



PARLIAMENT OF THE REPUBLIC OF TRINIDAD AND TOBAGO

TENTH PARLIAMENT

SEVENTH REPORT OF THE JOINT SELECT COMMITTEE ON MINISTRIES, STATUTORY AUTHORITIES AND STATE ENTERPRISES (GROUP 2)

ON

THE NATIONAL DRUG COUNCIL (NDC)

Ordered to be printed with the Minutes of Proceedings
and Notes of Evidence

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ABBREVIATIONS

Abbreviation	Meaning
NDC	National Drug Council
MEM	Multilateral Evaluation Mechanism
CICAD	Inter-American Drug Abuse Control Commission
OAS	Organization of American States
NGO	Non-Governmental Organization
SSA	Strategic Services Agency
NADAPP	National Alcohol and Drug Abuse Prevention Programme
YTC	Youth Training Centre
UNESCO	United Nations Educational, Scientific and Cultural Organization
CARE	Community Action Resource
CARIAD	Caribbean Institute on Alcoholism and Other Drug Problems
OID	Inter-American Observatory on Drugs
UWI	University of the West Indies

THE COMMITTEE

Establishment

Section 66 of the Constitution of Trinidad and Tobago declares, that not later than three months after the first meeting of the House of Representatives, the Parliament shall appoint Joint Select Committees to inquire into and report to both Houses in respect of Government Ministries, Municipal Corporations, Statutory Authorities, State Enterprises and Service Commissions, in relation to their administration, the manner of exercise of their powers, their methods of functioning and any criteria adopted by them in the exercise of their powers and functions.

Motions related to this purpose were passed in the House of Representatives and Senate on September 17, 2010 and October 12, 2010, respectively, and thereby established, inter alia, the *Joint Select Committee to inquire into and report to Parliament on Ministries with responsibility for the business set out in the Schedule as Group 2, and on the Statutory Authorities and State Enterprises falling under their purview with regard to their administration, the manner of exercise of their powers, their methods of functioning and any criteria adopted by them in the exercise of their powers and functions.*

The business as well as the entities which fall under the purview of your Committee is attached as *Appendix I*.

Membership

The current membership of your Committee is as follows:

- Dr. James Armstrong - Chairman
- Dr. Victor Wheeler - Vice Chairman
- Dr. Tim Gopeesingh, MP
- Mr. Clifton De Coteau, MP
- Dr. Bhoendradatt Tewarie
- Mr. Collin Partap, MP
- Mr. Kevin Ramnarine
- Dr. Lincoln Douglas, MP
- Mrs. Lyndira Oudit
- Ms. Alicia Hospedales, MP

- Mr. Fitzgerald Jeffrey, MP
- Dr. Lester Henry

Secretariat Support

- Mrs. Jacqueline Phillip-Stoute - Secretary
- Ms. Candice Skerrette - Assistant Secretary
- Ms. Candice Williams - Graduate Research Assistant

Powers

Standing Orders 71B of the Senate and 79B of the House of Representatives delineate the core powers of the Committee which include *inter alia*:

- to send for persons, papers and records;
- to adjourn from place to place;
- to appoint specialist advisers either to supply information which is not otherwise readily available or to elucidate matters of complexity within the Committee's order of reference; and
- to communicate with any other Committee of Parliament on matters of common interest.

INTRODUCTION

Background

The National Drug Council (NDC) was established by Cabinet on July 05, 2000 via Cabinet Minute No. 1231 under the General Administration Division of the Ministry of National Security. Its primary role is to provide a forum for stakeholders to meet and exchange information on all drug related initiatives in Trinidad and Tobago.

Further, the NDC was formed to fulfil Trinidad and Tobago's obligation as a member of the Organisation of American States (OAS) and to serve as a central co-coordinating body for the implementation of the Inter-American Drug Abuse Control Commission (CICAD) Anti-Drug Strategy for the region and the National Anti-Drug Plan.

The National Drug Council comprises a Chairman and thirteen (13) members. The Council was structured to ensure representation at the highest levels of the key agencies and organizations involved in the Anti-Drug Initiative, so as to facilitate more timely decision-making and implementation.

The terms of reference of the NDC are as follows:

- to monitor and evaluate the progress made during the implementation of the National Drug Master Plan relative to demand and supply reduction and to make appropriate recommendations;
- to advise Government on all related sectoral plans and budgets for implementation of the projects, programmes and interventions in the National Drug Master Plan;
- to serve as the point of contact between demand and supply reduction sectors locally and regionally and in the hemisphere;
- to maintain a performance matrix of the implementation of all plans of action to which Trinidad and Tobago is obligated under various international initiatives and to advise Government accordingly;
- to serve as the National Co-ordinating entity for the Multilateral Evaluation Mechanism (MEM) process as required by CICAD (this Committee might also be regarded as the nucleus of the National Commission); and

- to perform all other activities relevant to the formulation, development, co-ordination and monitoring of national strategies and plans against illegal supply and demand.

Objectives of the inquiry

At its eighteenth meeting held on Friday December 10, 2010 your Committee agreed that the NDC should be investigated:

- to ascertain the effectiveness of the 2001-2004 Master Plan in addressing the high presence of illegal drugs in Trinidad and Tobago and its position as a trans-shipment point;
- to determine how effective the National Anti-Drug Plan 2008-2012 has been to date;
- to discover additional ways which may assist in the fight against illegal drugs in Trinidad and Tobago;
- to identify some of the company's achievements to date; and
- to determine the impact the company has on Tobago

Conduct of the Inquiry

On Friday April 13, 2012 representatives from the National Drug Council were invited to a public hearing. Prior to this, notice was given as to the general objectives of the inquiry and written submissions were requested from the Company. These responses provided the basis for the supplementary questions pursued at the hearing.

At the public hearing the National Drug Council was represented by:

Mrs. Jennifer Boucaud-Blake	-	Permanent Secretary, Ministry of National Security
Mrs. Esther Best	-	Manager, National Drug Council

Several issues raised at the hearing warranted detailed responses. These responses were submitted in writing to your Committee on Monday May 14, 2012.

The draft of this Report was considered and approved with amendments at the meeting of the Committee held on Friday December 14, 2012.

The Minutes of the meeting of the Committee with regard to this inquiry are attached as ***Appendix II***. The Notes of Evidence are at ***Appendix III***.

THE EVIDENCE

Introduction

The National Drug Council, a Division of the Ministry of National Security, was established to monitor and coordinate the National Anti-drug initiative in Trinidad and Tobago. Its main role is to provide a forum for stakeholders to meet and exchange information on all drug related initiatives in this country.

NDC serves as a coordinating, monitoring and evaluating body for the implementation of the National Drug Master Plan, as well as a conduit for interaction with the international community.

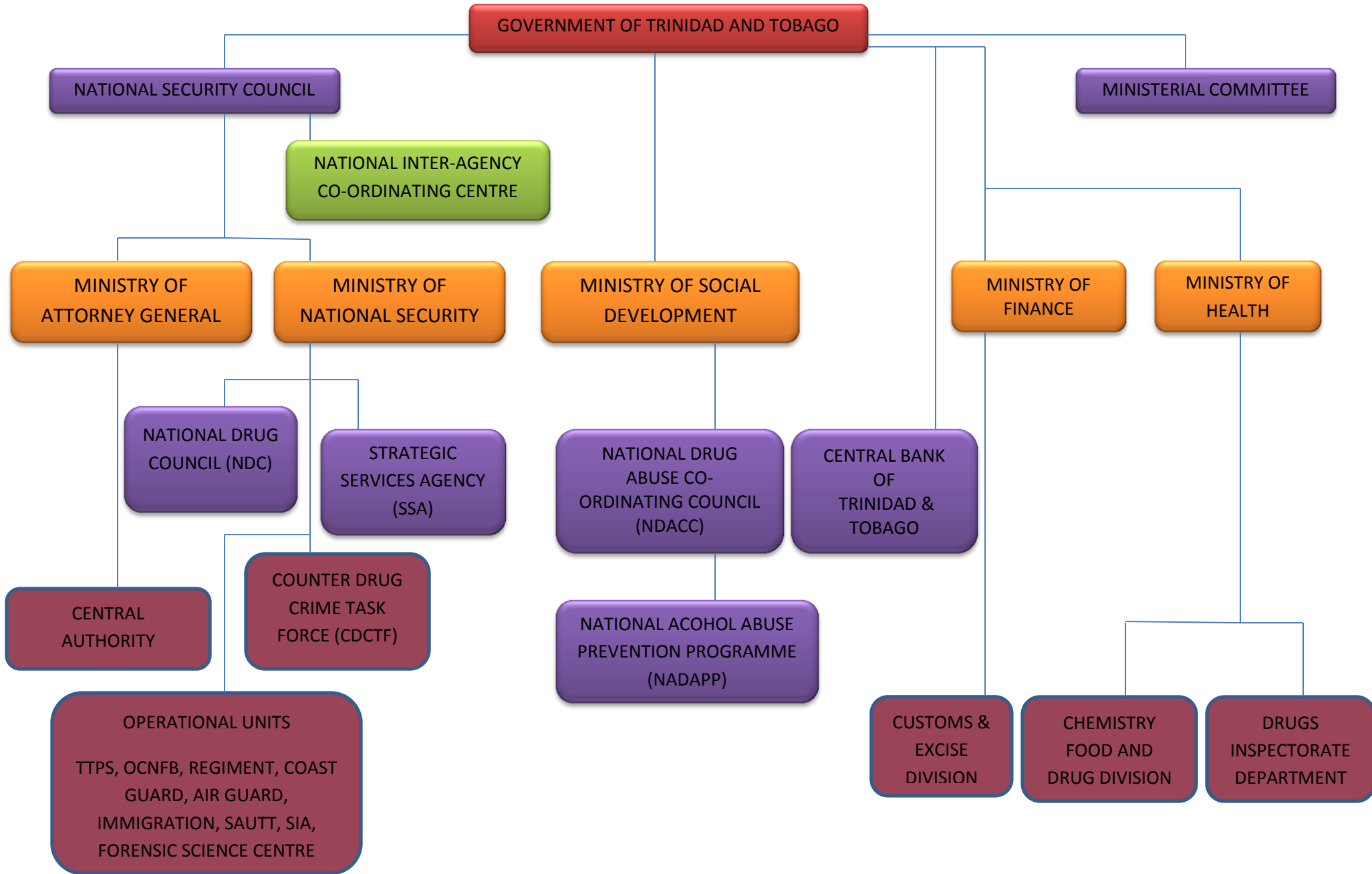
The Council was mandated to monitor, evaluate and co-ordinate the implementation of the National Drug Master Plan 2001 - 2004. This Plan addresses areas such as the protection of territorial borders from entry and exit of illegal drugs and the promotion of a coordinated approach towards drug interdiction.

The National Anti-Drug Plan 2008-2012 is the principal document for drug control in Trinidad and Tobago. The intent of the Plan is for the realization of a society that is safe and secure from crime and violence. While the NDC's ultimate responsibility is monitoring the implementation of the National Anti-Drug Plan, Government Ministries with responsibility for National Security, Education, Social Services, Community Development, Sport and Youth Affairs and Planning and Development, the Tobago House of Assembly as well as Non-Governmental Organizations, involved in supply control, prevention, treatment and rehabilitation of the addicted population, Civil Society and the private sector are also key.

Thus the composition of the Council reflects agencies that are involved in demand reduction, supply control, security issues, enforcement and financial monitoring. Prior to implementation of strategies, discussions are held at the level of the Council and decisions are executed by the Secretariat.

The Table hereunder shows Trinidad and Tobago's Anti-Drug Initiative:

Trinidad and Tobago's Anti-Drug Initiative



■ Ministries
 ■ Policy/Coordination
 ■ Operational/Coordination
 ■ Operational Units

National Anti-Drug Plan

The National Anti-Drug Plan 2008-2012 was approved by Cabinet on May 28, 2009 subsequent to the review of the 2001-2004 Plan in 2005-2007. Its principal objective is to keep Trinidad and Tobago safe from the increasing threats posed by legal and illegal drugs.

The Plan aims to minimize the harm and the impact drugs have on communities, individuals and their families. It focuses on approaches that address prevention, treatment, research, legislative and institutional frameworks, law enforcement and interdiction, protection of the borders, drug supply reduction, international cooperation and evaluation.

The five main areas of concentrated focus for the National Anti-Drug Plan relate to:

- (i) Institutional Strengthening
- (ii) Drug Demand Reduction
- (iii) Supply Reduction
- (iv) Research
- (v) Monitoring and Evaluation

Goals of the National Anti-Drug Plan

The goals of the National Anti-Drug Plan are as follows:

1. to strengthen and sustain national mechanisms (legal and institutional) in order to coordinate and manage the implementation of the national initiatives for drug control;
2. to prevent young people from becoming users/abusers of alcohol, tobacco and other drugs;
3. to decrease alcohol and other drug problems in at-risk groups;
4. to minimize the health and social impact of drug dependency on the affected society through the provision of treatment and rehabilitation and social reinsertion services that are professionally administered, accessible and affordable;
5. to decrease the availability of illicit drugs, and reduce the increasing threats of drug trafficking and drug-related crime;
6. to ensure a strong comprehensive institutional and administrative framework;
7. to consolidate and increase regional and international cooperation; and

8. to improve/strengthen and enforce the regulatory mechanisms for licit drugs, including prescription and over the counter items

In order to ensure that this plan is effectively delivered, the Council made recommendation for an expert in the field of monitoring and evaluation. A consultant subsequently was engaged and has prepared preliminary reports with respect to the status of implementation of the activities and projects under the Plan. The consultant is presently in the process of highlighting areas to be considered in the new plan that is scheduled to come into effect in 2013.

A preliminary report of the successes with respect to the implementation of the Plan has been compiled because the period for which the Anti-Drug Plan 2008-2012 was prepared is near expiration.

Some achievements in connection with the implementation of the 2008-2012 Plan are listed on page 30:

The Secretariat has engaged in discussions with responsible agencies in order to obtain reports on activities for the period 2008 to 2012 to aid in the preparation of the next Plan.

National Drug Policy

The National Drug Policy forms part of the National Anti-Drug Plan. Policy statements and policy positions of NDC on various issues form part of the plan and act as the basis on which action is taken for the period 2008-2012.

Organizational Structure

NDC is a Unit under the General Administration of the Ministry of National Security. There is therefore no defined organizational structure for the unit. The Secretariat however consists of the following contract positions with the exception of the Research Officer II which is on the public service establishment:

- Manager – who is Head of the Secretariat
- Programme Officer
- Research Specialist
- Research Assistant

- Administrative Assistant
- Document Control Officer
- Driver/Messenger
- Research Officer II

The Secretariat is responsible for preparing documents for the deliberation of the Council and implementing the decisions of the Council taken at its meetings. In addition, the Secretariat monitors the responsibilities of the various Ministries and Agencies as set out in the National Anti-Drug Plan.

Meetings and Annual Reports

The Council meets once per month. The following individuals are normally present at meetings:

- the Chairman
- the Director, Strategic Services Agency
- the Chairman of the National Alcohol and Drug Abuse Prevention Programme
- a Representative of the Central Bank of Trinidad and Tobago
- a Representative of the Business Community – (The Trinidad and Tobago Chamber of Commerce)
- a Representative of the Non- Governmental Organization (NGO) (Rebirth House)
- the Commissioner of Police
- the Secretary, National Security Council Secretariat
- the Comptroller of Customs and Excise

This was expanded over time to include representatives from the:

- Ministry of Foreign Affairs and Communications
- Director of Public Prosecutions
- Tobago House of Assembly
- Ministry of the People and Social Development
- National Council on Alcohol and other Addictions

Annual Reports are prepared by the Council and submitted to the Permanent Secretary for review. These reports are reviewed to ensure there is compliance with the Council's mandate

and the budgetary allocations associated with the operations of NDC are catered for in the annual fiscal allocations of the Ministry of National Security.

Budgetary Allocation

NDC's annual budget is a component of the overall budget of the Ministry of National Security, its parent Ministry. The amount is a separate line item and is allocated to the Council, which has full autonomy in spending. This budget is also used by the central technical office to carry out its mandates. The sources of financing for the budget are government allocation, civil society contributions, and international cooperation. The annual budget of the NDC has varied between \$1.2 million and \$2 million for the past few years.

Types of Drugs found in Trinidad and Tobago

There are legal and illegal drugs, both are root causes of the drug problem in Trinidad and Tobago:

Legal:

- Alcohol
- Tobacco

Illegal:

- Marijuana – which is the only drug produced naturally in Trinidad and Tobago
- Cocaine
- Ecstasy
- Solvents
- Heroin

Unpublished studies list the order of abuse as cigarettes, marijuana, alcohol and crack cocaine.

Drug Oversight

NDC is responsible for oversight of all drugs, both legal and illegal, that are available, including pharmaceuticals and precursor chemicals.

The Ministry of Health participates with and reports through the Strategic Services Agency (SSA) on a number of their subcommittees on monitoring drugs. The SSA is the primary agency with responsibility for supply control. The NDC's responsibility is collecting the information from these agencies.

Drug abuse among school-children

School surveys have shown that there is an increase in the use of marijuana and alcohol among school-aged children. In the year 2002, surveys revealed that, Marijuana was the illicit drug most abused by school children.

The following is a table showing the use of drugs among school children:

Drug	% used in their lifetime	% used in last year	% current users
Marijuana	13.7	8.8	-
Cigarette	37.5	16	8.5
Alcohol	73	49.9	26
Inhalants/Solvents	6.7	3.3	1.6

Surveys have also suggested that the first use of drugs is actually at the primary school level. As a result, interventions in both primary and secondary schools have been increased. The National Alcohol and Drug Abuse Prevention Programme (NADAPP) coordinates drug abuse prevention and demand reduction initiatives in Trinidad and Tobago, and supports the efforts of non-governmental organizations involved in the struggle to rid the nation of the scourge of drug abuse.

NADAPP's goal is to reduce both legal and illegal drug abuse through a preventative approach. This involves informing the public of the health and social consequences of substance abuse as well as the benefits of adopting healthy lifestyles.

NADAPP offers the following services:

- Public education.
- Information dissemination.
- School prevention.
- Community prevention.
- Workplace prevention.
- Treatment and rehabilitation.
- Document Research and Information Centre.
- Regional and international cooperation and collaboration.

There are a number of drug treatment and resource centres throughout the Trinidad and Tobago that work with NADAPP to provide some of the services listed above. Various community action groups act as information centres and conduct workshops in the community. At present, NADAPP is preparing to do a primary school survey. To this end, NADAPP has visited a number of primary schools in an attempt to undertake sensitization against drug use.

In secondary schools sensitization is done through the Rebirth House and other agencies and organizations. The NDC in collaboration with the Ministry of Sport has participated in a number of caravans. Booths have been set up on invitation from schools to do different activities aimed at educating school children about the dangers of drug use. A number of videos are being animated with myths and facts about drugs and their use in an attempt to attract children to the topic. NDC is currently using Roger Alexis, creator of the world famous Santana, to produce a piece for primary schools for use by NADAPP to grasp the attention of primary school children.

A pre-school public education initiative called “Be Trinity Smart” was launched in 2010. This initiative was developed as a result of requests from pre-school administrators and teachers. NADAPP commenced the initiative and was later joined by NDC.

Posters, books and animations will be piloted during 2012 to be used at the pre-schools since it is believed that educating students from this level would result in less drug use and/or abuse at the secondary school level.

Drug Abuse among inmates

Reports from a 2005 study entitled, “Inmate Abuse Monitoring Project” shows that there is an over 60% level of substance abuse amongst inmates. The goal of the study was to identify the level of substance use amongst inmates and juveniles in the Youth Training Centre (YTC), St. Michael’s Home for Boys and St. Jude’s Home for Girls. A census population from the Women’s prison, YTC and the overall population from all other prison facilities were used to conduct the test.

Research has shown that no study has been undertaken since 2005. As a result, no data is available to show recent drug use levels in the Prisons.

The matter of drug use within the prison has been addressed through the introduction of drug use sensitization programmes which are undertaken by various Non-Government and faith-based agencies including, Rebirth House, New Life Ministries and a number of churches.

A pilot Therapeutic Community project was introduced at the Maximum Security Prison to address the needs of prisoners who are in the pre-release stage and have substance abuse problems. Thus persons who are receiving drug treatment stay together and are not part of the general prison population. These persons are worked with to address drug use prior to release.

Training of all Prison Officers was conducted during the period 2005 to 2007 through a programme entitled “Remedial Interventions for Drug Trafficking and Use in the Trinidad and Tobago Prison Service”. This programme spoke to the impact of the use of drugs, the risks it presented to officers and the dangers of trafficking drugs into the prison. It is supposed to be a corrective action for those who are currently using drugs and a preventative action for those who have not started.

Additionally, the Ministry of Tertiary Education and Skills Training through its life skills programme also provide information on drug use and its negative consequences to inmates during their retraining programmes.

Most women in the women's prison are on drug trafficking charges. Interventions including the "Remedial Interventions for Drug Trafficking" are being put in place to address this problem.

Drug abuse in the workplace

NADAPP's policy for substance abuse in the workplace is being refined. On invitation, NADAPP goes into companies to provide sensitization and makes referrals to treatment facilities, such as Caura Treatment Facility. At these facilities persons are allowed to stay for a period of approximately six weeks and thereafter, an outpatient type arrangement is made.

Treatment centres in Tobago

NDC has communicated with the Secretary of Health and Social Services, Assemblyman Claudia Groome-Duke in Tobago with the aim of setting up treatment centres in Tobago. Subsequently, a building was identified for a pilot project. The facility will be furnished with an estimated eight (8) beds.

Arrangements are also being made for persons living in Tobago who prefer to undergo treatment in Trinidad.

Monitoring of Drug Rehabilitation Facilities

The Ministry of People and Social Development commenced development of standards of care for drug use and treatment and rehabilitation facilities a few years ago.

Cabinet appointed a Committee to develop the Standards of Care. NDC was part of the revising and refining of the document. The document has been completed and submitted through the Ministry of Community Development since NADAPP was chair of that committee. It is expected that the document will bring a greater level of control over the operations of the treatment and rehabilitation facilities.

The Standards of Care document is aligned to the regional standards of care which was developed by Caricom and accepted by the CUSOD.

NADAPP in collaboration with the Ministry of Health will be responsible for monitoring the rehabilitation facilities. NDC does not provide oversight on the treatment and rehabilitation facilities, it provides guidance and assistance.

Rapid Situation Analysis

The Rapid Situation Analysis was part of a project undertaken in partnership with UNESCO and financially supported by the European Commission. This project was initiated in three (3) Caribbean countries, namely: Barbados, Trinidad and Tobago and Jamaica.

Consultants were selected to undertake the project in Trinidad and Tobago and present their findings at two (2) national consultations. The study was aimed at reviewing the status of drug demand and harm reduction through education among children and youth.

In Trinidad, information was collected from:

- The Youth Training Centre (YTC)
- The St Jude's Home for Girls
- Friend for Life
- Community Action Resource (CARE)
- The Marabella Train Line and La Brea Communities

In Tobago a people-centered approach was employed. Interviews were conducted, questionnaires were distributed and a focus-group discussion was facilitated from communities and secondary schools. Sex, religion and level of education were the factors considered while conducting the survey.

NDC in collaboration with a Multi-sectoral Steering Committee provided oversight on the work of the consultants and two reports (one for *Trinidad* and one for *Tobago*) inclusive of recommendations were produced.

Drug interdiction

The Organized Crime, Narcotics and Firearms Bureau undertakes interdiction within Trinidad and Tobago and at the major ports of entry such as airports and seaports, with the support of the Customs and Excise Division, the Trinidad and Tobago Police Service, the Coast Guard and the Army.

The following tables show statistical information on drug interdiction of all illegal drugs during the period 2001 – March 2012 as well as, information in the area of cannabis plants for the period 2005 – March 2012

Narcotics seized during the period 2001 – March 2012 (Weight in kilograms)

YEAR	MARIJUANA	COCAINE	HEROIN	TOTAL
2001	634.4	772.6	0	1407
2002	2635.5	486.1	10.3	3131.9
2003	720.1	170.6	19.6	910.3
2004	1513.8	607.3	16.1	2137.2
2005	3279.6	1761.6	0	5041.2
2006	3564.1	382	0.1	3946.2
2007	5583.9	423.3	0	6007.2
2008	8813.3	180.1	27.4	9020.8
2009	3377.1	674.2	0	4051.3
2010	39041.1	82.2	0.55	39123.85
2011	2676.1	170.4	0	2846.5
Jan-March 2012	524.9	25.2	0	550.1
TOTAL	72,363.90	5,735.60	74.05	78,173.55

Organised Crime Narcotic and Firearm Bureau
Marijuana eradication for the period 2005 – March 2012

Year	No. of Exercises	No. of Fields	Fully grown marijuana trees	Seedlings (no value)	Cured marijuana (kg)	Street Value in millions (\$TT)	Persons arrested	Camps destroyed	Trap Guns	Ammo Seized 12/16 gauge	Area destroyed in hectares
2005	46	122	709,500	75,075	419	713,351,000.00	0	0	4	0	10.313
2006	82	158	195,750	53,400	332.628	170,835,780.00	0	14	3	4	12.638
2007	45	72	101,210	7,000	183.95	103,049,500.00	0	14	11	11	7.0847
2008	82	215	335,200	42,000	156.8	336,768,000.00	2	17	6	10	24.626
2009	48	122	239,900	30,000	57	168,270,000.00	0	8	5	2	10.245
2010	30	119	838,258	435,420	296.85	328,222,082.45	6	16	2	6	10.616
2011	35	125	1239,500	249,400	270.52	1,242,105,200.00	1	20	4	0	9.10025
2012*	5	15	87,250	14,550	125	88,500,000.00	2	5	0	27	1.173
TOTAL	373	948	3746,568	906,845	1841.75	3,151,101,562.4	11	94	35	60	85.79595

- Denotes for period January – March 2012

Community Involvement

The NDC has undertaken work in the under-mentioned communities in Trinidad:

- ✓ Cedros
- ✓ Blanchissuse
- ✓ Moruga
- ✓ Biche
- ✓ Chaguaramas
- ✓ Diego Martin
- ✓ Chaguanas
- ✓ San Fernando

In Tobago, the following communities were targeted:

- ✓ Roxborough
- ✓ Castara
- ✓ Plymouth
- ✓ Scarborough

Communities are selected either by the community's request or identified by organizations or groups. In 2008, the NDC consulted with the Organized Crime Narcotics and Firearms Bureau with respect to high production areas.

Over the past two (2) years, the NDC has worked closely with the Citizens' Security Programme to strengthen the drug control message in twenty two (22) communities

CICAD

The Inter-American Drug Abuse Control Commission (CICAD) is the Western Hemisphere's policy forum for dealing with the drug problem. An important aspect of the work of the NDC is to serve as the coordinating entity for the Multilateral Evaluation Mechanism (MEM) which is required by CICAD.

The certification of drug prevention and treatment personnel, the PROCCER is being led by CICAD. This was introduced to the Caribbean in the year 2011. The NDC is now in the process of developing and refining within the Caribbean the programme as was implemented in the Latin American countries.

NDC is working with the University of the West Indies (UWI), St. George's University, Grenada and other professionals to refine the certification mechanism.

Annually, the Caribbean Institute on Alcoholism and Other Drug Problem (CARIAD) undertakes workshops in Tobago during the month of June for a duration of two (2) weeks. Persons engaged in substance abuse, whether it is treatment and rehabilitation or policy formation are invited to participate. At the end of the workshop a Certificate of Participation endorsed by the UWI is issued.

The Inter-American Observatory on Drugs (IOD) is CICAD's statistical, information and scientific research branch. The NDC sends reports on research activities to CICAD. However, CICAD'S website has proven not to be very user friendly.

Multilateral Evaluation Mechanism (MEM)

The following is a list of recommendations from the 5th Round of (MEM) with their current status:

RECOMMENDATIONS	IMPLEMENTATION	STATUS
1. Develop drug use prevention programs in accordance with the evaluations being carried out	<ul style="list-style-type: none"> ○ NADAPP has developed a pre-school drug education prevention program 	<ul style="list-style-type: none"> ○ This recommendation is considered fulfilled
2. Establish official operating standards for specialized treatment facilities for problems associated with drug use (a recommendation reiterated from the 2nd Evaluation Round 2001-2002)	<ul style="list-style-type: none"> ○ A Standards of Care policy document has been drafted which defines operating standards for specialized treatment facilities 	<ul style="list-style-type: none"> ○ This document has been completed and submitted to the Permanent Secretary, Ministry of Community Development for review. ○ On completion, it will be submitted to Cabinet for approval and NADAPP will implement the recommendations contained therein
3. Develop an official licensing procedure to authorize the operation of facilities that provide treatment services for persons with problems associated with drug use	<ul style="list-style-type: none"> ○ The Standards of Care policy document includes a section addressing treatment licensing 	<ul style="list-style-type: none"> ○ This document has been completed and submitted to the Permanent Secretary, Ministry of Community Development for review. ○ On completion, it will be submitted to Cabinet for approval and NADAPP will implement the recommendations contained therein
4. Carry out a drug use survey among the secondary school population	<ul style="list-style-type: none"> ○ T&T indicated to the Governmental Expert Group (GEG) of the MEM that a drug survey among Secondary Schools was not a priority for the country since this was undertaken twice in the past ten years. ○ A primary school survey is planned ○ CICAD OID will undertake Secondary School surveys in the Caribbean in late 2012 of which T&T will participate 	<ul style="list-style-type: none"> ○ This recommendation has not been implemented
5. Integrate all of the relevant entities involved in the control of pharmaceutical products into the	<ul style="list-style-type: none"> ○ SSA has the primary responsibility for this area ○ SSA is currently in discussions with PRE-LAC 	<ul style="list-style-type: none"> ○ This recommendation has not been implemented

<p>automated information management system</p>	<p>project to undertake integration of all the relevant agencies into the National Drug Control System which controls the management of these products</p>	
<p>6. Approve and implement the necessary legislation for the fulfillment of the provisions and proposals of article 12 of the UN Convention against the illicit traffic in narcotic drugs and psychotropic substances, 1988 (a recommendation reiterated from the 4th Evaluation Round, 2005-2006)</p>	<ul style="list-style-type: none"> ○ The Ministry of National Security has convened a committee of stakeholders at the level of Permanent Secretaries, Deputy Permanent Secretaries and senior technical persons to review the areas of the draft legislation where overlap and duplication has been identified ○ The finalization of this legislation is anticipated to be by the end of 2012 	<ul style="list-style-type: none"> ○ This recommendation has not been implemented
<p>7. Implement specialized training courses for personnel in the public sector involved in the handling of chemical substances (a recommendation reiterated from the 4th Evaluation Round, 2005-2006)</p>	<ul style="list-style-type: none"> ○ Relevant agencies participated in a training workshop on the handling of chemical substances in 2008 ○ Information was provided on the participation of the various agencies and the content of the workshop which was attended 	<ul style="list-style-type: none"> ○ This recommendation is not considered fulfilled by CICAD however, no further direction was provided ○ Clarification has been sought from the MEM Unit of CICAD on the exact status of this recommendation
<p>8. Integrate all of the relevant entities involved in the control of chemical substances into the automated information management system</p>	<ul style="list-style-type: none"> ○ SSA has the primary responsibility for this area ○ SSA is currently in discussions with PRE-LAC project to undertake integration of all the relevant agencies into the National Drug Control System which controls the management of these products 	<ul style="list-style-type: none"> ○ This recommendation has not been implemented
<p>9. Carry out research and training activities related to the prevention and control of illicit traffic of pharmaceutical products and other drugs via the internet, which will enable the country to identify its regulatory and operative needs (a recommendation reiterated from the 4th Evaluation Round, 2005-2006)</p>	<ul style="list-style-type: none"> ○ Training on this issue has been accessed from local and international agencies 	<ul style="list-style-type: none"> ○ This recommendation is considered fulfilled
<p>10. Establish a national registry for the confiscation of</p>	<ul style="list-style-type: none"> ○ T&T has developed a web-based national registry for 	<ul style="list-style-type: none"> ○ It is anticipated that this will be achieved by

<p>firearms, ammunition, explosives and other related materials</p>	<p>the confiscation of firearms through the T&T Police Service and are making arrangements to incorporate data from the Customs and Excise Division into the registry</p>	<p>September 2012</p>
<p>11. Expand the obligation to submit suspicious transaction reports to include notaries</p>	<p>○ The Proceeds of Crime Act, as amended in October 2009 makes provision for the reporting of suspicious transactions which includes “other legal professionals” Notaries are included in this section of the legislation</p>	<p>○ This recommendation is considered fulfilled</p>
<p>12. Adopt legislation to allow special investigation techniques, such as undercover operations, telephone tapping and controlled deliveries, in money laundering investigations (a reiterated recommendation from the 3rd Evaluation Round, 2003-2004)</p>	<p>○ The 2010 Interception of Communication Act authorizes the use of electronic surveillance by law enforcement officials in connection with money laundering investigations. The legislation does not address other special investigation techniques</p>	<p>○ A meeting will be scheduled with the Comptroller of Customs and the Director of Public Prosecutions before the end of June 2012</p>

Accomplishments

The following is a list of NDC's accomplishments over the period 2005-2011:

- *Review of the National Anti-Drug Plan*
The National Anti-Drug Plan 2008-2012 was completed and approved by Cabinet in Minute No. 1363 dated May 28, 2009.
- *Restructuring of the Secretariat of the NDC* having regard to the increased workload as a result of the new Anti-Drug Plan and the extent of the work of the MEM (Cabinet Minute No. 2866 dated October 22, 2009 refers).
- *Launch of the National Drug Information System and the National Drug Observatory* which are software programmes designed to capture and analyze national drug -related data.
- *Completion of the 5th Round of the MEM of CICAD* - the final report of which was submitted to Cabinet and accepted via Minute No. 740 dated March 29, 2012.
- *Hosting of a number of workshops over time:*
 - Multi-lateral Evaluation Mechanism Workshop
 - Dual Diagnosis Workshop
 - Forging Leadership for Drug Demand Reduction
 - Facing Life VIII
 - 1st Meeting of the Advisory Committee of the Programme for the Caribbean Training and Certification of Drug Prevention and Treatment Personnel
 - 4th Biennial Meeting of Caribbean Drug Observatories
 - Sub-regional Workshop on Development of Drug Treatment Courts
- *Undertaking of a number of studies including:*
 - Drug Abuse Monitoring project among inmates
 - Human, social and economic cost of drugs
 - Education and harm reduction related to drug use and HIV/AIDS in Trinidad and Tobago
- *Completion of a number of Briefs:*
 - Inter-American Drug Abuse Control Commission (CICAD)
 - United Nations Special General Assembly on Drugs 1998-2008 (UNGASS)
 - Alternative Development
 - Heroin in Trinidad and Tobago – Social implications
- *Community Outreach*
 - International Day against drug abuse and illicit trafficking, cultivation and production

- On-going involvement with communities to assist with the establishment of Libraries and homework centres, sourcing of parenting and development classes and exploring long term sustainable solutions
- Launch of the “Eva Goes Foreign” campaign in the year 2005
- Launch of the “You Decide” campaign in the year 2011
- *Partnership with other Ministries and civil society- 2005 and ongoing annually*
 - Ministry of Sport and Youth Affairs – participation in 17 Eduvan Campaign activities in North, South and Port of Spain
 - Ministry of Culture and Gender Affairs – participation in 4 activities with the Community Safety and Enhancement Programme
 - Ministry of Health – participation in the Ministry’s Health Fair in recognition of Mental Health week
 - 5 requests from Community groups for display booths or provision of materials for display
 - Provision of tokens and material to the Citizen Security programme (CSP) for activities in their partner communities
- *Regional and International Collaboration-ongoing annually*
 - Staff of the secretariat and member of the NDC represented Trinidad and Tobago at various Regional and international meetings
 - The Manager functions on the Technical Advisory Body (TAB) to CARICOM’s Regional Drug Demand Reduction Strategy and was vice-chair of the group in February 2008. She was also sponsored by CARICOM to participate in four regional activities.

Challenges

A few challenges have been identified as impacting on the work of NDC. These include:

- Inadequate financing
- Limited Human Resources
- Lack of technological resources
- Liaising with other agencies and their ability to make timely decisions because of their heavy workload

OBSERVATIONS/FINDINGS

Your Committee is appreciative of the information that has been provided by the NDC's representatives, both through written and oral interaction.

Your Committee has noted NDC's achievements as well as, recognized the Company's effort in working towards effectively implementing the National Anti-Drug Plan with the aim of reducing the threat posed by drugs in Trinidad and Tobago.

However, it has been noted that the time horizon of the National Anti-Drug Plan is 2008-2012. Efforts have been made to begin the formulation of a new plan beginning 2013 onwards.

There is a representation gap between membership of the Committee and subcommittees of NDC. Although represented at subcommittee meetings, the Ministry of Community Development and Ministry of Education do not form part of the Council.

Additionally, The Multilateral Evaluation Mechanism has made a number of recommendations to NDC to assist in the effective implementation of NDC's plan. Of these recommendations, five (5) have been recommended in earlier Evaluation Rounds while there are four (4) which have not started implementation.

The Committee was informed that according to a secondary school survey the age of first-time use is in primary school. In addition, a Drug Abuse Monitoring Project within the prison system reflected an extremely high level of substance abuse.

Furthermore, while the prevalence of drug abuse by prison inmates has clearly been identified, no study has been undertaken since 2005 in the prison service to show the drug use level.

The separation of the previous Ministry of Community Development, Sport and Social Development into distinct Ministries has dispersed the communication strategy of drugs. Thus, the message for public sensitization may be fragmented and create one-off encounters at certain times of the year.

Finally, it has been noted that NDC routinely sends reports to CICAD; however, Members had great difficulty in finding updated information.

RECOMMENDATIONS

Consequent on the evidence received during this inquiry, your Committee wishes to make the ensuing recommendations with regard to the operations of the NDC:

Council Membership

NDC must ensure that all supporting Ministries form part of the Council and not just be represented at subcommittees. We recommend the inclusion of the Ministry of Education and the Ministry of Community Development.

Inter-ministerial Structure/System/Policy

A structure/system/policy is necessary to guide the efforts of those stakeholders involved in different aspects of drugs within Trinidad and Tobago. This would result in an improved and coordinated effort, especially in the area of communicating to the general public and structure their ability to report to NDC.

Legislation

Draft legislation should be tabled in the Parliament, early in the next session which will:

- Prohibit driving while being under the influence of a drug
- Give authority to police officers to arrest any person found to be driving while under the influence of drugs.

Anti-Drug Plan

A number of issues to be addressed should be included in the next Anti-Drug Plan beginning 2013:

- Dual diagnosis workshops should be ongoing

Education

There must be close partnership with the Ministry of Education through the Student Support Services until every child in every school throughout Trinidad and Tobago can become exposed to material and lessons on the importance of not using drugs, and the dangers that are associated with their use.

Survey

Since information submitted suggests that the last school survey was conducted in 2002, we recommend that a survey be done at the beginning of the year 2013 to reflect more recent changes in drug abuse among school-children.

Additionally, a survey should be conducted in the prison service to reveal recent drug use levels.

Multilateral Evaluation Mechanism

All recommendations made by the Multilateral Evaluation Mechanism with respect to executing NDC's plan should be implemented by mid-2013.

CICAD Data Repository

CICAD Data Repository should be updated to reflect figures until the current calendar year.

Continuous Monitoring

A study should be commissioned to ascertain the current level of substance use among inmates and juveniles and the success rate of initiatives within the system.

Your Committee respectfully submits this Report for the consideration of the Parliament.

Sgd.

Dr. James Armstrong
Chairman

Sgd.

Dr. Victor Wheeler
Vice Chairman

Sgd.

Dr. Bhoendradatt Tewarie
Member

Sgd.

Dr. Tim Gopeesingh, MP
Member

Sgd.

Mr. Clifton De Coteau, MP
Member

Sgd.

Mr. Collin Partap, MP
Member

Sgd.

Mr. Kevin Ramnarine
Member

Sgd.

Dr. Lincoln Douglas, MP
Member

Sgd.

Mrs. Lyndira Oudit
Member

Sgd.

Ms. Alicia Hospedales, MP
Member

Sgd.

Mr. Fitzgerald Jeffrey, MP
Member

Sgd.

Dr. Lester Henry
Member

APPENDIX I

BUSINESS ENTITIES

List of Ministries, Statutory Authorities and State Enterprises that fall under the purview of this Committee

1. Local Government

- Trinidad and Tobago Solid Waste Management Company Limited
- Community Improvement Services Limited
- East Port of Spain Development Company Limited
- Palo Seco Agricultural Enterprises Limited
- Rural Development Company of Trinidad and Tobago

2. National Security

- Defence Force Commissions Board
- Defence Council
- National Drug Council
- Strategic Services Agency
- Youth Training Centre Board of Management

3. Office of the Prime Minister

- Sport and Culture Board of Management

4. People and Social Development

- Social Welfare District Boards
- Trinidad and Tobago Association in Aid of the Deaf
- Trinidad and Tobago Blind Welfare Association

5. Planning and the Economy

- Advisory Town Planning Panel
- Caribbean Industrial Research Institute (CARIRI)
- Chaguaramas Development Authority
- Council for Innovation and Competitiveness
- Economic Development Board
- National Population Council

6. Public Administration

- Telecommunications Authority of Trinidad and Tobago (TATT)
- Government Human Resources Services Limited (GHRS)

7. Public Utilities

- Regulated Industries Commission
- Water and Sewerage Authority (WASA)
 - Water Resource Agency
- The Trinidad and Tobago Electricity Commission (TTEC)
- The Trinidad and Tobago Postal Corporation (TTPOST)

- Telecommunications Services of Trinidad and Tobago Limited (TSTT)

8. Science, Technology and Tertiary Education

- Accreditation Council of Trinidad and Tobago (ACTT)
- Board of Industrial Training
- College of Science, Technology and Applied Arts (COSTAATT)
- Eastern Caribbean Institute of Agriculture and Forestry (ECIAF)
- John S. Donaldson Technical Institute
- National Institute of Higher Education (Research, Science and Technology)
- National Training Agency
- San Fernando Technical Institute
- Teachers Training Colleges
- Trinidad and Tobago Hospitality and Tourism Institute
- University of the West Indies
 - Open Campus
- University of Trinidad and Tobago:
- Metal Industries Company Limited (MIC)
 - Government Vocational Centre
- National Information, Communication, Technology Limited (iGovTT)
- Youth Training and Employment Partnership Programme Limited (YTEPP)

9. Sport

- National Stadia Board of Management
- Regional Complexes
- Trinidad and Tobago Boxing Board of Control
- Sport Company of Trinidad and Tobago Limited

10. Tobago Development

- Tobago Regional Health Authority

11. Tourism

- Zoological Society of Trinidad and Tobago
- Tourism Development Company Limited

12. Trade and Industry

- Betting Levy Board
- Trinidad and Tobago Bureau of Standards
- Trinidad and Tobago Racing Authority
- Weights and Measures
- Evolving TecNologies and Enterprise Development Company Limited (e-TecK)
- Export-Import Bank of Trinidad and Tobago Limited
- Trinidad and Tobago Free Zones Company Limited
- Business Development Company Limited
- Point Lisas Industrial Estate
- Trinidad and Tobago Entertainment Company Limited (TTent)
- Trinidad and Tobago Film Company
- Caribbean Leasing Company Limited (CLCL)

- National Flour Mills
- Premier Quality Services Limited (PQSL) subsidiary of TTBS

13. Works and Infrastructure

- National Infrastructure Development Company Limited (NIDCO)
- National Maintenance Training and Security Company Limited (MTS)

14. Transport

- Airports Authority of Trinidad and Tobago
- Air Transport Licensing Authority
- Pilotage Authority
- Port Authority of Trinidad and Tobago
- Public Transport Services Corporation
- Transport Board
- Trinidad and Tobago Civil Aviation Authority
- Caribbean Airlines Limited
- The Vehicle Maintenance Corporation of Trinidad and Tobago Limited
- National Helicopter Company Limited
- Point Lisas Port Development Corporation Limited (PLIPDECO)
- LIAT (1974) Limited

15. Gender, Youth and Child Development

- Adoption Board
- Children's Authority
- Interdisciplinary Child Development Centre
- Princess Elizabeth Home for Handicapped Children
- Trinidad and Tobago Association for Retarded Children

APPENDIX II

MINUTES OF PROCEEDINGS

MINUTES OF FOURTEENTH MEETING HELD IN OFFICE OF THE PARLIAMENT, TOWER D, PORT OF SPAIN INTERNATIONAL WATERFRONT CENTRE, #1A WRIGHTSON ROAD, PORT OF SPAIN ON FRIDAY APRIL 13, 2012 AT 9:30 A.M.

PRESENT

Dr. James Armstrong	Chairman
Dr. Victor Wheeler	Vice-Chairman
Dr. Lincoln Douglas, MP	Member
Dr. Lester Henry	Member
Mr. Fitzgerald Jeffrey, MP	Member
Ms. Alicia Hospedales, MP	Member
Mr. Collin Partap, MP	Member
Mrs. Jacqueline Phillip-Stoute	Secretary
Ms. Candice Skerrette	Assistant Secretary
Ms. Candice Williams	Graduate Research Assistant

ABSENT

Mrs. Lyndira Oudit	Member (excused)
Dr. Bhoendradatt Tewarie	Member (excused)
Mr. Kevin Ramnarine	Member (excused)
Mr. Clifton De Coteau, MP	Member
Dr. Tim Gopeesingh, MP	Member

REPRESENTATIVES OF NATIONAL DRUG COUNCIL (NDC)

Mrs. Jennifer Boucaud-Blake	Permanent Secretary
Ms. Esther Best	Manager, National Drug Council

INTRODUCTION

1.1 The Chairman called the meeting to order at 9:30 a.m.

1.2 Members were informed that Dr. Bhoendradatt Tewarie, Mr. Kevin Ramnarine, Mrs. Lyndira Oudit, Dr. Lester Henry and Mr. Clifton De Coteau had asked to be excused from the day's proceedings.

CONFIRMATION OF MINUTES

2.1 The following corrections were made to the Minutes:

- Item 7.3 (a) Page 3
Delete "hold" and insert "have"
- Item 7.3 (g) Page 5
Delete "potential" and insert "responsibility"

2.2 The motion for the confirmation of the Minutes, as amended, was moved by Mr. Fitzgerald Jeffery and seconded by Dr. Victor Wheeler.

2.3 The Minutes, as amended, were thereby confirmed.

MATTERS ARISING FROM THE MINUTES

3.1 Members were advised of the following:

- Additional information requested from TRHA on March 20 2012 was received on April 2, 2012. It was circulated to Members via email on April 11, 2012.
- The Ministerial Response to the Third Report on SPORTT was laid in House of Representatives on April 4, 2012 and in the Senate on April 10, 2012. This Response was circulated to Members via email on April 11, 2012.
- SPORTT forwarded one (1) copy of its Strategic Plan for 2012-2016 and its organizational structure. A soft copy was requested from SPORTT and when received it will be forwarded to Members.
- A follow-up letter dated April 11, 2012 was sent to SWMCOL reminding them of the undertaking to furnish the Committee with requested information.

OTHER BUSINESS

4.1 The Committee agreed that its next inquiry will be with the Water Resource Agency on May 11, 2012 at 9:00 a.m.

PRE-HEARING DISCUSSIONS

5.1 The Committee agreed that the questioning process would commence with Dr. Victor Wheeler followed by Ms. Alicia Hospedales and thereafter, the Chairman.

SUSPENSION

6.1 The meeting was suspended at 9:51 a.m.

(Members proceeded to the J. Hamilton Maurice Room, Mezzanine Floor)

HEARING WITH THE OFFICIALS OF NATIONAL DRUG COUNCIL (NDC)

7.1 The meeting resumed in the J. Hamilton Maurice Room at 10:15 a.m.

7.2 The Chairman welcomed officials of NDC. Introductions were exchanged.

7.3 Detailed below are the matters raised and the responses which emanated from the discussion with the representatives of NDC:

(a) Opening Statements

- NDC was established by Cabinet Minute No. 1231, in July 5 2000 and is under the aegis of the General Administration Division of the Ministry of National Security.
- The Council was established in fulfillment of Trinidad and Tobago's obligation as a member of the Organization of American States (OAS), to serve as a central coordinating body to implement the Inter-American Drug Abuse Control Commission (CICAD), the Anti-drug Strategy for the Hemisphere and the National Drug Plan.
- The NDC focuses on the monitoring and evaluation of the National Drug Plan, and the

maintenance of the plan of action for Trinidad and Tobago under its obligations for various international bodies related to the plan.

- NDC also serves as the coordinating entity for the Multilateral Evaluation Mechanism (MEM) process as required by CICAD.
- The Council makes decisions in the context of its mandate and is supported by a Secretariat headed by a Manager, who is responsible for ensuring the administrative aspects and the implementation of the decision of the Council are effectively executive.
- Annual reports of NDC are prepared and submitted to the Permanent Secretary for review. In order to ensure that the budgetary allocations associated with the operations of NDC are catered for in the annual fiscal allocations of the Ministry of National Security.

(b) **Secretariat**

- The NDC is comprised of representatives of the Central Bank, the Comptroller of Customs, the Commissioner of Police, the Director of the Strategic Services Agency (SSA) and the Chairman of the National Alcohol and Drug Abuse Prevention Programme. This Council meets on a monthly basis.
- The membership of the Council has been expanded by Cabinet's approval to include the Ministry of Foreign Affairs and Communications, the Director of Public Prosecutions and the Tobago House of Assembly (THA).
- The work of the Council is implemented by way of the Secretariat, which is composed of a manager who is supported by nine (9) members of staff.

Drug Oversight

- NDC is responsible for oversight of all drugs, both legal and illegal, including pharmaceuticals and precursor chemicals.
- The Ministry of Health participates with the SSA on a number of subcommittees.
- Pharmaceuticals are monitored through the Ministry of Health. This Ministry reports through the SSA which is the primary agency with responsibility for supply control.

(c) **Drug Abuse in the Workplace**

- Drug Abuse in the Workplace is the responsibility of the National Alcohol and Drug Abuse Prevention Programme (NADAPP). Currently, policies for substance abuse are being refined.
- Treatment for substance abuse would be through referral to the Caura Treatment Facility where persons go in for a period of approximately six (6) weeks and then do an outpatient type of arrangement.
- In Tobago as part of a pilot project, a building was identified for the setting up of a Treatment Centre. Initially, this Centre will be furnished with eight (8) beds.
- Additionally, collaborative arrangements are being made between Trinidad and Tobago for those persons from Tobago who wish to come to Trinidad for treatment.

- The Rebirth House has been working with the Division of Health and Social Services (DHSS) to refine the content of intervention and the services to be offered.

(d) **Statistics**

- The Inter-American Observatory on Drugs (OID) is CICAD's statistical, information and scientific research branch. The NDC sends reports on research activities to CICAD.
- There is little information on the use and prevalence of ecstasy, other than data received from non-governmental organizations.
- The reporting structure is built to take in all the drugs available across the hemisphere. Where there is no statistical information provided on a drug, it may mean that this drug does not apply to Trinidad and Tobago.

(e) **Drug Interdiction**

- The Organized Crime, Narcotics and Firearms Bureau undertakes interdiction within Trinidad and Tobago and at the major ports of entry such as airports and seaports, with the support of the Customs and Excise Division, the Trinidad and Tobago Police Service, the Coast Guard and the Army.

(f) **National Drug Master Plan**

- The National Drug Master Plan is expected to come into effect at the end of 2012. There is at present, a preliminary report which indicates that there have been successes and achievements in the implementation of the plan.
- This plan summarizes the national policies, defines priorities and allocates responsibilities for drug control efforts. The major Plan is rolled out in detail and the NDC would oversee its implementation and make recommendations where necessary to ensure that it attains its objectives.
- The Plan is on course. The Council has direct oversight in ensuring that the plan meets its mandate.
- The NDC is in the process of implementing some of the programmes and projects associated with the Plan. Further, some projects are ongoing, such as interdiction which is the responsibility of the Organized Crime, Narcotic and Firearms Bureau.
- In order to ensure that this plan is effectively delivered, the Council made recommendation for an expert in the field of monitoring and evaluation. This consultant was engaged and has prepared preliminary reports with respect to the status of implementation of the activities and projects under the plan. The draft report was submitted for review of the Council, prior to finalization.
- The Secretariat has engaged in discussions with responsible agencies in order to obtain reports on activities for the period 2008 to 2012. The consultant is now in the process of highlighting areas to be considered in the next plan that would come into effect in 2013.

(g) **Rapid Situational Analysis**

- Consultants were selected to undertake a rapid situation analysis in Trinidad and Tobago and present their findings at two (2) national consultations.

- This was part of a project undertaken in partnership with UNESCO. This project was initiated in three (3) Caribbean countries, namely: Barbados, Trinidad and Tobago and Jamaica.
- NDC along with a multi-sectorial steering committee provided oversight on the work of the consultants and two reports ((1) for Trinidad and (1) for Tobago) were produced.

(i) **Council Membership on the National Drug Master Plan**

- Membership of the Committee in 2000/2001 included the Ministry of Community Development, Sport and Social Development.
- This Ministry later separated and the Council continued to be represented by the Ministry of Social Development which was responsible for demand reduction and now the Ministry of the People and Social Development.
- Recent changes within Ministries have shifted NADAPP to the Ministry of Community Development. The guidance of the Permanent Secretary was sought with respect to representation on the Council since both the Ministry of Community Development and the Ministry of the People and Social Development now have responsibility for NADAPP.
- The cessation of the National Alcohol and Drug Abuse Coordinating Council under the Ministry of Education led to the loss of representation from this Ministry as well as Ministry of Health.
- In order to fill the gap that ensued, a series of subcommittees were convened with representation from the Ministry of Community Development, the Ministry of Health and Ministry of Education.

(j) **Prevalence and Incidence of Marijuana amongst School-aged Children**

- School surveys carried out have shown that there is an increase in the use of marijuana and alcohol among school-aged children. Thus interventions in both primary and secondary schools have been increased.
- Surveys reveal that the first use of marijuana occurs in primary schools and as such NADAPP is preparing to conduct a survey in primary schools during 2012.
- Two (2) years ago, NADAPP commenced a sensitization initiative in primary schools across Trinidad and Tobago.
- The NDC continues to work collaboratively with the Ministry of Sport through the Rebirth House, NADAPP and Organized Crime holding caravans in secondary schools.
- In one (1) year the NDC has participated in approximately fifteen (15) caravans.
- Additionally, schools invite the NDC to set up booths to carry out several activities.
- Presently, the creator of Santana is doing a piece for NADAPP for use in primary schools.
- NALIS through its children's library and other activities has targeted both primary and secondary schools.

- NDC is working with the Ministries of Health, Education, National Security, the People and Social Development and Community Development to formalize a communication strategy which will result in the structuring of an intervention to allow for Health to take a part of the year to promote certain messages.
- With the introduction of the Breathalyzer, sensitization was done to educate people on its use and also to dispel myths.
- On a request from preschool administrators and teachers in 2010, a preschool public education initiative entitled “**Be Trinity Smart**” was launched. This initiative was started by NADAPP and NDC joined. A number of focus groups were pulled together to work on this initiative.

Drug Abuse amongst inmates

- Data collection for the Drug Abuse Monitoring Project amongst inmates began in 2005. The goal of the study was to be able to identify the level of substance use amongst inmates and juveniles in the Youth Training Centre (YTC), St. Michael’s Home for Boys and St. Jude’s Home for Girls.
- The study revealed that within the prison system, the level of substance use is extremely high amongst inmates who are on drug related charges and those on other types of charges, who admitted to using drugs. A census population from the Women’s prison and YTC and a sample of the overall population from all other prison facilities were used to conduct the test.
- Since this project, the prison system has improved its delivery of substance abuse treatment and rehabilitation to the inmate population. It has piloted a programme where persons who are receiving drug treatment all stay together, and are not part of the general prison population. These persons are worked with to address drug use prior to release.
- Over the past year the NDC initiated a project with New Life Ministries. The Ministry will work with persons who admit to having a substance use problem prior to release.
- The study reinforced that the Prison Reform Task Force had already began working on implementing improvement strategies in the prison system, and looking at the need for sensitization training for prison officers.
- Training of all Prison Officers was conducted during the period 2005 to 2007 through a programme entitled “Remedial Interventions for Drug Trafficking and Use in the Trinidad and Tobago Prison Service”. This programme spoke to the impact of the use of drugs, the risks it presented to all officers and the dangers of trafficking drugs into the prison.
- Most women in the women’s prison are on drug trafficking charges. Interventions are being put in place to address this problem.

(1) **Use of Heroin**

- NDC and its Non-Governmental Organizations (NGO) partners recognized that there was an increased in the number of involuntary returning nationals who used heroin in the past. The NDC therefore is looking at the implications for heroin, should its use become prevalent within Trinidad and Tobago.
-

(m) **Community Involvement**

- Communities are selected in various ways either by the community's request or identified by different organizations or groups. In 2008 the NDC consulted with the Organized Crime Narcotics and Firearms Bureau with respect to high production areas.
- Three (3) communities were identified.
- Over the past two (2) years, the NDC has worked closely with the Citizens' Security Programme to strengthen the drug control message in twenty two (22) communities.
- Requests were made for intervention in Cedros.
- The NDC has done work in communities such as Cedros, Blanchissuse, Moruga, Biche, Chaguaramas, Diego Martin, Chaguanas and San Fernando in Trinidad; and Roxborough, Castara, Plymouth, and Scarborough in Tobago.

(n) **Staffing**

- Since 2001 the present Manager assumed the position of Senior Administrative Officer on the establishment of the NDC. With the expansion of the Unit in 2009 the post of Manager was placed into the structure and the transition from Senior Administrative Officer to Manager of the National Drug Council occurred.
- The position of Senior Administrative Officer was taken off the structure.

(o) **Challenges**

- The major challenge faced by the NDC relates to its workload that is, liaising with other agencies and their ability to report in a timely manner.

(p) **Multilateral Evaluation Mechanism (MEM)**

- Trinidad and Tobago had twelve (12) recommendations in the 5th round of the MEM. Four (4) in the area of demand reduction, five (5) in supply control and three (3) in control measures.
- Recommendations in the area of demand reduction have not been fulfilled, two of the five in the area of supply control have been fulfilled and it is anticipated that another should be fulfilled before the end of 2012.
- Two (2) of the three (3) recommendations in the area of control measures have been fulfilled.
- Those recommendations not yet fulfilled are in progress.

(q) **Monitoring of Drug Rehabilitation Facilities**

- The Ministry of People and Social Development commenced development of standards of care for drug use and treatment and rehabilitation facilities. NDC was part of the revising and refining of this document. The document has been completed. Cabinet appointed a Committee to develop the Standard of Care. The chair was NADAPP. The mandate of the Committee was to bring a greater level of control over the operations of the treatment and rehabilitation facilities.

- The NDC does not provide oversight on the treatment and rehabilitation facilities but guidance and in some instances assistance.
- The Standards of Care document is aligned to the regional standards of care which was developed by Caricom and accepted by the CUSOD, and has now been distributed to all member States of Caricom for implementation.
- NADAPP in collaboration with the Ministry of Health will be responsible for monitoring.

(r) **National Drug Policy of Trinidad and Tobago**

- The National Drug Policy is the overarching policy document for Trinidad and Tobago's anti-drug control initiative. Policy statements and policy positions of NDC on various issues are part of the plan. For example, there is a policy on interdiction of illegal drugs and a policy on harm reduction.
- The policy of harm reduction would include initiatives such as drop-in centres where drug users can have a meal, a bath and a change of clothes. In addition, the Judiciary, as a project, will introduce Drug Treatment Courts. These are problem-solving type of courts extracted from within the judicial system and placed in the context of a rehabilitative criminal justice system that speaks to therapeutic jurisprudence.
- The drug treatment court would lead to financial advantages such as reduced cost of incarceration and social advantages in terms of rehabilitation.
- The steering committee is in the process of refining the procedure for inclusion into the programme. One of the requirements for graduating from the programme is staying clean either through out-patient intervention or through in-patient or residential treatment.

(s) **CICAD**

- Cabinet approved an annual contribution of US \$20 000 to CICAD.
- The certification of drug prevention and treatment personnel, the PROCCER is being led by CICAD. This was introduced to the Caribbean last year. The NDC is now in the process of developing and refining what was implemented in the Latin American countries, for the Caribbean.
- NDC is working with the University of the West Indies (UWI), St. George's University and other professionals to refine the certification mechanism.
- Annually, the Caribbean Institute for Addictions (CARIAD) undertakes workshops in Tobago in the month of June for a duration of two (2) weeks. Persons engaged in substance abuse, whether it is treatment and rehabilitation or policy formation are invited to participate. At the end of the workshop a Certificate of Participation endorsed by the UWI is issued.

Budgetary Allocation

- (t)
- The annual budget of the NDC has fluctuated between \$1.2 and \$2 million. The allocation for this year is \$1.5 million.

REQUESTED INFORMATION

8.1 Officials of the National Drug Council gave an undertaking to furnish the Committee with the following:

- (i) Reported statistical information in the area of cannabis plants.
- (ii) A copy of the National Anti-Drug Plan 2008-2012.
- (iii) Statistical information on drug interdiction of all illegal drugs from 2000 to 2010 and 2010 to 2012.
- (iv) Comparative information (whether increasing or decreasing) on the level of performance of Trinidad and Tobago and Caricom with respect to drug interdiction activities.
- (v) Copies of the two (2) reports produced from the partnership project undertaken with UNESCO.
- (vi) Information with respect to the effect (whether increasing or decreasing) of the Drug Abuse Monitoring Project on the use of drugs within the prison since 2005.
- (vii) The commencement and completion dates for all activities and reports listed in its previous submission to the Committee.
- (viii) A status report on the implementation of the twelve (12) recommendations stated in Trinidad and Tobago's report for the 5th round of Multilateral Evaluation Mechanism.
- (ix) A summary of the findings of the 5th Round of the Multilateral Evaluation Mechanism by CICAD.

ADJOURNMENT

8.1 There being no other business the Chairman thanked the Officials from the National Drug Council and Members of the Committee for their attendance and adjourned the meeting to ***Friday May 11, 2012 at 9:00 a.m.***

8.2 The meeting was adjourned at 11:38 a.m.

I certify that these Minutes are true and correct.

CHAIRMAN

SECRETARY

April 13, 2012

APPENDIX III

NOTES OF EVIDENCE

OFFICIALS OF THE NATIONAL DRUG COUNCIL (NDC)

Mrs. Jennifer Boucaud-Blake
Mrs. Esther Best

Permanent Secretary, Ministry of National Security
Manager, National Drug Council

10.02 a.m.

Mr. Chairman: Good morning everybody, I would like to call this meeting to order. Before we start could I ask everyone to turn off cellphones and request you to kindly speak into the microphone when you are making your presentation.

This is a meeting of the Joint Select Committee of Parliament appointed to enquire into and report on Government Ministries (group 2), reporting on statutory authorities, state enterprises falling under those Ministries.

Today we are going to be enquiring into the National Drug Council, and I would like to ask the representatives of the council to kindly introduce themselves.

[Introductions]

Mr. Chairman: I am Dr. James Armstrong, Chairman of the Committee and I ask the other members to kindly introduce themselves starting on the right.

[Introductions]

Mr. Chairman: Can I ask the PS to give us a brief overview of the Council, when it was established, the functions and so on. Give us an idea of its functions and how it has been operating.

Mrs. Boucaud-Blake: The National Drug Council was established by Cabinet Minute 1231, since July 05, 2000. It is a unit under the General Administration Division of the Ministry of National Security. That is located at head office.

It was established in fulfillment of Trinidad and Tobago's obligation as a member of the Organization of American States, to serve as a central coordinating body to implement both the Inter-American Drug Abuse Control Commission, known as CICAD, and the Anti-drug Strategy for the Hemisphere, as well as the National Drug Plan.

The purpose of the National Drug Council is to focus on the monitoring and evaluation of that plan, as well as the maintenance of the plan of action for Trinidad and Tobago under its obligations for various international bodies related to the plan. An important aspect of the work of the council as well is to serve as the coordinating entity for the Multilateral Evaluation Mechanism, known as MEM. It is a process that is required by CICAD.

The council makes decision in the context of its mandate and is supported by a secretariat headed by a manager, Mrs. Esther Best, who has responsibility for ensuring the administrative aspects and the implementation of the decision of the council are effectively executed.

The reports of the council are prepared on an annual basis and are submitted to the Permanent Secretary for review, and to ensure that the budgetary allocations associated with the operations of the

council are catered for in the annual fiscal Ministry allocations. It is processed within the procurement and other operations of the Ministry of National Security.

The activities of the council supported by the secretariat will be explained routinely by the manager of the National Drug Council, but in large measure the council is made up of subject matter entities that have a responsibility for drug control in its entirety, both in terms of supply and demand, and the strategies that are implemented are normally discussed at the level of the council and executed by the council in support by the secretariat of the council.

Mr. Chairman: Could you just clarify quickly something that you just mentioned with respect to the budget. Are you saying that the council does not have a budget on its own, it is really part of the Ministry's?

Mrs. Boucaud-Blake: Yes. There is a line item in the Ministry's budget allocation that is dedicated to the National Drug Council for all its activities. But it is located in the Ministry's overall budget.

Mr. Chairman: What about staffing? You made reference to the manager, Mrs. Esther Best.

Mrs. Boucaud-Blake: The secretariat supports the work of the council. The council itself is made up of representatives from various entities like the Central Bank, the Comptroller of Customs, the Commissioner of Police and so on. The council meets monthly, once a month, and the work of the council is implemented by way of the secretariat, which is made up of the manager and supported by about nine members of staff, in terms of research and so on.

Mr. Chairman: Let us deal with the members, the Chairman and the other persons. You submitted some information to us which indicated Chairman, Director of Strategic Services Agency, Chairman of the National Alcohol and Drug Council, and so on. Are those people in place and are they participating on a regular basis at your meetings?

Mrs. Boucaud-Blake: At the drug council meetings?

Mr. Chairman: Yes.

Mrs. Boucaud-Blake: I am not part of the council meetings, but yes.

Mr. Chairman: But I am asking, would you have that information?

Mrs. Boucaud-Blake: Yes; I have information that they are actively participating. Recently I got a request to have the council adjusted in keeping with change in the Ministry's portfolio in terms of the Ministry of People and Social Development. When that new Ministry came into existence, there was need for us to have the representation adjusted to reflect that change, but other than that the council meets monthly and there are no concerns that I am aware of in respect of its attendance and membership.

Mr. Chairman: You also indicated to us that the membership of the council was actually expanded to include the Ministry of Foreign Affairs, the Director of Public Prosecutions and the THA. Under what authority was that done and when was that done?

Mrs. Boucaud-Blake: That would have been over time and the authority would have been Cabinet, the very entity that brought the council into existence. Any variation of its membership would have been approved by Cabinet.

Mr. Chairman: You did not provide that information. Is that something you could furnish us with?

Mrs. Boucaud-Blake: Do you mean the Cabinet authority?

Mr. Chairman: And when it was actually done. There are no dates given as to when this would have taken place, whether it was a year after it was established or two or three years and whether they were all added at the same time. There are five additions here.

Mrs. Boucaud-Blake: Yes.

Dr. Wheeler: Good morning. Tell me, what drugs or substances does the council oversee and monitor?

Mrs. Best: The council is responsible for oversight on all drugs that are available, so that the policy document really addresses all drugs, both legal and illegal, including pharmaceuticals and precursor chemicals.

Dr. Wheeler: So, for example, the pharmaceuticals, how do you go about monitoring that?

Mrs. Best: The Ministry of Health participates with the Strategic Services Agency on a number of their subcommittees, and so they report through the Strategic Services Agency which is the primary agency with responsibility for supply control.

Dr. Wheeler: So you just collect information that you get from these agencies, I presume?

Mrs. Best: Yes.

Dr. Wheeler: There is one other question I am going to ask with respect to your mandate which is both with the demand and supply reduction. Are steps being taken specifically to target drug abuse in the workplace, the work environment? I am aware there are people in the workplace who are substance abusers of different types, and because they are still employed it is argued if you can help them while in the employment, you have a greater chance of getting them off the drugs. What specific workplace reduction programmes do you have in place?

Mrs. Best: That responsibility would fall squarely under the area of demand reduction, and the responsibility for that rests with the National Alcohol and Drug Abuse Prevention Programme, NADAPP. NADAPP has undertaken development of a workplace policy for substance abuse, and that is still being refined. But I do know that on invitation they would go into different companies to provide sensitization and so on.

Specific to your reference on the treatment of those persons who may have substance abuse problems, one of the main areas of referral would tend something like the Caura treatment facility where persons can go in for a period of six weeks or so and then do an outpatient type arrangement. So those arrangements are available, not just at Caura, but at other treatment facilities as well.

Dr. Wheeler: But with respect to workplace, you said the policy is now being developed?

Mrs. Best: Refined.

Dr. Wheeler: Is random drug testing going to be part of that, because at the moment it all appears to be voluntary, but you know there are various workplaces where you should not have workers under the influence of whatever the drugs maybe? So what specifically about random drug testing?

Mrs. Best: I cannot speak to that directly, because I am not actively involved in that. As I said that is under the purview of the National Alcohol and Drug Abuse Prevention Programme, however we can certainly check on it.

Dr. Wheeler: With respect to the treatment centre in Tobago, are you aware of any plans for development of treatment centres in Tobago?

Mrs. Best: Yes we are. We have been talking with Secretary Groome-Duke, and she has indicated that a building has been identified for a pilot project. I think they are looking at eight beds in the first instance, and at a collaborative arrangement between Trinidad and Tobago for those persons from Tobago who may want to come to Trinidad rather than stay in Tobago for treatment. I know that Rebirth House had been working with the Division of Health and Social Services to refine the content of the intervention and some of the services to be offered.

Dr. Wheeler: That is all for now, Mr. Chairman.

Mr. Chairman: Mrs. Best, just to follow up on something that Dr. Wheeler enquired about with respect to drugs. There is a data repository at the OAS that we are supposed to feed information into. I went on to the site of the OAS to see how we are reporting, and I was a little surprised that the information seemed to be quite scarce. I was wondering what might be the reason for that and if you could explain a number of things I saw there.

For instance, with respect to homicides, the reporting was up to 2010, robberies up to 2010. Drug supply, I saw that for the use of ecstasy there was a report up to 2002, in which there were 8,420, I do not know what that refers to, incidents or whatever, but there was nothing since then. In the first place I was not even aware of the fact that whatever this ecstasy is—is it a problem in Trinidad and Tobago. There was such a high incidence in 2002, what has really happened since that time? I am seeing here cannabis plants, 162,210, that was, up to 2007; nothing since then.

Could you give us some indication as to why are these gaps existing in the reporting mechanism going to CICAD Data Repository, and is that a reflection that we are not keeping track of that information here in Trinidad and Tobago?

Mrs. Best: No, but I was waiting for you to indicate which area of the OAS you had gone to for the data, but you said CICAD. Was it the CICAD/OID, the observatory of CICAD? Is that where you went? Because we have more updated information than that at the OID.

Mr. Chairman: Well, I went on to the OAS site since the organization was established also to report

and implement some of those policies and programmes, and I saw there was a data repository for all the countries, I think—

Mrs. Best: Thirty-four members States.

Mr. Chairman: I went to Trinidad and Tobago to see the reporting, and that is what I found. I do not know whether there is some other site or some other database that I should have been looking at.

Mrs. Best: There is the OID, which is the observatory on drugs for CICAD where we routinely send reports. Many of the reports though are based on research activities which CICAD may be undertaking. So, for example, you may probably see things for secondary school surveys that we have done over a number of times, and we are preparing to do another one at this time. You may see information on some things from prisons, research we have done on prisons.

The issues of ecstasy, if I could go back to where you started, is one of those things that is not as obvious as say cocaine or marijuana seizures, because of the nature of ecstasy. It presents as a tablet and so the opportunity for seizures would not be as great as say interdiction for cocaine or one of the other bigger more bulky illegal drugs.

We do not have a lot of information in terms of the use of ecstasy and how prevalent it is. We just use data that comes to us from the non-governmental organization community, in terms of the number of persons who may have admitted to using ecstasy.

It is usually considered what they call a “party drug” and seems to circulate more in a certain socioeconomic group in the society. So unless there is information or intelligence that says, “This is what is happening here,” it is very difficult to track ecstasy use. We know it is here, we know it is being used, but it is difficult to track and therefore interdiction—

Mr. Chairman: I appreciate that, but what jump out at me really was the fact that there was some reporting in 2002. That is what I am sort of curious about, what is that 8,420.

Mrs. Best: That may be tablets, I really cannot say.

Mr. Chairman: If you can perhaps get back to us on that and why it is since 2002 we have had no further reports on that and a number of other categories, columns that are also empty.

In fact, I noticed that it is not simply with Trinidad and Tobago, I looked at the stats for Jamaica as well and realized quite a few gaps there. I think Barbados must have been the best reporting country.

Mrs. Best: May I just say that the reporting structure is built to take in all the drugs that are available across the hemisphere, in all the countries in the hemisphere. Some of the drugs do not apply to us. So, for example, you may see no reporting of cocaine paste. That is not something we see in Trinidad and Tobago, and I would hazard to say we do not see in the Caribbean region. There is a drug called bazooka which is another type of cocaine paste, but it is very prevalent say in Central America. Because the reporting instruments try to be designed in as comprehensive a manner to take in all the drug across the hemisphere in all the different regions, you may see areas where we have no

information provided, and it may be because the drugs are not applicable to us.

Mr. Chairman: I appreciate that. For instance, with respect to cannabis plants, as I said it was reported up to 2007. Since then we are getting so much information in the media about police seizing and destroying farms, acres, and that is why I was curious as to whether this was being reported, and whether it is required to be reported. So if you could kindly look into that and get back to us.

Mrs. Best: Yes.

Miss Hospedales: I saw a term of reference for the National Drug Council being “to monitor and evaluate the progress made during the implementation of the National Drug Master Plan relative to both demand and supply reduction and to make appropriate recommendations”. I would like to ask whether or not as a country we are on target with the implementation of the National Drug Master Plan and whether or not there are challenges in its implementation and what are some of the challenges.

Mrs. Best: Whether we are on target—we have just gotten, I would say, an effective and robust monitoring mechanism put in place, and so by the time the plan comes to an end, which is 2012, we should have an excellent evaluation of where we are in terms of its implementation. At this point I can say that we have a preliminary report which indicates there have been successes and achievements in terms of the implementation of the plan.

With regard to some of the challenges, financial will always be a challenge for some agencies, especially for civil society. We have to bear in mind that civil society provides most of the treatment and rehabilitative care. Some of the other challenges that have been encountered by agencies are human resources, and some technological resources have been reported as well. There have been challenges identified, but there have always also been a number of significant achievements in terms of the implementation of the plan.

Miss Hospedales: So despite the challenges you are still able to maintain some measure of oversight, monitoring and implementation of the programmes and activities?

Mrs. Best: Yes.

Miss Hospedales: Apart from that, in the report, the National Drug Master Plan, you said there were programmes, activities and projects that you have identified for implementation. Are all those projects, programmes and interventions implemented or are you still in the process of rolling them out?

Mrs. Best: We are still in the process of implementation of some of them. Some of them will be ongoing. Some things will not come to an end. Because it is the mandate of the core agencies involved in the council and involved in the execution of the plan, things will be ongoing. For example, interdiction activities are the responsibility of the Organized Crime, Narcotic and Firearms Bureau, so that would be ongoing.

The activities under demand reduction in terms of public education, sensitization, those kinds of activities will continue to happen, and activities undertaken under research. So some things will

continue to be ongoing.

Miss Hospedales: I just want to ask another question. You talked about drug interdiction initiatives, over the last few months we have seen a number of systems that were set up that were in place with respect to the Ministry of National Security, to assist in drug interdiction being removed. How has that impacted on our ability as a country to really be effective in the area of drug interdiction? I am talking about the issues of the blimp, the OPVs and a number of other systems that were set up that are not there anymore to support the drug interdiction initiatives.

Mrs. Best: I will defer to the PS on that one.

Mrs. Boucaud-Blake: I cannot speak specifically about the implications of the blimps being removed, but I must mention the OPVs never arrived here. We never had OPVs as part of our interdiction effort. It was an initiative that was not yet completed, so the impact of it cannot be evaluated.

Mrs. Best: Having said that though, I have to say that the work of the Organized Crime, Narcotics and Firearms Bureau continues unabated, and they continue to undertake the interdiction, both within Trinidad and Tobago and at the major ports of entry, both airports and seaports, supported by the Customs and Excise Division and the overall Trinidad and Tobago Police Service, the coast guard and the army.

Mr. Partap: Thank you for coming to the committee's meeting this morning. I have one simple question. I do not know if you would be able to give us this information now or at a later time. How has the drug interdiction increased numbers or will you be able to give us the numbers from 2000—2010 and then from 2010—2012?

Mrs. Best: I cannot give it to you now, but it is certainly something that we can check. So you want drug interdiction of all the illegal drugs?

Mr. Partap: The illegal drugs, yes.

Mr. Chairman: I want to go back. You mentioned, Madam PS, that there is a plan. Is this the National Anti-drug Plan? How many plans are there? We have not seen any attachments.

Mrs. Boucaud-Blake: There is one National Anti-drug Plan 2008—2012.

Mr. Chairman: What is the time horizon on that plan?

Mrs. Boucaud-Blake: 2008—2012.

Mr. Chairman: The title of that is?

Mrs. Boucaud-Blake: The National Anti-drug Plan of the Republic of Trinidad and Tobago.

Mr. Chairman: Would you submit a copy of that to us?

Mrs. Boucaud-Blake: Sure.

Mr. Chairman: Any other plans you have apart from that?

Mrs. Boucaud-Blake: The plans we have been submitting annually are the annual reports that the council would have been submitting to the Permanent Secretary, which really is an amalgam of all the

activities taking place over the respective year that comes for it, in the context of the mandate of the council, that is enumerated in the beginning of the report in terms of what the council exists to do. So as the work of the council is completed on an annual basis, those reports are submitted to the Permanent Secretary for review to ensure that there is compliance with the mandate that Cabinet has given.

Mr. Chairman: In terms of the actual implementation of that plan, that was supposed to be from 2008, the National Anti-drug Plan should have been 2008—2012?

Mrs. Boucaud-Blake: Yes.

Mr. Chairman: We are now in 2012. I was trying to ascertain really what has been the progress with respect to the implementation of your work programme, plans and so on, and I could not quite synchronize. You mentioned a number of things that you have been involved in, but I am not sure to what extent those actually fit into the plan, the objectives of the plan and the deliverables of the plan. Could you give us some idea as to what is your impression in terms of the implementation of that plan now that it is actually 2012? Are you satisfied with the implementation of the plan that you are referring to?

Mrs. Boucaud-Blake: The plan is on target in terms of ensuring that the mandate of the plan is in place. Specifically, the plan summarizes the national policies, define priorities and allocate responsibilities for drug control efforts. That in essence is what the plan is about. Let me repeat that: the plan summarizes national policies, defines priorities and allocates responsibilities for drug control efforts. That major plan is rolled out in detail in terms of its matrix, where the National Drug Council would oversee its implementation and make recommendations where necessary to ensure that it attains its objectives.

For example, recently there was a need to more effectively monitor and evaluate some aspect of the plan, and the secretariat recognized it was not competent to do that particular type of monitoring and evaluation. The drug council made recommendation for an expert in that field of monitoring and evaluation to have a more robust involvement in that field, and they made recommendations for a consultation which came to me, which I looked at to ensure that the process was consistent with good procurement processes, but in effect the council would have made recommendations to ensure that that particular mandate is effectively delivered. That is an example of how they go about managing the plan. The plan, from my understanding of it, is on course. The council is the entity that has direct oversight in ensuring that the plan meets its mandate.

Mr. Chairman: You actually in your submission made reference to the engagement of a consultant, so we are aware of that. Is that person on board as yet, and if the person is on board what would be the focus, given the fact that we are now in the last year of the plan period, the time horizon for the plan? Has that person been engaged as yet? There is reference in your submission to the engagement of a consultant.

Mrs. Boucaud-Blake: Yes, he has done a preliminary report; I would let Mrs. Best give you the details of that report, but the preliminary report is, in fact, in place.

Mrs. Best: The consultant has been engaged and has been working on the preliminary reports on the status of implementation of the activities and projects under the plan. The draft report was submitted actually two days ago, and the council now has it for review, prior to finalization; so that is where we are.

But to answer your question in terms of the fact that we are now in the final year of the plan, the secretariat has been engaging in discussions with all of the responsible agencies under the plan, to get reports on their activities over the past four years, between 2008 to date. That the consultant is now pulling together under a comprehensive M and E framework to really bring forward a comprehensive report on the complete status of implementation of the plan.

Within the context of the work that he is doing, he is also highlighting areas for us that need to be considered as we begin the review and planning for the next plan that would come into effect in 2013; so that is a part of his remit as well.

Mr. Chairman: You also made reference to consultants selected to undertake rapid situation analysis and to present their findings at two national consultations.

Mrs. Best: That was a partnership project that we undertook with UNESCO. They had this project that they initiated in three countries in the Caribbean: Barbados, Trinidad and Tobago and Jamaica—and this is the UNESCO Caribbean office. The terms of reference for that project were to engage consultants to undertake the work to be done under the ambit. But the National Drug Council, along with a multisectorial steering committee, has oversight on work of the consultants, and two reports were produced from that project, one for Trinidad and one for Tobago.

Mr. Chairman: One for Trinidad and one for Tobago?

Mrs. Best: Yes.

Mr. Chairman: We are going to request that you kindly let us have sight of those two reports.

Mr. Jeffrey: In terms of the terms of reference for the National Drug Master Plan, I recognize that you have the Foreign Affairs Ministry and Sports, but the Ministry of Community Development and the Ministry of Education are not included. Is there a reason for that?

Mrs. Best: The Ministry of Community Development—and PS made reference to the fact that we just approached for expansion of the committee—when the council was formed and the expansion took place, as the Chairman referenced, the Ministry of Community Development was part of that mega Ministry. I do not know if you recall between 2000 and 2001, there was the mega Ministry of Community Development, Sport and Social Development. That was the Ministry that was represented on the council.

When those Ministries separated into separate entities again, the council continued to be represented by

the Ministry with responsibility for demand reduction which, since that time, has been the Ministry of Social Development, which is now the People and Social Development.

In the last set of changes to Ministries and movement of units, NADAPP has now gone to Community Development. We sought the guidance of the Permanent Secretary on how we should reconcile the representation, since both the Ministry of the People and Social, and of course now the Ministry of Community Development with responsibility for NADAPP, will both be able to bring a lot of value to the discussions at the level of the council. So that is one, in terms of your question on community development. I just wanted to put it in the context of how it happened.

The Ministry of Education—previously NADAPP had what was called the National Alcohol and Drug Abuse Coordinating Council, which was council almost an oversight body for the NADAPP secretariat. The life of that body ended some time ago, and there was the feeling at the time by the sitting Minister that there was no need to have another body when you now had the National Drug Council. What was therefore lost in that arrangement was the representation of the Ministry of Education, and those were the Ministries that were participants on that council, the Ministry of Education, the Ministry of Health and so on.

What we have done to try to fill that gap is under a series of subcommittees that we convened. We have representation from all those Ministries. So we have the Ministry of Community Development, we have the Ministry of Health and the Ministry of Education always represented at those subcommittee meetings, and they inform discussions on the MEM, discussion on the National Drug Information System and all the other things that we do.

Actually yesterday, at the council meeting, this issue was raised and the coordinator of NADAPP advised that representation was now being made to the Ministry of Community Development to convene a policy steering committee for demand reduction that would include those same Ministries and agencies that were with the end of the life of the National Alcohol and Drug Abuse Coordinating Council. So I hope that answers your question.

Mr. Jeffrey: Yes.

Miss Hospedales: Mr. Chair, I read that last year you would have had a Caribbean Drug Observatories Meeting, where it was highlighted that the prevalence of marijuana use among school aged children had increased. Exactly what do you have in place to at least reduce the incidence of marijuana use among school age children? I also want to find out if there is a communication strategy, because while reading this I remember when I was a teenager there were frequent ads on television telling young people and children not to use drugs and the dangers of using drugs. We really do not have much of that on television at present. So I want to know if you have a communication strategy, if you intend to implement one and what time frame you are looking at as well.

Mrs. Best: To address the first question on the issue of prevalence and interventions to address

prevalence, you are absolutely right, that is what the school surveys are showing, both in terms of marijuana and alcohol. Part of what we have been trying to do is to increase the amount of interventions that we undertake in both secondary schools and primary schools.

As a matter of fact we have been doing quite a few secondary school surveys, where we have learned that the age of first use is actually occurring in primary school. So that NADAPP is now preparing to do a primary school survey during 2012. They have already done the structure and have developed the instrument, the data collection instrument to do that.

In the interim though, NADAPP has rolled out a primary school initiative that started, I think it was two years ago, where they have gone across the country trying to undertake sensitization in primary schools. We continue to work in secondary schools through the Rebirth House and other agencies and organizations, and also collaboratively with the Ministry of Sport. When they were Sport and Youth Affairs they would have these caravans that would go into schools. NADAPP would go in with them, Organize Crime and the National Drug Council. In a one-year period I know that we have participated in between 12 to 15 of those caravans. That is under sport.

The Ministry of Youth has also done quite a few things in communities. We have worked, through Community Development, what used to be the Community Safety and Enhancement Programme, again going into schools. When the Carnival caravans go out as well, we have done that to go into schools. So we are trying to do a number of things, a number of interventions in that format.

Additionally, many schools invite us to come in and set up booths and do different activities with them. We have also developed a number of pieces coming out of that UNESCO project. What has been done traditionally is that people would go in and hand you a flier, hand you some paper or hand you a pamphlet, and we realized that does not work; so we have developed pieces in various media; for example, live action footage, we have facts and myths, which is animated.

We are using Roger Alexis who is the creator of the world famous Santana at this point to do a piece for primary schools that NADAPP would use. We have been through to NALIS, in their children's library and some of their activities that target both primary and secondary schools, to undertake those types of public sensitization activities.

In terms of a communication strategy, to say that there is a formalized strategy, I cannot tell you that there is a formalized strategy. We have been trying to work on a structure or system where we can, through the Ministry of Health, the Ministry of Education, National Security and People and Social Development, and of course now Community Development, to be able to structure an intervention that would allow for health to take a part of the year and promote certain types of messages, and for the year to roll out in such a way that different agencies and ministries have responsibility for different points. That has not materialized at this point.

So you would find that the message would increase around Carnival time and Christmas time. With the

introduction of the breathalyser, quite a bit of sensitization was done mainly to educate people on its use and to dispel some of the myths about chewing a brown paper bag you would be able to beat it and things like that. But we have been trying to get as many messages as possible out there, using various media.

We recognize also from looking at the international research that putting something on television, especially in our current reality, you have to really have a good sense of where your target group is, what they are listening to and what they are looking at. So you have to put it on Synergy, if you are looking to reach young people. You have to put it on—I am not too familiar with all the young people stations, but Red96—I am sorry I should not be identifying media houses, I apologize—but some of the stations whose target groups are the persons that you are channeling the message to at that point in time.

One of the preventative measures we have taken in terms of public education is development of a preschool public education initiative called “Be Trinity Smart”, which we launched in 2010. This came as a request from preschool administrators and teachers, as a matter of fact, and they have worked with us. It is an initiative that NADAPP started and the drug council joined. We have had a number of focus groups that we have pulled together to work on this, and we now have a number of pieces both in terms of posters and books and an animation that we would pilot this year, to begin the education earlier. So that we catch them in preschool, if we could maintain it in primary school—my dream is that over a 10-year period with a longitudinal study, we would begin to see a difference at the secondary school level, because that is where we have established the baseline with the research that we have done so far. So I hope that answers your questions.

Miss Hospedales: Both Dr. Browne and I had the privilege of being a part of the rollout for the primary school initiative as well as the preschool initiative, in terms of teaching the children about the dangers of using drugs, and the teachers and administrators about ways in which they could teach the preschooler.

One thing I just want to go back to is what my colleague, MP Jeffrey, indicated about the partnership with the Ministry of Education, because there is a gap. I used to work as a school social worker before, and I could tell you there is a great resource in working with the Student Support Services of the Ministry of Education. For instance, a lot of what you said are one-off encounters that the children would have to be taught about drugs and why they should not use it, but if you were to partner with Student Support Services, there would be consistent reinforcement over the year with respect to the children always being exposed to material and exposed to lessons on the importance of not using drugs, and the dangers that are associated with it. I think that is one area you could probably look at in terms of networking with the Ministry to ensure they are always exposed to that kind of information, and as a result they are able to make informed choices if ever presented with the opportunity to use drugs.

Mr. Chairman: Madam PS, reference is made to a Drug Abuse Monitoring Project among inmates. We have no details on it. Could you give us an idea of when this study was undertaken with respect to drug abuse among inmates, and some brief comment on the findings of that study?

Mrs. Boucaud-Blake: Yes, but that is squarely in the domain of the manager, so I will defer to her.

Mr. Chairman: Okay, could the manager enlighten us.

Mrs. Best: The data collection for that study began in 2005. The goal of the study was to be able to identify the level of substance use among inmates and juvenile as well, because the data was gathered from the YTC in addition to St. Michael's Home for Boys and St. Jude's Home for Girls.

In terms of what was found within the prison system, the level of substance use is extremely high, both among inmates who are on a drug related charge and also those who are on other types of charges, who admitted to using drugs. In some instances we did a sample size population, in some of the bigger prison facilities, others we did a census. So, for example, in the women's prison and at the YTC we did a census of the population. In all the other prison facilities we did a sample size of the overall population. We found that the level of substance use, as I said before, was extremely high, and there was need for a structured intervention within the prison system.

Since that time, the prison system has increased and improved its delivery of substance abuse treatment and rehabilitation to the inmate population, and have actually piloted what is called—the term has just gone from my head, I am sorry. They piloted a programme where persons who are receiving drug treatment all stay together, so they are not part of the general population. They work with them over time, pre-release, to address their drug habit.

In the past year, they have also initiated a project with New Life Ministries, where that ministry will be working pre-release with those persons who admit to having a substance use problem and rolling out. Those were not the only issues that were identified in the study. Part of it was the issue of the security systems, which have been enhanced over time. What the study found was very aligned to what the Prison Reform Task Force had identified as some of the areas of improvement. Actually the study just reinforced what the Prison Reform Task Force was already working on implementing in the Trinidad and Tobago prison system.

Also, looking at some of the specific issues as they impacted women, because at the women prison we found, and what continues to happen up to now, that most of the women there are on drug trafficking charges. Many of the foreigners who are in the prison are also on drug trafficking charges. So we felt the need to really look at the specific issues as they relate to women and begin to put interventions in place to address some of those problems.

Mr. Chairman: You alluded to some mitigation measures being put in place with respect to curtailing the use of the drugs in the prison, in fact, drugs getting into the prison. How successful has that been? This was in 2005. Have you been monitoring since 2005? Do you think, with drugs getting into the

prisons, the mitigation measures put in place have sought of decreased the entry of drugs there? Is it at the same level? What has been the result of that?

Mrs. Best: I cannot say, Sir. I will have to check to see what the seizure rates were. One of the other things that came out of that study as well was sensitization training for prison officers, from the executive level straight down to the newest batch, not recruits. We did not do recruits in that first instance. It started at the end of 2005 going straight through 2007. It was called “Remedial Interventions for Drug Trafficking and Use in the Trinidad and Tobago Prison Service. All prison officers were a part of that training programme. It spoke to both the impact of the use of drugs, not just on the individual, but persons who may be in their batch or their friends who are using drugs, and the risks it presented to all officers, and also the dangers of the trafficking of drugs into the prison.

One of the goals, as stated by the then Minister was that, “For those of you who are currently doing it, this is supposed to be your intervention, it is supposed to be corrective, and for those of you who have not started, it is supposed to be preventative.” So that anybody who is caught with it, from here on in, would feel as always the full brunt of the law, but they cannot say that they did not know. That was the goal of that.

Mr. Chairman: If you could perhaps provide us with some information as to the effect of that study and what has happened since 2005, whether in fact it is going down or whether it is increasing.

There was another report referred to, Heroin Use in Trinidad and Tobago and the Social Implications. It was on page 7 of your report I believe. Again, there was no date on that. In fact, all the reports that you made reference to, most of them in here, we have no dates on them. We do not know when they were prepared, when the activity took place, whether it was 10 years ago, 10 months ago. It was very difficult really.

Mrs. Best: Chair, may I just advise that the request received by the council was for the period 2005—2011. The activities and achievements that we have highlighted in this report are for that period.

Mr. Chairman: Are we then to assume that if there is no date on it, on any of these reports, that it was before or after 2005? For instance, the Drug Abuse and Monitoring Project, that was in 2005 as you have indicated, but it is not reflected in the submission. It is not there on most of them anyhow, whether before or after 2005. Are we to assume that all these were since 2005?

Mrs. Best: Yes, Sir.

11.00 a.m.

Ms. Best: Yes, Sir.

Mr. Chairman: All right. But still, even if they are after 2005, could you indicate to us, go back through, and send us some indication as to when these activities would have been undertaken, and briefs completed?

Ms. Best: Sure.

Mr. Chairman: Yes. Okay. Now, with respect to heroin use, and the social implications, could you assist us with any information on that?

Ms. Best: The intent in looking at this issue was the fact that it was identified in the international community that heroin was being grown in South America, and that it would begin to take the same trafficking routes as cocaine, and so we felt that we should look at what are the implications for the use of heroin within our own arrangement.

Heroin has traditionally been a drug that was injected. In the last three to five years, now it has been moved to a smokeable drug, and there is that feeling that people in the Caribbean are afraid of needles, any drugs that are going to be administered through a needle, would not take hold in the Caribbean, and so far with heroin use, we have only seen it in this region in the Dominican Republic. However, we did take cognizance of the fact that with the increased number of involuntary returning nationals, and our NGO partners were reporting that some of them had heroin experience, that we should look at this issue, and begin to rationalize what needs to be done.

The issue of the treatment for heroin is a very high intensity issue, it requires a medical intervention, and in most instances a substitute drug is used, the predominant drug of choice tends to be methadone, so you are replacing one addiction with basically another that is less harmful. So we felt that, given all those factors that we needed to look at what would be implications for heroin, should heroin use become prevalent in Trinidad and Tobago.

Mr. Jeffrey: I am listening to the whole discourse, more and more we are seeing the importance of the schools and the community getting involved in this whole thing. If we really and truly want to make a dent in this use of drugs and so on, we have to do something in the schools, as well as in the communities. We are doing that in the school system right now, they are bawling that they are overloaded, but we are at a stage right now whereby we have to take the bull by the horns, and get involved in the school system, get the PTAs involved, and even the village councils. They will do two things, one, help to prevent those who are not yet on drugs to stay off, and two, it would provide intelligence for the law enforcement in terms of capturing those who are involved in the trafficking.

So I think we really and truly have to make a serious intervention, in terms of the schools, and I am glad to hear you mention about the pre-schools because I think that in the primary schools it is too late. I think that you have to use the pre-schools, and certainly in the communities and so on. I think it is a good initiative anyhow.

Miss Hospedales: Mr. Chair, I want to ask a question, specifically with regard to communities. You said that you all engage communities in several activities, you also try to ensure that, in specific communities, there are libraries, homework centres, and ongoing parenting workshops and stuff; how do you all select the communities that you all work with, and how many of those communities you have been working with over time?

Ms. Best: The selection of communities comes in various ways. Sometimes communities request that we come; sometimes they are identified by different organizations or groups. Every year the United Nations Office on Drugs and Crime has a theme in recognition of International Day against Drug Abuse and for Illicit Trafficking, and in 2008 that theme was drug trafficking. So we consulted with the Organized Crime Narcotics and Firearms Bureau, in terms of areas of production, and three communities were identified as high production communities, so that is one mechanism for identification. As I said, sometimes communities request it.

We have worked in the past two years, very closely with the Citizens' Security Programme in their 22 communities at this time, and to really strengthen the drug control message in those communities. We have also had requests for interventions in places like Cedros, and we usually do a community engagement; we try to bring people from the village council from the different organizations that exist within the community, and we do the consultations.

So, to say how many communities we have worked with over time, I cannot tell you off the top of my head, but I can tell you that we have worked from Cedros to Blanchisseuse, Moruga, Biche, Chaguaramas, Diego Martin, Chaguanas, and in San Fernando. We have covered many communities across the length and breadth of Trinidad and Tobago. We have worked in Roxborough, Castara, Plymouth, and Scarborough, we have really tried to be as effective as possible, and then through the caravans as well that has taken us into many communities, Blanchisseuse, we have really tried to be as equitable as possible in terms of coverage, and identification of need.

Mr. Chairman: Ms. Best, you are the Manager, might I ask how long have you been in that position?

Ms. Best: When the Secretariat was first established in 2001, as you would see from the document that we sent, the post was Senior Administrative Officer—*[Interruption]*

Mr. Chairman: Okay, all right.

Ms. Best: —and I assumed that post with the establishment of the Secretariat in 2001. In 2009, with the expansion of the unit, the post of Manager was put into the structure, and I transitioned from Senior Administrative Officer to Manager of the National Drug Council, so I have been there from inception.

Mr. Chairman: All right, but that is not included here. We, have a Senior Administration Officer—contracted position.

Ms. Best: That was the original structure.

Mr. Chairman: And you would have held that position.

Ms. Best: I did.

Mr. Chairman: So you are now up to—*[Interruption]*

Ms. Best: I am now Manager.

Mr. Chairman: —Manager. And what has happened to that position, did somebody fill that?

Ms. Best: No. It was taken off the structure.

Mr. Chairman: That was taken off. So, you now have one Research Officer II, Clerk Stenographer IV—*[Interruption]*

Mrs. Boucaud-Blake: If you go to page 14, you will see the current structure.

Mr. Chairman: There is no page 14. Oh, sorry. Okay. Alright! So we have now the Manager—so you now have a Programme Officer, Research Officer II, Research Specialist, and would this staffing be adequate to meet the requirements, and you have no problems with funding or anything like that?

Ms. Best: No, we do not.

Mr. Chairman: Okay. Minister Hon. Partap asked for some information on, I believe it was drug interdiction, from the time of establishment up to 2010, and from 2010 to 2012. Would it be possible, while you are doing that, to also give us some sort of comparison with respect to either the Caricom sub region or the wider OAS, as to how we are performing in terms of our drug interdiction activities, how successful we are compared to some of the other countries? I do not know whether that sort of statistical information might be available, but if it is, could you give us some information on that? Is that something that you think might be—in other words, is there any success, are we improving in that area compared to some of the other countries?

Mrs. Boucaud-Blake: Compared to whom?

Mr. Chairman: Well, either the countries in the Caricom region. I noticed that you were elected as the vice chairperson of a committee within Caricom, is that, Ms. Best?

Ms. Best: Yes, Sir, that is accurate.

Mr. Chairman: When you go to that Caricom meeting, what is the impression that you have, in terms of how we doing? You were at a meeting I believe it was in 2008? Have you been since then?

Ms. Best: The body that I am vice chair of is the technical advisory body to Caricom's Regional Demand Reduction Strategy. The reason the PS was asking to whom is because our resources in Trinidad and Tobago are very different from that of our Caricom colleagues. So that, for example, if we were to say we compare to Grenada, where there is only one residential treatment facility that has been severely hampered since Ivan, yet Grenada continues to collect data and so, but they also do not have the opportunity for the breadth of intervention. For example, we can go into a community and discuss the various opportunities that exist under the Ministry of Science, Technology and Tertiary Education. Many of our Caricom partners do not have facilities such as those.

I know that we can get the interdiction statistics because there are regional statistics to support that, however, if you are looking for statistics in terms of how well we are doing with things like rehabilitation that is a much more challenging enterprise.

Miss Hospedales: I would like to know what are some of the challenges currently experienced by the National Drug Council, if you all can give us a list of those challenges, and also if we can have a summary of the findings of the 5th Round of the Multilateral Evaluation Mechanism by CICAD. If we

can have a summary of the findings so that we can be aware of what was reported.

Ms. Best: Okay. The challenges that the council experiences are mainly to some extent, and not anything that I can say is significant, it is just normal workload challenges, in terms of liaising with the other agencies, not within the Secretariat per se, but the workload of the other agencies and their ability to report, in as timely a manner, as we would like to see them report. I would say if there was one challenge that would be the major challenge.

I do not think we have any real challenges with the council. You see the establishment and representation on the council was designed—on the council itself, I am not talking about the Secretariat now—to bring on board those persons who are decision-makers in the anti-drug initiative, and so, once a decision is taken at the level of the council, for example, that involves the Customs and Excise Division, the Comptroller then takes that back, and basically says, okay, we would be doing X, Y, and Z, and the council will be in touch with whomever, whether it their IT people or whomever, and things happen. So that gathering data and getting information has really not been a huge challenge for us. It is just that sometimes the workload of those organizations does not always provide for it to be done in a timely manner. I cannot say that we have any major challenges.

With regard to Trinidad and Tobago's report for the 5th Round of the MEM, I can give you a very quick overview; Trinidad and Tobago had 12 recommendations in this round, four in the area of demand reduction, five under supply control, and three under control measures. Of those, we have not completely fulfilled any in the area of demand reduction. We have fulfilled two of the five in the area of supply control, and we anticipate that another one should be fulfilled before the end of 2012.

And in the area of control measures, we have completed two of the three recommendations. The third one we have provided, we think sufficient information for it to be considered fulfilled, when the governmental expert group meets next—which is next week please God in Washington.

Of those recommendations that have not yet been fulfilled, all of them are in progress, meaning work has been undertaken toward fulfillment of all of the 12 recommendations. If you want the specific recommendations, I can make those available to you, and also the last report on the status of implementation recommendations.

Miss Hospedales: Okay, that would be very good. I want to ask one other question. With respect to drug rehabilitation facilities, do you provide monitoring of those facilities, and do you all also provide advice as to the standardization of the treatment programmes? Because what I have found is that there are many drug rehabilitation facilities but all of them having different ways of actually engaging the drug addict, and as a result of that the success of the client, in terms of going through rehabilitation and remaining clean, is normally very, very, very low. Can you give us some insight into that?

Ms. Best: I am very pleased to report that—it started in the Ministry of People and Social Development—we began development some time ago of standards of care for the treatment of drug use,

for treatment and rehabilitation facilities, and that document—the council was also part of revising and refining that document. It has now been completed and been submitted, but through the Ministry of Community Development which is where NADAP now resides, because NADAP had the chair of that committee. It was a Cabinet appointed committee to develop the standards of care. So that has been completed, and that would bring a greater level of control over the operation of the treatment and rehabilitation facilities.

The National Drug Council in and of itself does not provide any oversight on the treatment and rehabilitation facilities, however, we do have excellent relationships with the NGO partners, and so we are often in a position to provide guidance, and in some instances assistance as we do with Rebirth House for the Facing Life series, we have done that since 2000—from the first Facing Life—and straight through to date, and also with the National Council on Alcohol and other addictions, which was set up by an Act of Parliament, we have been able to provide assistance to them for their education and some of their other activities.

So I think that within the next, I would say maybe 12 months, we should see a much more robust monitoring system in terms of standardization of care. I have to say that our standards of care document is aligned to the regional standards of care which was developed by Caricom, and accepted by the CUSOD, and has now been distributed to all member States of Caricom for implementation, and our document is aligned very closely with the goals and objectives of that standards of care document.

Miss Hospedales: Just one question again; who would be responsible for monitoring?

Ms. Best: Within the context of the content of that document, it would be NADAP in collaboration with the Ministry of Health.

Mr. Chairman: Okay. I just wanted to go back to clarify something that I asked about earlier, in terms of your response; I was really enquiring about drug interdiction not abuse, so if we can get some clarification on that. In other words, are we seeing a significant increase in drugs entering the country or the police sort of finding an increasing amount of drugs, and our interdiction is not what it should be, given the fact that you have so much drugs in the country. If you can get any idea at all as to how we compare with respect to the other countries.

Reference is also made to, I do not think we touched on this, a national drug policy, as distinct from the plan that you have. And it is reported that it is something that as bullet 1-3, on page 9—Development of National Drug Policy for Trinidad and Tobago. Again, no date was given on that. When was this policy document prepared? What is the date on that, and is it current, is it obsolete, has it been updated? If you look on page 9, 3 bullet 1.

Ms. Best: The National Drug Policy—well there are two things—the plan is the overarching policy document for Trinidad and Tobago's anti-drug control initiative, that is the one thing, but as a part of the plan—and when we provide you with the copy you will see it—there are specific policy statements

that have been made, and the council thought that this was an imperative because we know that, across Ministries and organizations, different persons represent Trinidad and Tobago in various fora, where drugs and its multifaceted issues may arise, and we wanted to be sure that everyone was clear on what our policy positions are on various issues.

For example, we have a policy of interdiction of illegal drugs. We have a policy on—and I am not sure if I am going to open up a Pandora's Box here—but certainly on the issue of harm reduction, and that is part of the drug policy of Trinidad and Tobago. And harm reduction is not the legalization of drugs, neither is it making drugs available for substance users. There are many areas on the spectrum, some of which are already in place in our practice.

Mr. Chairman: Could you enlighten us as to what?

Ms. Best: Things like drop-in centres where chaotic drug users—what we tend to call pipers—can go somewhere and have a meal, a bath, and a change of clothes, rather than just stay on the street. By having a meal, even if they use after they have that meal, the impact of drug on their body is not as debilitating as if they do not eat, things like that.

Within the last year, you would have heard the Chief Justice mention the introduction of Drug Treatment Courts, and they are a problem-solving type court, similar to the family court where you want to pull it out of the normal kind of hardcore judicial system, and put it within the context of a rehabilitative criminal justice system that speaks to therapeutic jurisprudence. And so we are working alongside the Judiciary to see the introduction of drug treatment courts that would begin to bring some relief, we hope, both to the court system and to the prison system as well.

Miss Hospedales: I needed to ask a question about the drug treatment pilot—*[Interruption]*

Ms. Best: Court.

Miss Hospedales: —the pilot that you all wanted to implement. What advantage would that bring to us as a country?

Ms. Best: The advantages are tremendous, there are financial advantages; there are advantages in terms of the cost of incarceration; there are social advantages in terms of the rehabilitative aspect; the advantages are multisectoral, and really I would like to have the opportunity just to be able to do that alone for this committee, just drug treatment courts alone. I am sure the Chief Justice would love to have the opportunity to come and speak to that, but it is really a very innovative, tested and proven system, and intervention that, it may sound very cliché, but it literally saves lives.

Miss Hospedales: Just to ask one other question, would it be based on mandatory rehabilitation or is it going to be engaging the drug addict into a more voluntary type process?

Ms. Best: The steering committee is in the process of refining the process for inclusion into the programme, but staying clean is one of the requirements to graduate the programme. Having a clean screen is one of the requirements to graduating the programme, and that can be done through out-

patient intervention or in the case of those persons who cannot do it on their own, through in-patient or residential treatment. Dr. Wheeler asked earlier about having persons who have jobs in rehabilitation, and the drug treatment court does offer that kind of opportunity.

Miss Hospedales: There are other types of addicts, so those persons who are, say for example, gamblers would be eliminated or would they be included in this particular type of court, and then you have the issues of people being sex addicts and stuff like that, are they also going to be included as well?

Ms. Best: At this time we are creeping so we want to say, we are doing drug treatment courts, drug treatment courts. There are other opportunities for rehabilitation. It is not the Drug Council's project—sorry, the PS just reminded me to emphasize that it is a project under the Judiciary, and we are working with them on it.

Mr. Chairman: Ms. Best, am I to understand from what you said that there is no specific document that we can go to, with respect to the National Drug Policy, but it is actually included in the—
[*Interruption*]

Ms. Best: In the plan.

Mr. Chairman: —in the plan.

Ms. Best: Yes.

Mr. Chairman: Okay. So there is no—okay, so that would have been done—[*Interruption*]

Ms. Best: To a specific component of the plan.

Mr. Chairman: —it is a component, okay, fine. The request for contributions to CICAD of US \$20,000, has that been done?

Ms. Best: It is annual. Cabinet approved an annual contribution which is being done.

Mr. Chairman: And we are up to date on those payments?

Ms. Best: And we are up to date on those payments. The last payment was sent earlier this year.

Mr. Chairman: Dr. Douglas, I do not know, is there anything that you wanted to know? I should have mentioned that we have been joined by another Member, Dr. Douglas.

Ms. Best: Good morning.

Dr. Douglas: Sorry, to be late. I am just clarifying the point that the Chairman made earlier, are you saying that we do not have a drug master plan, or we have?

Ms. Best: We do have a plan.

Dr. Douglas: There is a plan.

Ms. Best: Yes.

Dr. Douglas: In relation to the certification of drug prevention and treatment personnel, does that exist as a reality or—[*Interruption*]

Ms. Best: Okay.

Dr. Douglas: —or did we just have a workshop on it?

Ms. Best: The certification, the PROCCER, that it makes reference to, which is the Spanish acronym, which is being led by CICAD, was introduced to the Caribbean last year, and we are now in the process of developing and refining what was implemented in the Latin American countries for the Caribbean.

11.30 a.m.

Ms. Best: So, we are working with the University of the West Indies, we are working with St. George's University and other professionals to refine the content of that certification mechanism so, as of right now it does not exist in that form. However, the Caribbean Institute for Addictions (CARIAD), they do an annual workshop in Tobago every year in the month of June for two weeks where they invite persons who are engaged in substance abuse, whether it is treatment and rehabilitation, policy formation, different areas, to participate in various workshops, and they have addressed issues as the Member, Miss Hospedales, raised, things like gambling addictions and so. They do overall addictions and they have a certificate that they present. It is not a certification mechanism, but they do a certificate and then, of course UWI has a certificate.

Dr. Douglas: A certificate of participation.

Ms. Best: It is a bit more than participation, it is a certification that is recognized by the university because the university endorses it, and then UWI has its own thing.

Dr. Douglas: In Trinidad we make a big thing about drinking and driving, and rightly so—

Ms. Best: I am sorry?

Dr. Douglas: I said and rightly so we make a big deal about that, is there anything in relation to taking drugs and driving?

Ms. Best: No, we do not. But, of course, if somebody is driving and they are caught in possession of a drug there is an arrest for that, but we do not have any test that would—

Mrs. Boucaud-Blake: I think legislation is now being contemplated, but I am not in a position to tell you exactly where we are at, but I am looking over some documentation that recognizes that we cannot proclaim one of the Acts because it focused on alcohol but not the other drugs. I do not want to elaborate because I do not have sufficient clarity to give you concrete information, but I know there is legislation under contemplation for that particular question you asked.

Dr. Douglas: And this organization is what, seven years? Is the life 12?

Ms. Best: As of July this year it would be 12. The council was started in 2000 and the Secretariat came on board in 2001.

Dr. Douglas: Okay. What is the annual budget of the NDC?

Ms. Best: It varies. The most we have been allocated is \$2 million. We were stuck at \$1.2 million for a couple of years and this year we got an increase to \$1.5 million.

Dr. Douglas: Is that sufficient to do the work?

Ms. Best: Not always, but we have been allowed to—The Ministry of Finance has been good to us.

Dr. Douglas: I noticed the bulk of your staff here is contracted positions—well except one—how is that working out?

Ms. Best: Good. It is fine.

Dr. Douglas: It is working out fine?

Ms. Best: Yes.

Dr. Douglas: Okay.

Miss Hospedales: Sir, I just want to ask one other question. I saw you all had a dual diagnosis workshop—*[Interruption]*—to sensitize stakeholders on the issue of mental illness and drug addiction, was that a one-off workshop or do you all plan on having many of those, because—particularly, I came from the background of drug rehabilitation. I was a therapist, actually, at one point in time and I can tell you that if workers in that environment do not really understand the issue of dual diagnosis, there could be a lot of problems, especially when it comes to treating the client. So, do you all plan on having more workshops of this nature to sensitize—particularly the workers in the rehabilitation centres?

Mrs. Best: I cannot say at this time whether there is a plan to have any more of those workshops. That really resides with NADAPP, National Alcohol and Drug Abuse Prevention Programme, but certainly it is something that I can flag, and recommend that it be looked at as part of the work plan.

Miss Hospedales: Probably, not just the sensitization, but particularly, with respect to not just identifying that there is a dual diagnosis, but how do you treat someone who has a dual diagnosis as well.

Mr. Chairman: Okay, Madam Permanent Secretary, is there anything, in concluding, that you think should be brought to our attention that we did not raise and you would like to have us take into consideration in our reporting to Parliament?

Mrs. Boucaud-Blake: Except, unfortunately, we recognized some minor omissions that we should have made available within the time. Our time was a bit tight in terms of preparing the report in the comprehensive way we would have preferred, and those omissions will be taken care of as we respond to some of the requests you made. We would attempt to include what we thought should have been included. They were not many, but I think it is still necessary for you to have a complete understanding of the work of the council. For example, the annual reports that I received from 2005—2010, it should have been recorded here and we did not record it.

We also recognized that there was a sensitization activity with the agencies of the board of Permanent Secretaries that was done, it was not recorded here, but I thought it was useful for you to understand that that sensitization presentation for Permanent Secretaries was intended to help decision makers in the various Ministries become involved and a stake in the initiatives. Those omissions appear minor but it is useful to have a complete understanding, and I would undertake to ensure that this is revised to give you a more wholesome insight into the operations of the drug council.

I want to convey my apologies for any omissions that might have not been recorded, but to put in context that it was a short time to give you the kind of comprehensive report that you deserved.

Mr. Chairman: Thank you very much. What would also happen is that we would ask the Secretariat to indicate to you specific additional material as we discussed today that we require, should there be any additional information that you think would, perhaps, enhance our understanding of the operation and so, certainly feel free to incorporate that in your subsequent submission.

I do not think there are any other questions, so we would like to thank you very much for the information that you provided and for presenting yourselves today and we would be in touch with you.

This meeting is now adjourned.

11.38 a.m.: *Meeting adjourned.*