferred to the DTC Programme, where defendants may confirm participation or withdraw. Those who proceed are scheduled for the next session and undergo further screening by Probation Services. At their first court appearance, they re-enter a guilty plea, officially joining the program.

2.2.3.5.5 - Treatment

The country's two drug treatment courts generally follow a similar treatment model, with weekly individual counselling, group sessions, Narcotics Anonymous (NA) attendance requirements, and drug testing.

2.2.3.5.6 - Monitoring

DTC Programme participants must attend weekly court sessions initially, with reduced frequency as they progress. They undergo weekly drug screenings for marijuana and cocaine. Graduation requires 90 days of sobriety. While Probation Services and the Trinidad and Tobago Police Service (TTPS) are responsible for community supervision, police involvement is currently limited. Probation Officers conduct surprise home visits every two months and hold individual or group sessions to monitor participants' progress toward graduation.

2.2.3.5.7 - Legal Consequences

Successful completion of the DTC Program may lead to case dismissal, though some graduates receive alternative penalties such as community service, fines, or reduced sentences. Graduation requires that participants maintain sobriety, verified through weekly drug tests, and show personal growth. The steering committee makes the final decision on graduation. Participants may withdraw at any time, returning to their original court for case proceedings.

2.2.3.5.8 - Interim Sanctions & Incentives

Court incentives for positive behaviour include: judicial praise, courtroom applause, decrease in judicial status hearing frequency, tokens of achievement, and gift certificates. Conversely, sanctions for negative behaviour are writing a letter, community service, bail revocation, additional conditions (such as curfew), and additional treatment sessions.

2.2.3.6 - Dissuasion Commission

The DC is a proposed national ATI initiative that seeks to address the situation of first-time, non-violent offenders with minor drug-related offences, and SUDs and/or other mental health challenges, through the engagement of the Office of the DPP as opposed to the court system.

Accordingly, it will be a first layer of intervention, in advance of the judicial process. If, however, the DC efforts are unable to support meaningful changes in participants' substance use behaviours and/or other mental health challenges, these individuals will then be channeled to the judicial system. The court could, at this juncture, make recommendations for DTC Programme

engagement along with other measures, based on its discretion and rule. The DC will therefore complement the work of the DTC Programme.⁵²

2.2.3.7 - Other Related Legislation

2.2.3.7.1 - The Family and Children Division Act, 2016

The Family and Children Division Act, 2016, establishes a specialized Division within the High Court known as the Family and Children Division, which has jurisdiction over all family and children-related matters. This Act defines a child as a person under the age of eighteen. Accordingly, processes for children who commit drug trafficking offences include:

- Peer Resolution Process, which is a voluntary, restorative practice where children participate in a court-like setting to recommend appropriate measures or sanctions for offences committed by their peers.
- Peer Assessors are young people who determine recommended sanctions for the child offender, according to established rules.
- The process requires the agreement from both the child and his/her parent or guardian. If a parent or guardian withholds consent but the child agrees, the court may still refer the child if it believes it is in the child's best interest.
- Sanctions may include community service, behavioural programmes, educational workshops, counselling, apologies, curfews, restitution, or performing good deeds. The process focuses on accountability and repairing harm rather than determining guilt or innocence.
- Children Drug Treatment Court Process is designed to supervise cases of drug offenders who agree to participate in substance abuse treatment, combining traditional justice processes with treatment options. The concept of the DTC is to combine traditional justice processes with treatment options.

The act emphasizes rehabilitation when sentencing young offenders. It advocates for a holistic approach that considers the offender's social background and circumstances. The goal is to address underlying problems to reduce future offences and minimize contact with the criminal justice system. It is supported by the DDA Chap 11:25 (as amended), which allows judges or magistrates to impose lesser penalties on offenders under the age of 21.

2.2.3.7.2 - The Miscellaneous Provisions (Administration of Justice) Act, 2020

The Miscellaneous Provisions (Administration of Justice) Act, 2020, introduces significant amendments to the DTC Process. This process allows a person with a history of alcohol or substance use to be referred by a Judge, Master, or District Court Judge to an intensive treatment and counselling program. The goal is to help the individual stop using drugs or alcohol, with ongoing monitoring and accountability by the court. The person must meet his/her obligations to the court, society, and family. A person may be referred to the process if he/she:

- Has a history of alcohol or substance abuse.
- Is involved in non-violent criminal or traffic matters.
- Is a party to a family matter.
- Is a parent or guardian responsible for a child identified by the Children's Authority as being at risk.
- With consent, is a household member of a child facing legal issues due to substance use.

Additionally, the Court may refer any individual who has been sentenced to community service,

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is on probation, or is bound to keep the peace to the DTC Process.

Accordingly, the Act establishes the Rules Committee, under section 77 of the Supreme Court of Judicature Act, to make Rules prescribing the procedure of the DTC Process for both individuals charged with offences and those not formally charged.

This framework aims to integrate treatment and judicial oversight for individuals whose substance abuse issues intersect with the justice system.

2.2.3.7.3 - The Summary Courts Act, 4:20

The DDA, 1991, as amended, is one of several pieces of legislation that impacted the Summary Courts Act, 4:20, in the following ways:

1. Jurisdiction for Summary Offences

The DDA outlines both summary (less severe) and indictable (more severe) drug-related offences. The Summary Courts Act (Chap. 4:20) deals with summary offences, and its provisions determine how these offences are handled procedurally in lower courts. The 2019 amendment expands the scope of offences that may be prosecuted summarily under the DDA, especially with minor cannabis possession cases, which are no longer treated as serious criminal offences.

2. Penalties and Fines for Minor Offences

The Dangerous Drugs (Amendment) Act, 2019, introduced changes to penalties for possession of cannabis. For instance, it decriminalized the possession of up to 30 grammes of cannabis or five grammes of cannabis resin. Possession of amounts within this limit, previously treated as a criminal offence, is now addressed through administrative penalties rather than criminal prosecution. Persons found with more than 30 grammes but less than 60 grammes of cannabis may still face a fine, but this fine is handled summarily by the magistrates under the Summary Courts Act.

3. Procedural Streamlining

The Summary Courts Act governs the procedure for summary offences, allowing for quicker resolution of less serious drug-related cases. The 2019 amendment to the DDA encourages the use of Magistrates' courts for cases involving small quantities of drugs, streamlining the judicial process and reducing the burden on higher courts.

4. Magistrates' Discretion and Sentencing

The Summary Courts Act gives magistrates the power to impose sentences for summary offences. Under the Dangerous Drugs (Amendment) Act, 2019, magistrates are now responsible for imposing fines for offences such as possession of cannabis that exceed the decriminalized threshold. For instance, the act specifies: first-time offenders can be fined up to TT\$50,000 and may face community service in lieu of imprisonment for certain drug-related offences that fall within the summary category.

5. Diversion Programmes and Non-Custodial Sentences

The Dangerous Drugs (Amendment) Act, 2019, introduces mechanisms that promote alternative sentencing for drug-related offences. Accordingly, it specifies that before discharging, or imposing a sentence on a person in relation to specific offences, under section 5(E), the Court could make an order for counselling; rehabilitative intervention or treatment; or psychological evaluation and resultant assistance, in place of custodial sentences. These programmes are facilitated through the Summary Courts, in alignment with the overall goal of reducing incarceration for minor drug offences.

2.2.3.7.4 - The Summary Court Amendment Act, 2022

The Act amends the Summary Courts Act, Chap. 4:20 to remove the requirement of consent for joinder of complaints in summary judicial matters. The following highlight the key implications and relations to the DDA:

The amendment, which is enacted, removes the requirement of consent for joinder of complaints in summary judicial matters.

1. Joinder of Complaints

- a. Prior to the 2022 amendment, consent was required for the joinder of complaints in summary cases, meaning separate charges could not be heard together unless all parties agreed. The 2022 amendment removes this requirement, allowing for multiple, related complaints to be tried together more easily in summary proceedings.
- b. In the context of drug-related offences under the DDA, particularly minor offences like possession of cannabis (as amended by the 2019 Dangerous Drugs [Amendment] Act), this means that multiple charges related to similar offences (such as possession of small quantities of drugs across different incidents) can now be joined and handled in one proceeding. This speeds up the resolution of cases and reduces court backlogs.

2. Efficiency in Handling Minor Drug Offences

- a. The amendment enhances procedural efficiency by allowing courts to consolidate multiple drug-related charges, especially for minor offences such as cannabis possession. For example, if an individual faces several instances of minor drug possession under the DDA, these can now be joined and addressed in one summary hearing, rather than requiring separate trials for each incident.
- b. This change aligns with the overall push to streamline judicial processes under the Dangerous Drugs (Amendment) Act, 2019, which aims to reduce the severity of penalties for minor drug offences and expedite their resolution in the summary courts.

3. No Substantive Change to Sentencing or Penalties

- a. The Summary Courts (Amendment) Act, 2022, does not change any substantive aspect of the sentencing, penalties, or legal definitions outlined in the DDA or its amendments. Its effect is procedural, focused on how cases are handled in the summary courts.
- b. Therefore, while it facilitates more efficient handling of drug-related cases, it does not directly alter the penalties or decriminalization provisions introduced by the Dangerous Drugs (Amendment) Act, 2019.

2.2.3.7.5 - Offences against the Person Act, Chapter 11:08

The Offences Against the Person Act addresses crimes involving bodily harm and applies when drug offences involve violence or threats, and enables additional charges for violent acts committed during drug-related crimes.

2.2.3.7.6 - Probation of Offenders Act Chap 13:51

The Probation of Offenders Act allows courts to place offenders on probation, provides probation as an alternative for certain drug offenders, and focuses on monitoring and rehabilitating offenders rather than incarceration.

2.2.3.7.7 - Community Service Orders Act Chap 13.06

The Community Service Orders Act allows courts to impose community service instead of imprisonment, provides alternative sentencing for minor drug offences, and aims at rehabilitation rather than punishment for first-time or minor offenders.

2.2.3.7.8 - Criminal Procedure (Plea Discussion and Plea Agreement) Act Chap 13.07

The Criminal Procedure Act facilitates plea bargaining between the prosecution and defence, enables accused persons in drug cases to plead guilty in exchange for reduced sentences, and assists in the swift administration of justice in drug-related offences.

2.2.4 - Trends

Substance use and drug-related incarcerations in Trinidad and Tobago mirror many of the dynamics observed at the global level, but there are distinctive features that characterize the situation among youth and vulnerable populations.

In terms of commonly used substances, research indicates that alcohol, cannabis, and cocaine are popular drugs, with New Psychoactive Substances (NPS), such as MDMA, Ketamine, Synthetic cathinone and methamphetamine, also being detected in unpublished research by the National Drug Council (NDC) and the national Early Warning System (EWS) mechanism (DIN-TT, 2023 & 2024). Data also showed that the prevalence of smoking was 21.3% and the prevalence of current drinkers was 51.5%. Moreover, in both cases, the proportion of men was higher than that of women (Ministry of Health, GoRTT, 2024).

Further to this, the National Secondary Schools Surveys on Alcohol and Other Drug Use in Trinidad and Tobago (2013) indicated that the perception of drugs in schools was highest in the education districts of Caroni and Victoria. A gender analysis additionally informed that all-male schools outpaced all-female schools in terms of the perception of drugs in school (NADAPP & CICAD, 2013). The survey also highlighted the mean ages of use for the following substances: cigarettes (12.4 years), alcoholic beverages and stimulants (12.2 years), inhalants (10.4), marijuana (13.6), coca paste (11.7) and cocaine (12.2) (NADAPP & CICAD, 2013). Information on drug use in TT, however, has been described as “limited” and “largely anecdotal” (INCSR, 2023).

In the area of drug treatment, NADAPP continues to assist with standards of care and coordinates data collection activities with drug treatment centres. Accordingly, data for 2023 showed that men significantly surpassed women in treatment, and the mean age of persons in treatment was forty (40) years old (DIN-TT, 2024). Also, there was a small gap between employed and unemployed individuals in treatment and the majority of persons in treatment had completed secondary level education (DIN-TT, 2024).

Additionally, there have been ongoing drug prevention interventions in both Trinidad and Tobago. These include eighty (80) outreach activities conducted by NADAPP in 2023 across school, workplace, and community settings, which impacted 2,437 beneficiaries (DIN-TT, 2024). NADAPP also advanced the Trinity Smart Programme, a drug prevention strategy to train Early Childhood Care and Education (ECCE) administrators, teachers and primary school teachers in basic drug education and strategies for teaching young children about the dangers of drug use (DIN-TT, 2024). Furthermore, NADAPP partnered with the Community Mediation Division, Ministry of Sport and Community Development, to equip parents with tools to recognize the signs of substance use and foster supportive environments (DIN-TT, 2024). Similarly, in Tobago, the Alcohol and Drug Prevention Programme (ADAPP) conducted several substance use and misuse information dissemination efforts (DIN-TT, 2024).

Regarding drug-related offences, the possession of cannabis comprised the majority of arrests for narcotic-related offences from 2019 to 2023 (DIN-TT, 2023). However, in the wake of the decriminalization of the possession of quantities of cannabis equal to or less than 30 grammes, there was an observed reduction in the number of arrests for the possession of marijuana (INCSR, 2023). It was also noted, at the wider Caribbean level, that most persons are in prison for possession of drugs or committing an offence to feed their drug habit (Singh, 2004).

2.2.4.1 - Youth Patterns

Similar to the international context, substance use among youth in TT is a growing concern (Johnson & Mendoza, 2019). Specifically, young persons aged 15-18 at the re-branded Youth Transformation and Rehabilitation Training Centre (YTRC) reportedly initiated drug use between five and nine years of age, with the main motivating factors being physical abuse; peer pressure; family stress; and financial stress (Rampersad, 2015). Curiosity, boredom, relaxation, and improved thinking were also identified as motivations for use in earlier research (Remy, 1993).

Drug preferences differentiated according to ethnicity, among this population, as individuals of African descent and “mixed” ethnicity reported higher levels of cannabis and crack cocaine use; whereas persons of East Indian descent reported higher levels of alcohol use, compared to those of African descent (Rampersad, 2015). More generally, however, the preferred substances among young persons are alcohol, cigarettes, and marijuana, and a significant majority of them were unaware of prevention and treatment/intervention programmes (Rampersad, 2015). There is also evidence of use of “over-the-counter” cough and cold medicine, inclusive of lean – a mixture of codeine and Sprite- and prescription drugs (Johnson & Mendoza, 2019, NDC unpublished study).

In terms of the sister isle, Tobago, it was noted that youth drug use is a concern, but only a very small percentage of individuals seek treatment (Riley, 2008).⁵³

2.2.4.1.1 - Risks and Protective Factors

Some risks and protective factors are analogous to international findings. More pointedly, in terms of risks, it was found that although students at all levels of academic performance are involved in substance abuse, students with lower academic grades have a higher possibility of becoming involved with substance abuse. Additionally, parents’ level of alcohol consumption has been related to youth involvement in substance abuse (Singh & Mustapha, 1994), along with youth living alone or with a relative, compared to those who lived with a single parent (Rampersad, 2015). Other risk factors include: exposure to substance use in the media, cultural acceptance of alcohol use, and easy access and availability of substances within the home, at parties, and in the community (Remy, 1993; Johnson and Mendoza, 2019).

Regarding protective factors, youth who value religious programmes are less involved in substance abuse (Singh & Mustapha, 1994). Maguire (2013) also found that family-based interventions could potentially have a significant impact on decreasing youth drug use. Other identified protective factors are: strong family bonds and parental involvement, school engagement and the presence of supportive educators or social workers, as well as the availability of structured recreational and extracurricular activities (Johnson & Mendoza, 2019).

Maharajh & Konings (2005) also determined a link between cannabis use/abuse and depression and suicidal behaviour, which concurs with global findings. Additionally, the intention to use drugs and drug trafficking have been connected to gang membership (Katz, et al., 2010). Townsend

53- In Rampersad 2016

(2009) further elaborated that the selling of marijuana and cocaine are main sources of income for gangs, and recognized that most gang crimes are associated with drug trafficking.

2.2.4.2 - Gendered issues

A total of 10,044 persons were arrested for narcotic offences between 2019 and 2023, of which there was a higher number of men compared to women (DIN-TT, 2023). Similar trends were observed for convictions, as of the 2,965 persons convicted for narcotic and narcotic-related offences, 98% were men and 2% were women (DIN-TT, 2023). Research by the NDC, in collaboration with the Prison Service of Trinidad and Tobago (NDC/TTPrS, n.d.), has shown, however, that most women are incarcerated for drug offences related to trafficking and possession of drugs or paraphernalia (in Rampersad, 2015). This study also indicated that the majority of women had reportedly no prior sentencing to incarceration, probation, or fines (Rampersad, 2015).

Young men of African descent, from urban crime hotspots such as Laventille, Sea Lots, Beetham Estate, Arima, San Fernando and parts of Chaguanas have also been identified as most at-risk for involvement in the criminal world of drugs, guns, and deadly violent crimes (Rampersad, 2015). This vulnerability has been attributed to complex historical and social problems that mushroomed over decades (Rampersad, 2015).

Alternatively, and comparable to the global scenario, Afro-Trinidadian women have been linked to roles of drug couriers/carriers in the drug trade in Trinidad and Tobago (Singh, 2004; Rampersad, 2015). Their situation, however, differs from that of the men as many of them who perform these drug-related functions have histories of sexual and emotional abuse, mental illness and child-related responsibilities and, therefore, experience significantly more trauma than men (Rampersad, 2015). Likewise, they often do not seek treatment for their SUDs because of their desire to keep their families together (Martin, 2009). In the Caribbean, the incarceration of women who head their households also presents compounded vulnerabilities and risk for their children (Singh, 2004).

Apart from this, LGBTQ-I individuals at the YTRC highlighted that their drug consumption was linked to experiences of discrimination, isolation, and exclusion (Riley, 2008). Consequently, drug use is a coping mechanism.

2.3 - Alternatives to Incarceration

Imprisonment is a global approach used to punish persons who have committed crimes or broken the laws of their country, inclusive of drug-related offences. This practice, however, has been criticized for being expensive, overused, impinging on human rights, and impacting the poorest and most vulnerable groups in the community (UNODC, 2007). In addition, it is regarded as an ineffective mechanism for crime prevention and control, and counterproductive to rehabilitation and reintegration for minor crime offenders (UNODC, 2007; Chandler et al., 2009). Moreover, a significant proportion of the prison population in most countries consists of persons with drug-related offences who are often not major players in the drug trade and present with SUDs (UNODC, 2007). Illicit drugs are also used in jails, despite the highly controlled nature of these environments, which heightens the possibility of continued drug use for prisoners with SUDs (Chandler et al, 2009).

Against this backdrop, there have been several calls for ATIs to effectively address these concerns and achieve public safety objectives (UNODC, 2007). Most notably, the United Nations Standard Minimum Rules for Non-custodial Measures (The Tokyo Rules), 1990, encourage criminal justice systems to institute a wide range of non-custodial measures from pre-trial to

post-sentencing. The United Nations Standard Minimum Rules for the Treatment of Prisoners (The Nelson Mandela Rules), 2015, also provide the steps that should be undertaken to ensure that incarcerated persons can gradually return to life in society.

More recently, the Hemispheric Drug Strategy, 2020, advances that states should foster proportional sentencing for drug-related crimes, where appropriate, and provide penalties that correspond to the seriousness of the offences. Adherence to international drug conventions and respect for the principles of due process are also imperative, along with a gender perspective, and age, community, and human rights approaches. Accordingly, drug-related offences referred to in the Hemispheric Plan of Action on Drugs, 2021-2025, include:

- i. Use and possession for use, when such behaviour is criminalized, whether by recreational users or addicts;
- ii. Small-scale growing and producing, especially in the case of peasant farmers, indigenous people or for personal use;
- iii. Non-violent, small-scale transporters, traffickers and distributors, such as the couriers known as “mules” – retail or small-scale drug dealing.
- iv. Persons who have committed other minor crimes under the influence of illicit drugs, or to support their addiction

Alternatives to incarceration have been divided into the following measures in accordance with the different justice phases:

1. Pretrial – these measures seek to avoid individuals’ encounter with the criminal justice system and are generally associated with:
 - a. Decriminalization of certain behaviours and eliminating the possibility of imprisonment as a punishment. Drugs could also be downgraded to a less dangerous status compared to others (UNODC, 2007).
 - b. Depenalization of certain behaviours, which facilitates closure of a minor criminal case without criminal proceedings or sanctions.
 - c. Diversion mechanisms, which involve diverting the offender into rehabilitative measures (OAS-CICAD, 2015: 23).
 - d. Conditional pre-trial release with electronic monitoring (Heard, 2016).
2. Procedural – these are implemented during the prosecution and/or trial phases. They include:
 - a. Modifying sentences,
 - b. Prosecutor-led diversion, or
 - c. Diversion to specialty courts or programmes, i.e., Drug Treatment Courts⁵⁴ (OAS-CICAD, 2015: 27).
3. Post-sentencing – these are applied after the offender has been sentenced, and they are geared toward substituting or reducing incarceration for drug-related offences. Examples include:
 - a. Probation or early release programmes;
 - b. Pardons or clemency (OAS-CICAD, 2015: 33);
 - c. Programmes to support transition back to society (e.g., shelters, halfway houses);
 - d. Substitute sentences such as fines, community service, supervised release and restorative justice (Viedma, 2019); and
 - e. Electronic monitoring (Heard, 2016).

54- Drug Treatment Courts include a comprehensive treatment program for addiction and other issues confronting the participant and incorporates monitoring and supporting functions (UNODC, 2007)

4. Multiphase – these could operate during two or more phases of criminal proceedings, and they allow judges to give priority to measures other than imprisonment. Treatment and social integration programmes could also be referred to for individuals willing to voluntarily participate in them (OAS-CICAD, 2015).

Alternatives to imprisonment or incarceration, however, are not a one-size-fits-all and should be customized to the country context, the targeted group, be based on available empirical evidence, and satisfy overall intended needs and objectives (Vergara et al., 2014).

It is noted, however, that ATIs require requisite institutional support, resources, and infrastructure for the implementation and continued operation of these approaches, and they should also consider cultural differences (UNODC, 2007; Vergara et al., 2014). Furthermore, careful coordination between criminal justice agencies, drug abuse treatment providers, mental health and physical health care organizations, and social service agencies is necessary to ensure effective interventions (Chandler et al., 2009).

2.3.1 - *Youth*

Mendel (2023) suggests that youth incarceration is an ineffective approach to reduce delinquent behaviour, rehabilitate youth offenders and improve public safety. He further states that incarceration can increase recidivism, impact young people's physical and mental health, impede their education and employment outcomes, and expose them to abuse. He therefore advocates for several ATIs that demonstrate proven results and more appropriate responses to youth behaviour, such as community-based alternative programmes.

Mendel (2023) further argues that specific policy and practice reforms must accompany alternative programmes to improve the youth justice system. These include diversion from formal court processing for less serious offences, reform of probation and detention practices including limiting pre-trial detention, prohibiting incarceration for lower-level offences (such as status offences, non-violent felonies, probation violation, and misdemeanours), reducing the length of stay in correctional custody, as well as incentivizing the reduced use of incarceration, and diverting funding to incarceration alternatives.

2.3.2 - *Gendered Issues*

The United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (The Bangkok Rules), 2011, advocate a set of rules that should be applied to all women in custody that are aligned with international standards from the time of detention to post-sentencing.

Correspondingly, it has been observed that pretrial detention and imprisonment can have negative and adverse effects on women, including impacts on their safety, their role as caretakers, their mental health, stigma, and discrimination. Alternatives to incarceration or non-custodial measures for women can improve women's success at rehabilitation and reintegration, reduce recidivism, and address the underlying factors that lead to their involvement with the criminal justice system (UNODC, 2020). Suspended sentences have also been successfully used for pregnant women or women with dependent children (UNODC, 2020). Additionally, women with mental health issues or substance abuse addictions should be referred to gender-responsive, trauma-informed, women-only treatment programmes in the community (UNODC, 2020). Gender responsive ATIs are therefore critical to promoting gender equality.

Diversion strategies that offer social assistance to both women and their families operate best (UNODC, 2007). Other diversion strategies for women who do not pose a risk to the public include: an absolute or conditional discharge, verbal sanctions, an arbitrated settlement, restitution to the victim or a compensation order, a community service order, restorative justice

processes, gender-appropriate treatment programmes, and referral to community support services (UNODC, 2020).

2.3.3 - Preventive Interventions

Alternatives to incarceration comprise a broad spectrum of measures that range from avoiding entry into the criminal justice system to post-sentencing and preventative interventions, and have been identified as a critical aspect of the strategy.

The literature highlighted several preventative approaches within the Family, School and Community⁵⁵, which are expanded on in Table 2.

Table 2 - Preventative Approaches

Family Interventions	School Interventions	Community Interventions
<p><i>Programmes to strengthen family cohesion, parental involvement, and educate parents on monitoring their children's behaviours (Johnson & Mendoza, 2019).</i></p> <p><i>Initiatives to improve parental support (SAMHSA, 2019).</i></p> <p><i>Family outreach programmes to address substance-related issues (Johnson & Mendoza, 2019).</i></p> <p><i>Family-based therapy (Mulvey et al., 2010).</i></p> <p><i>Programmes designed to support mothers in prison, allowing them to maintain family ties.</i></p>	<p><i>School-based prevention programmes (SAMHSA, 2019).</i></p> <p><i>Afterschool programmes (e.g., sports, clubs) (Gentle-Genitty et al., 2017)</i></p> <p><i>Mentorship opportunities (Gentle-Genitty et al., 2017).</i></p> <p><i>Substance use prevention in the school curricula (Johnson & Mendoza, 2019).</i></p> <p><i>Trained school social workers to provide counselling and coordinate prevention efforts (Johnson & Mendoza, 2019).</i></p>	<p><i>Community-based prevention programmes (SAMHSA, 2019).</i></p> <p><i>Collaboration and Partnerships between schools, families, and community organizations for violence prevention (Gentle-Genitty et al., 2017).</i></p> <p><i>Implementation of extracurricular activities, such as sports, music, and computer training, to engage youth constructively (Johnson & Mendoza, 2019).</i></p> <p><i>Collaboration with Non-Governmental Organizations (NGOs) and local organizations to design and execute anti-drug interventions (Johnson & Mendoza, 2019).</i></p> <p><i>Peer support groups for young adults at high risk (SAMHSA, 2019).</i></p> <p><i>Education, vocational training, and mentorship programmes (Mendez, 2019)</i></p> <p><i>Early substance use intervention programmes.</i></p>

55- SAMHSA (2019), Gentle-Genitty et al. (2017), Johnson & Mendoza (2019), Mulvey et al. (2010), Bonnell (2014), Mutatayi et al. (2022)

3 - Methodology

3.1 - Overview

An understanding of the situation concerning youth and the various responses to youth substance use, SUDs, and offending behaviour is fundamental to formulating effective gender-sensitive and alternative strategies to youth drug-related incarceration in TT. Accordingly, the YDJIP, funded by OAS/CICAD, provides a critical opportunity to identify and address the pathways, factors, challenges, and vulnerabilities of justice-involved youth, men, women, boys, and girls that require such alternatives. This study, as such, advances the policy dialogue by providing insights, perspectives, and recommendations from key stakeholders on adopting context-specific, gender-responsive ATIs towards a more humane, equitable, and cost-effective criminal justice system.

A mixed-methods design, with a predominantly qualitative methodological approach, is employed in accordance with the objectives of the project and informed discussions with the project sponsor and the national implementing agency (NDC).

3.2 - Goals of Fieldwork

Based on the project objectives, the goals of the fieldwork were to:

1. Assess the situation of youth and their involvement with substance use, SUDs, and drug-related offences, including their relationship with gangs.
2. Determine the risk and protective factors influencing or dissuading youth from involvement in substance use and criminal offending.
3. Identify the policy and/or legal frameworks for drug-related offences, gender-related approaches, and ATIs for youth in Trinidad and Tobago.
4. Identify the prevention, intervention, rehabilitation, and treatment facilities and services available and accessible to youth aged 18 – 25 years involved with substance use and/or SUDs in Trinidad and Tobago.
5. Determine the challenges and gaps in prevention, intervention, rehabilitation, and treatment facilities and services for youth aged 18 – 25 years involved with substance use and/or SUDs in TT.
6. Propose recommendations, promising practices, and opportunities for prevention and diversion interventions for youth at-risk of entering the criminal justice system, or having SUDs.

3.3 - Fieldwork Strategy

The research team embraced a multi-pronged approach to data collection, which commenced with reviews of the policy and legal frameworks, as well as desk research on key issues related to the study's objectives. This exercise informed the literature review framework and contributed to the development of the interview and focus group discussion protocols.

The study employed a qualitative approach for data collection to effectively understand the complexities of the phenomenon under review and to gain deeper insights. This mainly involved the use of semi-structured interviews and focus group discussions with key stakeholders (see Appendix 4 & 5).

It followed a non-probability, purposive sampling technique, commonly associated with the qualitative research design. It is therefore considered the characteristics of the population of interest and the objectives of the study. As such, important selection criteria for stakeholders included their professional knowledge, relevant expertise, and experience in the subject matter.

A cross-section of views from varying organizational capacities was captured. A total of 31 individuals participated in the study, which included 26 agencies and/or departments, three NGOs, one international organization, one academic institution, and one private sector agency, along with one person with lived experience.

The list of key stakeholders engaged is as follows:

Interviews:

1. Alcohol and Drug Abuse Prevention Programme (ADAPP)
2. Chambers of Commerce – Tunapuna
3. Coordinator of the Criminology Unit, The University of the West Indies (UWI)
4. Drug Treatment Court Process (DTCP)
5. International Organization for Migration (IOM)
6. Ministry of the Attorney General and Legal Affairs - Criminal Justice Unit
7. National Alcohol and Drug Abuse Prevention Programme (NADAPP)
8. National Drug Council (NDC)
9. Prison Youth Club
10. Probation Services
11. Special Investigations Unit (SIU), Trinidad and Tobago Police Service (TTPS)
12. Tobago House of Assembly (THA) - Division of Community Development, Youth Development and Sport
13. Trinidad and Tobago Prison Service (TTPrS)
14. Youth Transformation and Rehabilitation Centre (YTRC)
15. Persons 18-25 with lived experience (PWLE)

Focus Group Discussions

1. Group 1
 - a. Mental Health
 - b. Health Education
 - c. Women's Directorate
2. Group 2
 - a. Gender and Child Affairs (Office of the Prime Minister)
 - b. Ministry of Sport and Youth Affairs
 - c. Ministry of Labour, Small and Micro Enterprises – On-the-Job-Training department
3. Group 3
 - a. Ministry of People, Social Development and Family Services
 - b. Ministry of Agriculture, Land and Fisheries
 - c. Ministry of Culture and Community Development
4. Group 4
 - a. Rebirth House
 - b. Caura Substance Abuse and Prevention Treatment Centre (SAPTC)
 - c. Council on Addiction Prevention – National Council on Alcoholism

These efforts yielded valuable data on the current situation of youth and their involvement with substance use, SUDs, and youth drug-related offences in TT. It also provided insights into gender sensitive mechanisms and ATIs for this population within the criminal justice system. Data derived from these processes were recorded, cleaned, coded, analyzed, and reported with a view towards addressing expressed project objectives and providing relevant recommendations for next steps.

3.4 - Data Collection

Primary data collection commenced on 9th April and concluded on 5th May 2025 with face-to-face interviews, virtual interviews, and focus group discussions that were recorded and transcribed.

A semi-structured, open-ended question guide was shared with stakeholders before their respective sessions and utilized during interviews and group discussions. The questions explored:

1. Trends observed in terms of youth drug-related offences and/or youth SUDs.
2. Key factors that contribute to youth drug-related offences and/or youth SUDs, including involvement in gangs.
3. Key factors and initiatives that prevent/dissuade youth drug-related offences and/or youth SUDs, i.e., family and school bonds, after school programmes, and sports.
4. Awareness of relationships between youth drug-related offences and youth SUDs.
5. Existing legal frameworks in the criminal justice system that address youth with drug-related offences, their effectiveness, any current challenges or gaps (inclusive of recidivism)
6. Existing treatment interventions for youth with substance use disorders, their effectiveness, any current challenges or gaps (inclusive of relapse)
7. Recommendation/strategies for:
 - a. Intervention opportunities for preventing and diverting youth currently in, or at risk of, entering the criminal justice system.
 - b. Intervention opportunities for preventing and diverting youth who have or are at-risk of having SUDs.
 - c. Addressing gaps and challenges within treatment interventions for youth with SUDs.
 - d. Incorporating into /strengthening treatment interventions for youth with SUDs.
 - e. Addressing gaps and challenges within legal frameworks in the criminal justice system related to youth with drug-related offences.
 - f. Incorporating into /strengthening legal frameworks in the criminal justice system related to youth with drug-related offences.
 - g. Reducing youth drug-related crimes.
 - h. Promising practices.

Participation in interviews and focus groups was voluntary. All participants were assured of confidentiality in the handling of the interview data, as well as their right to refuse to answer questions or discontinue the session if they felt uncomfortable. Accordingly, the sessions adopted a 'do no harm' approach.

Secondary data on persons who were arrested for drug-related offences and convicted for drug-related offences were also collected from the TTPS and the TTPrS, respectively. There was a total of 7,732 persons, aged 18 to 25, who were arrested for drug-related offences during the period 2015 to 2024, and a total of 637 individuals, aged 18 to 25, who were convicted for drug-related offences during the period 2015 to 2023. Secondary data was also sourced from the Probation Services on probationers with drug-related and/or SUDs. There was a total of 33 persons aged 18 to 25 who had either drug-related offences and/or SUDs.

3.5 - Data Analysis

Interviews and focus group sessions were recorded, transcribed, reviewed, and verified by the research team. Researchers used the research instruments and final transcripts to generate independent codes for the data analysis framework. The team thereafter rationalized and reconciled these preliminary codes to facilitate inter-coder reliability. The interview data were systematically reviewed, coded, clustered, and analyzed into themes.

Secondary data analysis was also undertaken for offender data sourced from the TTPrS, the TTPS, and Probation Services. Researchers analyzed these data using Microsoft Excel and SPSS to contextualize and provide trends and other essential insights.

3.5.1 - *Validity and Reliability*

Several strategies were employed to ensure the “trustworthiness” of the findings, guard against interviewer bias, promote validity, and establish reliability. These included the use of multiple skilled researchers with considerable experience, data triangulation, as well as peer debriefing.

3.5.2 - *Strengths and Limitations*

3.5.2.1 - *Strengths*

The use of semi-structured questions during the interviews and focus group discussions not only captured diverse perspectives but also allowed the researchers to probe and contextualize respondents’ perspectives for greater clarity. Respondents, having significant subject matter experience, further allowed for “information-rich” cases, ensuring qualitative rigour. The use of audio recording and transcription assisted significantly with data accuracy. In addition, the mixed-method design, which included the analysis of secondary offender data enhanced data quality.

3.5.2.2 - *Limitations*

The qualitative approach does not support generalizability and the establishment of causality as is afforded with the use of quantitative approaches.

Apart from this, the research team encountered several challenges during the planning and implementation phases of the project. Key issues faced included:

- An unplanned national election during the fieldwork phase of the project tremendously impacted the availability of participants for interview and focus group sessions. The unplanned election also produced several other spin-off issues, such as rescheduling and extending the fieldwork to accommodate participants who were actively engaged in election preparations and support efforts.
- Access to persons with lived experiences proved to be difficult, although several attempts were made to recruit this population through Probation Services and treatment centres. In the first instance, some individuals did not attend the planned session, and others, despite their initial consent, later requested financial incentives for their participation. However, there was no provision for this measure within the project. Treatment Centre representatives also noted that persons with lived experience who were interested in participating in focus group sessions were outside of the 18-25 age group. Consequently, only one person with lived experience was interviewed.

- Access to secondary data in the required format from some agencies was a challenge that resulted in delays in submission. Some data was also unusable as it did not contain the important data field age, which was crucial for analytical purposes.
- The team encountered a unique circumstance of a fire alarm and subsequent evacuation of a building during an interview session, which impacted the session's recording mechanism.

It is also important to note that a change in government during the data analysis and reporting phases may result in changed ministerial names and portfolios. The study and stakeholders' perspectives, therefore, do not include any new priorities, policy positions, and concerns that emerged subsequent to the fieldwork.

4 - Key Findings

This section is informed by stakeholder responses that were elicited through individual semi-structured interviews and focus group discussions. Accordingly, the findings highlight some areas of progress and identify priority issues, challenges, and gaps that require critical attention to comprehensively support gender- sensitive ATIs for youth with drug-related offences and assist youth with SUDs in TT.

4.1 - Commonly Used Substances

The top three commonly used substances among persons aged 18 to 25 years in TT, based on stakeholder feedback, are cannabis, alcohol, tobacco, and/or vaping.⁵⁶ Added to this, stakeholders acknowledged that new psychoactive substances (NPS) are being used, more so in Trinidad than in Tobago.⁵⁷ This finding coincides with an earlier, unpublished NDC research on synthetic drugs in Trinidad and the DIN-TT reports.

Cannabis is reportedly the most used of the three substances,⁵⁸ which aligns with global trends (UNODC,2024). Mention was also made of younger age groups consuming cannabis, including children of primary school age,⁵⁹ and there was a reference to increased cannabis consumption, i.e., chain smoking, among young persons in Tobago.⁶⁰

Stakeholders further identified gender distinctions in cannabis use and noted that the substance is "most popular" among young men,⁶¹ which reflects the global situation (UNODC, 2024). One stakeholder indicated:

*...they just believe that smoking weed is like real good and real accepted in society. That's a manly thing to do, a gender normative thing for them to do as a masculine thing, smoke weed. So that is what I have observed when it comes to boys.*⁶²

In terms of young women, cannabis is growing in popularity among this group who prefer edibles, such as brownies and cookies⁶³ and also smoke marijuana for recreational purposes.⁶⁴

56- STI_Ref.4:2-3, FGD_Ref.4:3, PWLE-Ref.1:2

57- STI_Ref.1:15-16, STI_Ref.4:14-15,

58- STI_Ref.3:9, STI_Ref.4:2-3, FGD_Ref.4:3, STI_Ref.5:2, STI_Ref.9:3, STI_Ref.10:1 STI_Ref.13: 6, FGD_Ref.4:3

59- STI_Ref.3:9, STI_Ref.4:2-3, STI_Ref.10:1, STI_Ref.14: 7

60- STI_Ref.12:1

61- STI_Ref.1:2

62- FGD_Ref.4:5

63- STI_Ref.1:2, STI_Ref.5:3

64- STI_Ref.13:7

Alcohol consumption, similarly, was considered along gendered dimensions as stakeholders indicated that it is largely consumed for recreational purposes, particularly among young women in Tobago.⁶⁵ The situation with young men and boys, however, seemed to be a bit more problematic, as they may use alcohol as a gateway to other substances, such as marijuana,⁶⁶ and have the ease of availability in acquiring alcohol.⁶⁷ Name-brand drinks such as Puncheon and White Oak appear to be preferred options.⁶⁸ There was also an account of the combined use of alcohol and energy drinks to “charge/hype up” themselves.⁶⁹ In addition, alcohol and fruit juice mixtures are reportedly being consumed on school compounds.⁷⁰

In the case of tobacco use and vaping, both practices appear to be increasing. Specifically, tobacco cigarette use continues to trend,⁷¹ but in some instances, young men are using this substance if they are unable to access cannabis, and in other cases, they are combining tobacco with cannabis to create a ‘roll-on.’⁷² Conversely, stakeholders noted that young women are using tobacco and vaping.⁷³ The increasing popularity of vaping was also emphasized as it is viewed as not “as bad” as cigarettes, although some vapes could contain THC.⁷⁴ Stakeholders also pointed to the ease of accessibility.⁷⁵

It was further stated that although females use marijuana, alcohol, tobacco, ecstasy, and cocktails as their male counterparts,⁷⁶ the effects of these substances on the female body must be interrogated within the local context.⁷⁷ Stakeholders elaborated that a woman’s physical structure metabolizes substances differently from that of men, based on quantity and frequency of use. Consequently, women can become ‘problem drinkers and users’ faster than men.⁷⁸

Stakeholders recognized linkages between the use of certain substances and ethnic groupings in TT. More pointedly, they suggested that cannabis consumption is stereotypically greater among youth of African ancestry,⁷⁹ whereas alcohol consumption is identified as greater among Indo-Trinidadians.⁸⁰ This finding is consistent with prior research (Rampersad, 2015).

Cocaine was not highlighted as a popular drug of choice among the youth population; however, one stakeholder indicated that it is more commonly associated with the older, male population.⁸¹

Stakeholders emphasized that the increasing use of synthetic drugs was emphasized as an emerging trend. These drugs include MDMAs, commonly known as “molly,” ecstasy, or “zesser” pills, and they were reportedly used by both youth and adult populations.⁸² In addition, stakeholders observed heightened levels of experimentation and mixing of substances, including combinations of cannabis with other substances, which could lead to acute psychosis.⁸³ Respondents noted that these blends are available in clubs, not on the streets, and are intended to provide a “better high” or “better feel” than other traditional drugs.⁸⁴ One stakeholder noted, therefore:

*...upwards of 85% of the youths that we come in contact with have some sort of exposure or experimentation with substances...not necessarily disorders, but there is definitely experimentation happening across the board in terms of pills, cannabis, vapes.*⁸⁵

65- STI_Ref.1:2, STI_Ref.13:7
66- FGD_Ref.4:5
67- FGD_Ref.4:5
68- STI_Ref.12:1
69- STI_Ref.13:7
70- STI_Ref.6:5
71- STI_Ref.4:2-3
72- STI_Ref.1:2
73- STI_Ref.1:2
74- STI_Ref.4:3
75- STI_Ref.1:3

76- FGD_Ref.3:13
77- FGD_Ref.3:13
78- FGD_Ref.3:10-11
79- FGD_Ref.2:3
80- FGD_Ref.2:3
81- STI_Ref.3:9
82- STI_Ref.1:15-16, STI_Ref.2:3, STI_Ref.3:9, STI_Ref.4:14-15, STI_Ref.12:1, FGD_Ref.2:3,
83- FGD_Ref.2:3, FGD_Ref.3:2
84- FGD_Ref.2:3
85- STI_Ref.9:2

Apart from this, youth with access to more economic resources are accessing legally prescribed drugs/medicine, such as Xanax, from their parents.⁸⁶ The literature correspondingly referred to the use of licit substances (Johnson & Mendoza, 2019; NDC unpublished study).

4.2 - Legislation

The impact of the legislative framework in TT on youth substance use and youth drug-related offences was considered in interviews and focus group sessions with stakeholders. The extent to which existing legislation offers ATIs for youth with drug-related offences was also reviewed.

4.2.1 - Cannabis Decriminalization

Stakeholders asserted that the decriminalization of small quantities of cannabis, through the enactment of the Dangerous Drugs (Amendment) Act, 2019, expanded the availability and accessibility of cannabis, which contributed to increased use of this substance.⁸⁷ Moreover, respondents recognized that many persons erroneously equated the decriminalization of cannabis with legalization, and, therefore, they consume the substance even in public spaces, which is prohibited according to the amended Act.⁸⁸ One stakeholder stated:

I believe that a lot of youths now think that it is legal, so in their minds, they are not doing anything wrong, because now marijuana is legal, so there is a disconnect between what it means for decriminalization and to actually be legal.⁸⁹

Further to this, stakeholders informed that the amended Act reduced the perceptions of harm for cannabis and increased the acceptability of its use, which heightened inclinations to engage in first use.⁹⁰ Increased use among younger age groups was also observed.⁹¹ Importantly, the decriminalization of cannabis coincided with the COVID-19 pandemic, which, according to some stakeholders, exacerbated the use of cannabis⁹² as a coping mechanism by non-traditional, non-stereotypical users of marijuana.⁹³ Accordingly, a stakeholder surmised:

With the decriminalization and a lack of education about what it really means...it has become a norm now...so I think now is a very difficult time for us...COVID-19 was the time for you to grow your plant, get accustomed with it, feel comfortable with it. I mean, people who never plant marijuana trees did so in their yard...so now it seems that it is a part of our culture.... recreational use among young people, school age.⁹⁴

Consequently, one stakeholder advocated for public education on the decriminalization of marijuana, along with possible advantages and disadvantages,⁹⁵ and others cautioned that the relationship between the increased use and health concerns needs further exploration (e.g., brain development, cardiac arrest, and suicides).⁹⁶

86- STI_Ref.6:5

87- STI_Ref.1:3, STI_Ref.4:3, STI_Ref.6:6, STI_Ref.10:1, STI_Ref.12:1, PWLE_Ref.1:2

88- STI_Ref.1:3, STI_Ref.12:1, FGD_Ref.4:5-6

89- STI_Ref.9:3

90- STI_Ref.1:3, STI_Ref.3:9, STI_Ref.4:3, STI_Ref.6:6, STI_Ref.9:3,4, STI_Ref.10:1, STI_Ref.11:3, FGD_Ref.4:5-6

91- STI_Ref.10:1

92- STI_Ref.3:10, STI_Ref.11:3

93- STI_Ref.10:2

94- STI_Ref.9:4

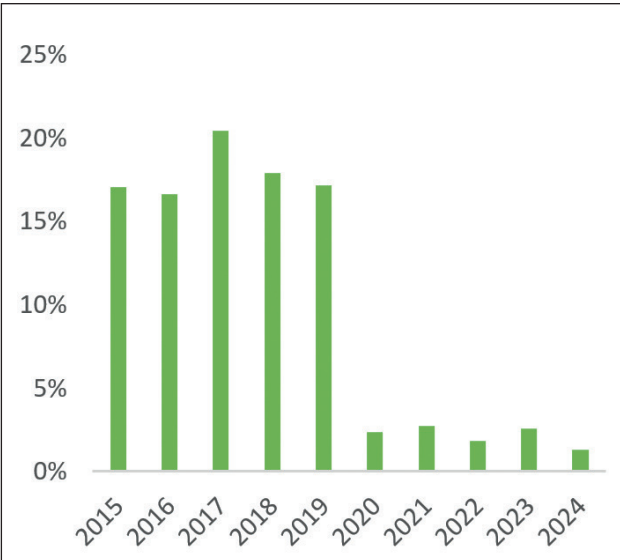
95- STI_Ref.13: 7

96- STI_Ref.5:3, FGD_Ref.3:2

It was also indicated that cannabis use during the COVID-19 period persisted thereafter, and it may therefore be related to its decriminalization.⁹⁷ Notably, however, intakes at treatment facilities for SUDs declined during the post-COVID-19 period.⁹⁸

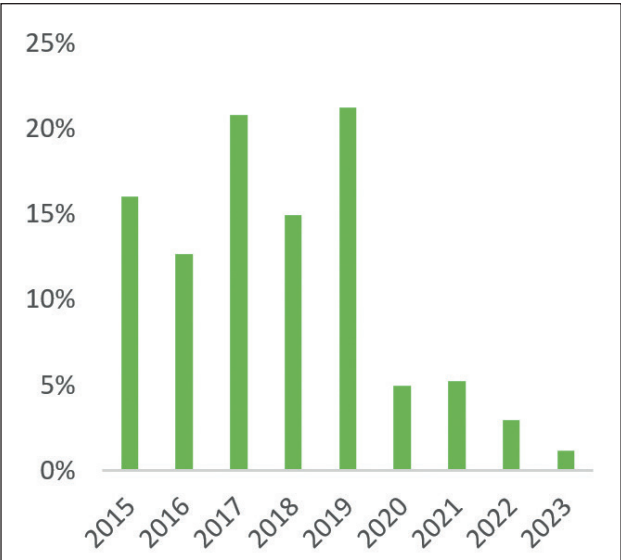
The decriminalization of small quantities of cannabis, effected through the Dangerous Drugs (Amendment) Act, 2019, also contributed to ripple effects for the criminal justice and carceral systems. Specifically, there was reference to a reduction in offences related to possession of cannabis for personal use,⁹⁹ which was also indicated in the literature (INCSR, 2023; DIN-TT 2023). Data from the TTPS and the TTPrS on persons 18 to 25 years old concurred with this view, given the significant decline in arrests and convictions for the possession of cannabis, post-2019, as shown in Figures 1 and 2.

Figure 1 - Possession of Marijuana Arrests and Year



Source: CAPA, TTPS, September 2024

Figure 2 - Possession of Marijuana Convictions and Year



Source: TTPrS, May 2025

4.2.2 - Legislative-based ATIs

The literature highlighted key legislation that could offer ATIs for youth with drug-related offences and/or youth with minor offences who present with SUDs. Accordingly, stakeholders elaborated on some of this legislation and their effectiveness.

4.2.2.1 - Drug Treatment Court Process (DTCP)

Stakeholders acknowledged the work of the DTCP in decreasing the number of persons in prison for drug possession offences¹⁰⁰ and recognized the collaborative involvement of Probation Officers in monitoring, referral, and intervention processes.¹⁰¹ It was, however, noted that some offenders view the DTCP as a “get out of jail free” card and do not initiate the process after their initial engagement with the judge/magistrate.¹⁰²

97- STI_Ref.10:2, STI_Ref.11:3

98- FGD_Ref.3:1

99- STI_Ref.2:2-3

100- STI_Ref.5:3

101- STI_Ref.6: 14 & 15

102- FGD_Ref.3:3

4.2.2.2 - Dissuasion Commission

The potential of the proposed national DC to provide meaningful interventions for persons with minor offences and/or SUDs as a first layer of intervention, in advance of the DTCP, was highlighted.¹⁰³ A stakeholder emphasized:

*...one of the problems with our system is that once you get into the judicial system, it does not like letting you go. If we could prevent them from getting in, we would save so many lives, so many lives... So, ideally, it would be the Dissuasion Commission... catch them before they get charged.*¹⁰⁴

4.2.2.3 - Other Legislation

Stakeholders revisited some key legislation, which was also referenced in the literature, that could be explored as ATIs for youth with drug-related offences and/or youth with minor offences who present with SUDs. These include:

1. Community Service Act as instituted by Magistrates,¹⁰⁵
2. Electronic monitoring,¹⁰⁶
3. Plea Bargaining or Plea Agreement legislation – an avenue to settle criminal matters outside of the court. This could lead to a reduced sentence,¹⁰⁷ and
4. Probation of Offenders Act and associated Case Care Management system.¹⁰⁸

Stakeholders also noted provisions within the Children Court system, which mandates that persons attend the DCTP and drug treatment centres, and offers options that do not involve criminal proceedings.¹⁰⁹

4.3 - Offences and Substances

The nexus between substance use and offences relates to crimes of drug consumption, possession, cultivation or production and distribution, as well as the impacts of drug use on behaviour and engagement in other illegal activities (US Department of Justice, 1994).

Accordingly, stakeholders identified possession of narcotics as a main drug-related offence for which persons are charged and noted other charges such as petty larceny, minor trafficking, and drug trafficking, as well as trafficking within schools.¹¹⁰ The finding is reflected in the literature (DIN-TT, 2023).

Correspondingly, possession and trafficking drug-related offences were evident in data from the TTPS on persons 18 to 25 years old who were arrested for drug-related offences, for the period 2015 to 2024. However, possession of marijuana held the top spot as the most frequent offence for all years, followed by possession of marijuana for trafficking up to 2021. Possession of cocaine, nonetheless, seized the second spot in 2022 and 2023; and in 2024, it tied with possession of cocaine for trafficking, as illustrated in Figure 3.

103- STI_Ref.5:6-7, STI_Ref.6: 14 & 15

104- STI_Ref.6:14 & 15

105- STI_Ref.2:16, STI_Ref.3:12, FGD_Ref.2:7, FGD_Ref.3:16,

106- STI_Ref.2:16

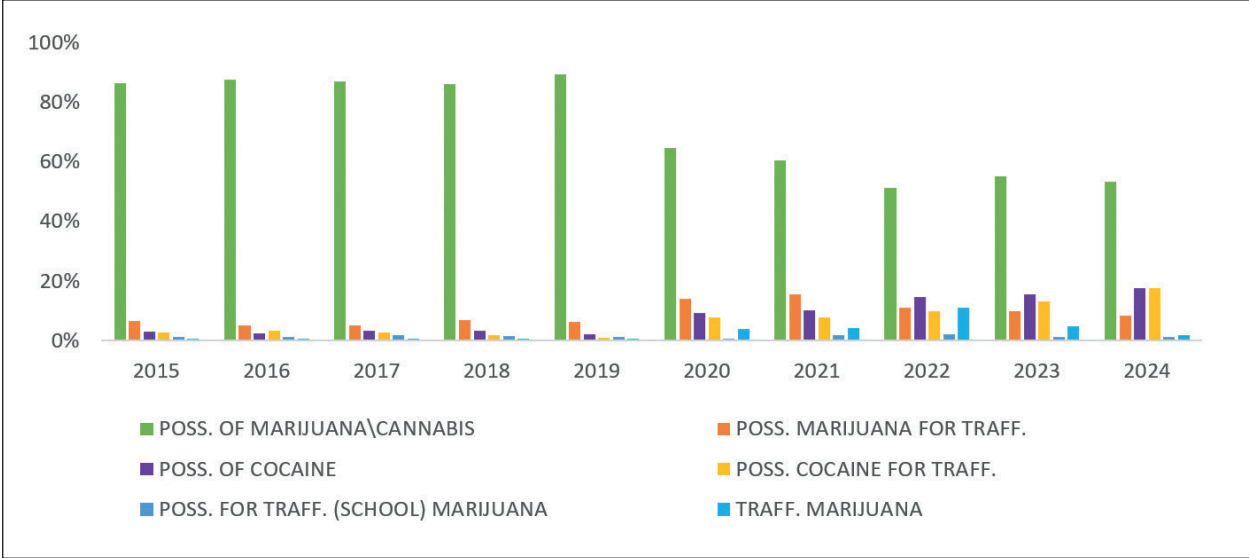
107- STI_Ref.2:15-16

108- STI_Ref.3:12, STI_Ref.6:5

109- STI_Ref.13:8

110- STI_Ref.3:9, STI_Ref.5:2, STI_Ref.9:2, STI_Ref.11:2, FGD_Ref.3:2

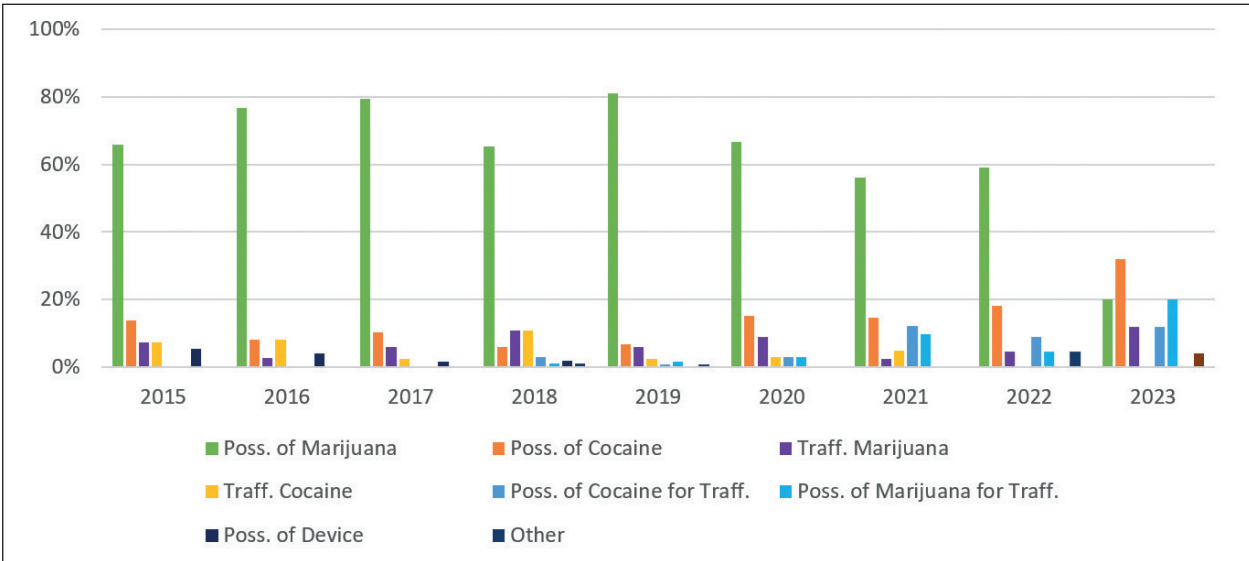
Figure 3 - Top 6 Drug-related Offences - Arrests and Year



Source: CAPA, TTPS, September 2024

Data from the TTPrS on persons aged 18 to 25 years who were convicted for drug-related offences for the period 2015 to 2023, coincided with that of the TTPS. It informed that possession of marijuana offences was the top offence for all years, with the exception of 2023, where possession of cocaine captured the top spot and trafficking offences tied for second place, as indicated in Figure 4.

Figure 4 - Drug-related Offences and Year of Conviction



Source: TTPrS, May 2025

The dataset from Probation Services on 33 probationers aged 18 to 25 years old also highlighted possession of cannabis and trafficking-related drug offences as common offences for probationers, and indicated instances of larceny-related offences among probationers with SUDs.

Correspondingly, it was reported that many young men view marijuana trafficking as their only source of income, and when sales are slow, they resort to committing robbery.¹¹¹ Substance use, however, fuels drug-related and other non-drug-related offences among young persons (and adults) within communities, and across the country, particularly for those who have SUDs

111- STI_Ref.13:6

and may have reached addiction stages.¹¹² Some of these crimes include more serious violent offences, such as threats, domestic violence, abuse, aggravated assault, assault, robbery, armed robbery, murder, possession of a firearm, and gun and gang-related offences.¹¹³ One stakeholder lamented that judicial officers do not always recognize the connection between drug use and offending, and in some cases, substance use offenders are still being sent to jail.¹¹⁴ Assertions were also made regarding declines in crimes that involve stealing to support addiction habits of hardcore users, particularly cocaine users.¹¹⁵

It was observed that in Tobago, the crimes are rarely violent; however, users are now indicating affiliations with Trinidad-based gangs.¹¹⁶ The ripple effects of substance use, according to one stakeholder, are not well-understood and taken seriously in Tobago because of the weak relationship between substance use and violent crime.¹¹⁷ However, it was felt that a proactive approach was required to strengthen preventative and treatment initiatives before the situation escalates.¹¹⁸

In addition, while the offending behaviour may be more commonly associated with men, women are now becoming increasingly visible in trafficking offences.¹¹⁹ Data from the TTPS and the TTPrS on arrests and convictions, respectively, for persons 18 to 25 years old with drug-related offences, however, mirror international research trends (UNODC, 2024) as men significantly outpaced women.

Pivoting to the mental health and behavioural dimensions of substance use, stakeholders noted that a small number of persons referred to the DTCP require mental health assessments due to marijuana-induced psychosis, which impacts their mental health.¹²⁰

4.3.1 - Recidivism

One stakeholder referred to the issue of high recidivism rates within carceral institutions.¹²¹ In a similar vein, data from the TTPrS for the period 2015 to 2023 showed that of the convictions for drug-related offences where persons indicated recidivism, offences for possession of marijuana comprised approximately 65 percent of those cases, followed by possession of cocaine, which consisted of 15 percent of the total. Interestingly, from 2019 onwards, with the decriminalization of cannabis, there was a sharp reduction in recidivism rates.

4.3.2 - Roles in Criminal Networks

It was stated that individuals with offences related to possession of substances for trafficking tend to have less significant roles in these arrangements, such as concealment and transportation functions.¹²² In expanding on this position, one stakeholder informed:

*They fall on the lower end. They are the sellers, who we interact with, are the sellers, and we have the girls also. I don't even say sell, they transport. They are the users too, but sometimes, so, for example, their boyfriends may be the sellers, and they would help to drop off something and collect the money or drop off something. So, they're, not really high up, they're really on the ground, kind of thing. So, it's either you're the user or you're the seller.*¹²³

112- STI_Ref.3:9, STI_Ref.3:12, STI_Ref.5:2, STI_Ref.5:4, STI_Ref.6:4, STI_Ref.10:1, STI_Ref.14:6, FGD_Ref.3:14

113- STI_Ref.1:4, STI_Ref.9:2, STI_Ref.10:1-2, STI_Ref.14:2

114- STI_Ref.6:4

115- STI_Ref.13:6

116- STI_Ref.1:4

117- STI_Ref.1:15

118- STI_Ref.1:15

119- STI_Ref.5:3

120- STI_Ref.3:11

121- STI_Ref.14:9

122- STI_Ref.11:2

123- STI_Ref.1:5

This finding aligns with prior research, which found women to have roles as drug couriers and carriers in the drug trade (Singh, 2004; Rampersad, 2015).

4.3.3 - *Gangs, Substance Use, and Offending*

The pervasiveness of gang culture in Trinidad and Tobago was emphasized,¹²⁴ and stakeholders agreed that gang involvement, the consumption of substances, and drug-related offences are all connected.¹²⁵ They also indicated that drug trafficking and robbery are linked to organized crime, as this provides funding to support the desired lifestyle.¹²⁶ These findings are substantiated in the literature (Katz et al., 2010; Townsend, 2009).

Gendered perspectives regarding the possible reasons for involvement in gangs and the roles of men and women were also explored, revealing that although more men than women are involved in the gangs, women's membership is increasing.¹²⁷ More pointedly, in terms of motivation to join gangs, stakeholders indicated that young men in Trinidad feel a sense of belonging and importance by being a part of the local gangs.¹²⁸ Many of them, therefore, come from "broken" homes, and the gang leaders consequently take advantage of their need for nurturing and belonging.¹²⁹ In the case of Tobago, gang culture is not as prevalent compared to Trinidad, yet some young men claim affiliation with Trinidadian gangs because they believe it is "cool", they feel "untouchable", others view them as being a "bad boy", and it provides them with a "safety net".¹³⁰ Within carceral systems, similarly, young men claim gang affiliations, although these institutions do not promote the gang culture.¹³¹

Gangs, therefore, tend to target secondary school dropouts and persons facing academic challenges, lacking supervision, and residing in depressed communities.¹³² The gang lifestyle is also considered attractive in areas where educational uptake is low,¹³³ and it appeals to migrant youth who lack access to education and may be desperate to provide for their families.¹³⁴

Shifting to the bifurcated roles of gang members, stakeholders identified clear gender demarcations. Specifically, young men in gangs are at the base level position of "gofers" or "runners" and at mid-level as "sellers".¹³⁵ Accordingly, they are used by the gangs as traffickers, to store and conceal drugs, as "drug mules", and to sell drugs within schools.¹³⁶ These young men, who are gang members, also reportedly use marijuana and alcohol, conceal guns, and engage in robbery in and around the community.¹³⁷ Stakeholders further noted that young men are used in gang activities because gang leaders believe that, if caught as first-time offenders, they will not get harsh sentences.¹³⁸

Stakeholders revealed that young women, on the other hand, are either mules, sex objects, girlfriends of mid-level gang members, or used for "entertainment purposes".¹³⁹ Girlfriends of gang members, however, can be requested and utilized sexually by the gang leader and other

124- STI_Ref.11:7

125- STI_Ref.1:4, STI_Ref.5:4-5, STI_Ref.6:4, STI_Ref.10:5, STI_Ref.14:3

126- STI_Ref.5:4-5, STI_Ref.6:4

127- STI_Ref.11:4

128- STI_Ref.9:4

129- STI_Ref.14: 5

130- STI_Ref.1:4-5

131- STI_Ref.14: 7

132- STI_Ref.10:5

133- STI_Ref.10:5

134- STI_Ref.8:2

135- STI_Ref.1:5, STI_Ref.9:4, STI_Ref.10:5, STI_Ref.14:7

136- STI_Ref.9:6

137- FGD_Ref.3:14, STI_Ref.14:3

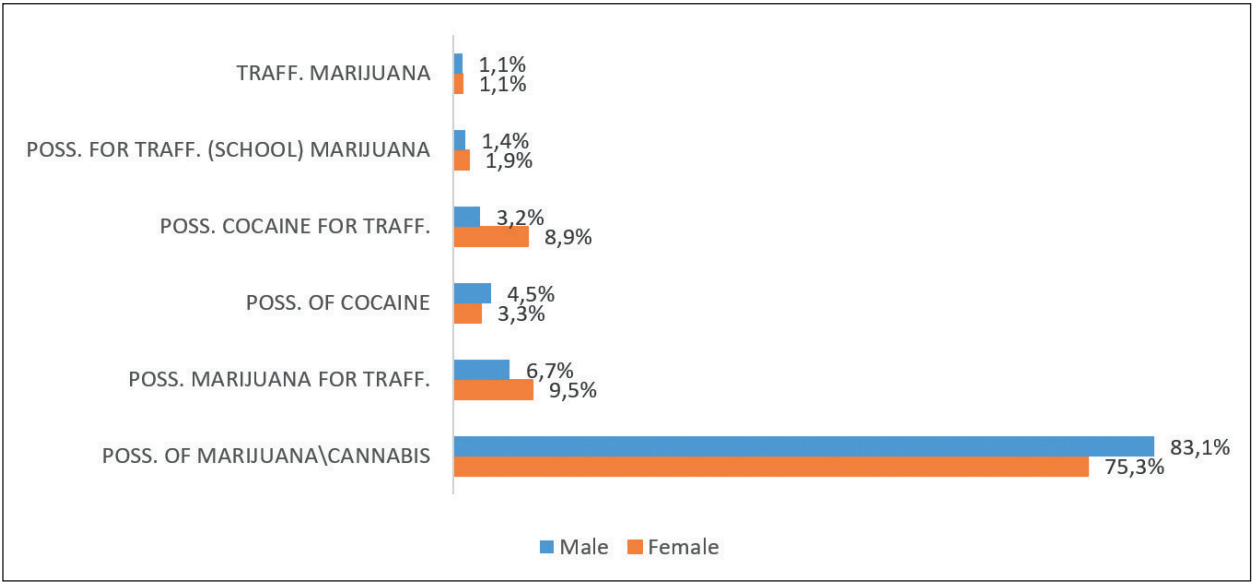
138- STI_Ref.9:4, 6,

139- STI_Ref.9:6, STI_Ref.14:3 & 4

members.¹⁴⁰ Women are also responsible for holding/storing weapons, holding and transporting drugs, as well as securing the money.¹⁴¹ Stakeholders suggested that since women are not traditionally viewed as being involved in these types of crimes, they can fly under the radar, and the police can be limited in how they search them.¹⁴² It was also indicated that women, more than men, offer financial support to some of the gangs.¹⁴³ Apart from this, young women were more likely to be forced to use drugs than young men.¹⁴⁴

Data from the TTPS on arrests for the top six (6) drug-related offences for persons 18 to 25 years old, for the period 2015 to 2024, reflected similar trends for women and men. Regarding the crimes committed by women, however, possession of marijuana, possession of marijuana for trafficking, and possession of cocaine for trafficking were notable offences among this gender. It must also be mentioned that available data was classed in two gender categories, as depicted in Figure 5.

Figure 5 - Top 6 Drug-related Offences (Arrests) and Sex



Source: CAPA, TTPS, September 2024

4.4 - Demographic Trends

Stakeholders highlighted the key demographic characteristics of persons who use substances and/or are involved in drug-related offences in TT. This included individuals’ age, gender, ethnicity, educational background, areas of residence, and socio-economic background.

4.4.1 - Age

In terms of the age of individuals who use substances, stakeholders revealed that the age of first use could be between 11 and 13 years old; however, persons as young as primary school age are experimenting with substance use.¹⁴⁵ These findings are consistent with global and local trends (NADAPP & CICAD, 2013; UNODC, 2018). Substance users were therefore identified as generally ranging between the ages of 11 years to mid-30s, which includes university-level individuals and persons of working age.¹⁴⁶ Despite this trend, it was reported that persons in substance use treatment belong to older age groups that range from over 25 to 50 years old

140- STI_Ref.14:4

141- STI_Ref.1:5, STI_Ref.14:4

142- STI_Ref.11:4, STI_Ref.14:4

143- STI_Ref.11:4 & 5

144- STI_Ref.9:6

145- STI_Ref.1:3, STI_Ref.10:2

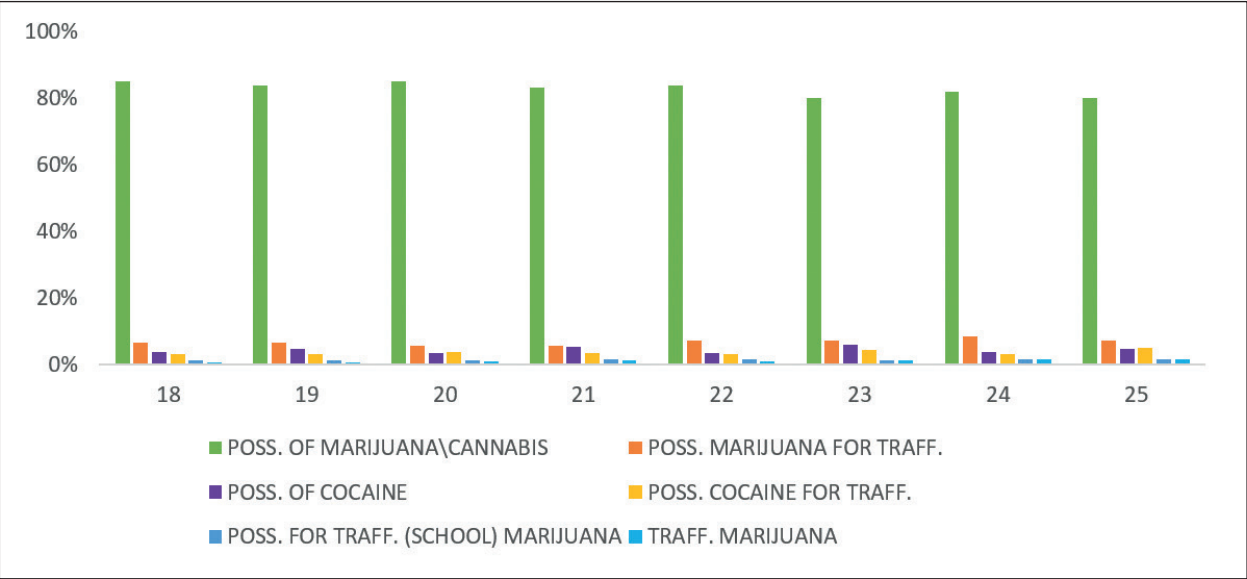
146- STI_Ref.6: 6, STI_Ref.10:2

and extend to the 60-to-75-year age group. This is particularly so for individuals charged with possession of cocaine,¹⁴⁷ which is aligned with the literature (DIN-TT, 2024).

On the other hand, regarding the age of persons engaged in drug-related offences, stakeholders noted that the age group 18-34 predominates for possession and trafficking offences.¹⁴⁸ One stakeholder observed that the seriousness of the crimes has also increased within the focal age group, and offences now include larceny, robbery with violence, possession of arms and ammunition, and possession for the purpose of selling.¹⁴⁹

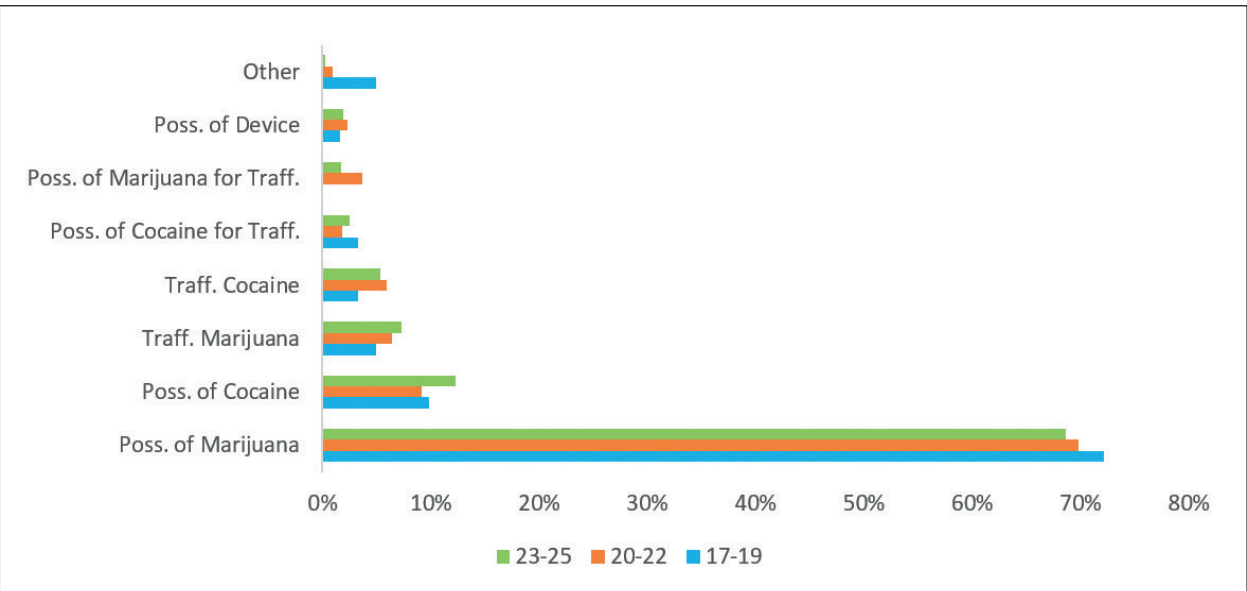
A review of the TTPS and TTPrS data on arrests and convictions, respectively, for drug-related offences among persons 18 to 25 years old, likewise, showed possession and trafficking as the main offences for all of the indicated ages, as illustrated in Figures 6 and 7.

Figure 6 - Top 6 Drug-related Offences (Arrests) and Age, 2015 - 2024



Source: CAPA, TTPS, September 2024

Figure 7 - Drug-related Offences (Convictions) and Age, 2015 - 2023



Source: TTPrS, May 2025

147- FGD_Ref.3:3, STI_Ref.3:9,

148- STI_Ref.5:2

149- STI_Ref.6:2

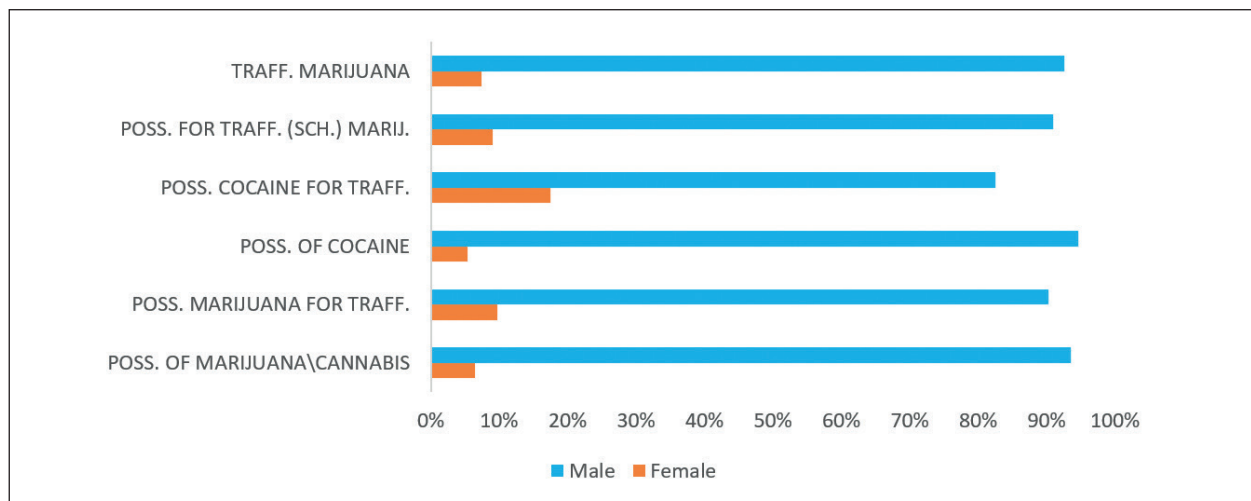
4.4.2 - Gender

Substance use, according to stakeholders, is no longer male-dominated, as traditionally conceptualized, as both men and women are now involved equally.¹⁵⁰ Despite this trend, stakeholders observed that treatment interventions and referrals are usually requested for men,¹⁵¹ which coincides with existing research findings (Azzopardi, 2021; UNODC, 2024; DIN-TT, 2024).

However, men predominantly commit drug-related offences, and this is particularly true for trafficking offences.¹⁵² One stakeholder also identified women as being involved in the “triangular web of crime”, which entails engagement in substance use, possession, trafficking, money laundering, and other nefarious activities.¹⁵³ Generally, though, women’s participation in the drug culture was still viewed as significantly less than that of men.¹⁵⁴

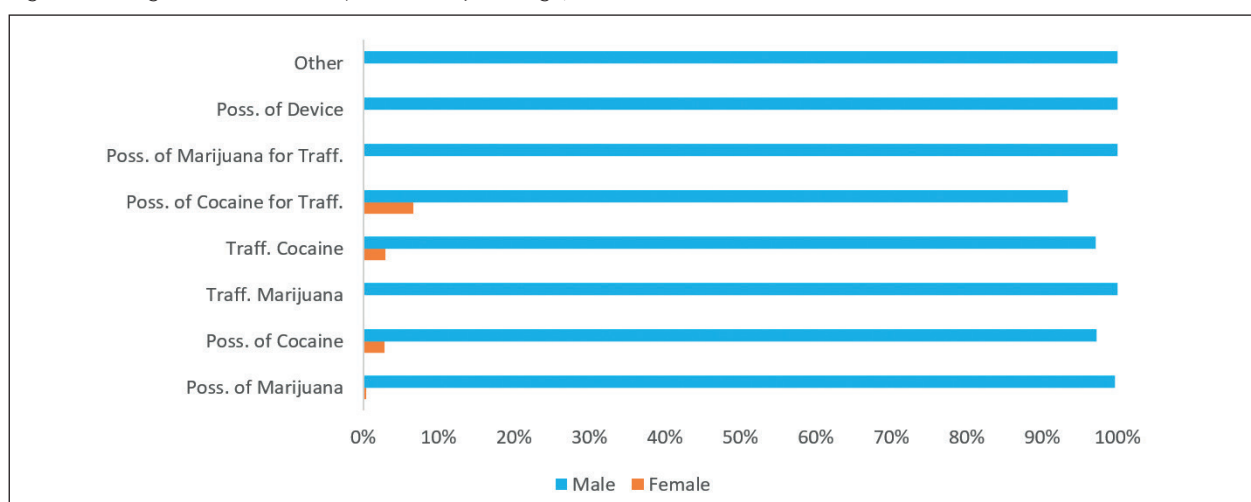
Data on arrests and convictions for individuals 18 to 25 years old with drug-related offences reflected these trends; as offenders who were men significantly outstripped women offenders for the periods under review, as shown in Figures 8 and 9.

Figure 8 - Drug-related Offences (Arrests) and Gender, 2015 - 2024



Source: CAPA, TTPS, September 2024

Figure 9 - Drug-related Offences (Convictions) and Age, 2015 - 2023



Source: TTPRS, May 2025

150- STI_Ref.5:3, STI_Ref.12:2, FGD_Ref.4:4

151- FGD_Ref.2:2, STI_Ref.3:10

152- STI_Ref.2:2, STI_Ref.5:3

153- STI_Ref.5:5

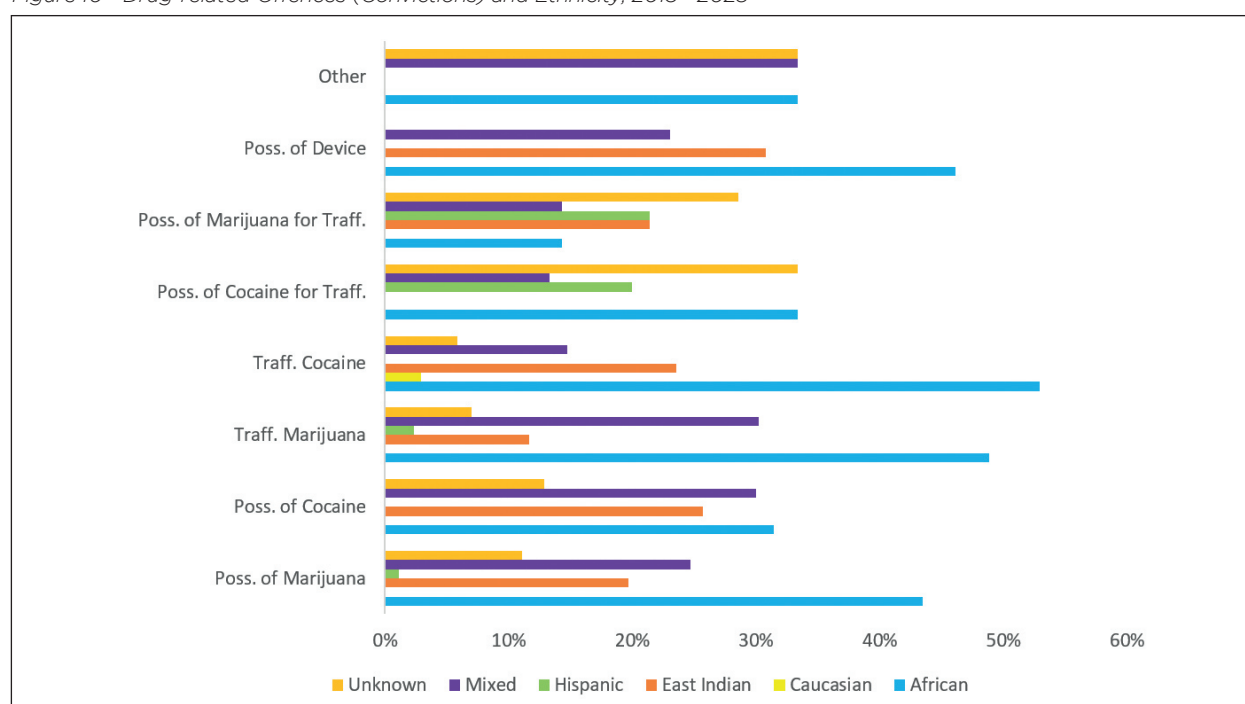
154- STI_Ref.5:5, STI_Ref.10:6

4.4.3 - Ethnicity

The ethnic composition of substance users, as inferred by stakeholders based on their encounters, consists mostly of Afro-Trinidadians, followed by Indo-Trinidadians.¹⁵⁵ Stakeholders added that cannabis and cocaine are typically used by Afro-Trinidadians, while alcohol is more commonly used by Indo-Trinidadians. It was also noted that the use of modified drugs is generally associated with the Syrians and “Trinidadian whites.”

Shifting to the situation of persons 18 to 25 years old who were convicted for drug-related offences during the period 2015 to 2025, the TTPrS data revealed that although individuals of African ethnic backgrounds topped most of the offences, persons with unknown ethnic backgrounds topped the possession of marijuana and cocaine for trafficking offences; and persons of mixed and East Indian ethnicities copped the second places for some offences, as illustrated in Figure 10. This finding underscores that drug-related offences span various ethnic groupings.

Figure 10 - Drug-related Offences (Convictions) and Ethnicity, 2015 - 2023



Source: TTPrS, May 2025

4.4.4 - Education

Substance users, according to stakeholders, are evident in both in-school and out-of-school populations and at both the primary and secondary educational levels.¹⁵⁶ Stakeholders also recognized that students who are substance users may not be performing academically,¹⁵⁷ and there were more requests for interventions related to vaping from all-boys-based schools compared to other schools.¹⁵⁸ It was further noted that more children are being caught with drugs within the school environment, which predisposes them to charges for the more serious offence of trafficking.¹⁵⁹ Stakeholders indicated, however, that there are no observable trends in the educational background of parents of young persons who use substances, as parents are either well educated or not.¹⁶⁰

155- STI_Ref.9:3, STI_Ref.10:2, FGD_Ref.3:3

156- STI_Ref.4:3, STI_Ref.10:2, STI_Ref.12:2, FGD_Ref.1:2

157- STI_Ref.4:3

158- FGD_Ref.1:2

159- STI_Ref.6:2&3

160- STI_Ref.1:3

In terms of persons with drug-related offences and/or SUDs, information from Probation Services showed that the majority of individuals, for the period 2021 to 2024, had attained secondary level education or were secondary school dropouts.

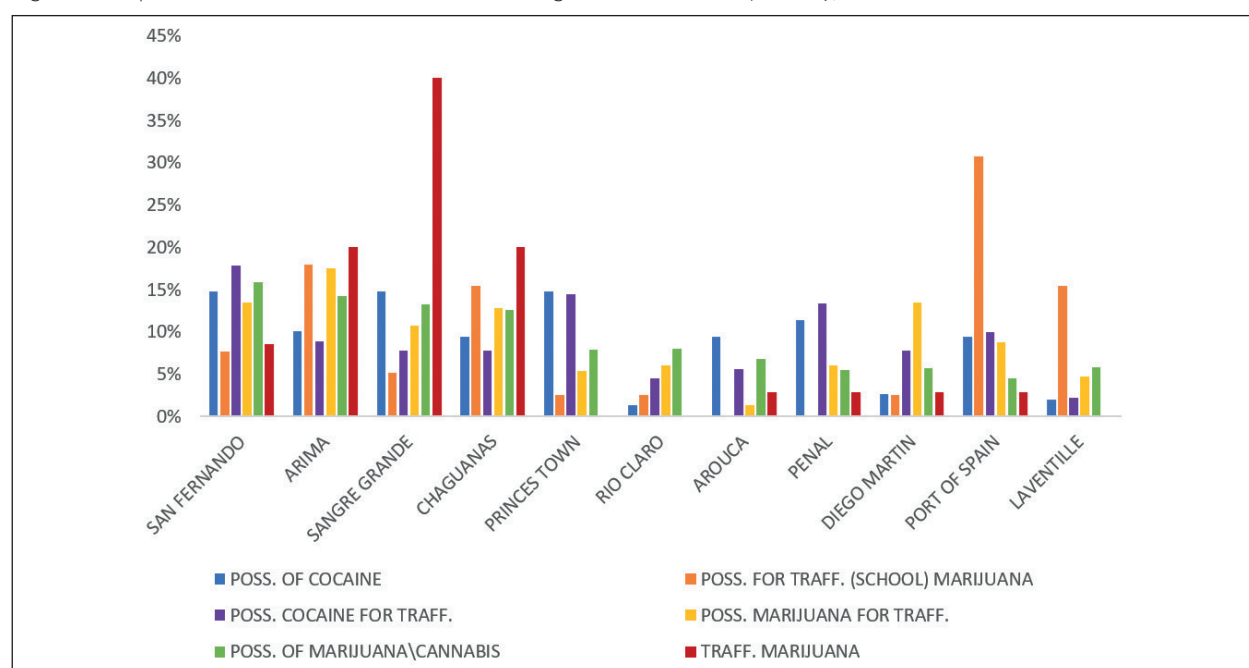
4.4.5 - Area of Residence

Information on the areas within which persons who use substances reside was not clearly evident for Trinidad. However, stakeholders observed that individuals in substance use treatment usually reside in the East-West corridor and the Central and Western parts of the country.¹⁶¹ In Tobago, one stakeholder suggested that most of the communities are “hot spots” for substance use, as persons can be seen on the streets “using”. There has been, however, a noticeable widening of areas affected by substance use beyond previous locations such as Mason Hall, Plymouth, Bethel, and Canaan/Bon Accord to include Palatuvier, Roxborough, and Charlotteville.¹⁶²

Conversely, Port of Spain was highlighted as an area where crime is “bad,” and the southern areas of Trinidad were associated with offences of robbery, larceny, possession of guns, and possession of drugs.¹⁶³ It was also indicated that urban areas in the East-West corridor and Central have more activities and some aspect of “micro-trafficking” among the 18-25 age group, but there was very little activity in the Southern areas.¹⁶⁴

The TTPS data on the main areas within which persons with drug-related offences reside, however, identified several areas in different geographic locations in Trinidad and, importantly, none in Tobago. This information also showed that there was a higher concentration of persons with trafficking in marijuana offences residing in Sangre Grande and Chaguanas, and the majority of persons with possession for trafficking (school) marijuana offences resided in the urban areas of Port of Spain and Laventille. In addition, persons with possession of marijuana offences were evident in all areas, as highlighted in Figure 11.

Figure 11 - Top Areas of Residence of Persons with Drug-related Offences (Arrests), 2015 - 2024



Source: CAPA, TTPS, September 2024

161- FGD_Ref.3:1-2, 3

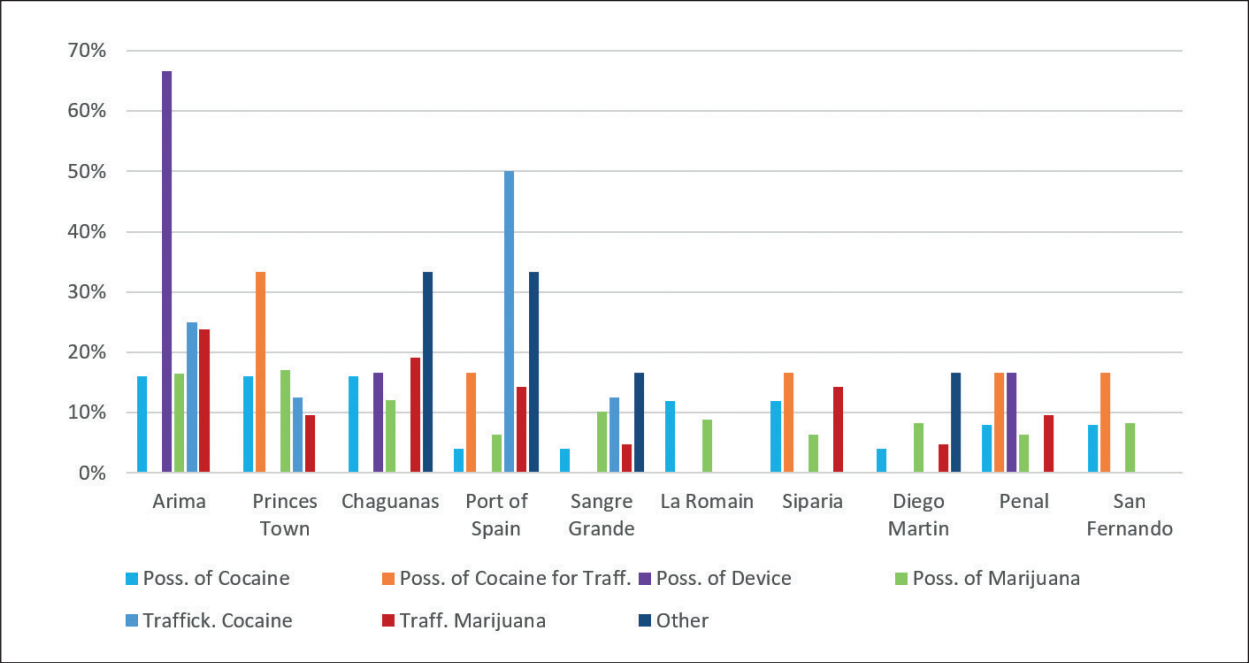
162- STI_Ref.1:3

163- STI_Ref.6:3

164- STI_Ref.11:2

Similarly, the TTPrS data showed persons convicted for possession of marijuana residing in the indicated areas. There was, however, a predominance of persons convicted for trafficking cocaine residing in Port of Spain, and the majority of persons convicted for possession of a device residing in Arima, as illustrated in Figure 12.

Figure 12 – Top Areas of Residence of Persons Convicted for Drug-related Offences, 20215-2023



Source: TTPrS, May 2025

4.4.6 - Socio-Economic Status

Stakeholders informed that substance users and offenders originated from mixed family backgrounds and socioeconomic statuses and, therefore, do not present with stereotypical characteristics in this regard.¹⁶⁵

However, reports indicated cases involving young persons from low-income, single-parent households, where parental employment and inadequate supervision heightened their vulnerability to predators.¹⁶⁶ Nonetheless, stakeholders acknowledged that there are cases involving individuals from middle-class and affluent families, where parents are often preoccupied with work, and prescription drugs are readily accessible within the home.¹⁶⁷

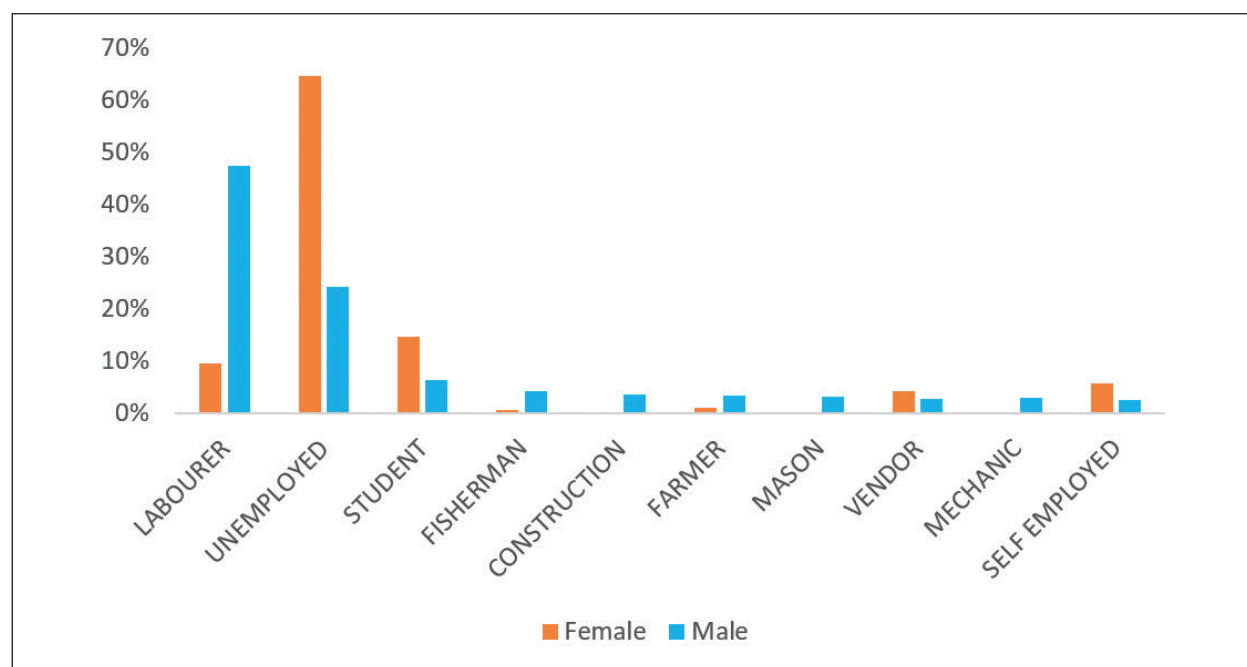
Data from the Probation Services further informed that the majority of probationers, 18 to 25 years old, with SUDs and/or drug-related offences were from lower income brackets. Additionally, the TTPS statistics on persons 18 to 25 years old indicated that of the total number of men arrested for drug-related offences, the majority were labourers; while of the total number of women arrested for drug-related offences, which was significantly lower than that of the men, the majority were unemployed, as highlighted in Figure 13.

165- STI_Ref.9:3, STI_Ref.13:4, FGD_Ref.2:2-3

166- STI_Ref.6:5

167- STI_Ref.6:5, STI_Ref.10:2, FGD_Ref.2:2-3

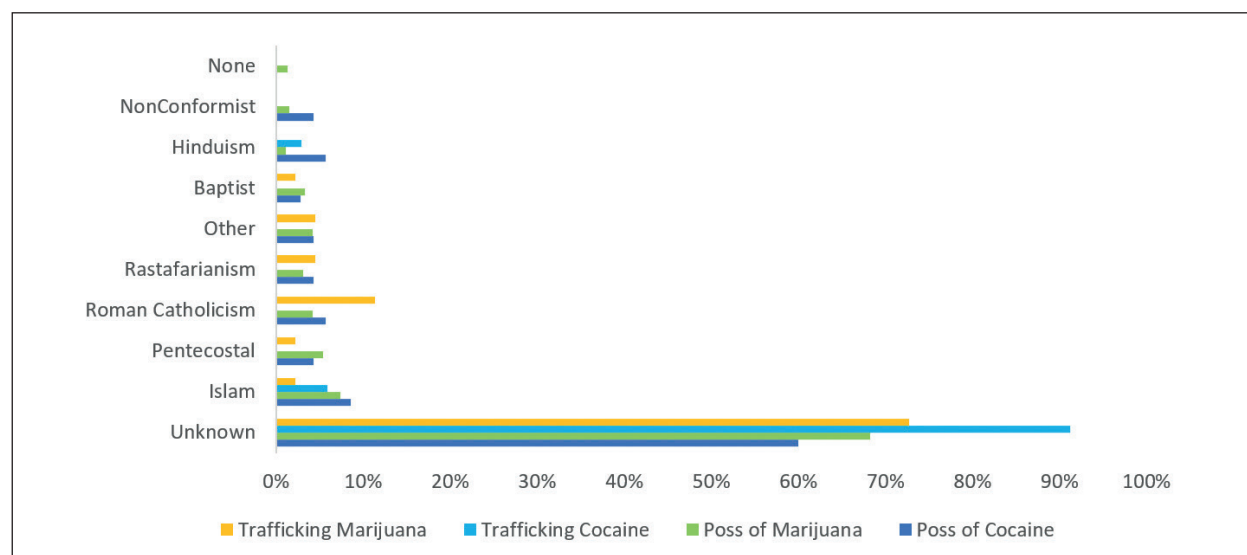
Figure 13 - Drug-related Offences (Arrests) and Occupation



Source: CAPA, TTPS, September 2024

Apart from this, the TTPrS data revealed that the religious backgrounds of most of the persons convicted of drug-related offences remained unknown. Of those, however, who identified with a religious group, there was a higher number of roman catholic persons who were convicted for trafficking marijuana, and a higher number of Islamic persons who were convicted of trafficking cocaine, as depicted in Figure 14.

Figure 14 - Key Drug-related Offences and Religious Background, 2015 -2023



Source: TTPrS, May 2025

4.5 - Risk & Protective Factors

Several key risk and protective factors were identified by stakeholders that heighten or reduce the likelihood of substance use and/or disorders, respectively, among youth in TT. Many of these findings were analogous to prior research. Within the local context, however, individual and family factors appear to be most prevalent. These factors are typically classified into individual, family, social, and community categories.

4.5.1 - Individual

At the individual level, the most commonly referenced risk factors were psychological and mental health challenges, trauma-related experiences, and weak social and behavioural skills. Specifically, stakeholders elaborated that individuals are confronted with both diagnosed and undiagnosed mental health challenges and psychological conditions such as Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiance Disorder (ODD), anxiety, depression, and self-harming practices, which increase the likelihood of substance use.¹⁶⁸ Furthermore, different forms of trauma, ranging from experiences of abuse within the family, sexual abuse and trauma, and emotional and physical abuse, were cited as important risk factors.¹⁶⁹ Stakeholders also recognized weak social and behavioural skills such as poor mindsets, impulsive behaviour, low self-control and self-esteem, inability to resist pressures, to say no, and to cope with challenges, and lack of problem-solving and critical thinking skills as contributory risk factors to substance use.¹⁷⁰

Other factors included:

- Genetic predisposition for addiction;¹⁷¹
- Boredom;¹⁷²
- Curiosity and experimentation;¹⁷³
- Stress;¹⁷⁴
- Experiencing emotional pain and seeking relief or distraction;¹⁷⁵
- The presence of pent-up emotions in young men and/or the fear to publicly refuse substances;¹⁷⁶
- Absence of fear of the law, police, punishment and prison officers;¹⁷¹
- Illiteracy;¹⁷⁸ and
- Early age of initiation.¹⁷⁹

The majority of these factors were reflected in the literature, such as genetic predisposition to alcohol and other drugs,¹⁸⁰ co-occurring psychopathology, i.e., ADHD and depression and mental health problems,¹⁸¹ physical and sexual abuse,¹⁸² early exposure to trauma,¹⁸³ poor self-esteem,¹⁸⁴ sex/gender,¹⁸⁵ and weak social skills.¹⁸⁶

On the other hand, many of the protective factors, i.e., factors that mitigate risks and protect individuals from using substances, highlighted by stakeholders were essentially inverse circumstances of the risk factors. More pointedly, stakeholders listed basic life skills,¹⁸⁷ self-esteem,¹⁸⁸ assertiveness,¹⁸⁹ the

168- FGD_Ref.3:6, FGD_Ref.4:7-8

169- STI_Ref.3:10, STI_Ref.6:8, STI_Ref.7: 7, STI_Ref.8:2, STI_Ref.13:4, FGD_Ref.2:2-4, FGD_Ref.3:6-7, FGD_Ref.4:7-8

170- STI_Ref.1:6, STI_Ref.3:10, STI_Ref.7: 7, STI_Ref.14:8, FGD_Ref.2:5, FGD_Ref.3:7, FGD_Ref.4:7-8

171- FGD_Ref.3:7, FGD_Ref.3:14-15

172- STI_Ref.4:4

173- FGD_Ref.1:3, FGD_Ref.2:2, FGD_Ref.3:7

174- STI_Ref.4:4, FGD_Ref.1:3, PWLE_Ref.1:1

175- STI_Ref.6:5, FGD_Ref.3:11

176- FGD_Ref.4:7-8

177- STI_Ref.14:8

178- STI_Ref.6:8

179- STI_Ref.3:10, STI_Ref.10:3-4, FGD_Ref.3:16

180- Gray & Squeglia (2018)

181- Gray & Squeglia (2018); Alves et al. (2020); Azmawati et al. (2021)

182- Bunu et al. (2023); Svingen et al. (2016)

183- Gray & Squeglia (2018)

184- Mutatayi et al. (2022)

185- Halim et al (2024)

186- Masten et al. (2017)

187- STI_Ref.1:6

188- STI_Ref.1:6, FGD_Ref.1:4

189- STI_Ref.1:6

ability to say no and resist peer pressure,¹⁹⁰ along with delayed initiation of drug use,¹⁹¹ and exposure to religious teachings¹⁹² and spiritual and moral standards¹⁹³ as critical protective factors. These factors also concurred with the literature findings, which noted well-established social skills¹⁹⁴ as individual-level protective factors.

4.5.2 - Family

Family-related risk factors for substance use, according to several stakeholders, primarily included issues linked to parenting, family norms, and economic circumstances in the home. In terms of parenting practices, stakeholders indicated that poor parenting, single parenting, female-headed households, and grandparents performing parenting roles heightened the likelihood of substance use.¹⁹⁵ Stakeholders also referred to prevailing family norms, such as the household's acceptance and encouragement of substance use and the availability and accessibility of substances in the home, which could promote substance use by youth within these units.¹⁹⁶ Apart from this, families' economic situations could contribute to youth substance use, as it relates to households in lower and middle level economic brackets, those affected by poverty, and families impacted by job loss and reduced income.¹⁹⁷ Other risk factors observed by stakeholders included:

- Conflict and tension within the family;¹⁹⁸
- Domestic abuse;¹⁹⁹
- Modelling behaviour of older siblings and other family members;²⁰⁰
- Parents who are unable to cope due to mental health issues;²⁰¹
- Parents who use substances, including prenatal substance use;²⁰²
- Parents without formal education;²⁰³
- Death of a parent;²⁰⁴
- Family structures with different fathers;²⁰⁵
- Maternal neglect;²⁰⁶ and
- Lack of supervision, particularly for males.²⁰⁷

Many of these factors were also evident in the literature, such as family history of substance use,²⁰⁸ lack of parental supervision and monitoring,²⁰⁹ parental/family conflict,²¹⁰ and family system weakness.²¹¹

190- STI_Ref.1:6

191- FGD_Ref.3:16

192- STI_Ref.12:4

193- STI_Ref.1:6-7

194- Abbasi & Muhammad (2022); Botvin (2000)

195- STI_Ref.3:10, STI_Ref.5:6, STI_Ref.8:2, STI_Ref.10:5-6, STI_Ref.13:4, FGD_Ref.2:2, FGD_Ref.4:7

196- STI_Ref.3:10, STI_Ref.6:8, STI_Ref.9:7, FGD_Ref.4:7& 8

197- STI_Ref.1:6, STI_Ref.6:8, STI_Ref.7:5, STI_Ref.8:2, STI_Ref.13:4

198- FGD_Ref.2:2, PWLE_Ref.1:1

199- FGD_Ref.4:7

200- STI_Ref.3:10, STI_Ref.12:3, FGD_Ref.4:7

201- FGD_Ref.4:7

202- FGD_Ref.3:6, STI_Ref.3:10, STI_Ref.6:8

203- STI_Ref.13:8

204- STI_Ref.7:5

205- STI_Ref.13:4

206- STI_Ref.6:8

207- STI_Ref.3:10-11, STI_Ref.6:8, STI_Ref.9:6

208- Bunu et al. (2023), Gray & Squeglia (2018); Johannessen et al. (2022)

209- Maguire (2013); Gray & Squeglia (2018); Liu et al. (2022); Mutatayi et al. (2022); Bunu et al. (2023)

210- Hawkins et al. (1992); Edwards et al. (2018); Gray & Squeglia (2018)

211- Lee et al. (2023)

Conversely, stakeholders emphasized the protective factors, which are, in many instances, the flip sides of some of the risk factors. Accordingly, the main protective factors involved supportive, nurturing family environments,²¹² family involvement and open communication,²¹³ and parental support through parenting programmes, workshops and networks.²¹⁴ Other protective factors included:

- Support services for family intervention – conflict resolution, mediation, mental health and psychosocial support;²¹⁵
- Family norms that do not accept substance use;²¹⁶
- Encouraging high self-esteem;²¹⁷
- Parental attachment;²¹⁸
- Good parenting skills;²¹⁹
- Supervision;²²⁰ and
- Parents' continuous communication with teachers and school.²²¹

These findings are consistent with the literature, which identified supportive and stable family²²² parental supervision,²²³ parental involvement²²⁴ and family bonding²²⁵ as notable protective factors to counter substance use.

4.5.3 - Social

At the social level, the risk factors for youth substance use were associated predominantly with academic and school-related experiences and peer-based interactions. In terms of school-related factors, stakeholders noted that poor academic performance and/or failure as a contributory factor for substance use,²²⁶ along with academic stress and family pressure to perform,²²⁷ learning challenges, particularly for males, and curricula that are not gender-sensitive to men.²²⁸ In addition, the following factors were identified:

- School dropouts,²²⁹
- Truancy by males,²³⁰
- A lack of a culture of discipline engendered within the school system,²³¹
- Lack of supervision and monitoring,
- Absent teachers,²³²
- Non-involvement in extra-curricular or structured activities,²³³ and
- Lack of self-efficacy.²³⁴

212- STI_Ref.1:6, STI_Ref.4:4,10, STI_Ref.9:6, FGD_Ref.2:4-5, FGD_Ref.4:11

213- STI_Ref.4:10, STI_Ref.6:11, FGD_Ref.2:4-5, FGD_Ref.4:11

214- STI_Ref.4:4, STI_Ref.5:6, FGD_Ref.2:4-5

215- STI_Ref.8:2, STI_Ref.10:7

216- STI_Ref.1:6

217- STI_Ref.4:4

218- STI_Ref.5:6

219- STI_Ref.5:6

220- STI_Ref.6:10-11, STI_Ref.9:6

221- STI_Ref.6:11

222- Azzopardi (2021); Chang et al. (2023)

223- Yamamoto (2004)

224- Azzopardi (2021)

225- Mutatayi et al. (2022); Halim et al. (2024)

226- STI_Ref.1:6, STI_Ref.4:4, FGD_Ref.3:6

227- STI_Ref.4:4, FGD_Ref.2:3-4

228- STI_Ref.3:10

229- STI_Ref.3:10, FGD_Ref.2:5

230- STI_Ref.3:10

231- STI_Ref.10:4

232- STI_Ref.6:10, STI_Ref.10:3-4,

233- STI_Ref.4:4, STI_Ref.6:10, STI_Ref.12:3, FGD_Ref.2:5

234- STI_Ref.1:6

Regarding peer-based interactions, stakeholders recognized the formidable impact of peer pressure on the decision to use substances and acknowledged the influences of other factors such as bullying,²³⁵ gang initiation and affiliation,²³⁶ and association with anti-social peers and peers who use substances.²³⁷ One stakeholder further expanded that boys and young men may opt for using substances because they do not want to be seen as being a “wimp” or “less masculine” by peers.²³⁸ It is also important to note that many of the factors listed by stakeholders were captured in the literature, such as academic stress/failure,²³⁹ delinquent behaviour,²⁴⁰ peer pressure, and peer substance use.²⁴¹

Shifting to the protective factors that reduce youth vulnerability to substance use, stakeholders emphasized the importance of youth involvement in extra-curricular activities through community groups, church groups (e.g., music, art, dance, athletics),²⁴² specialized youth service groups – Boy Scouts, Girl Guides, police youth clubs,²⁴³ and sports clubs and sporting activities.²⁴⁴ After-school programmes,²⁴⁵ at-risk youth programmes,²⁴⁶ exposure to drug sensitization sessions,²⁴⁷ and engagement in gaming and content creation,²⁴⁸ along with prosocial peers and prosocial activity,²⁴⁹ were also highlighted as other protective factors. Prior research similarly referred to some of these factors, such as involvement in co-curricular activities²⁵⁰ and healthy/supportive peer relationships.²⁵¹

4.5.4 - Community

Risk factors for substance use were also apparent at the community level. More pointedly, stakeholders informed that normalization of substance use within the community is an important risk factor, along with residing in “hot spot” communities²⁵² and the availability and access to substances within the community. It was further noted that normalized community substance use could be fueled by association with older substance-using community members,²⁵³ and negative cultures and influences within the community, such as gambling, violence, and drugs.²⁵⁴

Apart from this, community characteristics such as low employment opportunities,²⁵⁵ limited educational and recreational activities,²⁵⁶ and a lack of positive mentors or role models within the community, particularly for young men,²⁵⁷ also contribute to youth substance use. Furthermore, youth vulnerability to gang recruitment, their engagement with gangs, ascendancy in gang networks, and the attractiveness of drug trafficking were recognized as community-level risk factors.²⁵⁸

235- STI_Ref.12:3

236- STI_Ref.6:8, STI_Ref.12:3

237- STI_Ref.7:5, FGD_Ref.2:5, PWLE_Ref.1:3

238- FGD_Ref.4:7-8

239- Hawkins et al. (1992); Bugbee et al. (2019); Gray & Squeglia (2018); Halim et al. (2024)

240- Mustafa et al. (2022); Hawkins et al. (1992)

241- Hawkins et al. (1992); Otten et al. (2017); Gray & Squeglia (2018)

242- STI_Ref.1:6, 10, FGD_Ref.1:4, STI_Ref.9:6, FGD_Ref.3:6, 15, FGD_Ref.4:9-10

243- STI_Ref.3:11, STI_Ref.11:6, FGD_Ref.1:4, FGD_Ref.3:6, 15

244- STI_Ref.9:6, STI_Ref.14:9, FGD_Ref.1:4, FGD_Ref.3:6, 15, FGD_Ref.4:9-10

245- STI_Ref.9:6

246- STI_Ref.5:5

247- FGD_Ref.2:4-5

248- FGD_Ref.4:9-10

249- STI_Ref.3:11, FGD_Ref.1:4, FGD_Ref.3:15, PWLE_Ref.1:4

250- Arcadio and Trujillo, (2023)

251- Azzopardi (2021); Mutatayi et al. (2022)

252- STI_Ref.1:3

253- STI_Ref.3:10, STI_Ref.14:7

254- FGD_Ref.3:7, STI_Ref.13: 7

255- STI_Ref.13:4

256- FGD_Ref.3:7

257- FGD_Ref.4:8

258- STI_Ref.9:5, STI_Ref.11:5, STI_Ref.11:5

These findings are reflected in prior research, which acknowledged community-based risk factors such as lack of opportunities for education, employment, and economic progress,²⁵⁹ lack of community connections and social bonds, alienation,²⁶⁰ and availability/accessibility of drugs in the community.²⁶¹

In terms of protective factors, stakeholders indicated that participation in community-based skills development or life skills training programmes,²⁶² exposure to positive messaging and mentors,²⁶³ and community-based support in child rearing²⁶⁴ could reduce the likelihood of substance use among youth.

The literature, correspondingly, asserted that community engagement and involvement,²⁶⁵ involvement in community activities,²⁶⁶ and stable social support system²⁶⁷ are protective factors.

4.5.5 - Other Considerations

Interviews and focus group sessions with stakeholders enabled deeper, nuanced discussions on substance use and the associated risks and protective factors that push or propel youth behaviour towards or away from these behaviours. Accordingly, topical areas such as gendered impacts, the roles of cultural and social norms, the situations of migrant and LGBTQI+ youth, and mentorship emerged. These are elaborated on in this section.

4.5.5.1 - Gender Differences in Risk & Protective Factors

Some risks and protective factors associated with substance use could be gender-neutral; however, there are particular ones that are gender-specific. More pointedly, stakeholders indicated that women's initiation into drug use can be motivated by depression, anxiety, mental health issues, and issues occurring within the home environment. Whereas, initiation factors for men include stress, work, and the use of aphrodisiacs.²⁶⁸ One stakeholder argued that in modern-day Trinidad and Tobago, women and girls still encounter physical and psychological limitations, which shape how they see themselves and their coping behaviours.²⁶⁹ Another stakeholder reflected that shifted values and attitudes of young women also impact their decision-making and behaviour.²⁷⁰

4.5.5.2 - Cultural Factors

Cultural practices and social norms were identified as having extensive influences over alcohol and cannabis use, as they inculcate and integrate certain substances into an individual's way of life. Stakeholders, therefore, noted that alcohol is consumed during 'happy or sad times' - as a coping mechanism for stressful periods or to celebrate success. Accordingly, stakeholders observed that this behaviour is habit-forming and leads to uncontrollable situations.²⁷¹ In the case of cannabis, it was stated that traditionally this substance has been regarded as "underground" in local culture; however, since its decriminalization, it has become more mainstream, and its use has normalized.²⁷²

259- Martín (2013)

260- Lambe and Craig (2017); Schaefer (2018)

261- Arcadio & Trujillo (2023); Larrosa & Palomo (2012)

262- FGD_Ref.2:6, FGD_Ref.4:9-10

263- FGD_Ref.1:4, FGD_Ref.4:9-10

264- STI_Ref.6: 10

265- Griffin et al. (2010); Azzopardi (2021)

266- Arcadio and Trujillo (2023)

267- Holt-Lunstad & Uchino (2015)

268- FGD_Ref.3:10

269- FGD_Ref.3:11

270- STI_Ref.6:12

271- FGD_Ref.3:7

272- STI_Ref.13: 7

4.5.5.3 - Migrant Youth and LGBTQI+

Migrant youth are confronted with specific challenges that increase their propensity for substance use. These risks, according to stakeholders, include their experiences of poor access to education, family economic struggles, acculturation issues, and misinformed reasons for migration that could result in sex trafficking and labour exploitation.²⁷³ In addition, it was revealed that migrant youth and young persons of the LGBTQI+ community encounter social marginalization and contend with issues such as sexual and other types of abuse, sex trafficking, and sex exploitation (mainly the young women²⁷⁴), as well as caregiving pressures.²⁷⁵ These findings are substantiated in the literature (Lindert et al., 2008; Riley, 2008).

Cognizant of the risks faced by migrant youth, one key stakeholder emphasized that protective factors for this group included leveraging the communal nature of migrant populations to encourage their integration into community and sporting events, as well as into the education system. It was also noted that information sharing within their native language would eliminate barriers to services. This population, additionally, should be granted access to support services to mitigate their participation in negative activities.²⁷⁶

4.5.5.4 - Mentorship

Mentorship, according to stakeholders, is a key avenue for preventing or deterring young people from engaging in offending behaviour. It was noted that Community Policing and Police Youth Clubs provide opportunities to encourage mentorship.²⁷⁷

4.6 - Intervention & Treatment

In TT, there are various interventions, treatments, and rehabilitation options that persons with substance use could explore and/or be referred to.

4.6.1 - Intervention Options

Interviews and focus group sessions reflected some of the intervention options for persons with SUDs who come into contact with the criminal justice system. These refer primarily to the DTCP and the Children Court.

4.6.1.1 - Drug Treatment Court Process (DTCP)

The DTCP, according to the stakeholders, is available in all courts across TT, including District Courts, High Courts, Family Courts and Children Courts (located in St. Clair, Fyzabad, and Tobago).²⁷⁸ Stakeholders also reiterated the eligibility requirements for the DCTP and recognized the strictly voluntary nature of rehabilitation, as stipulated by the Mental Health Act.²⁷⁹

Correspondingly, given the voluntary nature of treatment, some participants may fail to complete the process due to varying reasons such as relapse, comorbidity, inability to access, location of the treatment facility, and family issues.²⁸⁰ The court, at this juncture, may seek an alternative intervention.²⁸¹

273- STI_Ref.8:1-2, FGD_Ref.3:7

274- STI_Ref.8:2

275- FGD_Ref.3:7

276- STI_Ref.8:2

277- STI_Ref.1:7, STI_Ref.4:10, STI_Ref.9:6

278- STI_Ref.3:2

279- FGD_Ref.3:17-18

280- STI_Ref.3:4

281- STI_Ref.3:4

Stakeholders, additionally, noted that regular hearings and judicial supervision are key components of the process that ensure the monitoring of individual progress throughout treatment.²⁸² It was also indicated that psychological assessments and clinical interviews inform interventions for participants.²⁸³

Against this background, stakeholders acknowledged key benefits of the DTCP, which included:

- Transitions away from the punitive nature of the traditional system.²⁸⁴
- Customized intervention that is adapted to the individual needs of the participant.²⁸⁵
- The Judicial Officer is supported by a multidisciplinary team in determining the appropriate treatment plan and intervention for the participant.²⁸⁶
- Substance use remains at the forefront of the intervention.²⁸⁷

In addition, a Judge, Master, or District Court Judge could refer specific parties (i.e., parents, guardians, family members, and members of the household) associated with matters to the DTCP.

4.6.1.1.1 - Children Court

The Children Court, for example, has a family component included within the treatment plan, as it recognizes that the child exists as part of a family or within a household. As such, support is provided to other members of the family.²⁸⁸ Moreover, if an adult presents with a substance use problem that negatively affects a child who has a matter in the Children Court, the adult can be referred to the DTCP, where they have the option to receive treatment intervention.²⁸⁹ Children who are highly dependent on substances could also be referred to a treatment provider for the requisite drug treatment intervention.²⁹⁰ The Court Annex Programme, additionally, has a component specific to parents, where a Parent Support Programme is offered, either through the DTCP or the Social Services Unit.²⁹¹

4.6.1.1.1.1 - Aftercare Services - Challenges & Gaps

Grave concerns were expressed regarding aftercare services for drug-related offenders who exit the criminal justice system. Stakeholders observed that there is largely no legal requirement for aftercare services, and consequently, no formalized approach,²⁹² even where long-term aftercare may be required.²⁹³

Nevertheless, the DTCP attempts to provide aftercare support within a limited capacity.²⁹⁴ This could include individual counselling or group-type sessions, which could be ordered for a three-month period,²⁹⁵ along with court-ordered supervised probation that is managed by Probation Services.²⁹⁶ One stakeholder further informed that the judiciary is currently developing a more formalized approach.²⁹⁷

282- STI_Ref.3:2

283- STI_Ref.3:3

284- STI_Ref.3:2

285- STI_Ref.3:2

286- STI_Ref.3:2

287- STI_Ref.3:3

288- STI_Ref.3:15

289- STI_Ref.3:15

290- STI_Ref.3:3

291- STI_Ref.3:15

292- STI_Ref.2:10, STI_Ref.6:16

293- STI_Ref.3:6-7

294- STI_Ref.3:13

295- STI_Ref.3:5

296- STI_Ref.3:5

297- STI_Ref.6:16

Additionally, some agencies, such as the Probation Services, the TTPrS, and the NGO, Vision on Mission (VOM), seek to respond to this service gap.²⁹⁸ Specifically, the Probation Services Office maintains an ‘open door’ policy with probationers,²⁹⁹ and welfare officers at the TTPrS provide aftercare services for up to one year after release. This includes assistance with accommodation, employment, and psychosocial support. These services are offered for a maximum period of one (1) year, due to limited resources.³⁰⁰

One stakeholder also indicated that persons assigned to treatment options through the court can voluntarily maintain support through the treatment provider to ensure that they continue their path to recovery.³⁰¹

It was further stated that under the DTCP no adult individual has been ordered into or referred for residential rehabilitative care, which could have implications for reintegration into the community.³⁰² Stakeholders cautioned, therefore, that reintegration for young persons out of prison could mean that they return to the same environment, same home, and same community in which their substance use started.³⁰³ Such environmental cues can increase the risk of relapse.³⁰⁴

4.6.2 - Existing Treatment Options

Stakeholders recognized a range of facilities where substance use treatment services can be accessed for persons between the ages of 18-25, in TT. They further indicated that they have referred persons to these facilities. Table 3 provides further details on these facilities.

Table 3: Substance Use Treatment Facilities in Trinidad and Tobago

Trinidad	Tobago
New Life Ministries -Mount St Benedict ³⁰⁵	Substance Use Clinic, Mental Health Units, Tobago Regional Health Authority
Child Guidance Clinic for children and adolescents ³⁰⁶	Clinics at Scarborough Health Centre and the Roxborough Hospital
Substance Abuse Prevention & Treatment Centre, Caura ³⁰⁷	ADAPP’s outpatient counselling ³⁰⁸
Rebirth House ³⁰⁹	
St. Ann’s Psychiatric Hospital ³¹⁰	
Pleasantville Clinic ³¹¹	
Health and Wellness Centers ³¹² <i>under the Ministry of Health</i>	
Families in Action ³¹³	
Female Facilities - New Life Ministries (Palo Seco), Serenity Place (Point Fortin) ³¹⁴	

Source: OAS/CICAD Trinidad and Tobago Fieldwork 2025

298- STI_Ref.2:10, STI_Ref.6:24, STI_Ref.13:12

299- STI_Ref.6:24

300- STI_Ref.13:12

301- STI_Ref.3:5-6

302- STI_Ref.3:14

303- STI_Ref.3:7, STI_Ref.5:10

304- Arrowhead (2022)

305- FGD_Ref.2:13

306- FGD_Ref.1:5, FGD_Ref.2:13

307- STI_Ref.10:9, FGD_Ref.1:5, FGD_Ref.2:13

308- STI_Ref.1:9

309- STI_Ref.4:2, FGD_Ref.2:13

310- STI_Ref.10:9

311- FGD_Ref.2:13

312- FGD_Ref.2:13

313- STI_Ref.7:9, FGD_Ref.2:13, 15

314- STI_Ref.12:5

4.6.2.1 - Harm Reduction

Stakeholders referred to harm reduction as the conduct of different programmes designed to minimize the negative consequences associated with substance use,³¹⁵ and advised that these initiatives should only be considered as a last resort option for substance users aged 18-25. Stakeholders contended that harm reduction strategies within this cohort could be considered if the age of first use was at a very young age (e.g., 5-9 years), as there is a high prevalence of use or severe addiction. They further suggested that other measures should be relied upon to promote healthy choices.³¹⁶

4.6.2.2 - Barriers to Treatment

Youth with substance use disorders in TT encounter several barriers to treatment. Accordingly, stakeholders identified many of these barriers, which are detailed in Table 4.

Table 4 - Barriers to Substance Use Treatment

Barrier	Treatment Issues
Stigma	<i>Stigmatization of addiction and treatment. This is particularly acute in Tobago due to the phenomenon of “everybody knows everybody.”³¹⁷</i>
Denial and Fear of Withdrawal	<i>Several persons consent to rehabilitation to avoid full legal penalties but fail to attend rehabilitation due to addiction denial.³¹⁸</i> <i>Clients who reject or are unwilling to follow through with treatment, complain about side effects, do not see themselves as having a substance use problem (denial), and refuse to take their medication.³¹⁹</i>
Accessibility	<i>Homeless persons cannot be accommodated at treatment centers, given their lack of a return address.³²⁰</i> <i>Existing policy requires migrants to be registered to access treatment, but they often refuse to stay in treatment because of “obstacles” such as a lack of stable employment, family instability and insecurity, the language barrier, and having to adapt to the treatment culture.³²¹</i> <i>Patients drop out of treatment programmes due to the long duration between treatment sessions.³²²</i> <i>There are no residential treatment facilities in Tobago. It is challenging and costly for persons from Tobago to access residential treatment in Trinidad.³²³</i>
Lack of Social Support	<i>Many people in treatment do not have family support because they lack family.³²⁴</i> <i>Lack of support and involvement from parents for a young person in treatment.³²⁵</i>
Previous Unsuccessful Attempts	<i>Treatment practitioners indicated that there can be a high relapse rate due to the complex nature of some substance use cases, the lack of family support, and an interplay of many other factors.³²⁶</i>

Source: OAS/CICAD Trinidad and Tobago Fieldwork 2025

315- FGD_Ref.3:20

316- FGD_Ref.3:22

317- STI_Ref.1:11

318- FGD_Ref.3:3

319- FGD_Ref.2:14

320- FGD_Ref.3:8

321- FGD_Ref.3:7-8

322- FGD_Ref.2:14

323- STI_Ref.1:9-10

324- FGD_Ref.3:21

325- STI_Ref.1:11, FGD_Ref.3:12

326- FGD_Ref.3:20

4.6.2.3 - Treatment Gaps and Challenges

Treatment options for persons with SUDs are available and functional in TT. However, specific complexities undermine the effectiveness and limit the reach of some programmes. Generally, these challenges and gaps could be categorized as service-related issues, resource constraints, and client-based concerns.

4.6.2.3.1 - Service-related Issues

Regarding service-related issues, stakeholders emphasized notable treatment service gaps such as the absence of:

- A residential treatment facility in Tobago, which would provide a space for substance users for the duration of treatment, external to their home environment,³²⁷ instead of having to access this service in Trinidad.³²⁸
- Treatment facilities for women in Tobago.³²⁹
- A rehabilitation facility in Tobago that offers services to youth engaged in offending behaviour.³³⁰
- Rehabilitative programmes in prison for both persons on remand, given the slow rate of convictions, and convicted individuals.³³¹
- A separate or dedicated residential treatment facility for children and youth.³³² This includes facilities for detoxing and for treating mental health comorbidities.

One stakeholder noted, however, that residential facilities for young persons under age 18 were not required and further elaborated:

...residential treatment is not advised for persons who are underage ... But what we found those that (are in) the 18 to 25 group are not treatment seekers, the people who seek treatment are generally cemented in their adulthood...older persons... although a request may come from a loved one or organization for a younger person...but young persons, have not reached a point in their drug abuse activities where they feel they need treatment, they're still the at the place of being adventurous having a grand time and not seeing the dangers of what they're doing.³³³

It was also highlighted that rehabilitation, harm reduction, and aftercare programmes should be distinct programme offerings and not merged.³³⁴ Stakeholders further advanced that the Ministry of Health should strengthen and revise follow-up mechanisms with treatment centers to ensure that clients do not fall between the cracks.³³⁵ Lack of information sharing among agencies on persons in and referred to treatment was identified as an additional challenge.³³⁶

Apart from this, in the case of migrant youth, one stakeholder observed that language barriers can impact their awareness of the availability and accessibility of services at their disposal.³³⁷

327- STI_Ref.12:4,7

328- STI_Ref.12:5

329- STI_Ref.12:5

330- STI_Ref.12:3

331- STI_Ref.4:9, STI_Ref.9: 8&9, STI_Ref.14:17 & 20

332- STI_Ref.3:7 & 14, 13, STI_Ref.4:8, STI_Ref.9: 8&9, STI_Ref.11:8, FGD_Ref.1:5

333- STI_Ref.4:8

334- FGD_Ref.3:20

335- FGD_Ref.2:14, FGD_Ref.3:5

336- FGD_Ref.2:15

337- STI_Ref.8:4

4.6.2.3.2 - Client-based Concerns

A notable client-based concern expressed by stakeholders related to the cycling of clients. They noted that rehabilitation is not taken seriously by some clients³³⁸ as they may commence post-treatment and drop out, and within 3-6 months, seek readmission.³³⁹ Stakeholders advocated, therefore, that the factors for relapse for each client must be well-understood, and therapy must be individualized.³⁴⁰ However, they acknowledged that this is impacted by staffing, the client's attitude, and the desire to maintain occupancy/utilization rates to demonstrate the facility's importance.³⁴¹

According to treatment practitioners, there is a low annual rate of uptake for treatment.³⁴²

4.6.2.3.2.1 - LGBTQI+ and Treatment

Specific challenges associated with managing members of the LGBTQI+ community resident in treatment interventions were highlighted. Stakeholders informed that clients are not mandated to disclose their sexual orientation at intake;³⁴³ however, there are no direct provisions in treatment for persons based on their sexual orientation.³⁴⁴

It was therefore stated that although intake numbers may be small, the staff must be vigilant in protecting such members in the treatment environment where other clients do not share their values and beliefs.³⁴⁵ Stakeholders cautioned, however, that this challenge is exacerbated if the person has a medical condition or psychiatric issues.³⁴⁶ Accordingly, staff must balance clients' rights, demonstrate confidentiality and ethics, and exercise caution and mindfulness, while not segregating and stigmatizing clients.³⁴⁷ It was reported, nonetheless, that practitioners are cognizant of the psychological and physical resources required to protect vulnerable persons in such environments.³⁴⁸

Apart from this, stakeholders recognized a need to be vigilant with hypersexual clients and the increased potential for sexual exploitation.³⁴⁹

4.6.2.3.3 - Resource Constraints

In terms of resource constraints, staff training emerged as an important issue. More pointedly, stakeholders commented on the lack of trauma-informed care training for non-clinical staff, which could lead to the re-traumatization of clients and derail treatment and recovery efforts. There was also reference to a lack of treatment training for adolescent specialists at the local universities.³⁵⁰

Stakeholders also informed that while many mental health and treatment programmes were age-appropriate and trauma-informed,³⁵¹ they tended to be gender-neutral, and greater effort and consideration were required for gender sensitivity.³⁵²

338- FGD_Ref.3:18

339- FGD_Ref.3:19

340- FGD_Ref.3:19

341- FGD_Ref.3:18-19

342- FGD_Ref.3:4

343- FGD_Ref.3:9

344- FGD_Ref.3:9

345- FGD_Ref.3:8-9

346- FGD_Ref.3:9

347- FGD_Ref.3:9, 10

348- FGD_Ref.3:8-9

349- FGD_Ref.3:9

350- FGD_Ref.1:5

351- STI_Ref.1:11, STI_Ref.3:13, STI_Ref.12:6

352- STI_Ref.3:17

In addition, stakeholders recognized that there were inadequate resources available to provide holistic and individualized interventions to children.³⁵³

Stakeholders also referred to challenges with the storage, collation, and analysis of demographic and socio-economic data on young people engaged in substance use.³⁵⁴ They noted that a wealth of data is collected through intake processes; however, they questioned the ease of retrieval and its utilization to inform evidence-based policies.³⁵⁵ Stakeholders further noted a shortage of adequately trained staff within key government agencies to effectively process data.³⁵⁶

4.7 - Drug Prevention

Early intervention and substance prevention efforts are essential for reducing the likelihood of lifelong addiction and its associated harms, given research findings on the commencement of substance use during teenage years.

Discussions with stakeholders pointed to several prevention initiatives that seek to equip young people with coping skills, foster supportive environments, and provide access to positive alternatives and mentorship. Ultimately, these reduce immediate drug-related risks and promote long-term health, resilience, and positive development.

Specifically, it was indicated that NADAPP facilitates sensitization sessions that focus on the training of trainers, such as guidance counsellors, school social workers, and other key personnel. NADAPP also provides training at the Police Training Academy to equip officers with the skills to handle drug-related situations.³⁵⁷ Table 5 expands on other key drug prevention programmes.

Table 5 - Key Drug Prevention Programmes

Government	NGOs
NADAAP conducts sensitization sessions focused on training trainers, such as guidance counsellors, school social workers, principals, teachers and other key personnel. This enables them to effectively engage young people in schools and implement prevention programmes. ³⁵⁸	Rebirth House conducts outreach and related activities in the community. ³⁵⁹
NADAPP provides training at the police academy to equip officers with skills to handle drug-related situations. ³⁶⁰	Sporting and social programs in communities are offered as alternatives for engaging youth outside of police youth club environments. ³⁶¹
NADAAP conducts school-based prevention training, where they focus on the definition of prevention, the meaning of demand reduction for the school-age population, risk factors and protective factors, and drug prevention in the classroom. ³⁶²	Police youth clubs provide guardianship and proactively engage troubled youth. ³⁶³

353- STI_Ref.9:8-9
354- STI_Ref.5:2
355- STI_Ref.5:2
356- FGD_Ref.1:1
357- STI_Ref.5:11
358- STI_Ref.5:11
359- STI_Ref.5:11
360- STI_Ref.5:11
361- STI_Ref.11:10
362- STI_Ref.4:2
363- STI_Ref.11:10

Government	NGOs
12-Step approach for drug sensitization programmes conducted within the prison system. ³⁶⁴	
Community-based programme led by COPOLAD in the town of Penal targeting identified vulnerabilities to strengthen local drug prevention efforts. ³⁶⁵	
In Tobago, prevention initiatives are conducted in primary and secondary schools, as well as targeted interventions are hosted at the community level. ³⁶⁶ This includes awareness programmes and life skills.	

Source: OAS/CICAD Trinidad and Tobago Fieldwork 2025

4.7.1 - Challenges and Gaps

Despite the importance of prevention initiatives, their implementation often faces significant challenges. Limited funding, lack of trained personnel, and competing priorities can hinder consistent delivery. Additionally, stigma and low engagement from key stakeholders could reduce the effectiveness of these programmes. Stakeholders correspondingly considered drug prevention challenges and gaps related to evidence-based data, monitoring and evaluation, and programming and communication.

4.7.1.1 - Evidence-based Data

Stakeholders cautioned that a lack of comprehensive population baseline data on substance use impedes the determination of clear trends and needs.³⁶⁷ Similarly, it was noted that an absence of longitudinal data and comparable studies, over time, challenges assessments on substance use rates and the impact of prevention programmes.³⁶⁸

Additionally, there was a view that current prevention interventions are guided by observations and stakeholders' input rather than by robust, empirical evidence. Furthermore, one stakeholder recognized the incompleteness of data on drug use, as recent surveys (i.e., NCD survey) tend to focus mainly on alcohol and tobacco and not on other drugs, which limits informed understanding of the broader substance use landscape.³⁶⁹ Stakeholders emphasized research gaps regarding individuals in substance treatment and attendant relationships among education, employment status, and substance use; as current treatment forms and data collection systems may not reliably report on these circumstances.³⁷⁰ Stakeholders additionally indicated monitoring gaps in terms of babies who are born to drug-addicted mothers, and insufficient follow-up and early testing to identify cognitive delays, both of which could support timely and appropriate interventions.³⁷¹ Accordingly, data challenges hinder the development of tailored prevention and intervention programmes.³⁷²

4.7.1.1 - Evidence-based Data

Shifting to the area of M&E, it was noted that the effectiveness, impacts, and success of substance abuse sensitization and prevention programmes are generally not measured or assessed. Robust M&E findings are therefore missing in the development or modifications of ongoing and future efforts.³⁷³

364- STI_Ref.9:10

365- STI_Ref.4:2

366- STI_Ref.12:6

367- STI_Ref.4:11-12

368- STI_Ref.4:11-12

369- STI_Ref.4:11-12

370- STI_Ref.4:13

371- STI_Ref.6:26

372- STI_Ref.4:13

373- STI_Ref.1:12, STI_Ref.4:11-12, STI_Ref.9:10

4.7.1.3 - Programming & Communication

Traditional programming and communication approaches to drug prevention were regarded as insufficient to capture the attention of modern youth. Accordingly, there was an expressed need for the integration of popular youth social media platforms such as TikTok and Instagram to increase messaging reach and impact.³⁷⁴ Moreover, requisite expertise and resources are required to create content tailored to the language and style of newer social media platforms.³⁷⁵

Apart from this, one stakeholder suggested that preventative measures should target children well before they reach adulthood, and ideally start from ages 10 to 18 or younger, as this is crucial to reducing youth involvement in crime and substance use.³⁷⁶

4.8 - Collaboration

Young persons who are drug offenders and/or experience SUDs face complex social, psychological, and economic issues that no single entity can address in isolation. Collaborative efforts, therefore, among the justice system, government ministries, the private sector, academia, and civil society organizations are integral to ensuring that interventions are holistic, responsive, and tailored to the unique needs of these populations. In addition, collaborative approaches promote consistency in service delivery and policy implementation and allow for early identification of at-risk youth and more effective referral pathways. Essentially, it improves youth outcomes and strengthens broader support systems. Stakeholders, therefore, identified key collaborative initiatives and reviewed their effectiveness as indicated in Table 6.

Table 6 - Youth Substance Use/ Offenders and Multi-Stakeholder Collaboration

Government	Private Sector & International Organizations
Police Training Academy – trained on the impact of marijuana, addiction, and demand reduction strategies. ³⁷⁷	Partnerships with some private sector entities on drug education and enforcement of drug use policies, and there is potential to deepen engagement. ³⁷⁸
TTPrS - support programming related to treatment and rehabilitation efforts. ³⁷⁹	Job placements: Collaboration between carceral institutions and a few local businesses. ³⁸⁰
The then Ministry of National Security ³⁸¹ partnered with NADAPP and the Ministry of Health on drug demand and supply reduction initiatives. ³⁸²	Partnerships with UNDP, IDB, UNODC, and UN Women on criminal justice projects, sensitization, and training. Some rehabilitative initiatives with the UN are coordinated jointly with an NGO, Vision on a Mission. ³⁸³

374- STI_Ref.5:11

375- STI_Ref.5:11

376- STI_Ref.11:11

377- STI_Ref.4:1

378- STI_Ref.10:7

379- STI_Ref.4:1

380- STI_Ref.14: 11

381- The former Ministry of National Security has been divided into the Ministry of Homeland Security, the Ministry of Defence and the Ministry of Justice.

382- STI_Ref.5:7-8

383- STI_Ref.2:11

Government	Private Sector & International Organizations
Active collaboration with multiple GoRTT partners - i.e., the Ministry of Community Development, NADAPP, Probation Officers, inclusive of Case Care Management— to enhance service delivery. Partnerships facilitate timely information sharing, efficient referrals, and improved access to social welfare and other programmes, greatly benefit clients. ³⁸⁴	IOM partners with the GoRTT on demand reduction initiatives. Policy changes may create more opportunities for dialogue and allow for increased future engagement and collaboration. ³⁸⁵
Secondary Schools - Upon request, health education teams conduct anti-drug-related sessions and provides information. ³⁸⁶	
Case conferencing among key agencies allows for coordination of responses and interventions related to unique needs and reduces duplication of services and efforts. ³⁸⁷	
Probation Services partners with Gender and Child Affairs on various outreaches. ³⁸⁸	
NADAPP coordinates with treatment centers to facilitate appropriate referrals and support and obtain relevant data, which informs the needs of these populations. ³⁸⁹	

Source: OAS/CICAD Trinidad and Tobago Fieldwork 2025

Cognizant of existing partnerships, stakeholders also recognized the need for inclusive, multi-sector collaboration,³⁹⁰ along with an expansion of collaborative efforts with businesses, youth, and groups for persons with disabilities.³⁹¹ Further to this, engagement with community groups and NGOs was regarded as limited, with the exception of active partnerships with the Women's Institute for Alternative Development (WINAD).³⁹² In addition, the idea of academia and stakeholder partnerships was advanced as it could be a source of valuable assistance.³⁹³

384- STI_Ref.6: 22

385- STI_Ref.5:8

386- FGD_Ref.1:2

387- STI_Ref.3:7

388- FGD_Ref.4:13-14

389- STI_Ref.5:8

390- STI_Ref.5:7-8

391- STI_Ref.5:7-8

392- STI_Ref.5:11-12

393- STI_Ref.7:13

5 - Key Recommendations & Promising Practices

Literature findings, stakeholder interviews and focus group sessions, and statistical data from key agencies offer a triangulated understanding of the situation regarding youth aged 18 to 25 years with drug-related offences and/or SUDs in Trinidad and Tobago. From the analysis, it could be surmised that important steps have to be taken to tackle formidable challenges associated with the incarceration of youth with minor drug-related offences, and to extend alternative pathways for meaningful support and health-based interventions within the criminal justice domain. In addition, there are notable substance use treatment options that respond to the critical needs of clients and contribute to rehabilitation and recovery.

It is, however, apparent that some existing frameworks and structures contain inherent gaps and limitations that need to be addressed to ensure that affected populations derive maximum benefits and core institutional and societal goals are achieved.

Accordingly, this section explores key recommendations and promising practices articulated by stakeholders, under specific thematic areas, which can chart the way forward and inform next steps for decision-makers and practitioners.

5.1 - Criminal Justice & Policy

Recognizing the pivotal role of the criminal justice system in administering judicial matters, stakeholders suggested that the ***Drug Treatment Court Process in Tobago*** should be ***operationalized and enforced*** to ensure accountability and improve compliance with treatment orders.³⁹⁴

Furthermore, from a gender-sensitive perspective, stakeholders advanced that ***courts*** should apply ***gender-sensitive alternatives for women offenders***, which include options such as suspended sentences, engagement in restorative justice, and involvement of their families in interventions.³⁹⁵ This initiative was also noted in the literature, given the caretaker and sometimes breadwinner roles assumed by women (CCJ, 2024; Benedict, 2014).

Also, acknowledging that addiction is a chronic condition that requires ongoing support, there was an expressed need for the development of a ***policy on structured aftercare services beyond the court's jurisdiction***. This policy will essentially facilitate aftercare services to individuals who exit court-based treatment programmes.³⁹⁶

Stakeholders further advocated for the ***use of restorative justice approaches*** for individuals who have used drugs and caused harm to others or property, which would allow them to make amends to affected persons and communities.³⁹⁷

5.2 - Punishment, Reintegration & Alternatives

Traditionally, individuals who violate national laws face different forms of punishment and sanctions. Notwithstanding this, TT, like other nations, has begun to transition away from punitive measures for non-violent, drug-related crimes towards more health-based approaches. These approaches include, but are not limited to, the decriminalization of cannabis and the introduction of the DTCP.

394- STI_Ref.1:8-9

395- FGD_Ref.3:25

396- STI_Ref.3:18

397- FGD_Ref.4:17

Additional steps, however, could be pursued to bolster these efforts and effect sustained outcomes. Stakeholders advised, therefore, that a **policy** should be created to **allow violent offenders with substance use disorders access to drug treatment services** even while their cases are before the court.³⁹⁸

It was also suggested that a **drug treatment component** should be incorporated into **parole eligibility and reintegration support**, and the **parole board** should be involved in determining suitability and readiness for both.³⁹⁹

Apart from this, the introduction of **community sensitization programmes and support services** was recommended. These efforts should be geared towards **reducing stigma** and **discrimination** against formerly incarcerated youth and **sensitizing the wider community** to support the reintegration of this population and improve their employment and reintegration chances.⁴⁰⁰

5.2.1 - ATIs

Recognizing the need for the provision of ATIs for nonviolent youth offenders,⁴⁰¹ it was emphasized that the proposed **Dissuasion Commission** should be **established** to support alternatives to punitive responses.⁴⁰²

Community service could also be explored as an alternative response and integrated into rehabilitation or accountability measures.⁴⁰³

One stakeholder further advanced that participation in military type-training or conscription, such as MiLAT or MYPART, could be considered as an alternative sentencing option for individuals aged 18 to 25 years old with drug-related offences.⁴⁰⁴

5.3 - Institutional Strengthening

Strong institutions support successful programming and outcomes, equipping key stakeholders with the necessary tools and resources to function optimally. Accordingly, stakeholders suggested that a formal, multi-sectoral, **integrated referral system** should be developed to support **seamless service delivery** between government and civil society (e.g., OJT, Ministry of Youth).⁴⁰⁵

In addition, it was indicated that **NGOs** and **Community-based Organizations (CBOs)** should be **trained in Drug Prevention** to improve the effectiveness of their drug prevention activities.⁴⁰⁶ Correspondingly, **NGOs** should be **strengthened** through **collaboration** and **capacity-building efforts**, which should include skills development, resource allocation, and enhanced cooperation with stakeholders.⁴⁰⁷

Stakeholders also noted that the **proceeds of drug-related crime** (under the Proceeds of Crime Act) could be used to support and **strengthen NGOs** involved in drug demand reduction.⁴⁰⁸

398- STI_Ref.3:18

399- STI_Ref.3:18

400- STI_Ref.9:14

401- STI_Ref.9:14

402- STI_Ref.5:13

403- FGD_Ref.4:17

404- STI_Ref.11:9

405- FGD_Ref.4:21–22

406- STI_Ref.4:7

407- FGD_Ref.3:24

408- FGD_Ref.3:24

5.4 - Treatment & Rehabilitation

Substance use treatment initiatives provide important intervention opportunities for individuals with SUDs to access assisted recovery and rehabilitation. It is therefore imperative that these services are accessible to affected populations and tailored to suit the unique needs and circumstances of clients. Stakeholders, accordingly, recommended that the following actions and initiatives could be explored to bolster and improve substance use treatment frameworks and service offerings:

- Tailored to the **specific characteristics of each individual**, inclusive of age, gender, cognitive ability, and social circumstances, i.e., age-, gender-, and capacity-appropriate.⁴⁰⁹
- Prioritize **mental health treatment** and integrate it into substance use interventions.⁴¹⁰
- Establish structured, **residential programmes** in **Tobago**.⁴¹¹
- Integrate **childcare services into treatment and rehabilitation programmes**, as caregiving responsibilities could be a barrier to treatment, especially for persons who are primary caregivers, and **provide childcare support** to enable their participation in rehabilitation.⁴¹²
- Leverage the **DTCP** as a **referral mechanism** to connect young people with appropriate treatment and support services.⁴¹³
- Incorporate individual and group family sessions into rehabilitation programmes as both formats are beneficial and complementary components of effective rehabilitation.⁴¹⁴
 - Provide **support to relatives of individuals in recovery** by facilitating their learning on how to effectively support their loved one's recovery journey.⁴¹⁵
 - Implement **family-focused interventions** as part of youth rehabilitation, and address the family environment and background of youth offenders to ensure that rehabilitation efforts are not undermined by returning them to a negative or dysfunctional home setting.⁴¹⁶
 - Ensure **competent professionals conduct screening** and establish multidisciplinary screening teams inclusive of mental health professionals, psychologists, and educational psychologists.⁴¹⁷
 - Adopt a more **holistic intervention approach** by also identifying and supporting the individual's existing skills, talents, and competencies.⁴¹⁸ Creative and vocational development could be integrated into treatment programmes.⁴¹⁹
 - Implement **reintegration assistance** such as post-rehabilitation mentorship programmes⁴²⁰ and encourage the involvement of the business sector in reintegration, and mentorship efforts. Support should be balanced with personal accountability, and assistance mechanisms should help individuals return to **self-sufficiency** and **responsibility** moving forward.⁴²¹
 - Introduce outreach strategies to **take services directly to youth**, as financial constraints may prevent them from accessing support. Service providers could go to them when possible, and agency vehicles could offer shuttle services to and from program locations to eliminate cost-related barriers to participation.⁴²²

409- STI_Ref.5:13

410- STI_Ref.5:13

411- STI_Ref.12:6-7

412- FGD_Ref.3:25

413- FGD_Ref.3:25

414- FGD_Ref.3:21

415- FGD_Ref.3:21

416- FGD_Ref.4:19-20

417- FGD_Ref.3:24

418- FGD_Ref.3:24

419- FGD_Ref.2:15-16

420- This will support continued psychosocial development of individuals recovering from substance use.

421- STI_Ref.10:10-11

422- STI_Ref.12:10

- Expand **access to social services and drug intervention resources** provided by the Ministry of People, Social Development and Family Services to include all migrants (not only Spanish-speaking individuals).⁴²³

5.5 - Drug Prevention Measures

Drug prevention efforts offer proactive approaches for deterring children and youth away from substance use through impactful communication and knowledge-sharing on the risks and harms of drug consumption. Prevention measures could also include programmes and support systems that mitigate risk factors and promote protective factors associated with substance use. Important gaps and shortcomings, however, were identified in existing drug prevention measures, and stakeholders accordingly proposed the following recommendations under specific thematic areas.

5.5.1 - Education Systems

- Establish a **national education system screening policy** for early risk detection and intervention,⁴²⁴ and implement early **mental health screening in schools**, inclusive of screening for ADHD, autism spectrum, and behavioural disorders.⁴²⁵
 - These measures could **divert high-risk youth** from future academic failure, drug use, and crime.⁴²⁶
- **Determine and adopt** appropriate screening strategies, **targeted or universal**.⁴²⁷
- Reform school curricula toward **strength-based learning** with targeted academic and non-academic opportunities.⁴²⁸
- Create clear **post-secondary pathways** for non-academic youth (e.g., vocational, entrepreneurship).⁴²⁹
- Expand and strengthen **prevention outreach in schools and communities** before drug use begins.⁴³⁰
- Scale up **early intervention programmes** in primary and secondary education systems.⁴³¹
- Use **self-report screening tools** (e.g., PSQ-9) to detect hidden mental health issues.⁴³²
- Prioritize **early family engagement and education** in school-based interventions.⁴³³
- Introduce **group mentorship programmes** in schools targeting alcohol and substance use risks.⁴³⁴
- Introduce **parenting education early** and **trauma-informed support programmes** within schools to help children address and manage their trauma.⁴³⁵
- Provide **structured after-school programmes** such as homework centres, sports, and arts.⁴³⁶
- Offer **reproductive education and family support**, including counselling, to at-risk mothers.⁴³⁷

423- STI-Ref.8:6

424- FGD_Ref.3:12

425- FGD_Ref.3:6

426- FGD_Ref.3:7

427- FGD_Ref.3:23

428- STI_Ref.13:15

429- STI_Ref.9:11

430- STI_Ref.3:20

431- STI_Ref.10:11

432- FGD_Ref.3:23–24

433- FGD_Ref.3:21

434- FGD_Ref.4:17

435- STI_Ref.6:26

436- FGD_Ref.3:13

437- STI_Ref.13:14

5.5.2 - Youth

- Establish a national youth monitoring system that tracks youth-to-adult development from age 10 onwards.⁴³⁸
- Implement the proposed Youth Index to accurately identify the needs, locations, and characteristics of youth populations for more targeted and effective interventions.⁴³⁹
- Conduct a needs assessment of street-engaged youth, inclusive of community-level assessments of youth selling drugs or engaged in hustling.⁴⁴⁰
- Make youth programmes more youth-centric by actively engaging young people in the design and delivery of initiatives.⁴⁴¹
- Align early interventions with national goals to create productive and engaged youth citizens.⁴⁴²
- Align youth programming with emerging digital skills and careers.⁴⁴³
- Use youth peer mentors (ages 18–25) alongside adult mentors.⁴⁴⁴
- Enhance digital platforms like TeenCareTT for youth-targeted mental health and substance use awareness.⁴⁴⁵
- Establish and enforce drug use policies in skills training institutions (e.g., Civilian Conservation Corps [CCC], Roxborough Trade Centre).⁴⁴⁶
- Reintroduce or develop residential youth development initiatives similar to YTRC, youth camps, or agricultural schools, as they provide a consistent structure and distance from negative environments, which short-term or non-residential programmes cannot offer.⁴⁴⁷
- Establish support programmes for parents to help them intervene early if their child is at risk of engaging in criminal behaviour.⁴⁴⁸
- Implement family-focused, holistic youth development programmes involving key stakeholders (e.g., Ministry of Youth, OJT), and establish a formal system to integrate at-risk youth into skills-building and reintegration programmes.⁴⁴⁹
- Develop integrated, multi-dimensional support systems that address the diverse needs of
 - Youth with prior interaction with the justice system;
 - Youth transitioning out of state care (who may also have substance use issues); and
 - General youth populations who may not yet be flagged but still require support.⁴⁵⁰

5.5.3 - Community & Sports

- Strengthen and fund **sports, culture, and community-based NGOs'** engagements to reach youth who avoid formal programming.⁴⁵¹ Promote **creative arts and sports therapy** as drug-use deterrents.⁴⁵²
- Leverage **cultural festivals and entertainment events** for youth substance use prevention.⁴⁵³
- Promote **workplace-based wellness policies** and encourage **substance prevention components** in **workplace onboarding policies**.⁴⁵⁴

438- STI_Ref.12:8

439- STI_Ref.12:8

440- STI_Ref.12:9

441- STI_Ref.5:11

442- STI_Ref.10:11

443- FGD_Ref.4:19–20

444- FGD_Ref.4:19–20

445- FGD_Ref.1:3

446- STI_Ref.1:14

447- STI_Ref.12:6-7

448- STI_Ref.9:14

449- FGD_Ref.4:19–20

450- FGD_Ref.4:19-20

451- FGD_Ref.2:18

452- STI_Ref.4:13

453- STI_Ref.4:14

454- STI_Ref.4:14

- Implement **community-specific, integrated intervention programmes** (e.g., Trade Trek), which combine trade training with life skills (e.g., substance awareness, self-esteem, grooming), followed by internships with stipends, to increase the likelihood of employment and long-term engagement.⁴⁵⁵
- Expand **community-based initiatives** to support recovery, prevent recidivism, and reduce youth involvement in criminal activities related to substance use.⁴⁵⁶
- Utilize **structured community settings** as formal entry points for engagement and early intervention, allowing for meaningful support and identification of underlying issues that contribute to substance use.⁴⁵⁷

5.5.4 - Public Communication & Sensitization

- Increase **advocacy and information-sharing** for existing government youth intervention programmes, particularly in underserved or high-need communities.⁴⁵⁸
- Launch a **national public education campaign** on substance use risks, vaping, and legal misconceptions.⁴⁵⁹
- Implement **community-level outreach and sensitization campaigns on substance use** that highlight the legal and social consequences of substance use.⁴⁶⁰
- Engage **community-level personnel** who can “speak the language of the ground” to **improve communication**, build trust, and accurately assess substance use and risks among individuals who may be in denial or unwilling to disclose their drug use.⁴⁶¹
- Use **youth preferred platforms** such as TikTok and Instagram to deliver messages in formats that resonate with them (e.g., 60-second videos), rather than relying on outdated or less engaging formats like essay competitions or websites. Ensure ministries and departments adopt modern communication strategies aligned with youth media consumption habits.⁴⁶²
- Engage **experts** who **understand youth communication styles** and social media platforms to craft and manage effective messaging tailored to different digital channels.⁴⁶³
- Enhance communication at **all levels of society** to increase **public awareness of available support services**. This should include not only state-provided resources but also the valuable programmes offered by NGOs, faith-based organizations (FBOs), and CBOs that serve children, youth, and adults.⁴⁶⁴
- Incorporate **clinical insights** and expertise of psychologists and psychiatrists into **public awareness** efforts about drug-related public health responses.⁴⁶⁵
- Raise public awareness about the **mental health risks of cannabis use** based on psychiatric and psychological findings.⁴⁶⁶
- Embed **substance awareness in mental health campaigns and outreach**.⁴⁶⁷

455- STI_Ref.12:8

456- STI_Ref.3:20

457- FGD_Ref.2:18

458- STI_Ref.9:14

459- STI_Ref.13:7

460- STI_Ref.3:20

461- FGD_Ref.2:18-19

462- FGD_Ref.4:21

463- STI_Ref.5:11

464- STI_Ref.3:20-21

465- STI_Ref.10:6

466- STI_Ref.10:6

467- FGD_Ref.1:3

5.6 - Resources & Infrastructure

The provision of requisite resources and appropriate infrastructure is integral to effective drug demand reduction efforts. There are, however, some apparent needs that should be addressed to ensure that stakeholders involved in responses are adequately equipped for success. In this regard, it was recommended that state interventions in juvenile care must be accompanied by significant investment, which includes:

- Modern, ***purpose-built juvenile facilities*** that are designed to preserve dignity, prevent abuse, and support rehabilitation through training and workshops. These facilities should have appropriate psychological support services.
- ***Individualized living spaces*** for youth in state care.
- ***Adequately staffed facilities*** with trained and sufficiently compensated personnel.
- ***Requisite state funding*** to support sustainable youth interventions.⁴⁶⁸

Specific mention was also made of the ***Tobago*** context, and it was proposed that current counselling and support group resources should be expanded in Tobago. This would entail:

- Establishing a ***residential treatment facility*** to provide more intensive care for individuals with substance use or psychosocial needs.⁴⁶⁹
- ***Increasing the number of trained counsellors***, as existing counselling services are insufficient to meet current demands.
- ***Expanding support groups*** and ensuring consistent operations and accessibility in communities.

5.6.1 - Training & Skills

Stakeholders were informed of skill gaps and training needs that should be filled. Accordingly, it was recommended that training ideally should include:

- Train the trainer sessions, whereby ***community leaders and members*** will be trained to deliver education and mentoring and expand the reach and sustainability of programmes.⁴⁷⁰
- Capacity building for relevant personnel to ***collect and analyze data***.⁴⁷¹
- Capacity building for ***teachers to detect and support student*** needs and provide initial support, in advance of expert interventions.⁴⁷²
- Capacity-building for key stakeholders—***parents, caregivers, and educators***—to foster a cohesive and supportive environment that promotes positive youth development.⁴⁷³

5.7 - Collaboration

Stakeholders acknowledged the existence of collaborative drug demand reduction initiatives but recognized a need for expansion and strengthening in some areas. The following suggestions were therefore proffered:

- Collaboration efforts should be led by a ***single agency***, and they should have a ***sustained structure***. Further institutional support is needed to deepen and expand these collaborations.⁴⁷⁴

468- STI_Ref.13: 16 & 17

469- STI_Ref.1:10

470- STI_Ref.1:12-13

471- STI_Ref.5:12

472- FGD_Ref.3:10

473- STI_Ref.4:14

474- STI_Ref.2:10; STI_Ref.4:12

- There is a need for a **Whole-of-Government approach** to share information across ministries and ensure coordinated services.⁴⁷⁵
- Further **consolidation of existing collaboration** efforts among and within ministries (e.g., Youth, Education, Community Development) is needed to be impactful and sustainable.⁴⁷⁶
- Regular forums or platforms are needed to **share information and avoid duplication**.⁴⁷⁷ Youth input should be integrated into initiatives, such as contributing to website content and selecting topic areas.⁴⁷⁸
- Ministries involved in substance-related issues should be formally brought together, and consistent, targeted collaboration should be implemented.⁴⁷⁹
 - The creation of Terms of Reference (TORs) and institutional frameworks would enable continuity in collaborative efforts, particularly when personnel or leadership changes occur.⁴⁸⁰
- **Civil society should be integrated into relevant government initiatives**, and formal referral systems should be established across sectors (e.g., OJT, Ministry of Youth) to ensure needs are addressed holistically.⁴⁸¹

5.8 - Data & Research

The entire response to substance use, inclusive of criminal justice approaches, treatment interventions, and prevention measures, should be informed by rigorous, empirical findings and evidence-based data to ensure appropriate targeting and programming. Monitoring and evaluation will also ensure that systems and structures are adapted to evolving circumstances. Many stakeholders, nevertheless, recognized important data gaps that require attention and action. Accordingly, the following initiatives were recommended:

- Conduct research on the **impact of cannabis use** to determine its effect on youth education and psychological and social functions.⁴⁸²
- Standardize **data definitions** and **improve analysis to inform** decision-making.⁴⁸³
- Strengthen the **Drug Information Network (DIN-TT) and Drug Observatory** to standardize the collection of data.⁴⁸⁴
- Collate data from the health sector to examine the **physical illnesses** with which persons are presenting and possible linkages **to substance use**.⁴⁸⁵
- Conduct **community mapping with youth participation to assist them in** arriving at what they are good at and what they want to do. This will allow government ministries and other entities to understand how to engage them.⁴⁸⁶
- Ensure **research leads to practical, implementable action**. Research recommendations should be data-driven, practical and actionable—offering both easy-to-implement ‘low-hanging fruit’ and more ambitious, long-term goals.⁴⁸⁷
- Develop a **Youth Index for Tobago** by using ID card registration and other information to populate a youth database and use that data to inform targeted interventions, programme planning, and outreach.
- The YDJIP project should foster a better understanding of the need to inject more effort into drug prevention and treatment for substance use.⁴⁸⁸

475- FGD_Ref.2:20-21

476- STI_Ref.4:12-13

477- FGD_Ref.2:19

478- FGD_Ref.1:6

479- FGD_Ref.2:21

480- FGD_Ref.2:22

481- FGD_Ref.4:21-22

482- FGD_Ref.3:2

483- STI_Ref.5:12

484- STI_Ref.5:12

485- STI_Ref.5:3

486- STI_Ref.4:13

487- STI_Ref.7:13 & 14

488- STI_Ref.1:15

5.9 - Promising Practices

Stakeholders advanced promising practices and useful strategies that could be explored to address the complex needs of young people involved in drug-related offences and/or SUDs, and to inform the way forward regarding substance use responses.

5.9.1 - Legal and Policy Frameworks

Several out-of-court and diversionary measures were proposed, some of which are currently under consideration. These include:

1. Community Resolutions,
2. Conditional and Simple Cautions,
3. Cannabis Warnings,
4. Suspended and Deferred Prosecutions, and
5. Fixed Penalty Notices—these are already in use, but the broader range of alternatives is still under development and pending Cabinet approval.⁴⁸⁹

5.9.2 - Alternatives to Incarceration

- The Plea-Bargaining legislation, enacted in 2017, offers a mechanism for resolving criminal matters outside of court. It allows attorneys to negotiate with prosecutors, who consult the DPP, to agree on sentencing in exchange for a guilty plea. This tool is being promoted for wider use, including in cases involving youth in conflict with the law.⁴⁹⁰
- The plea agreement process can incorporate alternative sentencing tools such as electronic monitoring or community service. These options can be negotiated with the DPP as part of an out-of-court settlement, avoiding formal court proceedings.⁴⁹¹

5.9.3 - Monitoring and Evaluation

- Continuous improvement efforts in M&E could draw on the experience of the Monitoring, Evaluation, and Learning (MEL) component of the Community Family and Youth Resilience (CFYR) and Youth Resilience Inclusion and Empowerment (YRIE), which were USAID-funded secondary prevention programmes that targeted at-risk youth, aged 10 to 29, and their families.⁴⁹²

5.9.4 - Prevention

- To address the lack of accessible information for youth, the ministry implemented Youth Education and Health Caravans. These mobile outreach initiatives visited communities to share details about health, wellbeing, education, and career programmes. The primary goal was to equip young people with the information needed to make informed life choices.⁴⁹³
- Police Youth Clubs play an important role in supporting and guiding at-risk youth by proactively reaching out to engage them. However, participation is voluntary, and parents' or guardians' negative perceptions of the police or state can hinder involvement.⁴⁹⁴
- Community-based initiatives like football and cricket clubs serve as informal support systems for youth.⁴⁹⁵

489- STI_Ref.2:11

490- STI_Ref.2:15-16

491- STI_Ref.2:16

492- STI_Ref.7:10

493- FGD_Ref.4:18

494- STI_Ref.11:10

495- STI_Ref.11:10

5.9.5 - Knowledge Transfer

- In the **YRIE project**, UWI supported the development of a risk assessment instrument and contributed to data collection on risk (and possibly protective) factors. USAID's approach to such projects included not only implementation but also capacity-building for local stakeholders. They ensured that tools, documentation, lessons learned, and training are provided so that stakeholders can sustain and replicate the work. Stakeholders were actively involved in the process to develop skills and apply the instruments independently.⁴⁹⁶

5.9.6 - Collaboration

- **NADAPP** has outreach initiatives and facilitates quarterly working group sessions that bring together stakeholders from criminal justice agencies, NGOs, and the treatment and prevention sectors. These sessions promote information-sharing on ongoing and new initiatives, supporting greater collaboration—an essential component for effective intervention and coordination across sectors.⁴⁹⁷
- Strategic engagement of inter-agency collaboration through the **Regional Social and Human Development Councils (RSHDCs)**, and coordinating committees of regional corporations—such as through the Council of Permanent Secretaries—could help integrate more agencies into substance use prevention and response efforts.⁴⁹⁸
- The **Probation Services Office** has participated in outreach activities led by Gender and Child Affairs, often alongside the Youth Affairs Division. These collaborations are typically arranged by inviting relevant ministries and agencies to support engagements with young people. Although there has been no direct collaboration with the OJT programme to date, it is seen as a potential partnership for future outreach.⁴⁹⁹

5.9.7 - Skills Training and Development

- **MPowerTT** - an initiative by the Ministry of Sport and Community Development in TT, focuses on empowering young men aged 16 to 40. The program promotes their holistic development, aiming to enhance social awareness, employability, education, and quality of life through positive interactions and dialogues with successful male role models. It enables them to realize their full potential and become respected community members. This initiative has been rolled out in various communities.⁵⁰⁰
- **Peer Counselling** programme, introduced approximately 10 years ago, targeted schools like Success Laventille, in collaboration with the Ministry of Education. Students were provided with information and engaged through skits that reflected real-life experiences. The initiative emphasized peer support and coping skills, recognizing that young people are more likely to relate to and confide in peers. Despite some stigma surrounding help-seeking, the programme aimed to equip youth with tools to better manage personal challenges.⁵⁰¹
- Technical officers at the Gender Affairs Division provide hands-on support to individuals—youth or adults—who need assistance completing forms or understanding program requirements. Even when inquiries fall outside gender-related matters, such as résumé writing or general applications, officers offer personalized guidance to help them navigate the process.⁵⁰²

496- STI_Ref.7:11

497- STI_Ref.3:19

498- FGD_Ref.2:21

499- FGD_Ref.4:13-14

500- STI_Ref.4:14; FGD_Ref.2:9; FGD_Ref.2:11; FGD_Ref.2:19

501- FGD_Ref.3:4

502- FGD_Ref.4:21-22

5.9.8 - Sensitization and Awareness

- **Teen Care TT**, under the Ministry of Health, was recently launched to provide knowledge and resources to teens on issues related to mental health, including substance use.⁵⁰³
- **FindCareTT** is a publicly accessible, comprehensive directory of services in Trinidad and Tobago, covering drug treatment, mental health, homeless shelters, and Regional Health Authorities. It is a valuable resource used in research and outreach to connect individuals with appropriate support services, such as stress relief centres. Facilitating awareness and access to these resources is essential for ensuring individuals receive the help they need.⁵⁰⁴
- The **Ministry of the Attorney General and Legal Affairs** conducts outreach activities, such as school visits, upon request and based on the ministry's mandate. Efforts to raise awareness also included in-person sessions and collaboration with the Communications Unit to share informational content on social media, ensuring stakeholders and the public stay informed.⁵⁰⁵
- The then **Ministry of Youth Development and National Service** frequently conducted outreach activities at schools, career fairs, and events hosted by institutions, NGOs, and private organizations. These sessions focused on informing youth about trending career paths, entrepreneurial opportunities, and the preparation needed to access available opportunities. While not specifically tailored to individual needs, the outreach aims to equip young people with practical guidance for future career choices.⁵⁰⁶

6 - Conclusion

This report examined the critical phenomena of youth substance use and drug-related offences in Trinidad and Tobago, with a view towards understanding the existing situation and identifying ways in which gaps and challenges could be addressed. Specific emphasis was also placed on the extent to which responses to youth substance use and drug-related offences are gender-sensitive and age-appropriate.

Legislatively, Trinidad and Tobago has made significant strides with the introduction of comprehensive frameworks that both penalize serious offences such as drug trafficking and promote alternatives to incarceration for non-violent drug-related offences. Important ATIs include the decriminalization of cannabis and the DTCP. The thrust, therefore, is towards recognizing the importance of addressing youth issues and acknowledging the need for prioritizing health and rehabilitation over punishment. Notwithstanding this, some frameworks appear to lack explicit youth-focused, gender-responsive programming, which could perpetuate gender imbalances within the criminal justice system and disproportional sentencing for vulnerable populations with non-violent, drug-related offences. Hence, stronger efforts are required to incorporate gender-sensitive and age-appropriate perspectives into these frameworks to ensure equitable treatment and support for all affected individuals. This includes provisions for migrants and members of the LGBTQI+ community. Stricter monitoring and evaluation of ATI mechanisms should also be prioritized. Additionally, it is imperative that the DC be finalized to offer another layer of intervention for persons with non-violent offences who present with SUDs.

The study further demonstrates that ATI efforts should be tailored to incorporate the realities of vulnerable populations and be grounded in evidence-based data to ensure that the root causes of criminal behaviours linked to drug dependency are addressed and recidivism is reduced. Correspondingly, proportional sentencing should be facilitated, and penalties should be aligned with the seriousness of the crime. Data collection mechanisms within the judicial system should also be strengthened to support monitoring and evaluation efforts and respond to evolving circumstances.

Pivoting to youth with drug-related offences, it was noted that the decriminalization of cannabis in 2019 produced a dramatic decline in persons with possession of marijuana offences, which is a notable achievement. There are, however, still persons within the carceral system, with drug-related and non-drug-related offences, who present with SUDs but are not in receipt of structured treatment interventions. Hence, convicted persons in prison should be provided with drug treatment services and, where possible, these services should be extended to individuals in remand.

It was also confirmed that young men comprise a larger proportion of drug-related arrests and convictions, and they face greater pressures associated with toxic masculinity and gang-related dynamics, compared to young women. Young women, on the other hand, face unique challenges, such as complex histories of abuse, trauma, and illness that are unaddressed and exacerbated by their incarceration. As such, interventions should be tailored and gender-responsive, and include access to trauma-informed care, mentorship, and peer-led counselling. Triangulated analysis further showed that Trinidad and Tobago shares significant similarities with the international and domestic contexts, as it reflects some of the youth and gender-based challenges. More pointedly, the age of initiation of substance use, incarceration trends for drug-related offences, and risks and protective factors that influence substance use are generally analogous to prior global and local research. There are, however, crucial research gaps that need to be addressed to improve the rigour and impact of evidence-based data. These include primarily ongoing youth-based assessments on drug use, inclusive of efforts within tertiary and skills-based education systems.

Apart from this, measures to mitigate risk factors and advance protective factors that influence drug use should adopt a whole-of-government approach and forge sustainable partnerships with schools, religious organizations, sporting organizations, community-based stakeholders, the business sector, and parents. Further to this, there is a need for more research on the substance use vulnerabilities faced by migrant populations and members of the LGBTQI + community.

The data also underscored poor uptake of drug treatment services and, in this regard, targeted public sensitization efforts, utilizing various mediums, could reach a wider audience and increase awareness on the harms of substance use, the nature of addiction, and existing treatment support services. Moreover, sensitization efforts and treatment interventions should be age-specific and gender-sensitive and seek to address cultural dimensions of substance use. Additionally, drug treatment barriers encountered by women should be more carefully researched and strategies to reduce them instituted.

It is also vital to have access to standardized data, along with seamless data sharing across sectors and integrated systems to enhance the ability to track trends, monitor outcomes, and identify at-risk populations. This would promote the delivery of holistic, safe, efficient, and person-centered solutions in substance use treatment. As such, an interoperable database will improve case management, support continuity of care, reduce duplication, and facilitate greater collaboration and accountability to ensure that intervention efforts are targeted, responsive, and well-coordinated.

Concomitantly, drug prevention should be strengthened and well-resourced to support appropriate messaging and impactful outcomes. Special emphasis should be placed on new psychoactive substances, cannabis, which is regarded as 'less harmful' since its decriminalization, and vaping, which is becoming increasingly popular. Furthermore, both treatment and prevention initiatives should be evaluated and monitored regularly, and feedback from these activities should inform future offerings.

There are also evident infrastructural and resource constraints that impede the accessibility and availability of drug treatment for some persons, with individuals in Tobago being severely affected. Therefore, steps to conduct detailed assessments of the drug treatment needs of affected populations and develop appropriate solutions should be undertaken. Additionally, structured aftercare support for persons who complete their treatment programme or exit court-based treatment programmes should be bolstered and improved to ensure adequate care for persons challenged with their sobriety journey.

Youth in the 18 to 25 age group represent, therefore, a transitional demographic, with developmental needs that differ from both minors and older adults, and they are vulnerable to peer and socio-economic pressures. This group is also particularly susceptible to the long-term consequences of early criminal justice involvement, which can disrupt education, employment, housing stability, and family connections.

Traditional punitive approaches are not always effective in addressing the root causes of substance use, as they can lead to increased recidivism and exacerbate long-term social and economic exclusion. The shift to ATIs and rehabilitative models that incorporate restorative justice, gender-responsive programming, and robust mental health support are accordingly better poised to support young people in overcoming SUDs and reintegrating them into society. It is also important to note that while the report does not represent the comprehensiveness of the Trinidad and Tobago context, it establishes a foundation for continued inquiry and concerted efforts towards gender-responsive, age-appropriate responses for at-risk populations in Trinidad and Tobago, confronted with challenges of SUDs and nonviolent criminal offending.

7 - References

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Legislation

- Cannabis Control Act, 2022
- Community Service Orders Act, Chapter 13:06
- Criminal Procedure (Plea Discussion and Plea Agreement) Act, Chapter 13.07
- Dangerous Drugs Act, 1991
- Dangerous Drugs (Amendment) Act, 2019.
- Family and Children Division Act, 2016
- Miscellaneous Provisions (Administration of Justice) Act, 2020
- Offences Against Person Act, Chapter 11:08
- Probation of Offenders Act, Chapter 13:51
- Proceeds of Crime (Amendment) Act, 2009
- Summary Courts (Amendment) Act, 4:20

FIRST SCHEDULE

Section 3.

LIST OF NARCOTIC DRUGS

1. Opium Poppy (*Papaver somniferum*) its preparations, derivatives, alkaloids and salts, as for example:

- (1) Opium
- (2) Codeine (3- methylmorphine)
- (3) Morphine
- (4) Narcotine
- (5) Papaverine
- (6) Thebaine, and their preparations, derivatives and salts, as for example
- (7) Actorphine [3–0–acetyltoetrahydro–7–(1–hydroxy–1–methylbutyl)–6,14–endoetheno–oripavine]
- (8) Acetyldihydrocodeine
- (9) Benzylmorphine (3–benzylmorphine)
- (10) Codoxime (dihydro codcinone–6–carboxymethyloxime)
- (11) Desomorphine (dihydrodcoxymorphine)
- (12) Dihydrocodeine
- (13) Dihydromorphine
- (14) Ethylmorphine (3–ethylmorphine)
- (15) Etorphine [tetrahydro–7 –(1–hydroxy–1– methylbutyl)–6, 14–endoetheno–oripavine]
- (16) Heroin
- (17) Hydrocodone (dihydrocodeinone)
- (18) Hydromorphone (dihydromorphinone)
- (19) Hydromorphinol (14–hydroxydihydromorphine)
- (20) Methyldesorphine (6–methyl–delta–6–deoxymorphine)
- (21) Methyldihydromorphine (6–methyldihydromorphine)
- (22) Metopon (5–methyldihydromorphinone)
- (23) Morphine Methobromido and other pentavalent nitrogen morphine derivatives, including in particular the morphine-N-oxide derivatives, one of which is Codeine-N-Oxide
- (24) Morphine-N-Oxide
- (25) Myrophine (myristylbenzylmorphine)
- (26) Nalorphine (N-allylnormorphine)
- (27) Nicocodine (6–nicotinylcodeine)
- (28) Nicodicodine (6–nicotinylidihydrocodeine)

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- (29) Nicomorphine (3, 6-dinicotinylmorphine)
- (30) Norcodeine (N-demethylcodeine)
- (31) Norinophine (demethylmorphine) or (N-demethylated morphine)
- (32) Oxycodone (14-hydroxydihydrocodeinone)
- (33) Oxymorphone (14-hydroxydihydromorphinone)
- (34) Pholcodine (morpholinylethylmorphine)
- (35) Thebacon (acetyldihydrocodeinone) but not including
- (36) Apomorphine, and
- (37) Poppy seed.

2. A. Coca (*Erythroxylon*), its preparations, derivatives, alkaloids and salts, as for example:

- (1) Coca leaf
- (2) Cocaine (methyl ester of benzoylecgonine)
- (3) Ecgonine, its esters and derivatives which are convertible to ecgonine and cocaine.

B. Synthetic cocaine.

3. Cannabis, *Cannabis sativa*, *Cannabis sativa* L, their preparations, derivatives and similar synthetic preparations, as for example:

- (1) Cannabis resin
- (2) Cannabis (*marihuana*)
- (3) Cannabinol (3-n-amy-6, 6, 9-trimethyl-6-dibenzopyran-1-ol).

4. Phenylpiperidines, their preparations, derivatives and salts, as for example:

- (1) Alfentanil (N- (1-(2-(4-ethyl-4, 5-dihydro-5-oxo-1 H-tetrazol-1-ylethyl)-4-(methoxymethyl)-4-piperidinyl)-N-phenylpropanamide monohydrochloride
- (2) Allylprodine (3-allyl-1-methyl-4-phenyl-4-propionoxypiperidine)
- (3) Alphameprodine (alpha-3 ethyl-1-methyl-4-phenyl-4-propionoxypiperidine)
- (4) Alphaprodine (alpha-1, 3-dimethyl-4-phenyl-4-propionoxypiperidine)
- (5) Anileridine (1-para-aminophenethyl-4-phenylpiperidine-4-carboxylic acid ethyl ester)
- (6) Anopridine (ethyl 1-(3-(phenylamino propyl)-4-phenylpiperidine-4-carboxylate)

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- (7) Benzethidine (1-(2-benzyloxyethyl)-4-phenylpiperidine-4-carboxylic acid ethyl ester)
- (8) Betameprodine (beta-3-ethyl-1-Methyl-4-phenyl-4-propionoxypiperidine)
- (9) Betaprodine (beta-1, 3-dimethyl-4-phenyl-4-propionoxypiperidine)
- (10) Bezitramido (1-(3-cyano-3, 3-diphenylpropyl)-4-(2-oxo-3-propionyl-1-benzimidazoliny)-piperidine)
- (11) Diphenoxylate (1-(3-cyano-3, 3-diphenylpropyl)-4-phenylpiperidine-4-carboxylic acid ethyl ester)
- (12) Etoperidine (1-(2-(2-hydroxyethoxy)-ethyl)-4-phenylpiperidine-4-carboxylic acid ethyl ester)
- (13) Fentanyl (1-phenethyl-4-N-propionylanilinopiperidine)
- (14) Furethidine (1-(2-tetrahydrofurfuryloxyethyl)-4-phenylpiperidine-4-carboxylic acid ethyl ester)
- (15) Hydroxypethidine(4-meta-hydroxyphenyl-1-methylpiperidine-4-carboxylic acid ethyl ester)
- (16) Ketobemidone (4-meta-hydroxyphenyl-1-methyl-4-propionylpiperidine)
- (17) Morpheridine(1-(2-morpholinoethyl)-4-phenylpiperidine-4-carboxylic acid ethyl ester)
- (18) Pethidine (1-methyl-4-phenylpiperidine-4-carboxylic acid ethyl ester)
- (19) Pethidine-Intermediate-A (4-cyano-1-methyl-4-phenylpiperidine)
- (20) Pethidine-Intermediate-B(4-phenylpiperidine-4-carboxylic acid ethyl ester)
- (21) Pethidine-Intermediate-C-(1-methyl-4-phenylpiperidine-4-carboxylic acid)
- (22) Phenampromide (N- (1-methyl-2-piperidinoethyl)-propionanilide)
- (23) Phonoperidine (1-(3-hydroxy-3-phenylpropyl)-4-phenylpiperidine-4-carboxylic acid ethyl ester)
- (24) Piminodine (4-phenyl-1-(3-phenylaminopropyl)-piperidine-4-carboxylic acid ethyl ester)
- (25) Piritramide (1-(3-cyano-3, 3-diphenylpropyl)-4-(1-piperidine)-piperidine-4-carboxylic acid amide)
- (26) Properidine (1-methyl-4-phenylpiperidine-4-carboxylic acid isopropyl ester)
- (27) Propiram (N-(1-methyl-2-piperidinoethyl)-N-2-pyridylpropionamide)

- (28) Sufentanil (N-(4-(methoxymethyl)-1-(2-thienyl)-4-piperidyl)-propionanilide)
- (29) Trimeperidine (1, 2, 5-trimethyl-4-phenyl-4-propionoxypiperidine).

5. Phenazepines, their preparations, derivatives and salts, as for example:

- (1) Proheptazine (hexahydro-1, 3-dimethyl-4-phenyl-4-azepinyl propionate), but not including:
- (2) Ethoheptazine (ethyl hexahydro-1-methyl-4-phenyl-4-azepinecarboxylate).

6. Amidones, their preparations, derivatives and salts, as for example:

- (1) Dipipanone (4-4-diphenyl-6-piperidine-3-heptanone)
- (2) Isomethadone (6-dimethylamino-5-methyl-4-diphenyl-3-hexanone)
- (3) Methadone (6-dimethylamino-4, 4-diphenyl-3-heptanone)
- (4) Methadone-Intermediate (4-cyano-2-dimethylamino-4, diphenylbutane)
- (5) Normethadone (6-dimethylamino-4, 4-diphenyl-3-hexanone)
- (6) Phenadoxone (6-morpholino-4, 4-diphenyl-3-heptanone).

7. Methadols, their preparations, derivatives and salts, as for example:

- (1) Acetylmethadol (3-acetoxy-6-dimethylamino-4, 4-diphenylheptane)
- (2) Alphacetylmethadol (alpha-3 acetoxy-6-dimethylamino-4, 4-diphenylheptane)
- (3) Alphamethadol (alpha-6-dimethylamino-4, 4-diphenyl-3-heptanol)
- (4) Betacetylmethadol (beta-3-acetoxy-6-dimethylamino-4, 4-diphenylheptane)
- (5) Betamethadol (beta-6-dimethylamino-4, 4-diphenyl-3-heptanol)
- (6) Dimepheptanol (6-dimethylamino-4, 4-diphenyl-3-heptanol)
- (7) Noracymethadol ((±)-alpha-3-acetoxy-6-methylamino-4, 4-diphenylheptane).

8. Phenalkoxams, their preparations, derivatives and salts, as for example:

- (1) Dextropropoxyphene (x-(+)-4-dimethylamino-1, 2-diphenyl-3-methyl-2-butanol propionate)

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- (2) Dimenoxadol (2-dimethylaminoethyl-1-ethoxy-1,1-diphenylacetate)
- (3) Dioxaphetyl butyrate (ethyl-4-morpholino-2,2-diphenylbutyrate).

9. Thiambutenes, their preparations, derivatives and salts, as for example:

- (1) Diethylthiambutene (3-diethylamino-1,1-di-(2'-thienyl)-1-butene)
- (2) Dimethylthiambutene (3-dimethylamino-1,1-di-(2'-thienyl)-1-butene)
- (3) Ethylmethylthiambutene (3-ethylmethylamino-1,1-di-(2'-thienyl)-1-butene).

10. Moramides, their preparations, derivatives and salts, as for example:

- (1) Dextromoramide ((+)-4-[2-methyl-4-oxo-3,3-diphenyl-4-(1-pyrrolidinyl)-butyl]-morpholine)
- (2) Levomoramide ((-)-4-[2-methyl-4-oxo-3,3-diphenyl-4-(1-pyrrolidinyl)-butyl]-morpholine)
- (3) Racemoramide ((±)-4-[2-methyl-4-oxo-3,3-diphenyl-4-(1-pyrrolidinyl)-butyl]-morpholine).

11. Morphinans, their preparations, derivatives and salts, as for example:

- (1) Drotebanol (3,4-dimethoxy-17-methylmorphinan-6B,14-diol)
- (2) Levomethorphan [(−)-3-methoxy-N-methylmorphinan]
- (3) Levorphanol [(−)-3-hydroxy-N-methylmorphinan]
- (4) Norlevorphanol [(−)-3-hydroxymorphinan]
- (5) Phenomorphan (3-hydroxy-N-phenethylmorphinan)
- (6) Racemethorphan [(±)-3-methoxy-N-methylmorphinan]
- (7) Racemorphan [(±)-3-hydroxy-N-methylmorphinan], but not including:
- (8) Dextromethorphan (d-1,2,3,9,10,10a-hexahydro-6-methoxy-11-methyl-4h-10,4a-iminoethanophenanthrene)
- (9) Dextrophan (D-1,2,3,9,10,10A-hexahydro-11-methyl-4H-10,4A-iminoethanophenanthren-6-ol), and
- (10) Levallorphan (1-11-allyl-1,2,3,9,10,10A-hexahydro-4H-10,4A-iminoethanophenanthren-6-ol).

12. Benzazocines, their preparations, derivatives and salts as for example:

- (1) Phenazocine (2'-hydroxy-5, 9-dimethyl-2-phenethyl-6, 7-benzomorphan)
- (2) Metazocine (2'-hydroxy-2, 5, 9-trimethyl-6, 7-benzomorphan).

13. Other chemical compounds:

- (1) Clonitazene (2-para-chlorobenzyl-1-diethylaminoethyl-5-nitrobenzimidazole)
- (2) Diampromide (N-[2-methylphenethylamino]-propyl]-propionanilide)
- (3) Difenoxin (1-(3-cyano-3, 3-diphenylpropyl)-4-phenylisonipecotic acid)
- (4) Etonitazene (1-diethylaminoethyl-2-para-ethoxybenzyl-5-nitrobenzimidazole)
- (5) Tilidine ((±)-ethyl-trans-2-(dimethylamino)-1-phenyl-3-cyclohexene-1-carboxylate).

The isomers unless specifically excepted, of the drugs in this Schedule whenever the existence of such isomers is possible within the specific chemical designation.

The esters and ethers, unless appearing in another Schedule, of the drugs in this Schedule whenever the existence of such esters or ethers is possible.

The salts of the drugs listed in this Schedule, including the salts of esters, ethers and isomers as provided above whenever the existence of such salts is possible.

SECOND SCHEDULESection 3.
[173/1995].

**PSYCHOTROPIC SUBSTANCES LISTED IN SCHEDULE I
 OF THE CONVENTION ON PSYCHOTROPIC
 SUBSTANCES, 1971, VIZ:**

*The names printed in capitals in the left-hand column are the International Non-proprietary Names (INN)

<i>International non-proprietary name (INN)*</i>	<i>Other non-proprietary or trivial names</i>	<i>Chemical name</i>
	DET	N,N-Diethyltryptamine
	DMHP	3-(1, 2-Dimethylheptyl)-1-hydroxy-7, 8, 9, 10-tetrahydro-6, 6, 9-trimethyl-6H-dibenzo (b, d) pyran
	DMT	N,N-Dimethyltryptamine
(+)-LYSERGIDE	LSD, LSD-25	(+)-N,N-Diethyllysergamide (d-lysergic acid diethylamide)
	mescaline	3, 4, 5-Trimethoxyphenethylamine
	paranexyl	3-Hexyl-1-hydroxy-7, 8, 9, 10-tetrahydro-6, 6, 9-trimethyl-6H-dibenzo (b, d) pyran
ETICYCLIDINE	PCE	N-Ethyl-1-phenylcyclohexylamine
ETRYPTAMINE		[3-(2-Aminobutyl) indole]
METHCATHINONE		[2-(Methylamino)-1-phenylpropan-1-one]
ROLICYCLIDINE	PHP, PCPY	1-(1-Phenylcyclohexyl) pyrrolidine
	psilocine, psilocin	3-(2-Dimethylaminoethyl)-4-hydroxyindole
PSILOCYBINE		3-(2-Dimethylaminoethyl)-indol-4-yl dihydrogen phosphate
	STP, DOM	2-Amino-1-(2, 5-dimethoxy-4-methyl) phenylpropane
TENOCYCLIDINE	TCP	1-(1-(2-Thienyl) cyclohexyl) piperidine
	THC	Tetrahydrocannabinols, the following isomers: $\Delta^6A(10a)$, $\Delta^6A(7)$, Δ^7 , Δ^8 , Δ^9 , Δ^{10} , $\Delta^9(11)$ and their stereochemical variants.

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LAWS OF TRINIDAD AND TOBAGO

MINISTRY OF THE ATTORNEY GENERAL AND LEGAL AFFAIRS

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Chap. 11:25

Dangerous Drugs

THIRD SCHEDULE

[This Schedule, which contained amendments to the Interpretation Act, (Ch. 3:01) and the Summary Courts Act, (Ch. 4:20), has been omitted].

Section 6A.
27 of 1994.

FOURTH SCHEDULE

1. N. Acetylantranilic acid
2. Acetic anhydride
3. Acetone
4. Anthranilic acid
5. Benzene
6. Benzyl chloride
7. Benzyl cyanide
8. 2—Butanone (methyl ethyl ketone)
9. Ephedrine
10. Ergonovine
11. Ergotamine
12. Ethyl ether
13. Hydrochloric acid
14. Methylene chloride
15. 3, 4 Methylenedioxyphenyl—2—propanone
16. Norpseudo ephedrine
17. Phenylacetone acid
18. Phenylacetone
19. Piperidine
20. Potassium permanganate
21. Pseudo ephedrine
22. Sulphuric acid
23. Toluene
24. 1—Phenyl—2—propanone
25. Phenylacetic acid and its salts
26. Phenylpropanolamine and its salts
27. Bromobenzyl cyanide
28. Lysergic acid
29. Ergometrine and its salts
30. Sodium sulphate
31. Potassium carbonate
32. Sodium carbonate
33. Isosafrol (cis+trans)
34. Piperonal
35. Safrole
36. Methylene ketone (MEK)

The salts of the substances are listed in this Schedule whenever the existence of such salts is possible.

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Appendix 4 – Semi-structured Interview Questions

YDJIP Project

Interview Guide - Judiciary/DTCP

Instructions for interviewer:

1. Give the interview a unique code: E.g. first three letters of interviewers first name interview + number. E.g. LEIINT1).
2. Read the information note to participants before commencing the interview.
3. For relevant set of questions, use bullet point prompts as necessary.

Information Note

Thank you for taking the time to participate in this study. I would like to give you some background information before we commence the interview.

Background information

The OAS CICAD, with the support of the National Drug Council, is conducting a study in Trinidad and Tobago on Youth Diversion, Justice, and Integration.

The purpose of this study is to identify existing gender-sensitive mechanisms and alternative measures within the Trinidad and Tobago criminal justice system for youth (i.e. persons 18-25 years old) who have committed a drug-related offence or who are impacted by substance use disorders.

Accordingly, today's interview is geared towards obtaining your informed responses.

The study will benefit most from your honest responses. You are therefore encouraged to speak as candidly as you can. There are no right or wrong answers.

The interview is expected to take approximately 120 minutes and I seek your permission to record our session, for analytical purposes only.

Risks and benefits of participation

There is a small risk that someone other than the research team may find out about your responses to the questions asked, however, all steps will be taken to ensure your anonymity. Your responses will not be shared beyond the research team. Any information you provide will be combined with other information and not be attributed to you in any way, in the Final Report.

There are no direct benefits to you from participating in this study, but we hope you will gain satisfaction from contributing to the strengthening of alternative measures and gender-sensitive mechanisms for youth with drug related offences and/or substance use disorders.

If you have any further questions or comments to make, in relation to this interview, please contact Ms. Leigh-Ann Waldropt-Bonair at lbair@gmail.com

If you have any further questions or complaints about the study, please contact Ms. Keel County – kcounty@mns.gov.tt].

Interviewer Name:	
Respondent Organization:	Judiciary of Trinidad and Tobago, Drug Treatment Court
Type of Organization: (i.e. government, NGO, international organization etc.)	
Respondent Name (optional):	
Respondent Official Title:	
Interview Date / Time:	

Section 1 - Introductory Questions

1. What is your organization's role with respect to youth who commit non-violent drug-related offences and/or who are impacted by substance use disorders?
 - a. What are your specific roles and responsibilities in the organization regarding youth who commit non-violent drug-related offences and/or who are impacted by substance use disorders?
 - b. How does the DTCP operate in Trinidad and Tobago and in what ways does it differ from a traditional court?
 - i. What factors determine whether a youth offender is diverted to the DTCP instead of facing traditional sentencing?
 - ii. What are the key eligibility criteria for youth (18–25) to be admitted into the DTCP? How are they assessed for SUDs?
 - iii. What types of interventions are typically mandated for youth with SUDs under the Drug Treatment Court?
 - iv. How does the Drug Treatment Court handle cases where youth offenders with SUDs refuse treatment or relapse?
 - v. Does the DTCP track the long-term success of youth who have completed the program?
 - vi. What role do probation officers, social workers, and healthcare professionals play in the DTC process?

Section 2 – Trends

2. Based on your work, what are the main trends you have observed in terms of youth drug-related offences and/or youth substance use disorders in Trinidad and Tobago?
 - a. Prompts - Main types of offences for those who appear before the DTCP; Main substances used; Demographic characteristics i.e. gender, ages, educational background, economic background, employment status, ethnicity, areas of residence, areas of crime and changes over time; Changes in trends based on time (i.e. pre and post covid 19) and new policies i.e. decriminalization of cannabis.

Section 3 – Risk and Protective Factors

3. Based on your work, what are the key factors that contribute to youth drug-related offences and/or youth substance use disorders?
 - a) Prompt: Individual (inclusive of mental health challenges, spirituality, social skills, peer influence, delinquency), family (history of child abuse, family involvement in drug abuse, authoritarian parenting, family conflict, parental supervision and support), school (academic failure, participation in school activities), community (availability of drugs in community, involvement in community activities).
 - b) Any gendered risks or protective factors?
 - c) Any relationship between gang involvement and youth drug-related offences?
4. Based on your work, what are the main factors and initiatives that prevent/dissuade youth drug-related offences and/or youth substance use disorders in Trinidad and Tobago?
 - a) What family dynamics or parental interventions have been most effective in preventing youth drug involvement?
 - b) How effective are mentorship programs, youth advocacy or community-based initiatives?
5. Are you aware of any relationship/s between youth drug-related offences and youth substance use disorders? If yes, please elaborate.

Section 4 – Existing Frameworks

6. Are you aware of any existing legal frameworks in the criminal justice system that address youth with non-violent drug related offences? If yes, please elaborate.
 - a) How effective have rehabilitation-based sentencing alternatives been for youth offenders compared to traditional penalties?
 - i. Do they adopt gender-sensitive, age-appropriate, trauma-informed approaches?
 - b) Are there any current challenges or gaps (inclusive of youth recidivism, program completion, and post-treatment sobriety)? Any suggestions for improvements?

7. What treatment interventions does the DTCP offer to youth 18-25 years with SUDs?
- a) Are they provided with any aftercare or reintegration services upon completion of the DTCP?
 - b) Does the DCTP/Judiciary collaborate with rehabilitation centres, mental health services, and community organizations to support youth offenders with SUDs?
 - c) Are family members involved in the treatment and aftercare process for youth offenders? If so, how?

Section 5 – Recommendations

8. Based on your work, what steps/measures could be taken to improve the criminal justice system (inclusive of DCTP) related to youth with drug-related offences?
- a. Any gaps in the legal framework that hinder the successful implementation of rehabilitation-based justice for youth with drug-related offences?
 - b. How could gender-sensitive, age appropriate, trauma-informed approaches be incorporated into existing legal frameworks in the criminal justice system related to youth with drug-related offences?
 - c. How could alternatives to incarceration of this population be incorporated into existing legal frameworks in the criminal justice system?
 - d. Are there any promising practices that you would recommend for consideration?
 - e. Any legal reforms under consideration to improve responses to youth with SUDs?
 - f. Any recommended legislative or policy changes to enhance access to aftercare services for youth in the criminal justice system?
9. Are you aware of any intervention opportunities that could be explored to prevent and divert youth currently in, or at risk of, entering the criminal justice system? If yes, please elaborate.
- a) What strategies have proven most effective in preventing recidivism among youth who have gone through the Drug Treatment Court?
 - b) Are there any interventions you would like to recommend (inclusive of public awareness and sensitization)?
 - c) Any recommended strategies for reducing youth drug-related crimes?
10. Are you aware of any intervention opportunities that could be explored to prevent and divert youth who have or are at risk of having substance use disorders?
- a) Are there any interventions you would like to recommend?

Section 6 - Closing Questions

11. Are there any other trends or recommendations that we have not discussed which you would like to include? Please elaborate.
12. Do you have any additional comments regarding our discussion? If yes, please elaborate.

Final instructions for the interviewer:

- Thank the participant for their time.
- Make any other (internal) observations about the interview below

YDJIP Project

Interview Guide - NADAPP/ADAPP

Instructions for interviewer:

1. Give the interview a unique code: E.g. first three letters of interviewers first name interview + number. E.g. LEIINT1).
2. Read the information note to participants before commencing the interview.
3. For relevant set of questions, use bullet point prompts as necessary.

Information Note

Thank you for taking the time to participate in this study. I would like to give you some background information before we commence the interview.

Background information

The OAS CICAD, with the support of the National Drug Council, is conducting a study in Trinidad and Tobago on Youth Diversion, Justice, and Integration.

The purpose of this study is to identify existing gender-sensitive mechanisms and alternative measures within the Trinidad and Tobago criminal justice system for youth (i.e. persons 18-25 years old) who have committed a drug-related offence or who are impacted by substance use disorders.

Accordingly, today's interview is geared towards obtaining your informed responses.

The study will benefit most from your honest responses. You are therefore encouraged to speak as candidly as you can. There are no right or wrong answers.

The interview is expected to take approximately 120 minutes and I seek your permission to record our session, for analytical purposes only.

Risks and benefits of participation

There is a small risk that someone other than the research team may find out about your responses to the questions asked, however, all steps will be taken to ensure your anonymity. Your responses will not be shared beyond the research team. Any information you provide will be combined with other information and not be attributed to you in any way, in the Final Report.

There are no direct benefits to you from participating in this study, but we hope you will gain satisfaction from contributing to the strengthening of alternative measures and gender-sensitive mechanisms for youth with drug related offences and/or substance use disorders.

If you have any further questions or comments to make, in relation to this interview, please contact Ms. Leigh-Ann Waldropt-Bonair at lbair@gmail.com

If you have any further questions or complaints about the study, please contact Ms. Keel County – kcounty@mns.gov.tt].

Interviewer Name:	
Respondent Organization:	NADAPP/ADAPP
Type of Organization: (i.e. government, NGO, international organization etc.)	
Respondent Name (optional):	
Respondent Official Title:	
Interview Date / Time:	

Section 1 - Introductory Questions

1. What is the role of your organization with respect to youth who commit drug-related offences and/or who are impacted by substance use disorders?
 - a) What are your specific roles and responsibilities in the organization regarding youth who commit drug-related offences and/or who are impacted by substance use disorders?

Section 2 – Trends

2. Based on your work, what are the main trends you have observed, over time, in terms of youth drug-related offences and/or youth substance use disorders?
 - a) What substances are most commonly used by youth offenders in Trinidad and Tobago?
 - b) How does substance use influence criminal behaviour among young people?
 - c) Trends - Demographic characteristics i.e. gender, ages, educational background, economic background, employment status, ethnicity, areas of residence, areas of crime and changes over time; Changes in trends based on time (i.e. pre and post covid 19) and new policies i.e. decriminalisation of cannabis.
 - d) To what extent do you think there is a relationship between SUDs and youth offenders in drug-related cases?

Section 3 – Risk and Protective Factors

3. Based on your work, what are the key factors that contribute to youth drug-related offences and/or youth substance use disorders?

- a) Prompt: Individual (inclusive of mental health challenges, spirituality, social skills, peer influence, delinquency), family (history of child abuse, family involvement in drug abuse, authoritarian parenting, family conflict, parental supervision and support), school (academic failure, participation in school activities), community (availability of drugs in community, poverty, unemployment, involvement in community activities).
 - b) Are there any regional differences in youth drug offences across Trinidad and Tobago?
 - c) Are there specific socio-cultural factors that contribute to high rates of SUDs among young offenders?
 - d) Any relationship between gang involvement and youth drug-related offences?
4. Based on your work, what are the main factors and initiatives that prevent/dissuade youth drug related offences and/or youth substance use disorders?
- a) What family dynamics or parental interventions have been most effective in preventing youth drug involvement?
 - b) Have you seen positive outcomes from mentorship programs or youth advocacy initiatives?
 - c) Does religious involvement have any impact?
5. Are you aware of any relationship/s between youth drug-related offences and youth substance use disorders? If yes, please elaborate.

Section 4 – Existing Frameworks

6. Are you aware of any non-custodial/alternative sentencing or rehabilitation programs for youth with non-violent drug-related offences? If yes, please elaborate.
- a) Are there any challenges in implementing these sentencing/programs? Any suggestions for improvement?
 - b) How effective have these sentencing/programs been in preventing recidivism?
7. Are you aware of any existing treatment interventions for non-violent youth offenders with substance use disorders? If yes, please elaborate.
- a) How effective are they?
 - b) Do they adopt age-appropriate, gender sensitive, trauma-informed approaches?
 - c) Are there any aftercare services available for youth transitioning out of drug rehabilitation programs?
 - d) Are there any current challenges or gaps (inclusive of relapse and youth access to treatment and aftercare barriers)? Any suggestions for improvement?

8. To what extent have existing youth drug prevention strategies been successful in deterring drug use?
 - a) Are drug prevention programs age-appropriate, gender sensitive, and community-based?
 - b) Do prevention strategies engage with families to prevent youth drug use?
 - c) Any suggestions for improvement (i.e. media outreach, inter-agency collaboration to support drug prevention and rehabilitation)?
 - d) What role does education and employment play in drug prevention efforts for youth?

Section 5 – Recommendations

9. Are you aware of any intervention opportunities that could be explored to prevent and divert youth currently in, or at risk of, entering the criminal justice system? If yes, please elaborate.
 - a) Are there any interventions you would like to recommend (any policy, or legislative recommendations?)
 - b) Any recommended strategies for reducing youth drug-related crimes?
10. Are you aware of any intervention opportunities that could be explored to prevent and divert youth who have or are at risk of having substance use disorders?
 - a) Are there any interventions that you would like to recommend?
11. Based on your work, what steps/measures could be taken to address existing gaps and challenges within treatment interventions for youth with substance use disorders?
 - a) How could gender-sensitive, age-appropriate, trauma-informed approaches be incorporated into treatment interventions for youth with substance use disorders?
 - b) Are there any promising practices that other agencies could benefit from?
 - c) Any recommendations for improving availability and accessibility to youth SUDs treatment programs?

Section 6 - Closing Questions

12. Are there any other trends or recommendations that we have not discussed which you would like to include? Please elaborate.
13. Do you have any additional comments regarding our discussion? If yes, please elaborate.

Final instructions for the interviewer:

- Thank the participant for their time.
- Make any other (internal) observations about the interview below

YDJIP Project

Interview Guide - NDC

Instructions for interviewer:

1. Give the interview a unique code: E.g. first three letters of interviewers first name interview + number. E.g. LEIINT1).
2. Read the information note to participants before commencing the interview.
3. For relevant set of questions, use bullet point prompts as necessary.

Information Note

Thank you for taking the time to participate in this study. I would like to give you some background information before we commence the interview.

Background information

The OAS CICAD, with the support of the National Drug Council, is conducting a study in Trinidad and Tobago on Youth Diversion, Justice, and Integration.

The purpose of this study is to identify existing gender-sensitive mechanisms and alternative measures within the Trinidad and Tobago criminal justice system for youth (i.e. persons 18-25 years old) who have committed a drug-related offence or who are impacted by substance use disorders.

Accordingly, today's interview is geared towards obtaining your informed responses.

The study will benefit most from your honest responses. You are therefore encouraged to speak as candidly as you can. There are no right or wrong answers.

The interview is expected to take approximately 120 minutes and I seek your permission to record our session, for analytical purposes only.

Risks and benefits of participation

There is a small risk that someone other than the research team may find out about your responses to the questions asked, however, all steps will be taken to ensure your anonymity. Your responses will not be shared beyond the research team. Any information you provide will be combined with other information and not be attributed to you in any way, in the Final Report.

There are no direct benefits to you from participating in this study, but we hope you will gain satisfaction from contributing to the strengthening of alternative measures and gender-sensitive mechanisms for youth with drug related offences and/or substance use disorders.

If you have any further questions or comments to make, in relation to this interview, please contact Ms. Leigh-Ann Waldropt-Bonair at lbair@gmail.com

If you have any further questions or complaints about the study, please contact Ms. Keel County – kcounty@mns.gov.tt].

Interviewer Name:	
Respondent Organization:	National Drug Council
Type of Organization: (i.e. government, NGO, international organization etc.)	
Respondent Name (optional):	
Respondent Official Title:	
Interview Date / Time:	

Section 1 - Introductory Questions

1. What is the role of your organization with respect to youth who commit drug-related offences and/or who are impacted by substance use disorders?
 - a) What are your specific roles and responsibilities in the organization regarding youth who commit drug-related offences and/or who are impacted by substance use disorders?

Section 2 – Trends

2. Based on your work, what are the main trends you have observed in terms of youth drug-related offences and/or youth substance use disorders in Trinidad and Tobago?
 - a) What are the most common drug-related offences committed by youth (ages 18–25) in Trinidad and Tobago?
 - b) What substances are most commonly abused by youth offenders?
 - c) Demographic characteristics i.e. gender, ages, educational background, economic background, employment status, ethnicity, areas of residence, areas of crime and changes over time; Changes in trends based on time (i.e. pre and post covid 19) and new policies i.e. decriminalization of cannabis.
3. Has the NDC observed any linkages between youth with SUDs and their likelihood of committing drug-related offences?

Section 3 – Risk and Protective Factors

4. Based on your work, what are the key factors that contribute to youth drug-related offences and/or youth substance use disorders?
 - a) Prompt: Individual (inclusive of mental health challenges, spirituality, social skills, peer influence, delinquency), family (history of child abuse, family involvement in drug abuse, authoritarian parenting, family conflict, parental supervision and support), school (academic failure, participation in school activities), community (availability of drugs in community, involvement in community activities).
 - b) Any gendered risks or protective factors.
 - c) Any relationship between gang involvement and youth drug-related offences?
5. Based on your work, what are the main factors and initiatives that prevent/dissuade youth drug-related offences and/or youth substance use disorders?
 - a) What family dynamics or parental interventions have been most effective in preventing youth drug involvement?
 - b) How effective are mentorship programs, youth advocacy, and community-based initiatives?
 - i. Do they impact recidivism?
6. Are you aware of any relationship/s between youth drug-related offences and youth substance use disorders? If yes, please elaborate.

Section 4 – Existing Frameworks

7. Are you aware of any existing legal frameworks in the criminal justice system that address youth with drug related offences? If yes, please elaborate.
 - a) How effective are they?
 - b) Are there any alternatives to sentencing or diversion programs for youth with non-violent drug-related offences?
 - c) Does the NDC collaborate with other agencies (e.g., law enforcement, judiciary, health services) in the area of alternatives to incarceration?
8. How effective has the Drug Treatment Court Process been in addressing youth offenders with SUDs compared to traditional courts?
 - a) Any challenges or gaps (inclusive of recidivism)? Any suggestions for improvement?
9. Are you aware of any existing treatment interventions for youth with substance use disorders? If yes, please elaborate.
 - a) How effective are they?
 - b) Are they age-appropriate, gender sensitive, trauma-informed approaches?
 - c) Are there any interventions specifically for first-time youth offenders and/or repeat offenders?

- d) Any challenges or gaps (inclusive of youth access barriers and reintegration support)? Any suggestions for improvement?
10. Are there any prevention strategies in place to deter youth from engaging in drug use and related offences?
- a) How effective are they?
 - b) Are they age-appropriate, gender sensitive approaches?
 - c) Any challenges or gaps? Any suggestions for improvement?
 - d) Does the National Drug Council collaborate with schools, universities, and community organizations to promote drug awareness?

Section 5 – Recommendations

11. Are you aware of any intervention opportunities that could be explored to prevent and divert youth currently in, or at risk of, entering the criminal justice system? If yes, please elaborate.
- a) Are there any interventions you would like to recommend?
 - b) Any recommended strategies for reducing youth drug-related crimes?
12. Are you aware of any intervention opportunities that could be explored to prevent and divert youth who have or are at risk of having substance use disorders?
- a) Are there any interventions you would like to recommend?
13. Based on your work, what steps/measures could be taken to improve treatment interventions for youth with substance use disorders?
- a) How could gender-sensitive, age-appropriate, trauma-informed approaches be incorporated into treatment interventions for youth with substance use disorders?
 - b) Are there any promising practices that relevant agencies could benefit from?
 - c) Are there any suggested policy reforms or recommendations that would you make to improve youth access to aftercare and rehabilitation service?
14. Based on your work, what steps/measures could be taken to address existing gaps and challenges within the criminal justice system related to youth with drug-related offences?
- a) How could gender-sensitive, age-appropriate approaches be incorporated into existing legal frameworks in the criminal justice system related to youth with drug-related offences?
 - b) How could alternatives to incarceration of this population be incorporated into existing legal frameworks in the criminal justice system?
 - c) Are there any promising practices that relevant agencies could benefit from?

Section 6 - Closing Questions

15. Are there any other trends or recommendations that we have not discussed which you would like to include? Please elaborate.
16. Do you have any additional comments regarding our discussion? If yes, please elaborate.

Final instructions for the interviewer:

- Thank the participant for their time.
- Make any other (internal) observations about the interview below

YDJIP Project
Interview Guide - AG

Instructions for interviewer:

1. Give the interview a unique code: E.g. first three letters of interviewers first name interview + number. E.g. LEIINT1).
2. Read the information note to participants before commencing the interview.
3. For relevant set of questions, use bullet point prompts as necessary.

Information Note

Thank you for taking the time to participate in this study. I would like to give you some background information before we commence the interview.

Background information

The OAS CICAD, with the support of the National Drug Council, is conducting a study in Trinidad and Tobago on Youth Diversion, Justice, and Integration.

The purpose of this study is to identify existing gender-sensitive mechanisms and alternative measures within the Trinidad and Tobago criminal justice system for youth (i.e. persons 18-25 years old) who have committed a drug-related offence or who are impacted by substance use disorders.

Accordingly, today's interview is geared towards obtaining your informed responses.

The study will benefit most from your honest responses. You are therefore encouraged to speak as candidly as you can. There are no right or wrong answers.

The interview is expected to take approximately 120 minutes and I seek your permission to record our session, for analytical purposes only.

Risks and benefits of participation

There is a small risk that someone other than the research team may find out about your responses to the questions asked, however, all steps will be taken to ensure your anonymity. Your responses will not be shared beyond the research team. Any information you provide will be combined with other information and not be attributed to you in any way, in the Final Report.

There are no direct benefits to you from participating in this study, but we hope you will gain satisfaction from contributing to the strengthening of alternative measures and gender-sensitive mechanisms for youth with drug related offences and/or substance use disorders.

If you have any further questions or comments to make, in relation to this interview, please contact Ms. Leigh-Ann Waldropt-Bonair at lbair@bonair.com
If you have any further questions or complaints about the study, please contact Ms. Keel County – kcounty@mns.gov.tt].

Interviewer Name:	
Respondent Organization:	Ministry of the Attorney General and Legal Affairs
Type of Organization: (i.e. government, NGO, international organization etc.)	Government
Respondent Name (optional):	
Respondent Official Title:	
Interview Date / Time:	

Section 1 - Introductory Questions

1. What is the role of your organization with respect to youth who commit drug-related offences and/or who are impacted by substance use disorders?
 - a) What are your specific roles and responsibilities in the organization regarding youth who commit drug-related offences and/or who are impacted by substance use disorders?

Section 2 – Trends

2. Based on your work, what are the main trends you have observed in terms of youth drug-related offences and/or youth substance use disorders in Trinidad and Tobago?
 - a) What are the main types of drug-related crimes committed by youth?
 - b) Main substances used; Demographic characteristics i.e. gender, ages, educational background, economic background, employment status, ethnicity, areas of residence, areas of crime and changes over time; Changes in trends based on time (i.e. pre and post covid 19) and new policies i.e. decriminalization of cannabis.

Section 3 – Risk and Protective Factors

3. Based on your work, what are the key factors that contribute to youth drug-related offences and/or youth substance use disorders?
 - a) Prompt: Individual (inclusive of mental health challenges, spirituality, social skills, peer influence, delinquency), family (history of child abuse, family involvement in drug abuse, authoritarian parenting, family conflict, parental supervision and support, school (academic failure, participation in school

activities), community (availability of drugs in community, involvement in community activities).

- b) Any gendered risk or protective factors?
- c) Any relationship between gang involvement and youth drug-related offences?

4. Based on your work, what are the main factors and initiatives that prevent/dissuade youth drug related offences and/or youth substance use disorders?
 - a) What family dynamics or parental interventions have been most effective in preventing youth drug involvement?
 - b) How effective are mentorship programs, youth advocacy or community-based initiatives?
5. Are you aware of any relationship/s between youth drug-related offences and youth substance use disorders? If yes, please elaborate.

Section 4 – Existing Frameworks

6. What existing legal frameworks in the criminal justice system address youth with non-violent drug related offences? If yes, please elaborate. (General)
 - a. How effective are they? Do they adopt gender-sensitive, age-appropriate, trauma-informed approaches?
 - b. Are there any current challenges or gaps (inclusive of youth recidivism program completion, and post treatment sobriety)? Any suggestions for improvement?
 - c. How successful has the DTCP been in addressing youth offenders with SUDs?
 - d. What measures are in place to ensure continuity of care for youth transitioning out of the justice system?
7. How has the Dangerous Drugs (Amendment) Act, 2019 and the Cannabis Control Act, 2022 impacted drug-related cases involving youth?
 - a) Are youth offenders assessed to determine SUDs?
 - b) Are there any challenges in balancing punitive measures with rehabilitative approaches for youth drug offenders? If yes, please elaborate.
 - c) Are there legal provisions that allow for the expungement of drug-related offences for young first-time offenders?
8. Are there any alternatives to incarceration for youth charged with non-violent drug-related offences?
 - a) How effective have they been in reducing recidivism among youth with drug offences?
 - b) Are there diversion programs specifically designed for youth with substance use disorders?

Section 5 – Recommendations

9. Are you aware of any intervention opportunities that could be explored to prevent and divert youth currently in, or at risk of, entering the criminal justice system? If yes, please elaborate.
- a) Are there any interventions you would like to recommend?
 - b) Any recommended strategies for reducing youth drug-related crimes?
10. Are you aware of any intervention opportunities that could be explored to prevent and divert youth who have or are at risk of having substance use disorders? (General)
- a) Are there any interventions you would like to recommend?
11. Based on your work, what steps/measures could be taken to address existing gaps and challenges the criminal justice system related to youth with drug-related offences?
- a) How could gender-sensitive, age-appropriate, trauma-informed approaches be incorporated into existing legal frameworks in the criminal justice system related to youth with drug related offences?
 - b) How could alternatives to incarceration of this population be incorporated into existing legal frameworks in the criminal justice system?
 - c) Are there any promising practices that you would recommend for consideration?
 - d) What legal reforms, if any, are being considered to improve responses to youth with SUDs?
 - e) What legislative or policy changes would you recommend to enhance access to aftercare services for youth in the criminal justice system?

Section 6 - Closing Questions

12. Are there any other trends or recommendations that we have not discussed which you would like to include? Please elaborate.
13. Do you have any additional comments regarding our discussion? If yes, please elaborate.

Final instructions for the interviewer:

- Thank the participant for their time.
- Make any other (internal) observations about the interview below

YDJIP Project
Interview Guide - Probation Services

Instructions for interviewer:

1. Give the interview a unique code: E.g. first three letters of interviewers first name interview + number. E.g. LEIINT1).
2. Read the information note to participants before commencing the interview.
3. For relevant set of questions, use bullet point prompts as necessary.

Information Note

Thank you for taking the time to participate in this study. I would like to give you some background information before we commence the interview.

Background information

The OAS CICAD, with the support of the National Drug Council, is conducting a study in Trinidad and Tobago on Youth Diversion, Justice, and Integration.

The purpose of this study is to identify existing gender-sensitive mechanisms and alternative measures within the Trinidad and Tobago criminal justice system for youth (i.e. persons 18-25 years old) who have committed a drug-related offence or who are impacted by substance use disorders.

Accordingly, today's interview is geared towards obtaining your informed responses.

The study will benefit most from your honest responses. You are therefore encouraged to speak as candidly as you can. There are no right or wrong answers.

The interview is expected to take approximately 120 minutes and I seek your permission to record our session, for analytical purposes only.

Risks and benefits of participation

There is a small risk that someone other than the research team may find out about your responses to the questions asked, however, all steps will be taken to ensure your anonymity. Your responses will not be shared beyond the research team. Any information you provide will be combined with other information and not be attributed to you in any way, in the Final Report.

There are no direct benefits to you from participating in this study, but we hope you will gain satisfaction from contributing to the strengthening of alternative measures and gender-sensitive mechanisms for youth with drug related offences and/or substance use disorders.

If you have any further questions or comments to make, in relation to this interview, please contact Ms. Leigh-Ann Waldropt-Bonair at lbair@gmail.com
If you have any further questions or complaints about the study, please contact Ms. Keel County – kcounty@mns.gov.tt].

Interviewer Name:	
Respondent Organization:	Probation Services
Type of Organization: (i.e. government, NGO, international organization etc.)	
Respondent Name (optional):	
Respondent Official Title:	
Interview Date / Time:	

Section 1 - Introductory Questions

1. What is the role of your organization with respect to youth who commit drug-related offences and/or who are impacted by substance use disorders?
 - a) What are your specific roles and responsibilities in the organization regarding youth who commit drug-related offences and/or who are impacted by substance use disorders (inclusive of youth within the DTCP)?

Section 2 – Trends

2. Based on your work, what trends have you observed, over time, in terms of youth drug-related offences and/or youth substance use disorders among probationers?
 - a) Prompts - Main types of crimes; Main substances used; Demographic characteristics i.e. gender, ages, educational background, economic background, ethnicity, areas of residence, areas of crime and changes over time; Changes in trends based on time (i.e. pre and post covid 19) and new policies i.e. decriminalisation of cannabis
3. Are there specific challenges in supervising youth involved in both non-violent drug-related crimes and/or youth involved in non-violent crimes with SUDs?

Section 3 – Risk and Protective Factors

4. Based on your work, what are the key factors that contribute to youth drug-related offences and/or youth substance use disorders?
 - a. Prompt: Individual (inclusive of mental health challenges, spirituality, social skills, peer influence, delinquency), family (history of child abuse, family involvement in drug abuse, authoritarian parenting, family conflict, parental supervision and

- support), school (academic failure, participation in school activities), community (availability of drugs in community, involvement in community activities).
 - b. Any gendered risk or protective factors?
 - c. Any relationship between gang involvement and youth drug-related offences?
5. In your opinion, what are the main factors and initiatives that prevent/dissuade youth drug related offences and/or youth substance use disorders?
 - a) What family dynamics or parental interventions have been most effective in preventing youth drug involvement?
 - b) Have you seen positive outcomes from mentorship programs, youth advocacy or community-based initiatives?
 6. Are you aware of any relationship/s between youth drug-related offences and youth substance use disorders? If yes, please elaborate.

Section 4 – Existing Frameworks

7. Are you aware of any existing legal frameworks in the criminal justice system that address youth with drug related offences? If yes, please elaborate.
 - a) How effective are they?
 - b) Are there any current challenges or gaps (inclusive of recidivism)? Any suggestions for improvement?
 - c) Do they adopt gender-sensitive, age-appropriate, trauma-informed approaches?
 - d) Do they incorporate alternatives to incarceration of this population?
8. How effective has the Drug Treatment Court been in addressing youth with SUDs?
9. Are there specialized probation programs or interventions tailored for first-time non-violent, youth drug offenders (inclusive of the CCM)?
 - a) How effective are they?
 - b) Are there any current challenges or gaps (inclusive of recidivism)? Any suggestions for improvement?
 - c) Do they adopt gender-sensitive, age-appropriate, trauma-informed approaches?
 - d) Do they incorporate family-based interventions?
 - e) Do they incorporate alternatives to incarceration of this population?
 - f) Does Probation Services assess youth offenders to determine SUDs?
 - g) Does Probation Services ensure continuity of care for youth transitioning from rehabilitation programs back into their communities?
 - h) Are there any support services available for youth reintegrating into society after serving probation for drug offences?
10. Does Probation Services collaborate with social services, health agencies, and non-governmental organizations to support youth rehabilitation?
11. What are the main barriers preventing youth offenders from accessing rehabilitation or alternative sentencing programs?

Section 5 – Recommendations

12. Are you aware of any intervention opportunities that could be explored to prevent and divert youth currently in, or at risk of, entering the criminal justice system? If yes, please elaborate.
 - a) Are there any interventions you would like to recommend?
 - b) Any recommended strategies for reducing youth drug-related crimes?
13. Are you aware of any intervention opportunities that could be explored to prevent and divert youth who have or are at risk of having substance use disorders?
 - a) Are there any interventions you would like to recommend?
14. In your opinion, what steps/measures could be taken to improve treatment interventions for youth with substance use disorders?
 - a) How could availability and access to treatment be improved?
 - b) How could gender-sensitive, age-appropriate, trauma-informed approaches be incorporated into treatment interventions for youth with substance use disorders?
 - c) Are there any promising practices in your organization that other agencies could benefit from?
15. In your opinion, what steps/measures could be taken to improve the criminal justice system as it relates to youth with drug-related offences?
 - a) How could gender-sensitive, age-appropriate, trauma-informed approaches be incorporated into existing legal frameworks in the criminal justice system related to youth with drug-related offences?
 - b) How could alternatives to incarceration of this population be incorporated into existing legal frameworks in the criminal justice system?
 - c) Are there any promising practices that other agencies could benefit from?
16. Are there any suggested legal, institutional and policy reforms to improve probation outcomes for youth with drug offences?

Section 6 - Closing Questions

17. Are there any other trends or recommendations that we have not discussed which you would like to include? Please elaborate.
18. Do you have any additional comments regarding our discussion? If yes, please elaborate.

Final instructions for the interviewer:

- Thank the participant for their time.
- Make any other (internal) observations about the interview below.

YDJIP Project
Focus Group Guide - Academia

Instructions for Facilitator:

1. Give the interview a unique code: E.g. first three letters of interviewers first name interview + number. E.g. LEIFOC1).
2. Read the information note to participants before commencing the session.
3. For relevant set of questions, use bullet point prompts as necessary.

Information Note

Thank you for taking the time to participate in this study. I would like to give you some background information before we commence.

Background information

The OAS CICAD, with the support of the National Drug Council, is conducting a study in Trinidad and Tobago on Youth Diversion, Justice, and Integration.

The purpose of this study is to identify gender-sensitive mechanisms and alternative measures within the Trinidad and Tobago criminal justice system for youth (i.e. persons 18-25 years old) who have committed a drug-related offence or who are impacted by substance use disorders.

Accordingly, today's session is geared towards obtaining your informed responses.

The study will benefit most from your honest responses. You are therefore encouraged to speak as candidly as you can. There are no right or wrong answers.

The interview is expected to take approximately 120 minutes and I seek your permission to record our session, for analytical purposes only.

Risks and benefits of participation

There is a small risk that someone other than the research team may find out about your responses to the questions asked, however, all steps will be taken to ensure your anonymity. Your responses will not be shared beyond the research team. Any information you provide will be combined with other information and not be attributed to you in any way, in the Final Report.

There are no direct benefits to you from participating in this study, but we hope you will gain satisfaction from contributing to the strengthening of alternative measures and gender-sensitive mechanisms for youth with drug related offences and/or substance use disorders.

If you have any further questions or comments to make, in relation to this interview, please contact Ms. Leigh-Ann Waldropt-Bonair at lbbonair@gmail.com
If you have any further questions or complaints about the study, please contact Ms. Keel County – kcounty@mns.gov.tt].

Facilitator Name:	
Participating Organizations:	
Type of Organization: (i.e. government, NGO, international organization etc.)	
Respondents' Names (optional):	
Respondents' Official Title:	
Interview Date / Time:	

Section 1 - Introductory Questions

1. Based on your work, what are the main trends you have observed in terms of youth drug-related offences and/or youth substance use disorders in Trinidad and Tobago?
 - a. Prompts - Main types of offences; Main substances used; Demographic characteristics i.e. gender, ages, educational background, economic background, employment status, ethnicity, areas of residence, areas of crime and changes over time; Changes in trends based on time (i.e. pre and post covid 19) and new policies i.e. decriminalization of cannabis.
 - b. Has the university conducted any studies in this area? If yes, what were the main findings?

Section 2 – Risk and Protective Factors

2. Based on your work, what are the key factors that contribute to youth drug-related offences and/or youth substance use disorders in Trinidad and Tobago?
 - a. Prompts - i.e. individual (inclusive of mental health challenges, spirituality, social skills, peer influence, poor academic performance, delinquency), family (history of child abuse, family involvement in drug abuse, authoritarian parenting, family conflict, parental supervision and support), school (academic failure, participation in school activities), community (availability of drugs in community, involvement in community activities) factors; involvement in gangs
 - i. Any gendered risks or protective factors.

- b. Any observed relationship/s between youth drug-related offences and youth substance use disorders?
- 3. Based on your work, what are the main factors and initiatives that prevent/dissuade youth drug related offences and/or youth substance use disorders in Trinidad and Tobago?
 - a. Prompts - i.e. family and school bonds, religious involvement, after school programmes, sports

Section 3 – Existing Frameworks

- 4. Are you aware of any existing legal frameworks in the criminal justice system that address youth with non-violent drug related offences? If yes, please elaborate.
 - a. Prompts- if yes, how effective are they? Are there any current weaknesses, challenges or gaps (inclusive of recidivism)? Do they adopt gender-sensitive, age-appropriate, trauma-informed approaches? Do they incorporate alternatives to incarceration of this population?
 - b. Are there any opportunities for academia to collaborate with legal experts and policymakers to improve existing legal frameworks for drug related offences including alternatives to incarceration? If yes, please elaborate.
- 5. Are you aware of any existing treatment interventions for youth with substance use disorders? If yes, please elaborate.
 - a. Prompts – if yes, how effective are they? Are you aware of any current challenges or gaps (inclusive of relapse)? If yes, please elaborate. **Any suggestions for improvement?**
- 6. Based on your work, have you observed any research gaps that need to be addressed to better inform the national response to youth involvement in drug related offences? If yes, please elaborate.
 - a. Prompt – is there an opportunity for academia to work with government agencies to bridge these gaps and improve youth outcomes?

Section 4 – Recommendations

- 7. Are you aware of any intervention opportunities that could be explored to prevent and divert youth currently in, or at risk of, entering the criminal justice system? If yes, please elaborate. (General)
 - a. Prompt – are there any interventions you would like to recommend? Any recommended strategies for reducing youth drug-related crimes? Any recommendations for measures for alternatives to incarceration?

8. Are you aware of any intervention opportunities that could be explored to prevent and divert youth who have or are at risk of having substance use disorders?

- a. Prompt – are there any interventions you would like to recommend?
- b. Any suggested evidence-based models that respond to youth offenders with SUDs?

Section 6 - Closing Questions

9. Do you have any additional comments regarding our discussion? If yes, please elaborate.
(General)

Final instructions for the facilitator:

- Thank the participants for their time.
- Make any other (internal) observations about the interview below

YDJIP Project
Focus Group Guide - Migration

Instructions for Facilitator:

1. Give the interview a unique code: E.g. first three letters of interviewers first name interview + number. E.g. LEIFOC1).
2. Read the information note to participants before commencing the session.
3. For relevant set of questions, use bullet point prompts as necessary.

Information Note

Thank you for taking the time to participate in this study. I would like to give you some background information before we commence.

Background information

The OAS CICAD, with the support of the National Drug Council, is conducting a study in Trinidad and Tobago on Youth Diversion, Justice, and Integration.

The purpose of this study is to identify gender-sensitive mechanisms and alternative measures within the Trinidad and Tobago criminal justice system for youth (i.e. persons 18-25 years old) who have committed a drug-related offence or who are impacted by substance use disorders.

Accordingly, today's session is geared towards obtaining your informed responses.

The study will benefit most from your honest responses. You are therefore encouraged to speak as candidly as you can. There are no right or wrong answers.

The interview is expected to take approximately 120 minutes and I seek your permission to record our session, for analytical purposes only.

Risks and benefits of participation

There is a small risk that someone other than the research team may find out about your responses to the questions asked, however, all steps will be taken to ensure your anonymity. Your responses will not be shared beyond the research team. Any information you provide will be combined with other information and not be attributed to you in any way, in the Final Report.

There are no direct benefits to you from participating in this study, but we hope you will gain satisfaction from contributing to the strengthening of alternative measures and gender-sensitive mechanisms for youth with drug related offences and/or substance use disorders.

If you have any further questions or comments to make, in relation to this interview, please contact Ms. Leigh-Ann Waldropt-Bonair at lbair@gmail.com
If you have any further questions or complaints about the study, please contact Ms. Keel County – kcounty@mns.gov.tt].

Facilitator Name:	
Participating Organizations:	
Type of Organization: (i.e. government, NGO, international organization etc.)	
Respondents' Names (optional):	
Respondents' Official Title:	
Interview Date / Time:	

Section 1 - Introductory Questions

1. Based on your work, what are the main trends you have observed in terms of youth drug-related offences and/or youth substance use disorders among migrant youths (compared to local youths)?
 - a. Prompts - Most common drug-related offences (e.g., possession, trafficking, or violence-related crimes); Main substances used; Demographic characteristics i.e. gender, ages, educational background, economic background, ethnicity, areas of residence, migration status, areas of crime and changes over time; Changes in trends based on time (i.e. pre and post covid 19) and new policies i.e. decriminalization of cannabis.

Section 2 – Risk and Protective Factors

2. Based on your work, what are the key factors that contribute to youth drug-related offences and/or youth substance use disorders among migrant youth?
 - a. Prompts - Any specific migration-related vulnerabilities that make migrant youth more susceptible to substance use disorders and drug-related offences?
 - b. Prompts - i.e. individual (inclusive of mental health challenges, spirituality, social skills, peer influence, delinquency), within the family (history of child abuse, family involvement in drug abuse, authoritarian parenting, family conflict, parental supervision and support), school (academic failure, participation in school activities), community (availability of drugs in community, involvement in community activities)

- a. Any gendered risks and protective factors?
 - c. Involvement in gangs - Are migrant youth more likely to be recruited into drug trafficking or gangs due to their vulnerable status?
 - d. Have you observed any relationship/s between migrant youth drug-related offences and youth substance use disorders? Please elaborate.
3. Based on your work, what are the main factors and initiatives that prevent/dissuade youth drug related offences and/or youth substance use disorders among migrant youth?
- a. Prompts - i.e. family and school bonds, after school programs, sports

Section 3 – Existing Frameworks

4. Are you aware of any existing legal frameworks in the criminal justice system that address migrant youth with drug related offences? If yes, please elaborate.
- a. Prompts- if yes, how effective are they? Are there any current challenges or gaps (inclusive of recidivism)? Do they adopt gender-sensitive, age-appropriate, trauma-informed approaches? Do they incorporate alternatives to incarceration of this population? Any suggestions for improvements?
 - b. If no, how do law enforcement and the criminal justice system respond to drug-related offences committed by migrant youth?
 - c. Are there any existing policies or protocols to ensure a humanitarian approach when dealing with migrant youth in drug-related cases?
5. Are you aware of any existing treatment interventions for migrant youth with substance use disorders? If yes, please elaborate.
- a. Prompts – if yes, how effective are they? Are there any current challenges or gaps (inclusive of relapse) related to treatment interventions and drug prevention for migrant youth? Do they adopt age-appropriate, gender-sensitive, culturally appropriate, or trauma-informed approaches? Any suggestions for improvement?
 - b. Do migrant youth have access to drug treatment courts or community-based rehabilitation programs?
 - c. If no, are there any barriers preventing migrant youth with SUDs from accessing or receiving treatment?

Section 4 – Recommendations

6. Are you aware of any intervention opportunities that could be explored to prevent and divert migrant youth currently in, or at risk of, entering the criminal justice system? If yes, please elaborate.

- a. Prompt – are there any interventions you would like to recommend? Any recommended strategies for reducing migrant youth drug-related crimes?
 - b. Any suggested collaboration between migration-focused organizations and the criminal justice system or social sectors (e.g. health, and education) to address these gaps?
- 7. Are you aware of any intervention opportunities that could be explored to prevent and divert migrant youth who have or are at risk of having substance use disorders?
 - a. Prompt – are there any interventions you would like to recommend? Models from other countries related to migrant youth drug prevention and SUDs rehabilitation programs?
 - b. How could culturally sensitive, gender sensitive, age-appropriate, trauma-informed approaches be integrated into drug prevention and treatment strategies for migrant youth?
 - c. Are there existing aftercare programs that cater to migrant youth recovering from SUDs? If not, what should such a program include?
- 8. Are there any recommended legal and/or policy reforms to ensure better access to drug treatment and aftercare services for migrant youth?
 - a. Prompt - What support mechanisms are needed to make drug treatment and aftercare services more accessible to migrant youth?

Section 6 - Closing Questions

- 9. Do you have any additional comments regarding our discussion? If yes, please elaborate.

Final instructions for the facilitator:

- Thank the participants for their time.
- Make any other (internal) observations about the interview below

YDJIP Project
Focus Group Guide – Private Sector

Instructions for Facilitator:

1. Give the interview a unique code: E.g. first three letters of interviewers first name interview + number. E.g. LEIFOC1).
2. Read the information note to participants before commencing the session.
3. For relevant set of questions, use bullet point prompts as necessary.

Information Note

Thank you for taking the time to participate in this study. I would like to give you some background information before we commence.

Background information

The OAS CICAD, with the support of the National Drug Council, is conducting a study in Trinidad and Tobago on Youth Diversion, Justice, and Integration.

The purpose of this study is to identify gender-sensitive mechanisms and alternative measures within the Trinidad and Tobago criminal justice system for youth (i.e. persons 18-25 years old) who have committed a drug-related offence or who are impacted by substance use disorders.

Accordingly, today's session is geared towards obtaining your informed responses.

The study will benefit most from your honest responses. You are therefore encouraged to speak as candidly as you can. There are no right or wrong answers.

The interview is expected to take approximately 120 minutes and I seek your permission to record our session, for analytical purposes only.

Risks and benefits of participation

There is a small risk that someone other than the research team may find out about your responses to the questions asked, however, all steps will be taken to ensure your anonymity. Your responses will not be shared beyond the research team. Any information you provide will be combined with other information and not be attributed to you in any way, in the Final Report.

There are no direct benefits to you from participating in this study, but we hope you will gain satisfaction from contributing to the strengthening of alternative measures and gender-sensitive mechanisms for youth with drug related offences and/or substance use disorders.

If you have any further questions or comments to make, in relation to this interview, please contact Ms. Leigh-Ann Waldropt-Bonair at lbair@gmail.com
If you have any further questions or complaints about the study, please contact Ms. Keel County – kcounty@mns.gov.tt].

Facilitator Name:	
Participating Organizations:	
Type of Organization: (i.e. government, NGO, international organization etc.)	
Respondents' Names (optional):	
Respondents' Official Title:	
Interview Date / Time:	

Section 1 - Introductory Questions

1. Based on your work, what are the main trends you have observed in terms of youth drug-related offences and/or youth substance use disorders.
 - a. Prompts - Main substances used; Demographic characteristics i.e. gender, ages, educational background, economic background, ethnicity, areas of residence, employment status, areas of crime and changes over time; Changes in trends based on time (i.e. pre and post covid 19) and new policies i.e. decriminalization of cannabis.
 - b. How does youth involvement in drug-related offences and substance use disorders (SUDs) impact their employment opportunities in your organization or industry?
 - i. Are there any challenges? How are they addressed?

Section 2 – Risk and Protective Factors

2. Based on your work, what are the key factors that contribute to youth drug-related offences and/or youth substance use disorders? (General)
 - a. Prompts – individual (inclusive of mental health challenges, spirituality, social skills, peer influence, delinquency), family (history of child abuse, family involvement in drug abuse, authoritarian parenting, family conflict, parental supervision and support), school (academic failure, participation in school

activities), community (availability of drugs in community, involvement in community activities), involvement in gangs

b. Any gendered risks or protective factors?

c. Any relationship/s between youth drug-related offences and youth substance use disorders? Please elaborate.

3. Based on your work, what are the main factors and initiatives that prevent/dissuade youth drug related offences and/or youth substance use disorders?

a. Prompts - i.e. family and school bonds, after school programs, sports, religious involvement

Section 3 – Existing Frameworks

4. Are you aware of any existing legal frameworks in the criminal justice system that address youth with drug related offences? If yes, please elaborate.

a. Prompts- if yes, how effective are they? Are there any current challenges or gaps (inclusive of recidivism)?

b. Are there existing corporate social responsibility (CSR) programs, within your industry, aimed at youth development, crime prevention, or drug rehabilitation?

c. Does your Chamber or Association have a formal position or strategy regarding employment opportunities for youth with past drug offences?

5. Are you aware of any existing treatment interventions for youth with substance use disorders? If yes, please elaborate.

a. Prompts – if yes, how effective are they? Are there any current challenges or gaps (inclusive of relapse)

b. Are there any programs in the business community to address young adults with SUDs? If yes, please elaborate.

i. If no, should programs be in place to assist employees struggling with substance abuse and what should they include?

Section 4 – Recommendations

6. Are you aware of any intervention opportunities that could be explored to prevent and divert youth currently in, or at risk of, entering the criminal justice system? If yes, please elaborate.

- a. Prompt – are there any interventions you would like to recommend? Any recommended strategies for reducing youth drug-related crimes?
 - b. Are there any private sector-led initiatives providing second-chance employment or training for youth with drug-related offences?
- 7. Are you aware of any intervention opportunities that could be explored to prevent and divert youth who have or are at risk of having substance use disorders?
 - a. Prompt – are there any interventions you would like to recommend?
 - b. Are there corporate programs that support substance abuse recovery among young employees? If not, what barriers exist to creating such programs?
- 8. Are there any recommended collaborations between the business sector and government and NGOs to support employment pathways for youth recovering from substance use disorders and/or transitioning out of rehabilitation programs into the workforce?

Section 6 - Closing Questions

- 9. Do you have any additional comments regarding our discussion? If yes, please elaborate. (General)

Final instructions for the facilitator:

- Thank the participants for their time.
- Make any other (internal) observations about the interview below

YDJIP Project
Focus Group Guide – Security

Instructions for Facilitator:

1. Give the interview a unique code: E.g. first three letters of interviewers first name interview + number. E.g. LEIFOC1).
2. Read the information note to participants before commencing the session.
3. For relevant set of questions, use bullet point prompts as necessary.

Information Note

Thank you for taking the time to participate in this study. I would like to give you some background information before we commence.

Background information

The OAS CICAD, with the support of the National Drug Council, is conducting a study in Trinidad and Tobago on Youth Diversion, Justice, and Integration.

The purpose of this study is to identify gender-sensitive mechanisms and alternative measures within the Trinidad and Tobago criminal justice system for youth (i.e. persons 18-25 years old) who have committed a drug-related offence or who are impacted by substance use disorders.

Accordingly, today's session is geared towards obtaining your informed responses.

The study will benefit most from your honest responses. You are therefore encouraged to speak as candidly as you can. There are no right or wrong answers.

The interview is expected to take approximately 120 minutes and I seek your permission to record our session, for analytical purposes only.

Risks and benefits of participation

There is a small risk that someone other than the research team may find out about your responses to the questions asked, however, all steps will be taken to ensure your anonymity. Your responses will not be shared beyond the research team. Any information you provide will be combined with other information and not be attributed to you in any way, in the Final Report.

There are no direct benefits to you from participating in this study, but we hope you will gain satisfaction from contributing to the strengthening of alternative measures and gender-sensitive mechanisms for youth with drug related offences and/or substance use disorders.

If you have any further questions or comments to make, in relation to this interview, please contact Ms. Leigh-Ann Waldropt-Bonair at lbair@gmail.com
If you have any further questions or complaints about the study, please contact Ms. Keel County – kcounty@mns.gov.tt].

Facilitator Name:	
Participating Organizations:	
Type of Organization: (i.e. government, NGO, international organization etc.)	
Respondents' Names (optional):	
Respondents' Official Title:	
Interview Date / Time:	

Section 1 - Introductory Questions

1. Based on your work, what are the main trends you have observed in terms of youth drug-related offences and/or youth substance use disorders.
 - a. Prompts - Main types of crimes (level/seriousness); Main substances used; Demographic characteristics i.e. gender, ages, educational background, economic background, employment status, ethnicity, areas of residence, geographic areas of crime and changes over time; Changes in trends based on time (i.e. pre and post covid 19) and new policies i.e. decriminalization of cannabis.
 - b. Are young offenders of non-violent drug-related crimes assessed to determine any SUDs or drug dependencies?
 - c. What is the main role of young offenders in drug networks - i.e. users, couriers/mules, manufacturers, traffickers etc.? Are young drug-related offenders involved in transnational networks for drug trafficking and/or organized crime?

Section 2 – Risk and Protective Factors

2. Based on your work, what are the key factors that contribute to youth drug-related offences and/or youth substance use disorders? (General)
 - a. Prompts – individual (inclusive of mental health challenges, spirituality, social skills, peer influence, delinquency), family (history of child abuse, family involvement in drug abuse, authoritarian parenting, family conflict, parental supervision and support), school (academic failure, participation in school

activities), community (availability of drugs in community, involvement in community activities); involvement in gangs

b. Gendered risks and protective factors

c. Any observed relationship/s between youth drug-related offences and youth substance use disorders? Please elaborate.

3. Based on your work, what are the main factors and initiatives that prevent/dissuade youth drug related offences and/or youth substance use disorders?

a. Prompts - i.e. family and school bonds, after school programs, sports, religious involvement.

Section 3 – Existing Frameworks

4. Are you aware of any existing legal frameworks in the criminal justice system that address youth with non-violent drug related offences? If yes, please elaborate.

a. Prompts- if yes, how effective are they? Are there any current challenges or gaps (inclusive of recidivism)? Do they adopt Gender-sensitive, age appropriate, trauma informed approaches? Do they incorporate alternatives to incarceration of this population?

5. Are you aware of any existing treatment interventions for youth with substance use disorders? If yes, please elaborate.

a. Prompts – if yes, how effective are they? Are there any current challenges or gaps (inclusive of relapse)? Any suggestions for improvement?

Section 4 – Recommendations

6. Are you aware of any intervention opportunities that could be explored to prevent and divert youth currently in, or at risk of, entering the criminal justice system? If yes, please elaborate.

a. Prompt – does your organization have any specific measures? Are there any interventions you would like to recommend? Any recommended strategies for reducing youth drug-related crimes?

7. Are you aware of any intervention opportunities that could be explored to prevent and divert youth who have or are at risk of having substance use disorders?

a. Prompt – are there any interventions you would like to recommend?

8. What steps/measures could be taken to address existing gaps and challenges within legal frameworks in the criminal justice system related to youth with non-violent drug-related offences?
 - d. Prompt – how could gender-sensitive, age appropriate, trauma-informed approaches be incorporated into existing legal frameworks in the criminal justice system related to youth with drug related offences with? How could alternatives to incarceration of this population be incorporated into existing legal frameworks in the criminal justice system? Are there any promising practices in your organizations that other agencies could benefit from?
 - e. Are there important partnerships/collaborations necessary to facilitate these measures?

Section 6 - Closing Questions

9. Do you have any additional comments regarding our discussion? If yes, please elaborate.

Final instructions for the facilitator:

- Thank the participants for their time.
- Make any other (internal) observations about the interview below

Focus Group Guide – Human Development

Instructions for Facilitator:

1. Give the interview a unique code: E.g. first three letters of interviewers first name interview + number. E.g. LEIFOC1).
2. Read the information note to participants before commencing the session.
3. For relevant set of questions, use bullet point prompts as necessary.

Information Note

Thank you for taking the time to participate in this study. I would like to give you some background information before we commence.

Background information

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The purpose of this study is to identify gender-sensitive mechanisms and alternative measures within the Trinidad and Tobago criminal justice system for youth (i.e. persons 18-25 years old) who have committed a drug-related offence or who are impacted by substance use disorders.

Accordingly, today's session is geared towards obtaining your informed responses.

The study will benefit most from your honest responses. You are therefore encouraged to speak as candidly as you can. There are no right or wrong answers.

The interview is expected to take approximately 120 minutes and I seek your permission to record our session, for analytical purposes only.

Risks and benefits of participation

There is a small risk that someone other than the research team may find out about your responses to the questions asked, however, all steps will be taken to ensure your anonymity. Your responses will not be shared beyond the research team. Any information you provide will be combined with other information and not be attributed to you in any way, in the Final Report.

There are no direct benefits to you from participating in this study, but we hope you will gain satisfaction from contributing to the strengthening of alternative measures and gender-sensitive mechanisms for youth with drug related offences and/or substance use disorders.

If you have any further questions or comments to make, in relation to this interview, please contact Ms. Leigh-Ann Waldropt-Bonair at lbair@gmail.com

If you have any further questions or complaints about the study, please contact Ms. Keel County – kcounty@mns.gov.tt].

Facilitator Name:	
Participating Organizations:	
Type of Organization: (i.e. government, NGO, international organization etc.)	
Respondents' Names (optional):	
Respondents' Official Title:	
Interview Date / Time:	

Section 1 - Introductory Questions

1. Based on your work, what are the main trends you have observed in terms of youth drug-related offences and/or youth substance use disorders.
 - a. Prompts - Main substances used; Demographic characteristics i.e. gender, ages, educational background, economic background, employment status, ethnicity, areas of residence, areas of crime and changes over time; Changes in trends based on time (i.e. pre and post covid 19) and new policies i.e. decriminalisation of cannabis.
 - b. Are there any gender-based differences in your observations?

Section 2 – Risk and Protective Factors

2. Based on your work, what are the key factors that contribute to youth drug-related offences and/or youth substance use disorders?
 - a. Prompts – individual (inclusive of mental health challenges, spirituality, social skills, peer influence, delinquency), family (history of child abuse, family involvement in drug abuse, authoritarian parenting, family conflict, parental supervision and support), school (academic failure, participation in school activities), community (availability of drugs in community, involvement in community activities); involvement in gangs
 - b. Any gendered risks and protective factors?

- c. Any observed relationship/s between youth drug-related offences and youth substance use disorders? Please elaborate.
- 3. Based on your work, what are the main factors and initiatives that prevent/dissuade youth drug related offences and/or youth substance use disorders?
 - a. Prompts - i.e. family and school bonds, after school programmes, sports, religious involvement.

Section 3 – Existing Frameworks

- 4. Are you aware of any existing legal frameworks in the criminal justice system that address youth with non-violent drug related offences? If yes, please elaborate.
 - a. Prompts- if yes, how effective are they? Are there any current challenges or gaps (inclusive of recidivism)? Do they adopt gender-sensitive, age-appropriate, trauma-informed approaches? Do they incorporate alternatives to incarceration of this population? Any suggestions for improvement?
- 5. Are you aware of any existing treatment interventions for youth with substance use disorders? If yes, please elaborate.
 - a. Prompts – if yes, how effective are they? Are there any current challenges or gaps (inclusive of relapse)? Any suggestions for improvement?
 - b. If yes, are there specific gender-sensitive, age-appropriate, trauma-informed interventions available? Please elaborate. Any suggestions for improvement?

Section 4 – Recommendations

- 6. Are you aware of any intervention opportunities that could be explored to prevent and divert youth currently in, or at risk of, entering the criminal justice system? If yes, please elaborate.
 - a. Prompt – are there any existing initiatives under your ministry that can be considered? Are there any interventions you would like to recommend? Any recommended strategies for reducing youth drug-related crimes?
- 7. Are you aware of any intervention opportunities that could be explored to prevent and divert youth who have or are at risk of having substance use disorders?
 - a. Prompt – are there any existing initiatives under your organization that can be considered? Are there any interventions you would like to recommend?
- 8. How can your organization support the integration of age-appropriate gender-sensitive approaches into youth justice policies and strategies?

- a. Prompt – training in age-appropriate, gender-sensitive approaches as it relates to youth justice policies and strategies?

Section 6 - Closing Questions

9. Do you have any additional comments regarding our discussion? If yes, please elaborate.

Final instructions for the facilitator:

- Thank the participants for their time.
- Make any other (internal) observations about the interview below

YDJIP Project

Focus Group Guide – Youth with Lived Experiences

Instructions for Facilitator:

1. Give the interview a unique code: E.g. first three letters of interviewers first name interview + number. E.g. LEIFOC1).
2. Read the information note to participants before commencing the session.
3. For relevant set of questions, use bullet point prompts as necessary.

Information Note

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Background information

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The interview is expected to take approximately 120 minutes and I seek your permission to record our session, for analytical purposes only.

Risks and benefits of participation

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There are no direct benefits to you from participating in this study, but we hope you will gain satisfaction from contributing to the strengthening of alternative measures and gender-sensitive mechanisms for youth with drug related offences and/or substance use disorders.

If you have any further questions or comments to make, in relation to this interview, please contact Ms. Leigh-Ann Waldropt-Bonair at lbair@gmail.com

If you have any further questions or complaints about the study, please contact Ms. Keel County – kcounty@mns.gov.tt].

Facilitator Name:	
Participating Organizations:	
Type of Organization: (i.e. government, NGO, international organization etc.)	
Respondents' Names (optional):	
Respondents' Official Title:	
Interview Date / Time:	

Section 1 - Introductory Questions

1. In your opinion, what are the main reasons why young people in Trinidad and Tobago use/misuse substances?
 - a. Prompts – what are the main substances used; who are the young people using these substances (ages, genders, class, ethnicity, employment status, education level). Any changes with the decriminalisation of cannabis and covid 19? Major age groups
 - b. What kinds of activities (illegal) do they engage in as a result of their substance use?

Section 2 – Risk and Protective Factors

2. Based on your personal experience, what are the main factors that contributed to your drug-related offences and/or substance use disorder?
 - a. Prompts – how/why did you start using substances? Age of initiation.
 - b. Individual (inclusive of mental health challenges, spirituality, social skills, peer influence, delinquency), family (history of child abuse, family involvement in drug abuse, authoritarian parenting, family conflict, parental supervision and support), school (academic failure, participation in school activities), community (availability of drugs in community, involvement in community activities); involvement in gangs

3. Based on your personal experience, what are the main factors that may have/could have prevented/dissuaded you from your drug-related offences and /or your substance use disorders?

- a. Prompts - i.e. family and school bonds, after school programmes, sports, religious involvement.

Section 3 – Experiences within the Justice System

4. Tell me about your experiences within the criminal justice system related to your non-violent drug-related offences?

- a. Do you think that men and women have different experiences with the criminal justice system? If yes, please elaborate.
- b. What are some things that could be improved?
- c. Were you referred to the DTCP? If yes, how helpful was it?

5. Did you access/receive treatment interventions for your substance use disorders?

- a. Prompts – If yes, how effective were they? Did you have any challenges? Any suggestions for improvement?
- b. Were interventions gender-sensitive, age-appropriate, trauma-informed? Please elaborate. Any suggestions for improvement?
- c. If not, what prevented you from having access to the intervention?

6. Did you require additional support after completing treatment? If yes, please elaborate.

- a. Prompt - Aftercare services, re-integration, housing and employment assistance, parenting skills/childcare.
- b. If not, elaborate on how this impacted you.

Section 4 – Recommendations

7. Are you aware of any interventions that could help prevent and divert other young people from being at risk of, entering the criminal justice system for drug-related offences? If yes, please elaborate.

- a. Prompt –Are there any interventions you would like to recommend? Any recommended strategies for reducing youth drug-related crimes?

8. Are you aware of any intervention that could help prevent and divert young people who have or are at risk of having substance use disorders?

- a. Prompt – Are there any interventions you would like to recommend?

Section 6 - Closing Questions

9. Do you have any additional comments regarding our discussion? If yes, please elaborate.

Final instructions for the facilitator:

- Thank the participants for their time.
- Make any other (internal) observations about the interview below

YDJIP Project
Focus Group Guide – Youth Club and NGOs

Instructions for Facilitator:

1. Give the interview a unique code: E.g. first three letters of interviewers first name interview + number. E.g. LEIFOC1).
2. Read the information note to participants before commencing the session.
3. For relevant set of questions, use bullet point prompts as necessary.

Information Note

Thank you for taking the time to participate in this study. I would like to give you some background information before we commence.

Background information

The OAS CICAD, with the support of the National Drug Council, is conducting a study in Trinidad and Tobago on Youth Diversion, Justice, and Integration.

The purpose of this study is to identify gender-sensitive mechanisms and alternative measures within the Trinidad and Tobago criminal justice system for youth (i.e. persons 18-25 years old) who have committed a drug-related offence or who are impacted by substance use disorders.

Accordingly, today's session is geared towards obtaining your informed responses.

The study will benefit most from your honest responses. You are therefore encouraged to speak as candidly as you can. There are no right or wrong answers.

The interview is expected to take approximately 120 minutes, and I seek your permission to record our session, for analytical purposes only.

Risks and benefits of participation

There is a small risk that someone other than the research team may find out about your responses to the questions asked, however, all steps will be taken to ensure your anonymity. Your responses will not be shared beyond the research team. Any information you provide will be combined with other information and not be attributed to you in any way, in the Final Report.

There are no direct benefits to you from participating in this study, but we hope you will gain satisfaction from contributing to the strengthening of alternative measures and gender-sensitive mechanisms for youth with drug related offences and/or substance use disorders.

If you have any further questions or comments to make, in relation to this interview, please contact Ms. Leigh-Ann Waldropt-Bonair at lbair@gmail.com
If you have any further questions or complaints about the study, please contact Ms. Keel County – kcounty@mns.gov.tt.

Facilitator Name:	
Participating Organizations:	
Type of Organization: (i.e. government, NGO, international organization etc.)	
Respondents' Names (optional):	
Respondents' Official Title:	
Interview Date / Time:	

Section 1 - Introductory Questions

1. Based on your work, what are the main trends you have observed in terms of youth drug-related offences and/or youth substance use disorders.
 - a. Prompts - Main substances used; Demographic characteristics i.e. gender, ages, educational background, economic background, employment status, ethnicity, areas of residence, areas of crime and changes over time; Changes in trends based on time (i.e. pre and post covid 19) and new policies i.e. decriminalization of cannabis.

Section 2 – Risk and Protective Factors

2. Based on your work, what are the key factors that contribute to youth drug-related offences and/or youth substance use disorders?
 - a. Prompts – individual (inclusive of mental health challenges, spirituality, social skills, peer influence, delinquency), family (history of child abuse, family involvement in drug abuse, authoritarian parenting, family conflict, parental supervision and support), school (academic failure, participation in school activities), community (availability of drugs in community, involvement in community activities); involvement in gangs
 - b. Any gendered risks and protective factors?
 - c. Any observed relationship/s between youth drug-related offences and youth substance use disorders? Please elaborate.

3. Based on your work, what are the main factors and initiatives that prevent/dissuade youth drug related offences and/or youth substance use disorders?

- a. Prompts - i.e. family and school bonds, after school programs, sports, religious involvement.

Section 3 – Existing Frameworks

4. Are you aware of any existing legal frameworks in the criminal justice system that address youth with non-violent drug related offences? If yes, please elaborate.

- a. Prompts- if yes, how effective are they? Are there any current challenges or gaps (inclusive of recidivism)? Do they adopt gender-sensitive, age-appropriate approaches? Do they incorporate alternatives to incarceration of this population? Any suggestions for improvement?

5. Are you aware of any existing treatment interventions for youth with substance use disorders? If yes, please elaborate.

- a. Prompts – if yes, how effective are they? Are there any current challenges or gaps (inclusive of relapse). Any suggestions for improvement?

Section 4 – Recommendations

6. Are you aware of any intervention opportunities that could be explored to prevent and divert youth currently in, or at risk of, entering the criminal justice system? If yes, please elaborate.

- a. Prompt – are there any existing initiatives under your organization that can be considered? Are there any interventions you would like to recommend? Any recommended strategies for reducing youth drug-related crimes?

7. Are you aware of any intervention opportunities that could be explored to prevent and divert youth who have or are at risk of having substance use disorders?

- a. Prompt – are there any existing initiatives under your organization that can be considered? Are there any interventions you would like to recommend?

8. Has your organization ever been trained in age-appropriate, gender-sensitive approaches as it relates to youth justice policies and strategies?

- a. If not, would you be open to receiving these types of training?

Section 6 - Closing Questions

9. Do you have any additional comments regarding our discussion? If yes, please elaborate.

Final instructions for the facilitator:

- Thank the participants for their time.
- Make any other (internal) observations about the interview below

YDJIP Project
Focus Group Guide – Corrections and LEA

Instructions for Facilitator:

1. Give the interview a unique code: E.g. first three letters of interviewers first name interview + number. E.g. LEIFOC1).
2. Read the information note to participants before commencing the session.
3. For relevant set of questions, use bullet point prompts as necessary.

Information Note

Thank you for taking the time to participate in this study. I would like to give you some background information before we commence.

Background information

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Accordingly, today's session is geared towards obtaining your informed responses.

The study will benefit most from your honest responses. You are therefore encouraged to speak as candidly as you can. There are no right or wrong answers.

The interview is expected to take approximately 120 minutes and I seek your permission to record our session, for analytical purposes only.

Risks and benefits of participation

There is a small risk that someone other than the research team may find out about your responses to the questions asked, however, all steps will be taken to ensure your anonymity. Your responses will not be shared beyond the research team. Any information you provide will be combined with other information and not be attributed to you in any way, in the Final Report.

There are no direct benefits to you from participating in this study, but we hope you will gain satisfaction from contributing to the strengthening of alternative measures and gender-sensitive mechanisms for youth with drug related offences and/or substance use disorders.

If you have any further questions or comments to make, in relation to this interview, please contact Ms. Leigh-Ann Waldropt-Bonair at lbair@gmail.com
If you have any further questions or complaints about the study, please contact Ms. Keel County – kcounty@mns.gov.tt].

Facilitator Name:	
Participating Organizations:	
Type of Organization: (i.e. government, NGO, international organization etc.)	
Respondents' Names (optional):	
Respondents' Official Title:	
Interview Date / Time:	

Section 1 - Introductory Questions

1. Based on your work, what are the main trends you have observed in terms of youth drug-related offences and/or youth substance use disorders. (General)
 - a. Prompts - Main types of crimes (level/seriousness); Main substances used; Demographic characteristics i.e. gender, ages, educational background, economic background, employment status, ethnicity, areas of residence, geographical areas of crime and changes over time; Changes in trends based on time (i.e. pre and post covid 19) and new policies i.e. decriminalization of cannabis.
 - b. Are young offenders of non-violent drug-related crimes assessed to determine any SUDs or drug dependencies?
 - c. What is the main role of young offenders within drug networks - i.e. users, couriers/mules, manufacturers, traffickers etc.? Are young drug-related offenders involved in transnational networks for drug trafficking and/or organized crime?

Section 2 – Risk and Protective Factors

2. Based on your work, what are the key factors that contribute to youth drug-related offences and/or youth substance use disorders?
 - a. Prompts – individual (inclusive of mental health challenges, spirituality, social skills, peer influence, delinquency), family (history of child abuse, family involvement in drug abuse, authoritarian parenting, family conflict, parental supervision and support), school (academic failure, participation in school activities), community (availability of drugs in community, involvement in community activities); involvement in gangs
 - b. Any gendered risks or protective factors

- c. Any relationship/s between youth drug-related offences and youth substance use disorders? Please elaborate.
- 3. Based on your work, what are the main factors and initiatives that prevent/dissuade youth drug related offences and/or youth substance use disorders?
 - a. Prompts - i.e. family and school bonds, after school programs, sport, religious involvement

Section 3 – Existing Frameworks

- 4. Are you aware of any existing legal frameworks in the criminal justice system that address youth with non-violent drug related offences? If yes, please elaborate.
 - a. Prompts- if yes, how effective are they? Are there any current challenges or gaps (inclusive of recidivism)? Do they adopt Gender-sensitive, age-appropriate, trauma-informed approaches? Do they incorporate alternatives to incarceration of this population?
 - b. Has your organization ever been trained in age-appropriate, gender-sensitive, trauma informed approaches as it relates to law enforcement? If not, would you like to access these types of training?
- 5. Are you aware of any existing treatment interventions for youth with substance use disorders? If yes, please elaborate.
 - a. Prompts – if yes, how effective are they? Are there any current challenges or gaps (inclusive of relapse)?
 - b. Within your organization are there any SUDs treatment interventions for youth offenders with SUDs? If yes, please elaborate.
 - i. Are there any gaps or challenges (inclusive of relapse)? If yes, please elaborate. Are they age appropriate, gender sensitive and trauma informed approaches? Any suggestions for improvement?

Section 4 – Recommendations

- 6. Are you aware of any intervention opportunities that could be explored to prevent and divert youth currently in, or at risk of, entering the criminal justice system? If yes, please elaborate.
 - a. Prompt – are there any interventions you would like to recommend? Any recommended strategies for reducing youth drug-related crimes?
- 7. Are you aware of any intervention opportunities that could be explored to prevent and divert youth who have or are at risk of having substance use disorders?

- a. Prompt – are there any interventions you would like to recommend?
8. What steps/measures could be taken to address existing gaps and challenges within legal frameworks in the criminal justice system related to youth with non-violent drug-related offences?
- a. Prompt – how could gender-sensitive age-appropriate, trauma-informed approaches be incorporated into existing legal frameworks in the criminal justice system related to youth with drug related offences with? How could alternatives to incarceration of this population be incorporated into existing legal frameworks in the criminal justice system? Are there any promising practices in your organizations that other agencies could benefit from?
 - b. Are there important partnerships/collaborations necessary to facilitate these measures?

Section 6 - Closing Questions

9. Do you have any additional comments regarding our discussion? If yes, please elaborate.

Final instructions for the facilitator:

- Thank the participants for their time.
- Make any other (internal) observations about the interview below

Appendix 5 – Focus Group Questions

YDJIP Project

Focus Group Guide – Human Development

Instructions for Facilitator:

1. Give the interview a unique code: E.g. first three letters of interviewers first name interview + number. E.g. LEIFOC1).
2. Read the information note to participants before commencing the session.
3. For relevant set of questions, use bullet point prompts as necessary.

Information Note

Thank you for taking the time to participate in this study. I would like to give you some background information before we commence.

Background information

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Accordingly, today's session is geared towards obtaining your informed responses.

The study will benefit most from your honest responses. You are therefore encouraged to speak as candidly as you can. There are no right or wrong answers.

The interview is expected to take approximately 120 minutes and I seek your permission to record our session, for analytical purposes only.

Risks and benefits of participation

There is a small risk that someone other than the research team may find out about your responses to the questions asked, however, all steps will be taken to ensure your anonymity. Your responses will not be shared beyond the research team. Any information you provide will be combined with other information and not be attributed to you in any way, in the Final Report.

There are no direct benefits to you from participating in this study, but we hope you will gain satisfaction from contributing to the strengthening of alternative measures and gender-sensitive mechanisms for youth with drug related offences and/or substance use disorders.

If you have any further questions or comments to make, in relation to this interview, please contact Ms. Leigh-Ann Waldropt-Bonair at lbair@gmail.com

If you have any further questions or complaints about the study, please contact Ms. Keel County – kcounty@mns.gov.tt].

Facilitator Name:	
Participating Organizations:	
Type of Organization: (i.e. government, NGO, international organization etc.)	
Respondents' Names (optional):	
Respondents' Official Title:	
Interview Date / Time:	

Section 1 - Introductory Questions

1. Based on your work, what are the main trends you have observed in terms of youth drug-related offences and/or youth substance use disorders.
 - a. Prompts - Main substances used; Demographic characteristics i.e. gender, ages, educational background, economic background, employment status, ethnicity, areas of residence, areas of crime and changes over time; Changes in trends based on time (i.e. pre and post covid 19) and new policies i.e. decriminalisation of cannabis.

Section 2 – Risk and Protective Factors

2. Based on your work, what are the key factors that contribute to youth drug-related offences and/or youth substance use disorders?
 - a. Prompts – individual (inclusive of mental health challenges, spirituality, social skills, peer influence, delinquency), family (history of child abuse, family involvement in drug abuse, authoritarian parenting, family conflict, parental supervision and support), school (academic failure, participation in school activities), community (availability of drugs in community, involvement in community activities); involvement in gangs
 - b. Any gendered risks and protective factors?
 - c. Any observed relationship/s between youth drug-related offences and youth substance use disorders? Please elaborate.

3. Based on your work, what are the main factors and initiatives that prevent/dissuade youth drug related offences and/or youth substance use disorders?

- a. Prompts - i.e. family and school bonds, after school programmes, sports

Section 3 – Existing Frameworks

4. Are you aware of any existing legal frameworks in the criminal justice system that address youth with non-violent drug related offences? If yes, please elaborate.

- a. Prompts- if yes, how effective are they? Are there any current challenges or gaps (inclusive of recidivism)? Do they adopt gender-sensitive, age-appropriate, trauma-informed approaches? Do they incorporate alternatives to incarceration of this population?

5. Are you aware of any existing treatment interventions for youth with substance use disorders? If yes, please elaborate. (Based on group)

- a. Prompts – if yes, how effective are they? Are there any current challenges or gaps (inclusive of relapse)? Any suggestions for improvement?

Section 4 – Recommendations

6. Are you aware of any intervention opportunities that could be explored to prevent and divert youth currently in, or at risk of, entering the criminal justice system? If yes, please elaborate.

- a. Prompt – are there any existing initiatives under your ministry that can be considered? Are there any interventions you would like to recommend? Any recommended strategies for reducing youth drug-related crimes?

7. Are you aware of any intervention opportunities for preventing and diverting youth who have or are at risk of having substance use disorders?

- a. Prompt – are there any existing initiatives under your ministry that can be considered? Are there any interventions you would like to recommend?

8. How can your ministry support the integration of age-appropriate gender-sensitive approaches into youth justice policies and strategies?

Section 6 - Closing Questions

9. Do you have any additional comments regarding our discussion? If yes, please elaborate.

Final instructions for the facilitator:

- Thank the participants for their time.
- Make any other (internal) observations about the interview below

YDJIP Project
Focus Group – Treatment Centres

Instructions for Facilitator:

1. Give the interview a unique code: E.g. first three letters of interviewers first name interview + number. E.g. LEIFOC1).
2. Read the information note to participants before commencing the session.
3. For relevant set of questions, use bullet point prompts as necessary.

Information Note

Thank you for taking the time to participate in this study. I would like to give you some background information before we commence the interview.

Background information

The OAS CICAD, with the support of the National Drug Council, is conducting a study in Trinidad and Tobago on Youth Diversion, Justice, and Integration.

The purpose of this study is to identify gender-sensitive mechanisms and alternative measures within the Trinidad and Tobago criminal justice system for youth (i.e. persons 18-25 years old) who have committed a drug-related offence or who are impacted by substance use disorders.

Accordingly, today's session is geared towards obtaining your informed responses.

The study will benefit most from your honest responses. You are therefore encouraged to speak as candidly as you can. There are no right or wrong answers.

The interview is expected to take approximately 120 minutes and I seek your permission to record our session, for analytical purposes only.

Risks and benefits of participation

There is a small risk that someone other than the research team may find out about your responses to the questions asked, however, all steps will be taken to ensure your anonymity. Your responses will not be shared beyond the research team. Any information you provide will be combined with other information and not be attributed to you in any way, in the Final Report.

There are no direct benefits to you from participating in this study, but we hope you will gain satisfaction from contributing to the strengthening of alternative measures and gender-sensitive mechanisms for youth with drug related offences and/or substance use disorders.

If you have any further questions or comments to make, in relation to this interview, please contact Ms. Leigh-Ann Waldropt-Bonair at lbair@gmail.com

If you have any further questions or complaints about the study, please contact Ms. Keel County – kcounty@mns.gov.tt].

Facilitator Name:	
Participating Organizations:	
Type of Organization: (i.e. government, NGO, international organization etc.)	
Respondents' Names (optional):	
Respondents' Official Title:	
Interview Date / Time:	

Section 1 - Introductory Questions

1. Based on your work, what are the main trends you have observed in terms of youth drug-related offences and/or youth substance use disorders.
 - a. Prompts - Main types of crimes (inclusive of persons from the DTCP); any specific drug offences that are more likely to lead to referrals to your treatment centre? Main substances used; related health concerns; Demographic characteristics i.e. gender, ages, educational background, economic background, employment status, ethnicity, areas of residence, areas of crime and changes over time; Changes in trends based on time (i.e. pre and post covid 19) and new policies i.e. decriminalization of cannabis.

Section 2 – Risk and Protective Factors

2. Based on your work, what are the key factors that contribute to youth drug-related offences and/or youth substance use disorders?
 - a. Prompts – individual (inclusive of mental health challenges, spirituality, social skills, peer influence, delinquency), family (medical history, history of child abuse, family involvement in drug abuse, authoritarian parenting, family conflict, parental supervision and support), school (academic failure, participation in school activities), community (availability of drugs in community, involvement in community activities; involvement in gangs)
 - b. Gendered risks and protective factors

- c. Any observed relationship/s between youth drug-related offences and youth substance use disorders? Please elaborate.
3. Based on your work, what are the main factors and initiatives that prevent/dissuade youth drug related offences and/or youth substance use disorders?
- a. Prompts - i.e. family and school bonds, after school programs, sports

Section 3 – Existing Frameworks

4. Are you aware of any existing legal frameworks in the criminal justice system that address youth with non-violent drug related offences? If yes, please elaborate.
- a. Prompts- if yes, how effective are they? Are there any current challenges or gaps (inclusive of recidivism)? Do they adopt Gender-sensitive, age-appropriate, trauma-informed approaches? Do they incorporate alternatives to incarceration of this population?
5. Please elaborate on existing treatment interventions for youth with substance use disorders.
- a. Prompts – access, family involvement, policies, relationships with law enforcement and criminal justice, program offerings, harm reduction, resources, post-rehabilitation
 - b. Prompts – How effective are they? Are there any current challenges or gaps (inclusive of relapse) Do they adopt age-appropriate, gender-sensitive, trauma-informed approaches? Are treatment centres trained in age appropriate, gender sensitive, trauma informed approaches to SUDs interventions. If not, would you like to receive these types of training?

Section 4 – Recommendations

6. Are you aware of any intervention opportunities for preventing and diverting youth currently in, or at risk of, entering the criminal justice system? If yes, please elaborate.
- a. Prompt – are there any interventions you would like to recommend? Any recommended strategies for reducing youth drug-related crimes?
7. Are you aware of any intervention opportunities for preventing and diverting youth who have or are at risk of having substance use disorders?
- a. Prompt – are there any interventions you would like to recommend?
8. What steps/measures could be taken to address existing gaps and challenges within treatment interventions for youth with substance use disorders

- a. Prompt – how could gender-sensitive, age-appropriate, trauma-informed approaches be incorporated into treatment interventions for youth with substance use disorders - inclusive of training? Are there any promising practices in your organizations that other agencies could benefit from?
- b. Any critical partnerships required to improve effectiveness of treatment?

Section 6 - Closing Questions

- 9. Do you have any additional comments regarding our discussion? If yes, please elaborate.

Final instructions for the facilitator:

- Thank the participants for their time.
- Make any other (internal) observations about the interview below

YDJIP Project
Focus Group Guide – Youth and Gender

Instructions for Facilitator:

1. Give the interview a unique code: E.g. first three letters of interviewers first name interview + number. E.g. LEIFOC1).
2. Read the information note to participants before commencing the session.
3. For relevant set of questions, use bullet point prompts as necessary.

Information Note

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Background information

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The purpose of this study is to identify gender-sensitive mechanisms and alternative measures within the Trinidad and Tobago criminal justice system for youth (i.e. persons 18-25 years old) who have committed a drug-related offence or who are impacted by substance use disorders.

Accordingly, today's session is geared towards obtaining your informed responses.

The study will benefit most from your honest responses. You are therefore encouraged to speak as candidly as you can. There are no right or wrong answers.

The interview is expected to take approximately 120 minutes and I seek your permission to record our session, for analytical purposes only.

Risks and benefits of participation

There is a small risk that someone other than the research team may find out about your responses to the questions asked, however, all steps will be taken to ensure your anonymity. Your responses will not be shared beyond the research team. Any information you provide will be combined with other information and not be attributed to you in any way, in the Final Report.

There are no direct benefits to you from participating in this study, but we hope you will gain satisfaction from contributing to the strengthening of alternative measures and gender-sensitive mechanisms for youth with drug related offences and/or substance use disorders.

If you have any further questions or comments to make, in relation to this interview, please contact Ms. Leigh-Ann Waldropt-Bonair at lbair@gmail.com
If you have any further questions or complaints about the study, please contact Ms. Keel County – kcounty@mns.gov.tt.

Facilitator Name:	
Participating Organizations:	
Type of Organization: (i.e. government, NGO, international organization etc.)	
Respondents' Names (optional):	
Respondents' Official Title:	
Interview Date / Time:	

Section 1 - Introductory Questions

1. Based on your work, what are the main trends you have observed in terms of youth drug-related offences and/or youth substance use disorders. (General)
 - a. Prompts -Main substances used; Demographic characteristics i.e. gender, ages, educational background, economic background, employment status, ethnicity, areas of residence, areas of crime and changes over time; Changes in trends based on time (i.e. pre and post covid 19) and new policies i.e. decriminalization of cannabis.
 - b. Are there any gender-based differences in your observations?

Section 2 – Risk and Protective Factors

2. Based on your work, what are the key factors that contribute to youth drug-related offences and/or youth substance use disorders? (General)
 - a. Prompts – individual (inclusive of mental health challenges, spirituality, social skills, peer influence, delinquency), family (history of child abuse, family involvement in drug abuse, authoritarian parenting, family conflict, parental supervision and support), school (academic failure, participation in school activities), community (availability of drugs in community, involvement in community activities); involvement in gangs
 - b. Any gendered risk and protective factors? Are there any gender-based differences in how youth offenders develop and experience SUDs?

- c. Any observed relationship/s between youth drug-related offences and youth substance use disorders? Please elaborate.
3. Based on your work, what are the main factors and initiatives that prevent/dissuade youth drug related offences and/or youth substance use disorders?
 - a. Prompts - i.e. family and school bonds, after school programs, sports, religious involvement.

Section 3 – Existing Frameworks

4. Are you aware of any existing legal frameworks in the criminal justice system that address youth with non-violent drug related offences? If yes, please elaborate.
 - a. Prompts- if yes, how effective are they? Are there any current challenges or gaps (inclusive of recidivism)? Do they adopt gender-sensitive, age-appropriate, trauma-informed approaches? Do they incorporate alternatives to incarceration of this population?
5. Are you aware of any existing treatment interventions for youth with substance use disorders? If yes, please elaborate.
 - a. Prompts – if yes, how effective are they? Are there any current challenges or gaps (inclusive of relapse).
 - b. If yes, are there specific gender-sensitive, age-appropriate, trauma-informed interventions available? Please elaborate. Any suggestions for improvement?

Section 4 – Recommendations

6. Are you aware of any intervention opportunities that could be explored to prevent and divert youth currently in, or at risk of, entering the criminal justice system? If yes, please elaborate.
 - a. Prompt – are there any existing initiatives under your ministry that can be considered? Are there any interventions you would like to recommend? Any recommended strategies for reducing youth drug-related crimes?
7. Are you aware of any intervention opportunities that could be explored to prevent and divert youth who have or are at risk of having substance use disorders? (General)
 - a. Prompt – are there any existing initiatives under your ministry that can be considered? Are there any interventions you would like to recommend?
8. Has your organization ever been trained in age appropriate, gender-sensitive approaches as it relates to youth justice policies and strategies?

- a. If not, would you like access to these types of training?

Section 6 - Closing Questions

- 9. Do you have any additional comments regarding our discussion? If yes, please elaborate.
(General)

Final instructions for the facilitator:

- Thank the participants for their time.
- Make any other (internal) observations about the interview below

YDJIP Project
Focus Group Guide - Health

Instructions for Facilitator:

1. Give the interview a unique code: E.g. first three letters of interviewers first name interview + number. E.g. LEIFOC1).
2. Read the information note to participants before commencing the session.
3. For relevant set of questions, use bullet point prompts as necessary.

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Accordingly, today's session is geared towards obtaining your informed responses.

The study will benefit most from your honest responses. You are therefore encouraged to speak as candidly as you can. There are no right or wrong answers.

The interview is expected to take approximately 120 minutes and I seek your permission to record our session, for analytical purposes only.

Risks and benefits of participation

There is a small risk that someone other than the research team may find out about your responses to the questions asked, however, all steps will be taken to ensure your anonymity. Your responses will not be shared beyond the research team. Any information you provide will be combined with other information and not be attributed to you in any way, in the Final Report.

There are no direct benefits to you from participating in this study, but we hope you will gain satisfaction from contributing to the strengthening of alternative measures and gender-sensitive mechanisms for youth with drug related offences and/or substance use disorders.

If you have any further questions or comments to make, in relation to this interview, please contact Ms. Leigh-Ann Waldropt-Bonair at lbair@gmail.com

If you have any further questions or complaints about the study, please contact Ms. Keel County – kcounty@mns.gov.tt].

Facilitator Name:	
Participating Organizations:	
Type of Organization: (i.e. government, NGO, international organization etc.)	
Respondents' Names (optional):	
Respondents' Official Title:	
Interview Date / Time:	

Section 1 - Introductory Questions

1. Based on your work, what are the main trends you have observed in terms of youth drug-related offences and/or youth substance use disorders.
 - a. Prompts -Main health concerns; Main substances used; Demographic characteristics i.e. gender, ages, educational background, economic background, employment status, ethnicity, areas of residence, areas of crime and changes over time; Changes in trends based on time (i.e. pre and post covid 19) and new policies i.e. decriminalization of cannabis.

Section 2 – Risk and Protective Factors

2. Based on your work, what are the key factors that contribute to youth drug-related offences and/or youth substance use disorders?
 - a. Prompts – individual (inclusive of mental health challenges, spirituality, social skills, peer influence, delinquency), family (history of child abuse/trauma, family involvement in drug abuse, authoritarian parenting, family conflict, parental supervision and support), school (academic failure, participation in school activities), community (availability of drugs in community, involvement in community activities)
 - b. Any gendered risks and protective factors?
 - c. Any observed relationship/s between youth drug-related offences and youth substance use disorders? Please elaborate.
3. Based on your work, what are the main factors and initiatives that prevent/dissuade youth drug related offences and/or youth substance use disorders?

- a. Prompts - i.e. family and school bonds, after school programs, sports, health and wellness education, religious involvement

Section 3 – Existing Frameworks

4. Are you aware of any existing legal frameworks in the criminal justice system that address youth with non-violent drug related offences? If yes, please elaborate.
 - a. Prompts- if yes, how effective are they? Are there any current challenges or gaps (inclusive of recidivism)? Do they adopt Gender-sensitive, age-appropriate, trauma-informed approaches? Do they incorporate alternatives to incarceration of this population?
5. Are you aware of any existing treatment interventions for youth with substance use disorders? If yes, please elaborate. (Based on group)
 - a. Prompts – if yes, how effective are they? Are there any current challenges or gaps (inclusive of relapse) Are they age-appropriate, gender sensitive, trauma-informed approaches?
 - b. Has your organization ever been trained in age appropriate, gender-sensitive, trauma informed approaches as it relates to SUDs interventions? If not, would you like to access these types of training?
 - c. What primary prevention policies or strategies does your unit employ to reduce drug use among youth? How effective are they? **Any areas for improvement**
 - d. Does your unit have any policies to support harm reduction among youth offenders?

Section 4 – Recommendations

6. Are you aware of any intervention opportunities that could be explored to prevent and divert youth currently in, or at risk of, entering the criminal justice system? If yes, please elaborate.
 - a. Prompt – Are there any interventions you would like to recommend? Any recommended strategies for reducing youth drug-related crimes?
7. Are you aware of any intervention opportunities that could be explored to prevent and divert youth who have or are at risk of having substance use disorders?
 - a. Prompt – are there any interventions you would like to recommend?
 - b. Prompt - How can public health messaging/health education programs be improved to target at-risk youth before they engage in substance use?

8. What steps/measures could be taken to address existing gaps and challenges within treatment interventions for youth with substance use disorders?
 - a. Prompt – how could gender-sensitive, age-appropriate, trauma-informed approaches be incorporated into treatment interventions for youth with substance use disorders? Are there any promising practices in your organizations that other agencies could benefit from?

Section 6 - Closing Questions

9. Do you have any additional comments regarding our discussion? If yes, please elaborate.

Final instructions for the facilitator:

- Thank the participants for their time.
- Make any other (internal) observations about the interview below

DIAGNOSTIC STUDY Trinidad and Tobago

Gender in the Criminal Justice System

Diagnostic Study - Youth Diversion, Justice, and Integration Program (YDJIP)



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