The Tragedy of a Small Country: Combatting Substance Abuse and Illegal Drugs

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Abstract

This paper[1] is divided along two major discussion points. In the first part of this paper, an overview is presented on the abuse of legal products such as alcohol, tobacco and over the counter drugs. It discusses the prevalence of drug or substance abuse in the country. It then assesses some of the impacts of this abuse on the society as a whole. It concludes this section of the paper by looking at, and assessing, some of the mechanisms that have been introduced in this country to minimize the impact of this kind of abuse. The second part of the paper discusses the prevalence of illegal drugs. In the case of both sections, that on substance abuse as well as the use of illegal drugs, the paper attempts to disaggregate the available statistics according to the ethnic groups in the society. In disaggregating the limited statistics, though, what is evident is that more persons of East Indian descent are prone to substance abuse, while the use of illegal drugs is more prevalent among the African-descended population. The paper offers some partial explanations for the variations in use with respect to substance abuse and illegal drugs by the various segments of the society. The paper also briefly examines the mechanisms that have been introduced by the state to minimize illegal drug use and concludes with an assessment of the various mechanisms.

Keywords: Substance Abuse; Illegal Drugs; Trinidad, Ethnic Groups; Plural Society

Introduction: Substance Abuse in Trinidad and Tobago

Trinidad and Tobago is often characterized as a 'plural society.[2]' This type of society, according to Smith (1965) is comprised of diverse populations, which do not have common bonds but rather maintain, to a large extent, their own identity. It should be recalled that in countries such as Guyana and to a lesser extent, Suriname, after the largely indigenous populations died off, Africans were imported as slaves to work on the sugar plantations. With the abolition of slavery by the latter half of the 1800s, East Indian labour was contracted through a system of indentureship. However, although these were the two prevalent groups in the country[3], they were never truly assimilated in the host country. The newly- freed Africans, for instance, migrated to the urban areas while the East Indian population, in the case of Trinidad and Tobago, congregated on large plantations in the rural areas. The groups were, however, separated not only by geography but also by religion, culture, norms and ideology. Later, this separation of the groups manifested itself in the voting pattern – each ethnic group becoming associated with a particular political party. Griffith (1997)[4] suggests that there is a measure of correlation between drug use and race in Trinidad and Tobago as indeed in other plural societies such as Guyana.

[1] Trinidad and Tobago covers an area of 5,128 square miles. The two islands, located in the lesser Antilles Archipelago in the south-eastern Caribbean Sea, together attained Republican status in 1976. The island of Trinidad lies northeast of the South American country of Venezuela and south of the island of Grenada. It also shares maritime boundaries with Barbados to the northeast and Guyana to the southwest.

[2] M.G. Smith. 1965. The Plural Society in the British West Indies. University of California Press; California: USA.

[3] 2011- 2012 Census Data- Africans comprise 34.22%; East Indian 35.43%; Mixed 23.26%, Chinese. 30%; Caucasian .59%; Indigenous .11%; Syrian Lebanese o.08%; Portuguese .006%; Other 6.2%.

[4] Ivelaw Griffith. 1997. Drugs and Security in the Caribbean: Sovereignty under Siege. Pennsylvania State University Press: USA

His argument is that while race is an overt factor, substance abuse as well as the illegal use of drugs and the trafficking of drugs depends on the socio-economic status of individuals or groups. While little or no data supports Griffith's (1997) argument, it certainly seems to have some validity when one examines the location of the drug seizures in the country as well as the race and profiling of persons incarcerated for drug use and drug trafficking. This paper accordingly is broken into two Sections. Section A will focus on substance abuse, while Section B will discuss the issue of illegal drugs.

Section A: Substance Abuse in Trinidad and Tobago

Many reports and research papers maintain that one of the major public health problems in the Republic of Trinidad and Tobago is that of substance abuse (namely alcohol, tobacco and legal over-the counter drugs), particularly among the youths and increasingly among children as young as eleven years of age. The impact of this abuse is multiple and is often associated with accidents, violence, stress and mental illness. Alcohol abuse, for instance, is increasing, particularly among the young. In a 2007 survey undertaken of twenty three schools in Trinidad and seven schools in Tobago, 2,969 students enrolled in forms 1-4 participated in a school-based student health survey. Table 1 below elicited responses from the students with respect to the use of alcohol.[5]

Table 1: Alcohol Abuse and Other Drug Abuse among Students 2007

Questions	Total % (CI)*	Sex	
		Male % (CI)	Female % (CI)
Drank at least one drink containing alcohol on one or more of the past 30 days	40.9 (38.9-42.9)	42.8 (38.5-47.0)	39.2 (36.7-41.8)
Drank two or more drinks per day on the days they drank alcohol during the past 30 days	42.5 (38.7-46.3)	**47.9 (42.0-53.9)**	**36.3 (31.2-41.5)**
Usually got the alcohol they drank by buying it in a store, shop, or from a street vendor during the past 30 days.	17.3 (13.6-20.9)	**27.1 (21.4- 32.8)**	**7.4 (3.2-11.6)**
Drank so much alcohol they were really drunk one or more times during their life	28.0 (25.6-30.5)	31.0 (26.7-35.2)	25.2 (22.4-28.0)
Had a hang-over, felt sick, got into trouble, with their family or friends ,missed school, or got into fights as a result of drinking alcohol one or more times during their life	16.7 (14.7-18.8)	18.7 (15.5-21.9)	14.6 (11.8-17.4)
Used drugs such as marijuana, hemp or cocaine one or more times during their life	13.6 (11.1-16.0)	**17.5 (13.8-21.2)**	**9.6 (7.4-11.9)**
Among students who had a drink of alcohol other than a few sips, the percentage who had their first drink of alcohol before age 14 years.	78.3 (75.0 -81.6)	80.1 (76.0 -84.1)	76.6 (72.7 – 80.5)
Students who during the past 30 days almost daily or daily saw any alcohol advertisements	38.2 (34.9 -41.5)	40.0 (35.0 -44.9)	36.7 (33.1 – 40.3)

*95% confidence interval.

Taken from Global School-based Student Health Survey 2007, page 10

[5] Global School Based Student Health Survey 2007. Trinidad and Tobago report prepared by Mrs Marilyn Procope Beckles, Project Manager.

The results of that survey indicated that the prevalence of alcohol abuse use among the respondents (i.e. drinking at least one drink containing alcohol on one or more of the past 30 days during which the survey was conducted) was 40.9%. Further to this 42.5% of students drank two or more drinks per day of alcohol during a similar thirty day
period. The survey found that male students (47.9%) were significantly more likely than female students (36.3%) to have drunk two or more drinks of alcohol per day. Overall 17.3% of the students (27.1% males and 7.4% females) interviewed indicated that they sourced the alcohol from a store, shop or street vendor. The survey revealed that 28.0% of students drank so much alcohol they were really drunk one or more times. Of the total number of respondents, 16.7% had a hang- over, felt sick, got into trouble with their family or friends, missed school, or got into fights.

While this survey did not disaggregate the data according to ethnicity, one early study (1988) which surveyed thirty schools in Trinidad and Tobago, using sixteen hundred and three respondents, found that East Indian students were more than likely to indulge in alcohol consumption as compared with their African counterparts. African-descended respondents, however, were more prone to try marijuana.[6] In April 2012, this was further supported by Hutchinson (2012) in which he noted that alcohol abuse was more common among Indo Trinidadians. Fox's study (2008) offers possible explanations for the abuse of alcohol. He contends, for example, that causes or risk factors should be viewed through the lenses of a community. He suggested that when a community has norms that are ambivalent or when that community norms favour drug use, or in this case substance abuse, youths are more likely to experiment. In the case of Trinidad and Tobago, historians have noted, that East Indians more than Africans were likely to indulge in the consumption of alcohol as a social norm. Thus, it was more than likely to find a number of 'rum shops' scattered throughout the East Indian communities. One can suggest, then, that overtime alcohol consumption in such communities tend to become the acceptable norm, particularly when that norm is maintained by consumption within the family and the kin structure.

While alcohol abuse was revealed as a major challenge, tobacco use, however, has been cited as one of the leading causes of death. The Newsday, a daily newspaper in Trinidad and Tobago, reported that the Minister of Health in presenting a speech to the Parliament of the country, observed that according to *the Global Youth Tobacco Survey for the Caribbean*, the *United States Centres for Disease Control* positioned Trinidad and Tobago with 12.9 percent, as having the fourth highest smoking prevalence among school children between the ages of 13 and 15.[7] He compared this to other regions and noted that the prevalence of smoking in the region for similar ages ranged from 4% in Antigua and Barbuda to 15.4 percent in Jamaica. According to the Minister, the study also found that children of this age group were exposed to second-hand smoke in varying degrees. This, he suggested was detrimental to health. He further argued that although legislation in this country (*The Children's Act*) prohibited smoking by minors, yet 26.5% of children between the ages of 13 to 15 years of age bought cigarettes from the stores and shops.

The Minister, in his speech, shared the findings of a study which had appeared in the *Pan American Journal of Public Health* in September 2007, in which the authors had indicated that among the risk factors for smoking was low academic performance, carrying a weapon, being threatened or injured with a weapon on school property, being in a physical fight, witnessing adults hurting others, attempting suicide, drinking alcohol, using marijuana and sexual intercourse. According to the Minister, results from this study also confirmed the relationship between smoking and the use of other illicit substances and support evidence of tobacco's role as a 'gateway drug.'

Another impact of tobacco, too, he suggested was the economic costs of tobacco use, which he described as 'devastating.' He is quoted as saying that in addition to the high public health costs of treating tobacco-caused diseases, tobacco kills people at the height of their productivity, depriving families of breadwinners and nations of a healthy workforce. He highlighted a 1994 report which estimated that the use of tobacco resulted in an annual global net loss of US$200 billion, a third of which occurred in developing countries. Further, according to this report, the *World Health Organization* also indicated that tobacco and poverty were inextricably linked. Studies, for instance, have shown that in the poorest households in some low-income countries as much as ten percent of total household expenditure is on tobacco.

[6] See AN EXAMINATION OF RISK AND PROTECTIVE FACTORS, DRUG USE, AND DELINQUENCY IN TRINIDAD AND TOBAGO by Andrew M. Fox. Masters of Science Thesis. Arizona State University, 2008.

[7] Newsday. "Tobacco Debate." Statement by the Honourable Minister of Health in Parliament. Monday January 14th, 2008.

Consequently, these families have less money to spend on basic food items, education and health care. Additionally, malnutrition, greater illiteracy, ill-health and premature death could result since money that could have been used for education, for example, is spent on tobacco instead.

As Table 2 below indicates, 80.9% of 2,969 respondents from a Global School-based Student Health Survey in 2007 indicated that they had started smoking at the age of 13 and under. Overall 9.9% of the respondents surveyed had recently been smoking. Further to this 7.3% of the students were also using other forms of tobacco including hemp. Among students who smoked cigarettes during the past 12 months of the survey (2006- 2007) 58.2% tried to stop smoking cigarettes. A total of 66.0% of the students reported that persons smoked in their presence; 29.5% indicated that they had a parent or guardian who used tobacco. What appeared to be a discouraging trend developing among youths and highlighted in the 2007 survey, was the finding that overall 11.7% of the respondents indicated that they were more than likely to smoke during the next year. Further, 9.6% of the respondents indicated they would definitely smoke if one of their friends offered them a cigarette.

1. Table 2: Tobacco use among School Children in Trinidad and Tobago 2007

(Global School Based Student Health Survey 2007. Trinidad and Tobago report prepared by Mrs Marilyn Procope Beckles, Project Manager)

Question	Total % (CI)*	Sex	
		Male % (CI)	Female % (CI)
Among students who smoked cigarettes on one or more of the past 30 days, those who tried their first cigarette at age 13 or younger	80.9 (72.4 – 89.4)	85.9 (77.7 – 94.1)	NA**
Smoked cigarettes on one or more days during the past 30 days	9.9 (7.7 – 12.1)	11.2 (8.5 – 14.0)	8.5 (6.2 – 10.8)
Used any other form of tobacco, such as hemp, on one or more days during the past 30 days	7.3 (5.3 – 9.3)	8.3 (6.0 – 10.5)	6.2 (3.2 – 9.1)
Used any other form of tobacco on one or more of the past 30 days	12.2 (9.3 -15.0)	14.1 (10.5 -17.6)	10.2 (7.3 -13.0)
Among students who smoked cigarettes during the past 12 months, those who tried to stop smoking cigarettes	58.2 (52.9 – 63.4)	56.0 (48.0 – 64.0)	63.2 (56.4 -69.9)
Reported people smoked in their presence on one or more days during the past seven days	66.0 (62.5 – 69.4)	68.0 (63.7 – 72.2)	63.9 (59.0 -68.9)
Have a parent or guardian who uses any form of tobacco	29.5 (27.1 – 32.0)	28.3 (24.3 -32.4)	30.9 (28.2 – 33.7)
Students who probably or definitely think they will smoke a cigarette during the next 12months	11.7 (10.0 -13.3)	11.7 (9.7 -13.8)	11.6 (9.6 – 13.5)
Students who probably or definitely smoke if one of their best friends offered them a cigarette	9.6 (7.9 - 11.2)	11.1 (8.8 - 13.3)	8.0 (6.2 – 9.8)

*95% confidence interval.
**Not available. Subgroup contains <100 students.

What can be suggested from the responses of the students, who were interviewed, both East Indians as well as Africans, is that 'peer' pressure or the willingness to be part of the 'group' along with the use of both tobacco and alcohol both among school mates and among family members were inducements for them. This is supported generally from the popular public literature in which a number of factors are suggested as contributory factors resulting in substance abuse among youths. Among them are:

***Curiosity**: They want to know what it feels like to get high or be drunk.
***Peer pressure**: Their friends are doing it.
***Acceptance**: Their parents or role models are doing it.
***Defiance**: They want to rebel against societal rules.

***Risk-taking behaviors**: They need to send out a call for help.
***Thrill-seeking activities**: They want to experience something other than numbness.
***Boredom**: They feel they have done everything else exciting.
***Independence**: They want to make their own decisions.
***Pleasure**: They want to feel good.

Research suggests, though, that perhaps one of the most influential factors influencing adolescents and youth is peer pressure which is strong particularly during the preteen and adolescence stages. This is the stage, according to writers such as Delgado (1997), and Nielson (1997), when there is a search for identity and the need to be accepted. They all contend that in instances where the peer influence is negative, the risk of drug and substance abuse is greater. Therefore the risk of experimenting with and later becoming addicted to drugs is connected to the challenges of individual development within dynamic and turbulent socio-economic environments. Further to this, it has been found that children and young people with limited, poor or no coping skills may develop destructive coping mechanisms for problem solving, anger, depression or conflict management.[8]

Another view advanced is that disrupted family circumstances can lead to poor adult care of children at home. Working parents have jobs or are out looking for jobs leaving children with grossly inadequate adult supervision. In addition, it has been suggested that factors such as urbanization and migration have also facilitated the breakdown of a range of community support structures (Fileds, 1995; Heinicke & Vollmer, 1995; Padilla, & de Salgado, 1992). The breakdown of the extended family structure, particularly in the Caribbean can also be attributed to poor adult care of children.

While the 2007 surveys focused on alcohol and tobacco excesses, unfortunately there has been little or no documentation with respect to the abuse of pharmaceuticals or over- the -counter drugs in Trinidad and Tobago. Furthermore, while there has been some suggestion as to the impact of substance abuse on the society, again many of the studies are not scientific. The issue of the abuse of legal drugs, however, was featured in a newspaper (*Express*) report in 2011[9]. The Coordinator of the National Action for Drug Abuse of Trinidad and Tobago was quoted as saying:

"Quite a few (persons) are addicted. There are powerful drugs on the market and some of them don't require prescriptions. And even in the case of drugs that do, they are not used for what they are prescribed for."

The article noted that so insidious was the problem in the country, that many persons suffering from this type of addiction visited drug stores throughout the country with the intention of hoarding medication or sought out pharmacists privately. There can be no doubt, that the impact of substance abuse and alcoholism has a far reaching effect on the society but more widely on families. According to a number of reports, addictions often create interpersonal problems for all family members. These reports all advance the following challenges:

1) *Jealousy:* You can grow jealous of your friends, your partner, other family members and other people in your life. Your partner may also be jealous and resentful of you.
2) *Conflict with Partner:* You may have arguments, get/give the "silent treatment" or grow apart by putting your addiction first.
3) *Conflict with Children:* You may argue with your children and they may disregard your authority or be afraid of you.
4) *Conflict over Money:* You may struggle economically because of losing your job, taking time off from your job, making poor financial choices or simply pouring your money into your addiction.
5) *Emotional Trauma:* You may create emotional hardships for your partner and/or your children by yelling, talking down, insulting or manipulating.
6) *Violence:* You may become violent or your family members may become violent with you, including slapping, hitting or smashing or throwing objects.
7) *Cheating:* You may become distant from your partner and seek satisfaction through pornography, Internet sex, prostitution or someone else in your life who you feel "understands" you.

[8] For a further discussion on this see Fikile Mazibuko. 2000. "Drugs and young people: prevention and therapeutic models of intervention within the context of social development. " Paper presented at Global Conference 29th ICSW International Conference on Social Welfare, Cape Town, South Africa, October, 2000.
[9] Abuse of Prescription Drugs on the Rise by Kimberly Castillo. Express, 5th February 2011.

8) *Separation:* Your behaviour due to addiction may cause separation, divorce, and/or isolation from other family members, particularly children, either because they've been taken from you or because they don't want to be around you.
9) *Patterns:* Your life example will influence your partner, your children and other family members. There is a high likelihood that your children will become addicted to drugs or alcohol.
10) *Health Risks:* Drinking while pregnant can cause foetal alcohol syndrome -- damage to the baby's brain. Smoking in the household can cause health problems for family members from second-hand smoke, including lung cancer. Being under the influence of drugs and alcohol will overall impair your judgment and can lead to neglect or harm. [10]

Yet other reports note that drinking alcohol during pregnancy can have serious effects on foetal development since the alcohol consumed is absorbed by the placenta and directly affects the foetus. Indeed, it is reported that this could lead to defects called *Fetal Alcohol Syndrome* which may affect growth in a child, and may impact on central nervous system functioning among a host of other defects.

Table 3 below suggests that alcohol and drugs also were contributing factors to traffic accidents during the period 2004-2006.[11]

Table 3

Percentage of traffic accidents in which alcohol and drugs were a contributing factor, 2004–2006

2004		2005		2006	
Alcohol	Drugs	Alcohol	Drugs	Alcohol	Drugs
42%	13%	44%	17%	30%	16%

However, more recently one scientific research has attempted to link substance abuse to homicides. In their study Kuhns and Maguire (2012) obtained toxicology test results from 1,780 homicide victims. This data from the coroner's office in Trinidad was linked with police data on homicide incidents to examine patterns in drug use and homicide. The results indicated that in this case victims tested positive for cannabis a significantly higher rate (32%) than the average rate among other drugs. Victims also tested positive (29% during the period 2001- 2007) for alcohol.[12]

It is clear that the excessive use of alcohol, the use of tobacco as well as substance abuse continue to present a challenge to the government of Trinidad and Tobago. By way of controlling these abuses, the Government has attempted to introduce a number of measures, including the use of regulatory legislation. The Government also subscribes to a number of international conventions (See Table 4 below).

Table 4: International Conventions of which Trinidad and Tobago is a Signatory

Convention	Signatory
Single Convention on Narcotic Drugs, 1961	Yes
1972 Protocol amending the Single Convention on Narcotic Drugs, 1961	Yes
Convention on Psychotropic Substances 1971	Yes
United Nations Convention against the Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988	Yes

[10] Taken from the Chicago Tribunal. "Effects of Substance Abuse on Families. Beth Lameman. Source http://www.chicagotribune.com/videogallery.
[11] Organization of American States (OAS)/Interamerican Drug Abuse Control Commission (CICA). Multilateral Evaluation Mechanism. Government Expert Group. Evaluation of Progress in Drug Control 2005-2006. Published 2009. Page 9.
[12] Kuhns, J.B. and Maguire, E.R. (2012). "Drug and Alcohol Use by Homicide Victims in Trinidad and Tobago, 2001-2007." *Forensic Science, Medicine, and Pathology*, 8(3): 243-251

Taken from Pharmaceutical Country Profile, World Health Organization, Pan American World Health Organization and Ministry of Health, Trinidad and Tobago, 2012, p: 23

In addition to this there are domestic legal provisions establishing the powers and responsibilities of the Medicines Regulatory Authority. The legal framework includes the *Food and Drugs Act* (Act 8 of 1960), The *Antibiotics Act* (Act 18 of 1948), *Dangerous Drugs Act* (Act 38 of 1991), *Narcotic Control* (General Provisions), *Regulations and Narcotic Control* (Licensing) *Regulations and the Pharmacy Board Act* (Act 7 of 1960). In addition to legislation, the Government of the Republic of Trinidad and Tobago has also established an institution called the *National Alcohol and Drug Abuse Prevention Programme* (NADAPP). According to its website, the *National Alcohol and Drug Abuse Prevention Programme* (NADAPP) coordinates drug abuse prevention and demand reduction initiatives and in addition supports the efforts of non-governmental organisations.

Currently there are 10 substance abuse residential rehabilitation programs that are publicly and privately supported, providing less than 200 beds for a population of 1.2 million. Only one facility, with 14 beds, specifically addresses the needs of female addicts and their minor dependents. There is, also, no residential rehabilitation program specifically designated for minors, so most are placed in delinquent youth homes operated by religious organizations or receive out-patient treatment. Non-governmental organizations, religious groups, and hospitals also provide treatment options, as well as inpatient, outpatient and prison-based modalities that last from several weeks to two years.

Drug prevention efforts include school education at all levels; training for educators; anti-drug media campaigns; and special event outreach. Outreach programs are performed by the NADAPP in conjunction with rehabilitation facility counsellors and members of the police services. In addition, the government is working to strengthen its programs with the assistance of OAS/CICAD. However, it is suggested that there is the need for more widespread education particularly among the youths. In addition, international experts advise that there is need to engage groups such as the police, community activist and other groups in training programmes and education.

Illegal Drug Trafficking in Trinidad and Tobago

Porous borders, as well as direct transportation routes to Europe, West Africa, Canada, and the United States make the twin island republic of Trinidad and Tobago an ideal location for cocaine and marijuana trans-shipment. The island is also a trans-shipment point for South American drugs destined for the United States and Europe and is a producer of cannabis. However, there is insufficient evidence to establish the quantity or the costs of the drugs being transported via Trinidad to the United States. While there is evidence to suggest that Trinidad not only produces but exports marijuana to other countries in the region, again there is no available information whether the island can indeed be considered a major producer of marijuana. What can be clearly surmised, however, is that since 1990 narcotics-related violence, money laundering, the trafficking of illegal arms and ammunition has increased significantly in the two islands but more particularly in Trinidad.

The location of the twin-island republic state, approximately seven miles off the Venezuelan coastline allows for small, but relatively fast fishing boats or pirogues to traffic in illegal drugs, primarily cocaine between the countries. In some cases, too, cocaine has been found in cargo vessels as well as pleasure crafts. More recently, cocaine has also been found on commercial airline flights en route from Guyana to North America. It has been contended that, ideally, because of the country's small airports and harbours, the high volume of cargo traffic, large number of tourists and highly mobile population, illegal drugs can be shipped easily in and out of the country both by air and by sea. Drug production and use in Trinidad and Tobago (TT) centres on marijuana, but other drugs, including cocaine, heroin, solvents, pharmaceuticals, and ecstasy, are also available. (See Table 5 for drug seizures during the period 2010 -2012).

Table 5: Narcotics Seized by Division for Period 2010 TO 2012 (Weight In Kilograms)

	Marijuana			Cocaine			Heroin		
	2010	**2011**	**2012**	**2010**	**2011**	**2012**	**2010**	**2011**	**2012**
POSD	1711	46.8	101.78	1	5.7	0.53	0.055	0	0
SD	380	31.7	111.25	10	3.5	2.5	0	0	0
WD	197	102.1	85.02	22	8.3	1.4	0	0	0
ND	34	46.2	612.7	38	73.8	45.83	0	0	0.6256
CD	24	960.5	319.5	1	0.8	12.73	0	0	0
SWD	94	961	43.6	39	2.5	28.94	0	0	0
ED	1127	483.7	622.7	18	59.3	1.2	0	0	0
NED	5	25.7	243.6	566	1	4.64	0	0	0
TD	44	18.1	95.25	2	15.2	5.1	0	0	0
Total	**3616**	**2675.8**	**2235.4**	**697**	**170.1**	**102.87**	**0.055**	**0**	**0.6256**

Table 5 above, (based on recent police statistics) reveals the number of seizures of marijuana, cocaine and heroin according to districts (Port of Spain Division, Southern Division, Western Division, Northern Division, Central Division, South Western Division, Eastern Division, North Eastern Division, and Tobago). However, although Table 5 above shows a decline in the quantity of drugs seized during the period 2010-2012, when a comparison is made of the number of seizures and the quantities of drugs seized between the period 2004- 2006, it is evident that some districts, for example Port of Spain Division (POSD) and the Eastern Division (ED) had the largest number of seizures of marijuana. On the other hand, the northern division (ND) has the greatest number of cocaine and heroin seizures.

Table 6: Taken from Evaluation of Progress in Drug Control Published 2009 (pg 14)

Seizures and quantities of drugs seized, 2004–2006

Type of drugs	Number of seizures			Quantities of drugs seized		
	2004	2005	2006	2004	2005	2006
Heroin	2	4	1	16 Kg	21.58 kg	.162 kg
Cocaine Hydrochloride	23	71	56	590 Kg	189.82 kg	324.75 kg
Leaf Cannabis (grass)	21	33	50	1513 kg	554.65 kg	2200.58 kg

If the statistics are compared over a period of time, though, it is evident that trafficking in illegal drugs has seen dramatic periods where the quantities of drugs forfeited either increased or fell (See Tables 6, 7 and 8).The number of seizures of leaf cannabis, for example was at a record high in 2009 with 4,822.55kgs seized. By extension, the seizures of cocaine hydrochloride peaked at 324.75kg in 2006. In 2006, 479 persons were charged with illicit drug trafficking, 520 persons were charged in 2007, 290 persons in 2008 and 709 persons in 2009. Additionally the country reports indicate that 136 persons were convicted of illicit drug trafficking in 2006, 209 persons in 2007, 168 persons in 2008 and 98 persons in 2009. A number of public officials were also formally charged with offenses related to illicit drug trafficking: 15 officials in 2006 and 3 each in 2007, 2008, and 2009. Under the Dangerous Drug Act, Chapter 11:23, Section 5, 3,910 persons were charged with illicit drug possession in 2006, 4,328 in 2007, 4,337 in 2008 and 4,678 in 2009. Furthermore, 3,198 persons were convicted in 2006, 3000 in 2007, 3120 in 2008 and 1534 in 2009.[13]

National seizures and interdictions, however, were down for the year in comparison to 2011, while trends in importation, production, and usage were conjectured to have remained static. The root cause for the decrease in seizures is unknown, but it is suggested this may be attributable to cyclical variations in trafficking methodologies, which commonly result in seizure reductions for a period of time.

[13] Organisation for American States .Inter-American Drug Abuse Control Commission. Multilateral Evaluation Mechanism. Trinidad and Tobago, Evaluation of Progress in Drug Control 2007-2009,2010: 15

Table 7: **Taken from Evaluation of Progress in Drug Control Published 2010 (pg 15)**

Quantities of Drugs Forfeited to Law Enforcement, 2006–2009

Type of illicit drugs and raw materials	Quantities of drugs forfeited				
	Unit of Measure	2006	2007	2008	2009
Heroin	kg	n.app	n.app	n.app	.12
Cocaine HCl	kg	75.18	164.29	56.33	225.35
Leaf Cannabis (grass)	kg	1,268.28	1,365.54	700.27	4,822.55
Cannabis Resin (hashish)	g	n.app	n.app	4	n.app

n.app: not applicable

It is easy to offer an explanation why there has been an increase, overtime, in the production of leaf cannabis or marijuana. Marijuana is the only known locally produced illicit narcotic. Producers are small farmers, often families seeking additional income. Crop production may be interspersed among other crops or planted intermittently among dense vegetation in the mountainous regions. While there is no average field size or large controlling syndicate, local producers compete with imports from St. Vincent and the Grenadines, Jamaica, Grenada, and Guyana.

The question why some districts, more than others, had the largest concentration of certain illegal drugs, however, is open to speculation. Perhaps, by way of an explanation for the concentration of drugs in the Eastern Division and seizures in Port of Spain Division, it will make sense to investigate the geographical spread of the country. The Eastern Division, it should be noted encompasses a number of large areas of virgin forests which facilitates the growing of marijuana. By contrast, Port of Spain is a largely urban area and particularly in the East of Port of Spain there are depressed, ghetto areas or sprawling slums. It should be recalled that with the oil boom in the 1980s in the country, there was an accompanying expansion in the infrastructure in Trinidad as a whole which led the growing population to increase, largely by way of informal settlements. Many of these informal settlements developed on the fringe of the city, leading to increasing marginalization of these settlements as well as poor service provision. As the large number of slums (the largest ethnic group in this area was of African descent)[14] increased slum development remain unaddressed. It has been suggested that 67% of the population in this area live under substandard conditions, and lack access to basic urban services. Further, it has also been contended that a large percentage of the households are headed by females and there is a large dropout rate among the high school population. Many suggest, therefore, that this explains why Port of Spain, as an administrative district has the largest number of marijuana seizures in the country. Further, by extension, some offer this as an explanation for the increase in the number of gangs as well.

Thus, one area, the Eastern Division will be the production source while Port of Spain will be where the drugs will be sold. The producers are accordingly located in the less accessible areas such as the mountains and virgin forests while the marketing and sales of the product are largely conducted in the urban areas, particularly among the more depressed communities.

As the tables above also indicate other illicit substance operations – primarily cocaine, but also small amounts of heroin and ecstasy – are trafficked through the country by international organized crime groups operating in Trinidad and Tobago, exploiting its close proximity to Venezuela and weaknesses at ports of entry. For instance, law enforcement entities in Trinidad and Tobago seized 102.87 kilograms (kg) of cocaine and 2.235 metric tons of marijuana in 2012 (see Table 6) and made five major seizures at seaports during the year the main destination for these substances is the European market. Similarly, narcotics prosecutions, convictions, and extraditions continued to remain low relative to the scale of drug trafficking in Trinidad and Tobago. While 4,027 people were arrested for possession and another 468 for trafficking, only 58 small scale traffickers were convicted during the year.

[14] The 2000 Census data, for instance, reveals that of a total population of 37,965 persons, 20,884 were of African descent.

When viewed from a global perspective, it evident that Trinidad and Tobago demonstrates trends very similar to that of a number of countries. The one exception, in this case, is the drug of choice. As Tables 5-7 will indicate, the local abusers appear to have resisted heroin. Like other countries the trends displayed in the case of the twin island republic includes:

(i) Increasing penetration of the in-school population;
(ii) The increasing danger of crack cocaine which contains additives such as crushed bulbs, cleaning powders and kerosene;
(iii) An increase in prostitution among the high risk population between the ages of 15-44;
(iv) An increase in the use of synthetic drugs;
(v) The use of marijuana as well as the trafficking of marijuana is more prevalent among the African population.

Much of the public information and education on the use of illegal drugs have increasingly emphasised the impact that the use of such drugs may have on firstly the individual as well as on the wider society. The impact on the individual, of course, involves a concern with the physical health of the individual and is often broken down as follows:

(a) Physical symptoms related to abuse – states off dependency, abuse, psychosis, poisoning or overdose;
(b) Indirect effects of drug use – cirrhosis, nutritional or metabolic disorders, viral infections such as HIV/AIDS or hepatitis, trauma resulting from traffic accidents, other accidents or personal attacks;
(c) Requirements for medical attention/hospitalization – loss of earnings, depletion of savings, poverty;
(d) The ultimate price- death.

Apart from physical disorders, public information also suggests that the continued usage of illegal drugs may have an impact on mental health. Indeed, it is advised that drug abuse can result in a number of disorders including schizophrenia, manic depression, paranoia personality disorder, depression, anxiety, panic attacks, agitation, and lowered self- esteem. But apart from the well being of the individual, drug use is also known to have an impact on the family as well as the wider society. It is contended that it is the society that bears the cost associated with individual abuse and include:

(a) Treatment at health care facilities;
(b) Deaths or serious injuries by homicide, accident, or suicide associated with psychoactive substance use;
(c) Increased stress and psychological burdens on society, especially in response to escalating serious crime rates associated with the trade including property loss, murders and kidnappings;
(d) Cost of premature death;
(e) Substance abuse reduction costs associated with creating awareness and encouraging attitudinal and behaviour change for current, past and non-users.

Indeed, as Table 8 shows, in 2009, the Government of the Republic of Trinidad and Tobago allocated US$356,141 for financing drug treatment programmes.

Table 8: Estimated amount of National Budget Allocated for Financing Treatment Programs

Estimated amount of the national budget allocated for financing treatment programs			
2006 (US $)	2007 (US $)	2008 (US $)	2009 (US $)
$134,658	$161,784	$327,253	$356,141

Source: Taken from Evaluation of Progress in Drug Control published 2010 (pg 9)

It has also been contended that the use and trafficking of illegal drugs has led to an increase in crime, the proliferation of illegal fire arm acquisition, as well as gang-related violence and the accompanying homicides. A search of the academic literature, however, fails to provide concrete proof of this relationship and the relationship is asserted more than demonstrated by scientific probing .

What a 1988 survey revealed, however, is that in a study conducted among thirty schools, the students of African descent rated higher than their East Indian counterparts in marijuana use.[15] Further to this, some suggest that the overwhelming majority of inmates confirmed positive for marijuana were of African origin- six of every ten inmates.[16]

Like all the Caribbean regions, a major emphasis of both the current as well as the past governments of the country, has been the debate on the appropriate polices to curb or minimize the production and trafficking in illegal drugs. One of the first measures to deal with the challenges as it related to illegal drugs in the country, was to seek as much outside assistance, whether in the form of information, border patrols, financial or other kinds of assistance from international agencies. In order to access this kind of assistance, the Government of Trinidad and Tobago, had by 2009 become a signatory to the following International conventions:

- Convention for the Suppression of Unlawful Seizure of Aircraft;
- Concretion on the Prevention and Punishment of Crimes Against Internationally Protected Persons;
- The United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988);
- The United Nations Convention Against Transnational Organized Crime (2001);

At the Hemispheric level, the country became signatory to the following:

- Inter-American Convention Against Corruption (1996);
- Inter-American Concretion to Prevent and Punish the Acts of Terrorism taking the forms of Crimes Against Persons and Related Extortion that are of International Significance;
- Inter-American Convention Against the Illicit Manufacture of and Trafficking in Firearms, Explosives and Other Related Materials.

In addition to the above Trinidad and Tobago pursued bilateral and multi-lateral arrangements designed to promote greater collaboration and co-operation with Canada, Cuba, United Kingdom, United States of America, Mexico, Venezuela and St. Kitts and Nevis. The Government also indicated that they were committed to the principle of co-operation in their commitment to a number of international, hemispheric and regional plans of action which included:

- Summit of the Americas – Plan of Action (OAS);
- Anti-Drug Strategy in the Hemisphere (CICAD);
- Caribbean Forum (CARIFORUM) of African Caribbean and Pacific (ACP) States;
- European Union Latin America Caribbean Drug Co-ordination Mechanism

By 2009, In order to strengthen the potency of the country's maritime border, the Government embarked on an upgrading of the vessels and radar equipment of the Coast Guard in order for it to increase its patrols of our territorial waters to facilitate increased detection of suspicious vessels. According to a government communiqué, *Global Maritime Distress and Safety System* would lead to an enhancement of the country's surveillance capability since it was equipped with sophisticated alerting technology. The Cabinet of the country accordingly approved an overall expenditure of $171 Million Dollars for infra-structural and operational upgrade for the Coast Guard.

In the 2010 report on the *Evaluation of Progress in Drug Control* issued by the Organization for American States presented a shopping list of all the measures introduced by the Government of Trinidad and Tobago. Among these measures were:

[15] See survey by HM Singh, HE Maharaj, M Shipp. 1991. Patterns of Substance Abuse among Secondary School Children in Trinidad and Tobago. Public Health, 105 (6): 435-441.

[16] An undated report on drug abuse monitoring project among inmates suggest that it was as high as 61.1%. The age grouping was 20-29 years of age.

(a) The implementation of the International Ship and Port Facility Security Code. Under this, it is suggested that the country reports 100% compliance for ports that receive vessels over 500 gross tones. The port facilities are also required to produce a security plan which is assessed and approved by the Trinidad and Tobago Coast Guard.
(b) The country carries out maritime counterdrug detection, monitoring and interdiction activities including patrols and intelligence driven operations. The following agencies have the responsibility for coordinating and participating in these activities namely Customs, police, coast guard, National Coastal Radar Surveillance Centre, Air Guard and the Special Anti- Crime Unit.
(c) The Trinidad and Tobago air guard, the police and the Special Anti Crime Unit conducts surveillance and reconnaissance patrols of the territorial waters as well as aerial interdiction for illicit drug trafficking activities.
(d) The different agencies have carried out activities to increase awareness among administrative, judicial, law enforcement, postal, customs and other authorities regarding the illicit sale of drugs through the internet. A number of officers from the Trinidad and Tobago Police Service have also participated in overseas training with respect to Internet trafficking of drugs.
(e) The National Alcohol and Drug Abuse Prevention Programme undertakes evaluation of its programs through evaluation forms, re-calls of participants at specialized training and various feedback mechanisms.
(f) The Trinidad and Tobago National Drug Council organizes, carries out studies, compiles and coordinates drug-related statistics and other drug-related information.
(g) The Government introduced a National Anti-Drug Plan during the period 2008-2012. This plan comprised the following thematic areas:

(i) Institutional strengthening;
(ii) Demand reduction;
(iii) Research;
(iv) Supply reduction;
(v) Monitoring and evaluation.

The strategic priorities for the time the plan was in effect included developing healthy communities free from the negative consequences of uncontrolled substance abuse, substance abuse and the illicit traffic of narcotics, developing strategies that took into account the nature of the society, pursuing perpetrators in drug trafficking, employing an approach which placed emphasis on supply and demand reduction and placing greater emphasis on social reinsertion.

At the end of The *Evaluation of Progress in Drug Control* 2007-2009 Report, a number of recommendations were made categorized under the different phases in drug control. For instance, on the demand side, recommendations advanced included:

*The development of drug use prevention programs in accordance with the evaluations being carried out;
*The establishment of official operating standards for specialized treatment facilities for problems associated with drug use;
* The development of an official licensing procedure to authorize the operation of facilities that provide treatment services for persons with problems associated with drug use;
* Initiate a survey among school children.

As it related to the supply side, the recommendations advanced were:

*To integrate all of the relevant entities involved in the control of pharmaceutical products into the automated information management system;
* To approve and implement necessary legislation;
* Implement specialized training courses for personnel in both the private and public sectors involved in the handling of chemical substances;

Control measures recommended included firearms legislation and appropriate training.

Concluding Assessment

In assessing both the measures introduced by the Government of the Republic of Trinidad and Tobago as well as the recommendations advanced by both the Organisation of American States and Associates, it is clear that both the measures as well as the recommendations advanced appear inadequate to address the increase in both substance abuse as well as the use and trafficking of illegal drugs in the country.

As this paper would have demonstrated, because of a lack of appropriate and scientific research, the extent of substance and drug abuse cannot be fully understood and as a result appropriate strategies cannot be designed. All the studies and surveys undertaken in this country have focused primarily on children between the ages of 11- 15 and one survey was undertaken at the University of the West Indies. Clearly these respondents do not adequately reflect the total population and hence the nature and the extent of either substance abuse or drug abuse have not been fully explored.

Another area that has been neglected is that of institutional strengthening. While one recommendation was that of integration of the various partners less than one information management system, what has been ignored was that many of the agencies had a myriad of challenges. Among such challenges was a large number of vacant positions and inadequately trained staff, inadequate facilities, limited technologies, lack of funding and organizations in which there were no clear lines of authority. Furthermore, there was little or no interconnectivity between and among the various partners. One report noted, that Trinidad and Tobago's drug control institutions continue to be challenged by deficiencies in staffing, organization, funding, and interagency communication. Barriers to interagency communication persist as supply-side operational units only work together on specific cases and do not trust one another due to allegations and rumours of corruption. Operational units are also heavily dependent upon international donors for physical assets such as cars, computers, or tactical equipment that repeatedly go unfunded by government budget streams.

A pressing issue, and one that was largely ignored as well, was what has been described as corruption among top public officials, public officers and persons in the police and armed forces. Previously, this paper touched on the arrest of a few police officers. However, it has been suggested that the issue of corruption is far-reaching and in fact the Scott Drug Report (1984) was suppressed by the then Government of Trinidad and Tobago since it highlighted the names of a number of public officials who were alleged to be involved in the trafficking and trade of illegal drugs. It is alleged that this type of corruption has now been more widespread than ever before.

Apart from issues of limited equipment, particularly border patrols, outdated technologies and inadequate funding to the various agencies, in the case of Trinidad and Tobago, it is evident that the challenges appear to be different from that of her regional partners. By far the most contentious issue, however, is with the appointment or lack thereof of a permanently appointed Chief of Police. So far, a number of persons have had short periods of appointment to this position and during the current period 2012-2013, the current Chief of Police has been given two temporary acting appointments. This hesitancy by the Government to ensure that the Chief of Police is a tenured position is a clear indication to many that the Government is not serious in its fight against illegal drug trafficking. This is further supported by the transfers of many Ministers of National Security; the result is that many of the policies and plans proposed by one Minister may be abandoned by the incoming Minister and therefore there is little or no continuity of policies and programmes.

It is clearly an indictment on the government of Trinidad and Tobago, that while on paper the proposals appear sound, yet there has been little or no changes in the modus of operations of the various agencies. Apart from suggesting further institutional strengthening in the various institutions and agencies involved in the curbing illegal trafficking, at the same time, it is also necessary to strengthen and support the judicial system as a whole. Without doubt the introduction of a Drug Court will go a long way in the sentencing of offenders but consistency of sentencing as well as prison reform are also measures to be considered.

Clearly for Trinidad and Tobago to successfully curb or minimize substance abuse as well as the use and trafficking of illegal drugs, a more comprehensive approach must be employed. It is insufficient to suggest that legislation by itself may be able to solve the problem. Rather what is more critical is the implementation of policies and programs along with proper monitoring and evaluation. Also what is also necessary is to look at the root of problem rather than the symptoms. Clearly, the redevelopment of the Port of Spain area is one that must be addressed in the short term.

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