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Cooperation Programme  
between Latin America,  
the Caribbean and the EU  
on Drug Policy

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# The Trinidad and Tobago Mini Guide on the Territorialization Approach for Community Drug Prevention



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## COPOLAD Foreword

The Cooperation Programme between Latin America, the Caribbean and the European Union on Drug Policies (COPOLAD) welcomes the opportunity to support the Government of Trinidad & Tobago in the development of this valuable document, which represents a significant step towards the consolidation of public policies on drugs with a territorial, community and rights-based approach.

This work is the result of a participatory process developed within the framework of the Programme, aimed at addressing the social vulnerabilities linked to drug use. It articulates the experience of Trinidad & Tobago with the principles of Community Treatment (CT).

With the purpose of helping community organisations design and implement community treatment programmes that are practical, culturally relevant, and sustainable, the National Alcohol and Drug Abuse Prevention Programme of the Ministry of Health adapts the lessons from the Trinidad and Tobago pilot project carried out in collaboration with COPOLAD and translates them into a step-by-step manual that any organisation can use, regardless of size or sector. The main goal is to reduce vulnerability to drug use by strengthening families, schools, and communities, building supportive networks, and improving access to non-stigmatising services.

Aligned with community treatment principles, this guide reflects the Government of Trinidad and Tobago's efforts and commitment to grounding drug policies in the realities of individuals and communities, encouraging dialogue across different levels of society, and promoting rights-based approaches, equity and social justice.

We deeply appreciate the commitment of the technical team, the professionals and institutions involved, the community leaders and youth involved. May this guide be a living, replicable and adaptable resource on the shared path towards more humane, accessible and fair drug policies.

**Borja Díaz**  
COPOLAD III Director



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# 1. Introduction and purpose

This guide is based on a pilot project in Trinidad and Tobago that adapted national drug policies to better fit local realities, with a focus on supporting vulnerable youth. The project was developed in collaboration with the Cooperation Programme between Latin America and the European Union on Drug Policies (COPOLAD), under line of action 2.4, which addresses social vulnerabilities related to drugs. Using a territorial approach, the project integrated drug prevention and intervention into community life through partnerships between government, civil society and local stakeholders.

The purpose of this guide is to help community organisations design and implement community treatment programmes that are practical, culturally relevant, and sustainable. It adapts the lessons from the Trinidad and Tobago pilot project and translates them into a step-by-step manual that any organisation can use, regardless of size or sector. While the examples are rooted in the Latin America and Caribbean (LAC) region, the methods can be applied in urban or rural areas, with youth or mixed-age groups, and with different institutional partners. The main goal is to reduce vulnerability to drug use by strengthening families, schools, and communities, building supportive networks, and improving access to non-stigmatising services.

The guide is written in clear, practical language, and is structured to mirror a natural project lifecycle: understanding context, selecting an approach, preparing partnerships, designing and running activities, learning from results, and planning to replicate and scale. Identifying details from the original pilot have been simplified, with names and places replaced with general descriptors so that the focus remains on the process. Aligned with community treatment principles, this guide reflects the Government of Trinidad and Tobago's commitment to grounding drug policies in the realities of individuals and communities, encouraging dialogue across different levels of society, and promoting rights-based approaches, equity and social justice.

This guide outlines each step that was taken during the Trinidad and Tobago pilot, so that practitioners can use these lessons to design and implement similar community-based interventions.



## 2. Definition of Key Terms

The following conceptual glossary presents a selection of key concepts, notions, and categories involved in Trinidad and Tobago's project using a territorialization approach. It is not meant to cover every detail of the field, but rather to provide a starting point for reflection, learning, and further study.

**Community Treatment (CT)** – A model of care that takes place within the community rather than in institutions. It focuses on responding to the real needs of people where they live, involving families, local organisations, and community resources. The aim is to reduce stigma, strengthen support networks, and provide accessible, ongoing care. CT also encourages active participation, making individuals and communities partners in promoting health and well-being.

**Territorialization** – This refers to the shaping of policies and programmes to be firmly rooted in the specific realities of a community. It implies understanding the community as a distinct entity, considering the interactions among its members, the unique aspects, complexities, conflicts, power dynamics, strengths, resources, and the various networks that naturally emerge before any intervention takes place (COPOLAD, 2024). By grounding work in this way, interventions become more relevant, effective, and sustainable.

**Community-Based Thinking** – This involves approaching communities through a network-based perspective, as the network of connections that sustains a territory is what ultimately forms the community. In this context, the recognition, expansion, and deepening of these networks are fundamental pillars of CT. Below, we present some of the key networks involved in this approach.

**Subjective Network** – The subjective network is a cornerstone of CT. It refers to a person and their network of personal relationships. Key aspects of this network include its breadth (the number of people within it), its density (how strongly those people are connected to one another), and the characteristics of its members, with particular attention to homophily, or the tendency for people to connect with others who are similar to themselves. In CT, the focus is on both the individual and the



person in relation to their subjective network. It is considered the basic unit of Community Treatment, and it is central to how the approach works (Milanese, 2013).

**Community Subjective Network** - This refers to the network of relationships through which the treatment team integrates into the community. A key element of this approach is building, developing, and strengthening this network within the community (Milanese, 2013), which serves as the foundation for the Operational Network.

**Operational Network** - An extended team consisting of all the members of the Community Subjective Network and who become key agents in the implementation of activities within the CT framework. This active minority works toward community change, develops intervention strategies, contributes to social capital, and plays a crucial role in shifting social representations (Machín, 2010).

**Community Resource Network** - These are social actors, including individuals, groups, institutions, or organisations, that have been contacted through the team or the Community Subjective Network and are willing to be part of the CT through actions, services, or provisions that benefit the community. These actors can be both formal and informal (Milanese, 2013).

**Community Mental Health** - An approach that emphasises mental health in a broad and inclusive way, rather than only focusing on illness (Amarante, 2009). It recognises the complexity of mental health and promotes strategies that support integration, encourage dialogue, secure resources, and expand social networks. This approach encourages prevention, community well-being, open dialogue, and equal participation. It also promotes using creative and innovative practices such as Creative Art Therapy, participatory workshops, and other expressive activities, to support people and strengthen communities.

**Horizontal participation** - This refers to practices where community members are active partners rather than passive recipients. This helps strengthen social ties, build trust, and create a sense of belonging and stability.

**Social Representations** - Refers to Shared beliefs shaped by history, economics, and culture, which strongly influence how people are treated. For example, people who use drugs are often unfairly labelled as dangerous or fully responsible for their condition, fostering stigma and limiting access to care (Mota Ronzani, Regina Noto, & Santos da Silveira, 2017). CT seeks to challenge these negative views through dialogue and observation to understand how people are perceived, then using strategies such as raising awareness, encouraging participation, changing harmful language, and working with community leaders to promote more supportive attitudes (Milanese, 2013).

**Symbolic Accessibility** - Refers not only to the physical availability of services but also whether people feel welcomed, respected, and understood when accessing them (Comes & Stolkiner, 2005).



**Social Integration** - The process of creating spaces for participation and belonging, which helps reduce exclusion and strengthen cohesion. This is grounded in principles of equality, human rights, and social justice (CICAD/OEA - Proyecto SAVIA - AECID, 2012).

For those interested in the concepts discussed in this chapter, particularly those related to Community Treatment, a free and open course is available. This course provides a complete guide to the foundational principles of Community Treatment, offering essential tools and knowledge for understanding its core principles and approaches.

### Community Treatment Course

- U1. [https://rise.articulate.com/share/fKH7LVdHeBIT6UpO3Ejw6wbsYketR\\_9](https://rise.articulate.com/share/fKH7LVdHeBIT6UpO3Ejw6wbsYketR_9)
- U2. <https://rise.articulate.com/share/DTNpZRgwJR2fpUwiim5ZBneydRI2dhIJ>
- U3. <https://rise.articulate.com/share/cxpXmJNLJa1b9e35oNyyziKkHQMvuJej>
- U4. <https://rise.articulate.com/share/0pjpTga9ebx3VeYPOrylRs05mvmpZgxxh>
- U5. [https://rise.articulate.com/share/eMzbvvyoGKZwgsBDtLPr6\\_ZWdNGKqkE7X](https://rise.articulate.com/share/eMzbvvyoGKZwgsBDtLPr6_ZWdNGKqkE7X)
- U6. <https://rise.articulate.com/share/cgg9rWYbjZdxGcpuxPw1DDO3Pm0hZaZo>
- U7. <https://rise.articulate.com/share/ecl7YOIDY1j9fBu-CybhMWIENCJAjNwv>
- U8. <https://rise.articulate.com/share/tk6ZdAvdoMBSQe5KFcHxOsPKINPG3x4L>
- U9. <https://rise.articulate.com/share/w-2Gq0WDdriCuwmHeTLkMWjMlgZc7z6a>
- U10. <https://rise.articulate.com/share/G6Xaut7dWeK7ymabonvq2dGJj8KNobVV>





### 3. Description of the Territorialization Experience in Trinidad & Tobago

The pilot project, called ***The Art of Prevention: Strengthening Social Resilience and Reducing Drug Demand through Art and Cultural Workshops***, aimed to prevent drug use and raise awareness of substance use issues while promoting social integration. It was built around art and cultural workshops inspired by the Community Treatment (CT) model, using arts-based approaches. The inclusion of activities for the growing Spanish-speaking migrant population also highlighted the importance of inclusivity and cultural sensitivity.

This initiative was guided by a national advisor and carried out through coordination between government agencies, civil society organisations, and the community itself. A key foundation of the project was the recognition that diverse forms of knowledge, including professional, cultural, and community-based, must be integrated for CT to succeed. Equally important was the integration of a gender perspective, which recognises that men and women often face different risks and social pressures related to substance use, such as higher levels of stigma for women and greater exposure to violence for men. By considering these perspectives, the pilot was able to include activities that promoted equitable participation, responded to gender-specific needs, and helped strengthen resilience across the whole community.

#### Step by Step of the Pilot Project

##### I. Initial initiative and commitment

The process began in August 2023, when the Government of Trinidad and Tobago (GORTT), in cooperation with COPOLAD III through its line of action 2.4, formalised its commitment to design and implement a Pilot Community Treatment (ECO<sup>2</sup>) project. The process began with an analysis of existing national policies, to ensure alignment and relevance, and the resulting proposal directly addressed the objectives outlined in GORTT's drug policies, incorporating evidence-based practices to address



the distinct challenges faced by vulnerable youth while reinforcing community networks and promoting holistic well-being.

The *National Drug Policy 2021–2025* underscores the importance of preventive and sustainable alternatives for addressing substance use, particularly among youth who are recognised as a vulnerable population. It calls for targeted interventions that promote healthier lifestyles, community well-being, and resilience, especially in rural areas. These interventions include initiatives in sports, culture, skills training, and community services, which provide young people with the tools and competencies to face challenges and reduce risk factors associated with drug use (National Drug Policy, 2021–2025, p. 9).

The Policy further highlights the need for collaboration with youth clubs and civil society organisations as in creating supportive environments and opportunities:

*National development includes the purposeful creation of environments that allow young people to develop positive relationships with adults and peers. These environments should concurrently provide opportunities for them to build their competencies and become engaged as partners in their own development as well as that of their communities and their country.”* (National Drug Policy, pp. 12–13).

The *National Child Policy of Trinidad and Tobago* illustrates barriers faced by children in accessing and utilising education, while migrant children face specific challenges, such as the requirement for student permits tied to their parents’ work permits. Despite these challenges, the policy emphasises the importance of social inclusion and respect for diversity, which are critical for fostering a more unified and supportive environment for all children.

Additionally, the *Operational Plan* highlights the importance of strengthening professional capacity and expanding community-level drug prevention programmes. It calls for the inclusion of government, NGO, and community-based organisations in education and training initiatives offered by regional and international partners, thereby enhancing their ability to address drug-related challenges (Operational Plan, p. 51). The Plan also emphasises collaboration with civil society and the active participation of youth in the design, development, and implementation of prevention initiatives, ensuring that programmes are both effective and relevant to community needs.

Within this framework, GORTT chose to focus the pilot on children and adolescents aged 12–17 years old. This age group represents adolescents who are in critical developmental stages, spanning the transition from primary to secondary education and preparing for higher education or entry into the workforce. However, this group faces a variety of challenges that can impact their well-being and future prospects such as mental health issues, substance use, exposure to violence and crime, and economic and social inequalities, among others. The following objectives were established for the pilot.



## General Objective

To enhance participants' knowledge of the health, social, and emotional effects of drug use, improve mental health and resilience, and strengthen networks by increasing awareness of rights and access to essential services.

## Specific Objectives

- To equip young people with coping skills and resilience against drug-related challenges.
- To promote awareness of available resources for the community, ensuring participants are aware of how to seek support.
- To promote mutual respect and appreciation for diversity within the local community.
- To contribute toward improved drug policies aligned with international frameworks.
- To advocate for the integration of CT, art and wellness-based interventions into national drug policies, ensuring a holistic approach to drug demand reduction.
- To provide a template for replication and sustained implementation of similar programmes.

## II. Selection of political representatives

The next step involved selecting key political representatives to ensure that the policy territorialization process had the necessary support and guidance from local and national governments. Political-technical actors with experience in the field of drugs and a social profile were selected to carry the proposal forward, as their expertise allowed them to guide the process effectively while maintaining a community-centred approach

At the national level, Government agencies such as the National Alcohol and Drug Abuse Prevention Programme (NADAPP), Ministry of Health, and the National Drug Council under the Ministry of National Security played a central role in providing policy direction, oversight, and institutional support. Their involvement ensured that the pilot aligned with national and regional development goals, making it possible to scale up successful practices.

Political representatives were also tasked with promoting collaboration at the regional level. Engagements with international partners such as COPOLAD created opportunities for reflection, joint planning, and coordination between national authorities and local teams. These exchanges offered valuable spaces for reviewing ongoing practices and ensuring that the pilot remained adaptive to emerging community needs.

## III. Selection of the Community

Once the political stakeholders were identified, the next step was to select the community in which the pilot project would be implemented. Several organisations working with vulnerable populations were consulted to determine which community had the greatest need. A community in the southern region of the country was selected



for its rural characteristics, the vulnerability of its youth population, and the presence of local community organisations already working with young people.

#### **IV. Selection and contacting the core team:**

A core team was formed, consisting of professionals with experience in working with vulnerable communities, technical experts, and local representatives. This team was essential for the design and implementation of the project. Its multidisciplinary composition allowed for the integration of various perspectives and approaches throughout the process. Team members were also selected based on the fact that some team members were already familiar with, lived in, or were actively involved in the selected community.

#### **V. Training of technical and political representatives:**

It was essential for technical personnel to receive specialised training in both the subject matter and Community Treatment (CT). A critical aspect of this training was adopting a horizontal approach that focused on working *with* the community, rather than simply working *in* the community. This approach required an ethical-political commitment to equity and a recognition of the resources and knowledge already present within the community.

An online training programme on Community Treatment (ECO<sup>2</sup>) and the territorialization of public policies was organised. This training targeted the selected political and technical representatives, and included weekly mentorship, key concept learning, practical tools, and strategies for community engagement. Some members of the pilot project team had prior experience working with the youth community, which allowed them to offer valuable insights. Additionally, all team members contributed their specific skills and perspectives, which proved invaluable when brainstorming techniques, identifying resources, and generating ideas.

#### **VI. Contacting the community about its resources and needs**

Community engagement exercises were carried out to assess the resources and specific needs of the population. Two drug education sessions were conducted, which combined educational content with a brief art activity. These sessions aimed to increase participants' understanding of the health, social, and emotional effects of drug use. Serving a dual purpose, these sessions provided essential drug education while also acting as a platform for needs assessments. Through a preliminary art activity, participants had the opportunity to express themselves non-verbally, which helped build rapport and facilitated understanding of the challenges they face in their environment.

A community workshop was then facilitated by two visiting representatives of COPO-LAD, which covered the importance of building community and social networks as a tool for effective community prevention initiatives. Interviews with team members highlighted that the workshop, which introduced the CT model to the community, was an enriching experience. Community members were able to connect with and gain a deeper understanding of their role in addressing social issues. Subsequent to this workshop, a community mapping exercise was conducted with members of the



local community to further broaden the Subjective Community Network and Operational Network, and identify other key community resources and vulnerabilities. A participatory approach ensured that the voices of community members were taken into account in decision-making.



Fig. 1: Community Mapping Session

## Subjective Community Network

Name <sup>1</sup>	Age	Gender	Social Role	Social Role	Network	Activities	Axes
	37	F	Coordinator	Art Therapist	Operational	Community Workshop	1, 3, 4, 6
	35	F	Coordinator	Counsellor	Operational & Community	Community Workshop	1, 3, 6
	32	F	Drug Education Officer	Women's Empowerment coach	Operational	Drug education	1, 2, 3
	28	M	Social Development Specialist	Actor (theatre)	Operational	Community Workshop	1, 2, 3, 6
	43	M	Social Development Specialist	Martial Arts instructor	Operational	Youth engagement sessions	1, 2, 3, 5, 6
	30	F	Art Therapist	Artist	Operational	Art sessions	1, 3, 4, 6
	48	F	Teacher	PTA president	Community	Youth engagement sessions	1, 2, 3, 5, 6
	39	F	Teacher	Baker	Community	Youth engagement sessions	1, 2, 3, 6
	33	F	Translator	Educator	Community	Drug education,	2, 3
	49	M	Trainer (sport)	Father	Community	Sport & recreation,	3, 5, 6
	41	F	Mother	Athlete	Community	Sport & recreation,	2,3,6
	39	F	Mother	Athlete	Community	Sport & recreation,	2,3,6

1. The names have been omitted to protect the privacy of the individuals involved. This is a network in dynamic and continuous development. What is observed is a snapshot in time, as the expansion of the Subjective Community Network is one of the core objectives of CT.





This process helped to identify the most suitable location for the pilot's activities by recognising relevant stakeholders, such as community leaders, local resources, civil society organisations, health services, educational institutions, and government agencies. The clubhouse and grounds of a local non-profit, family oriented sports and cultural club was selected due to its extensive sports and fitness activities for community members, volunteer leadership, and strong community involvement. For instance, one leader has been offering free fitness classes three times a week for the past 14 years, and the club's clubhouse was built by local community members. The club also runs programmes such as summer camps and family events, with community members actively supporting fundraising and events.



Fig. 2: Free fitness session at the sports and cultural club

Community leaders have noted that youth who are members of the club have not displayed an interest in using illicit substances, likely because of their engagement in these activities from a young age, and the many opportunities for leadership available through the club. Youth who are actively pursuing sport report that substance use does not support their physical performance. The below case study highlights an example of the impact of the club on community members.

### Case Example: Maria, 12 Years Old

Maria<sup>2</sup>, a 12-year-old girl, provides a typical example of the club's impact. Before participating in community programmes, Maria's father noted that she often had low moods and tended to isolate herself by staying in her room for long periods. He observed that she had low self-esteem and was reluctant to engage in conversation with adults or anyone that she was unfamiliar with. At this time, her support network consisted of her father (who reports that they had a very strained relationship), and a handful of friends at school.

Maria participated in a summer camp organised by the sports and cultural club, designed for children ages 8 to 16. The camp involved group fitness activities as well as public speaking exercises, where children had the opportunity to speak in front of an

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2. The name has been changed for confidentiality reasons.



audience and receive guidance from mentors. One of the key lessons was that making mistakes is a natural part of learning, and mistakes should be embraced as opportunities for growth.

Following the camp, Maria became eager to remain involved with the club. She made new friends at the camp, many of whom were also active members of the club, and this camaraderie inspired her to take part in the club's regular fitness activities. Her father reported that Maria now frequently asks to attend the club's events, a significant change from her previous reluctance to engage in activities. He expressed both surprise and happiness at her newfound motivation to explore new activities. Additionally, he noticed that she had become more confident and sociable, and he believes that her participation in the club has had a profoundly positive effect on her. Maria's support network has now spread, and includes medical and treatment professionals, sports coaches, and young people from various areas of the community. Maria's father reports that he feels comfortable allowing her to attend activities with other members of the club when he is not able to be present, even if they have to travel far distances, and refers to members of the club as "family".

## Case Analysis Based on the Six Axes of Community Treatment

1. **Prevention and Organization:** The sports and cultural club plays a key role in prevention by engaging youth like Maria in healthy activities from a young age. By offering structured, community-driven opportunities such as summer camps, fitness classes, and marathons, the club helps prevent negative behaviours like substance use. This involvement fosters a supportive environment where youth can stay engaged and avoid harmful influences, reducing the risk of social isolation and risky behaviours.
2. **Basic Assistance / Harm Reduction:** The club provides basic assistance through free fitness classes, activities, and camps that directly improve physical and emotional well-being. Harm reduction is achieved by preventing youth from engaging in negative behaviors. Community leaders have noted that youth involved in the club are less likely to use illicit substances due to the positive structure and mentorship they receive, which promotes healthy habits and emotional growth. The current vice-president of the club is a counsellor and substance use professional, who can easily provide treatment resources for those seeking support.
3. **Education / Rehabilitation:** The club's educational approach is focused on life skills like leadership, public speaking, teamwork, and resilience. Maria's experience at the camp, where she learned to speak in front of an audience and embrace mistakes as learning opportunities, supports her emotional and social development.
4. **Medical and Psychological Care:** It contributes to psychological well-being by fostering emotional and social growth. Fitness classes and mentorship improve participants' mental health, as seen in Maria's increased confidence and mood. The club also provides informal psychological support by creating a structured environment with peers and mentors, which helps address challenges like low



self-esteem and social isolation. This sense of community can act as a protective factor for mental health.

5. **Occupation and Work:** The club offers opportunities centered on physical activity, community involvement, and leadership development. Youth like Maria are encouraged to participate in activities that keep them engaged and active. As she becomes more involved, she may take on leadership roles and contribute to organising events, giving her a sense of purpose, responsibility, and belonging—key elements that foster personal growth and potential future work opportunities.
6. **Recreation and Enjoyment:** The recreational aspects of the club are evident in its events, which balance enjoyment with physical activity. These activities encourage social interaction, creativity, and joy among participants. For Maria, the summer camp and other events offer a space to connect with peers, build friendships, and have fun in a structured environment, essential for her overall development. Play and enjoyment help reduce stress, foster creativity, and support healthy emotional expression.

## VII. Designing the project tailored to local needs:

The next phase focused on the design and refinement of the pilot project. During this phase, regular meetings were held with institutional representatives, the local advisor, COPOLAD experts, and various local stakeholders to ensure that the project was both contextually relevant and feasible. Internships also took place in Sao Paulo and Fortaleza Brazil, and Bogota and Cali Colombia, enriching the proposal by providing access to different approaches and best practices for working with vulnerable populations.

Based on the data collected, the team designed a project specifically for the community, taking into account the underutilisation of recreational spaces and the lack of healthy coping mechanisms among youth. The project integrated art as a tool for intervention and participation, aiming to create an inclusive and accessible environment that engaged young people beyond traditional sports-based activities. The pilot team was optimistic that the engagement would further strengthen community members' connection with the club and their community, as the project would provide additional opportunities for artistic expression and may contribute to the beautification of the clubhouse. Moreover, these new opportunities may allow members to explore additional avenues for self-expression, further supporting personal growth.

From the outset, effective collaboration among community actors, government bodies, and local organisations was recognised as essential. Community leaders stressed that success would depend on practical supports such as childcare, transportation, and supervision, while also noting the project's potential as a platform for long-term development; helping youth build self-esteem, acquire new skills, and eventually take on leadership roles.

Art Therapy was identified as a particularly valuable tool for addressing the multifaceted challenges faced by youth, including substance use, low self-esteem, and depression.





Unlike traditional interventions that often emphasise deficits and risks, art therapy builds on strengths, resilience, and creativity. By providing a powerful means of self-expression through art, young individuals can acquire tangible skills and find an immediate outlet for creative expression, which serves both as a therapeutic process and a reminder of personal growth.

Research shows that creativity plays a vital role in helping individuals bounce back from challenges. It can build confidence, improve coping skills, and help people face difficulties in healthier ways (Prescott, Sekendur, Bailey, & Hoshino, 2008). Creative activities give individuals a safe outlet to release stress, express emotions, and turn painful experiences into something meaningful and positive. Through art, people can reimagine their lives, reshape their reality, and set new goals for the future.

At the community level, making art together creates a space where everyone can participate and feel included, especially those who may feel left out of society. This approach supports the idea that everyone has the right to take part in cultural and creative activities, not just receive services passively (Gray, 2008). Working together on creative projects builds trust, strengthens relationships, and encourages cooperation, which can lead to positive changes in personal, social, and even educational areas. In this way, art becomes a tool for social action, helping communities grow stronger, healthier, and more empowered.

By integrating CT, drug prevention education and arts-based approaches, the pilot project aimed to harness the transformative potential of these combined approaches. This strategy sought to facilitate effective and sustainable drug reduction by enabling young people to strengthen their subjective network, discover their voices, foster personal development, and build resilience in the face of substance use challenges. In the long term, the pilot aspires to reduce drug-related challenges among vulnerable youth by promoting resilience and culturally relevant coping strategies. It also seeks to enhance community cohesion by encouraging cross-cultural understanding and equipping community members with the knowledge and resources needed to sustain prevention and treatment efforts independently.

### **VIII. Presenting the project to local and government stakeholders:**

The feedback obtained in community engagement sessions was integrated and discussed by the various stakeholders involved, ensuring that the final proposal reflected the concerns and needs expressed by the community, strengthening its connection with the proposed initiative. Once the project design was finalised, it was presented to government representatives for feedback. During this process, the project was adjusted based on the suggestions and recommendations received. This collaborative approach ensured the involvement of all parties and that the project effectively addressed the identified needs. For example, a major shift in the design occurred by broadening the scope of the target population from migrant youth to the youth population in general. This change was made with the understanding that for social inclusion to be achieved, it was essential to include all youth in the community.



## IX. Securing resources needed for implementation

To implement the pilot, the necessary resources in terms of funding, materials, and personnel were secured. This included working closely with the Ministry of Health and other governmental actors to ensure adequate logistical support. Local resources, such as volunteers, were also identified to strengthen the project's sustainability.

## X. Executing the pilot

With resources in place and the project structure defined, the pilot was launched. Building on evidence-based practices, this phase integrated eight art workshops as transformative interventions. Led by a certified Art Therapist, the workshops enabled participants to acquire coping skills, express their cultural identity, and engage in cross-cultural exchanges that contributed to fostering community resilience. Themes such as self-esteem, peer dynamics, personal goals and aspirations, and empowerment were explored throughout the sessions. The programme also integrated aerobic exercise as an energising group activity to further support mental and physical wellbeing. The sessions provided participants with a structured way to relieve stress, boost mood, and build social connections in a supportive environment.

The final session included a goal setting exercise designed to help the participants reflect on what they had learned and the progress they had made. Together, they discussed practical ways to keep the programme going in their community and identified youth leaders who could guide future activities. This process gave the group a sense of ownership and encouraged them to continue building on the work even after the structured sessions ended.



Fig. 3: Participants of the Art of Prevention pilot project



## XI. Final Workshop – First Step Toward Replicating the Territorialization Process

The final stage of the project encompasses a comprehensive community workshop, to share the outcomes of the pilot, facilitate knowledge transfer, and equip local stakeholders with the skills needed to sustain and replicate key aspects of the project independently. This workshop will provide community leaders (from NGOs, CBOs and other relevant organisations) with an overview of the pilot's successes, challenges, and impact on youth resilience and drug prevention. Workshop activities will include sessions on community mapping and monitoring techniques, group exercises for designing community-driven interventions, and collaborative discussions on resource sharing and long-term planning. The workshop will also introduce practical guidance on implementing CT approaches, including engagement strategies and treatment exercises. To ensure ongoing support, mentorship structures will be created by connecting participants with members of the original pilot team, ensuring they have access to technical support and guidance as they integrate these approaches into their local community settings.

## XII. Evaluating Project Results and Making Improvements

Evaluation tools not only assess the programme's impact but also monitor its integration into operational plans. A combination of internally developed data collection mechanisms and monitoring frameworks were used to evaluate programme outcomes. For this pilot, network and community mapping tools were also utilised. To evaluate the effectiveness of the pilot, the following indicators were identified and collected by the pilot team:

### Art and youth engagement sessions

- **Attendance:** Number of students attending the sessions regularly was tracked to assess engagement over time.
- **Pre-and post-assessment forms:** Feedback forms were used to measure changes in mood, coping skills and resilience levels before and after the intervention.
- **Participant testimonials:** Feedback and testimonials were collected from participants about their experiences with the art sessions to provide qualitative data on the pilot's impact on individuals' mental health and resilience.
- **Sustained art project:** The continuation of an art project within the community will indicate the long-term impact of the sessions on participants' creativity and emotional well-being.
- **Subjective network:** A pre and post assessment of the Subjective Network (using a mapping exercise) of the participants provided feedback about the effectiveness of the project in expanding their connections.

Several challenges were identified during the pilot process, including resource constraints, scheduling conflicts, and the need to ensure sustainability beyond the pilot phase, as well as aligning the project with broader political mandates and securing consistent funding. These were addressed by refining the project's scope, incorporating tools such as community mapping and social networking exercises, and introducing capacity-building components to strengthen local organisations. Both the project



team and government representatives emphasised the importance of flexibility, enabling community-based organisations to eventually assume responsibility for implementation and ensure long-term continuity.

Advocacy efforts also played a key role in securing timely access to resources and maintaining momentum. These adjustments demonstrated a proactive approach to overcoming obstacles while reinforcing the project's relevance within the political and social context. Moving forward, the team remains committed to strengthening collaboration and refining strategies to fully realise the objectives of community treatment programmes.

Following the community workshops, a comprehensive evaluation of the pilot's results will be conducted to identify areas for improvement and opportunities to strengthen the territorialization approach. This evaluation will include feedback from the community, government stakeholders, and the implementation team, with findings used to guide adjustments to strengthen sustainability and enable future expansion. Ultimately, the success of the pilot will depend on sustained community involvement, strong partnerships, and the development of programmes that can be independently maintained by local actors once the initial support phase concludes.

Collecting the following indicators based on key community treatment tools from the ECO2 model will further enhance the assessment process by providing a more comprehensive understanding of the pilot's effectiveness and impact on both the community and individual participants.

- **Community Subjective Network (CSN):** The CSN will be mapped every six months, to obtain a sequential image of the growth and strengthening of the network. This will help the project to gain insights into its reach and effectiveness within the community.
- **Operative Network:** Actors who can be integrated into an amplified team will be identified, allowing for the expansion of resources and collaboration across various sectors. These individuals will serve as connections to other needs or services that may not have been directly addressed within the scope of the pilot, ensuring that the project's impact extends beyond its direct activities. The ON will also be mapped every six months.
- **Individual Network Mapping:** The Subjective Network of participants will be continuously mapped, in order to help understand the personal relationships and support systems that each participant has gained within the community. Additionally, analysing improvements based on the six axes of Community Treatment (Prevention and Organization, Basic Assistance/Harm Reduction, Education/Rehabilitation, Medical and Psychological Care, Occupation and Work, Recreation and Enjoyment) will provide valuable insights into the personal growth and development of each participant throughout the pilot project.



## 4. Step-by-Step Plan for Programme Replication

1. **Final Workshop – First step toward replicating the territorialization process:** As outlined in Chapter 3, upon completion of the pilot, a final workshop will be held to evaluate the process and results achieved. This workshop will involve a diverse group of community organisations, and its purpose will be to present the pilot project, integrate lessons learned from the experience, and identify good practices. This opportunity for exchange will not only enrich future initiatives within the pilot community, but will also serve as a model for replicating the territorialization experience in other areas. By sharing the knowledge gained, this workshop will play a crucial role in expanding the pilot's impact.
2. **Initial initiative and commitment:** The process will begin with an expression of interest from community-based organisations, community leaders, organised neighborhood groups, NGOs, or other local actors who are interested in implementing a Community Treatment experience to address substance use in their community. The community that would benefit from such a project can also be selected by political representatives in collaboration with local stakeholders. Regardless of the selection process, it is crucial that an integrated dialogue ensures both top-down and bottom-up perspectives to initiate a design that is tailored to the needs and characteristics of the specific community.
3. **Technical support and selecting the core team:** For the process to be successful, it is essential that it receives not only financial and logistical support but also technical guidance. National stakeholders identified as key actors to support this process are the Ministry of Health and the Ministry of Culture and Community Development. At this stage, training will be provided on CT, network mapping, and specific training related to drug use, prevention, and treatment. It is also important to begin establishing contact with key community figures during this phase.
4. **Contacting community members and mapping the community subjective network (CSN):** At this point, the core team is tasked with establishing contact with





community members and conducting an initial community network mapping to identify key actors. This phase is critical for gathering input from these actors to design the project, which will later be presented to the authorities and disseminated to the broader community. Engaging with local community members early on ensures that the project is well-aligned with their needs and expectations.

5. **Mapping community resources and needs:** At this stage, it is vital to have geolocated both formal and informal resources within the community, as well as identify the vulnerabilities present. Mapping the Operational Network is a fundamental part of this process. This network, along with the CSN, should continue to expand and strengthen throughout the entire process if territorialization is to be successful. It is crucial to consistently introduce new actors into the community mapping process, ensuring that the project remains inclusive and that the necessary resources for its sustainability are in place.
6. **Community engagement – creating opportunities for exchange:** To guarantee active participation, it is essential to design outreach activities that are aligned with the community's characteristics. These activities will serve as spaces for dialogue, allowing the community to engage with the project and provide valuable input. It is important to systematically collect and document feedback from community members and, if necessary, adjust the project to reflect their suggestions. This step will further strengthen both the CSN and the ON.
7. **Designing the project tailored to local needs:** Based on the data collected, the team will design a project specifically tailored to the community, taking into account the identified vulnerabilities and available resources. This stage will involve collaboration with community actors, ensuring that the design is grounded in local knowledge and reflects both the priorities and available skillset of the community.
8. **Presenting the project to local and government stakeholders:** Once the project design is finalised, it will be presented to local stakeholders and government representatives for feedback. The project may be adjusted based on the suggestions and recommendations received. This step ensures that all relevant actors are involved and that the project is aligned with both community and government priorities.
9. **Securing resources needed for implementation:** To successfully implement the project, it is essential to secure the necessary resources, including funding, materials, and personnel, at both the government and community levels. This step requires close collaboration with the Operational Network (ON) identified in previous steps. Ensuring that resources are available and effectively mobilised is crucial for the project's success.
10. **Executing the programme:** Carrying out the programme does not mean the territorialization process is complete. At this stage, it is important to maintain continuous dialogue, coordination, and involvement among all members of the project. The core team, in collaboration with the ON, should document the experience, focusing on challenges faced and good practices learned. This documentation will be critical for future improvements and replication of the process.



- 11. Evaluating the programme's results and making improvements:** A final evaluation will be conducted to assess the project's results and identify areas for improvement. This evaluation will include interviews with key informants and focus groups, which will provide valuable input. The findings will inform adjustments and improvements to the project, ensuring its continued relevance and impact.

Nº	Evaluation T0/T1	YES	NO
	<b>Indicators related to the device (i.e. the context in which the action/experience/policy takes place)</b>		
1	The practice or initiative or policy includes street work.		
2	The practice, initiative or policy is formally connected with other practices, services or teams operating in the same territory [their actions are articulated in a formally subscribed joint plan].		
3	The practice, initiative or policy includes work with the community (networks of leaders, formal and non-formal resources, etc.).		
4	The practice, initiative or policy includes community members and their non-formal networks in the work.		
5	The practice, initiative or policy is part of a policy that explicitly foresees a territorial approach.		
6	Access includes outreach activities.		
7	Access is low-threshold and involves outreach strategies.		
8	There is a virtual working mechanism (social networks or platforms, etc.).		
	<b>Indicators related to the team</b>		
9	The team has a minimum of 5 people.		
10	At least one member of the team is a person from the community.		
11	At least one member has a background in social work/ psychology/ sociology/ anthropology/ nursing.		
12	At least one member of the team has skills in sustainable development.		
14	"The team has a network in the territory of at least 30 people. [the team knows at least 30 people who belong to the territory and knows the working relationships between them]."		
15	"There is an operational network composed of people who belong to the territory or to the community. [operational network: people from the territory interconnected with the team who cooperate in the implementation of the activities]."		
	<b>Indicators related to activities</b>		
16	The activities are at least 30% implemented outside the team's working device [working device can be: an office or a centre in which the team carries out its activities].		
	<b>Activities fall into at least two of the following dimensions</b>		
17	Prevention/community organisation. [a social integration perspective]		
18	Basic care/harm reduction.		
19	Education/rehabilitation.		
20	Medical or psychological care. [public health perspective].		
21	Occupation and work. [activities focused on productivity and economic autonomy within a framework of sustainable development]		
22	Fun, play, arts linked to play and recreation.		
23	Identification, assessment and inclusion of resources in the community. (human, material, inter-citizen relations, organisational (MCS), a multi-actor approach etc.).		
24	Mediation and conflict resolution. [citizen security].		



Nº	Evaluation T0/T1	YES	NO
25	Inclusion of past practices, their results and installed capacity. [there are practices and experiences and actors that should be validated in view of the positive effects and the installed capacity present in the community].		
26	Representation of the community by its actors. [social representations of vulnerability, cultures, stereotypes, etc.].		
27	Opportunity and Complementarity [complementarities and synergies with other cooperation initiatives, congruent with the policy frameworks of the MSMEs].		
	<b>Indicators related to the community or territory.</b>		
28	The work focuses on a community in a condition of high drug-related vulnerability.		
29	Community members participate in the definition of the policy.		
30	Community members participate in the implementation of the policy.		
31	The community or territory is clearly defined geographically or virtually. (this can be a geographically well-defined neighbourhood or a group that is in a social network with a defined identity).		

**12. Final workshop – first Step toward replicating the territorialization process:** As explained, the circular methodology developed in Trinidad and Tobago emphasises that the first and last steps are interconnected. The final workshop, as described in the first step, will provide an opportunity to continue disseminating the territorialization process and mark the beginning of a new cycle in the community that participated, assuming the project is evaluated successfully. This workshop will serve as a springboard for expanding the territorialization experience, ensuring that the process continues to evolve and reach new communities.







## 5. Integration and dissemination of the experience

The proposed methodology views the individual in a holistic way, addressing drug use from a rights-based perspective. In this framework, problematic drug use is seen as a manifestation of social suffering, rather than an isolated individual problem. This approach emphasises the value and potential of each person, moving beyond the narrow focus on vulnerabilities to highlight their social roles, talents, and interests.

A key component of the territorialization approach is networking, where community members are not seen as complements, but as essential partners, providing crucial social capital for the advancement and strengthening of the project. The more connected the project is within the community, the better it can address conflicts or resistance that may arise during implementation. To achieve this, it is essential to maintain continuous and dynamic interaction with the community, actively involving its members in various forums, workshops, and relationship-building activities.

### Best Practices

- **Community involvement:** An effective CT programme actively engages community stakeholders, such as schools, parents, healthcare providers, and local organisations. This approach helps tailor the programme to the specific needs of the community, ensuring broader support and participation.
- **Comprehensive drug prevention:** The programme must adopt a multifaceted approach to drug prevention, addressing factors that influence drug use, including individual behaviour, family dynamics, school environment, and community norms.
- **Holistic well-being approach:** The programme should incorporate mental health check-ins, self-expression activities, and physical movement, recognising the connection between emotional well-being, creativity, and overall health.
- **Building life skills:** The programme should focus on developing life skills such as stress management, communication, and self-confidence through creative outlets. These skills help participants resist peer pressure and make healthier choices.



- **Resource access:** Making resources within the community accessible and known is crucial for effective intervention and support.
- **Positive communication:** The programme should use empowering messages that highlight the benefits of a healthy lifestyle, rather than focusing solely on the dangers of drug use. This approach is designed to motivate lasting behaviour change by fostering a positive outlook. A non-judgmental, stigma-free space should be created where community members feel comfortable expressing their emotions and experiences without fear of criticism or exclusion.
- **Flexibility in programme delivery:** The pilot project, though structured, was designed to be adjustable based on participants' needs and feedback. This ensured that activities remained relevant, engaging, and accessible to different age groups and backgrounds. Timelines and approaches for sessions are adaptable based on resource availability and can be conducted even without a certified art therapist, but through creative art interventions.
- **Sustainability:** The programme should empower local community members and organisations to take ownership of initiatives, ensuring that the impact extends beyond the pilot phase.

## Challenges

When implementing a community treatment proposal, various factors can interfere with the success of the project. Below are the key challenges identified, which must be considered and addressed throughout the process.

- **Cultural sensitivity, deconstruction of negative social representations, and social inclusion strategies:** The success of a CT programme relies on respecting cultural sensitivities, challenging negative stereotypes, and creating effective social inclusion strategies to ensure the full integration of vulnerable groups within the community. Stereotypes and misconceptions often fuel exclusion, which limits access to resources and opportunities. To overcome these barriers, the programme should promote cultural sensitivity through activities that challenge harmful beliefs, encourage understanding, and highlight the value of cultural diversity. Furthermore, social inclusion strategies must do more than just facilitate participation; they must foster a genuine sense of belonging. This involves creating spaces where vulnerable populations feel welcomed, valued, and connected to the broader community.
- **Financial constraints:** A significant challenge is the financial constraints that prevent some participants from accessing transportation or necessary resources. This financial barrier threatens to limit the duration of involvement for community members who would benefit from continued participation. It is crucial to develop strategies and identify resources within the framework of the Operative Network that can help mitigate these issues. Leveraging community assets, establishing partnerships with local organisations, and exploring potential funding sources will help alleviate some financial burdens and ensure sustained participation in the programme.
- **Weather-related challenges:** Trinidad and Tobago's rainy season poses the risk of severe flooding during heavy rainfall. It is essential to plan for contingencies such as using indoor spaces or adjusting event dates to mitigate the impact of



flooding or other weather-related challenges on the programme's continuity and delivery.

- **Identification, coordination of actors, and intersectorality:** The effective identification and coordination of key government, community, and civil society actors requires not only engaging all relevant stakeholders but also ensuring they are aligned with the project's goals. Strengthening intersectoral coordination across different sectors and levels of government can be difficult, yet necessary for an integrated and effective response. The programme must work to overcome barriers to collaboration, ensuring agencies and organisations work together to deliver unified and responsive services.
- **Building long-term sustainability and action plan financing:** The successful long-term implementation of a CT programme can face significant challenges due to the heavy workload involved and the need for sustained financial resources. To ensure the programme's continuation beyond its initial phase, it is crucial to develop a comprehensive action plan that addresses both operational and financial sustainability. This includes identifying sustainable funding sources, establishing financial strategies, and creating mechanisms to secure resources despite existing time and resource constraints. Without a stable financial foundation, the programme risks being unable to maintain its operations or scale effectively. By aligning the action plan with clear financial strategies, the programme can build the necessary infrastructure for its long-term impact and continued success.
- **Training of technical teams and community leaders:** It is crucial to ensure that both technical teams and community leaders are adequately trained to address the needs of the target population, including issues such as substance use, mental health, sexual health and homelessness. Without this training, leaders will not be sufficiently equipped to handle these complex issues effectively.
- **Systematisation and evaluation:** The development of robust mechanisms for the systematisation and evaluation of the programme's impact can present another challenge. These mechanisms must align with the specific characteristics of the CT interventions, providing actionable insights that assess the programme's effectiveness and inform ongoing improvements.

## Ways to strengthen territorial anchoring and community engagement

- **Involve community actors from the outset:** Include local stakeholders in the planning phase, so their insights and ideas can help shape the objectives and strategies of the project. This ensures that the programme is aligned with the specific needs of the community.
- **Conduct surveys and needs assessments:** Gather data on local issues and preferences through surveys and assessments to ensure the project addresses the relevant concerns of the community. This data will also help adjust the approach and ensure the programme's objectives are relevant. In school settings, pre-existing data such as attendance records, test results, and behavioral/incident reports can be used to monitor student outcomes related to behaviour, mental health, and overall school engagement. The Ministry of Health also occasionally conducts community health assessments during public health campaigns. An



example of this is the STEPS Survey, which focuses on Non-Communicable Diseases (NCDs) but may also capture data related to broader health behaviours within the youth population<sup>3</sup>.

- **Provide access to key resources:** Community members can facilitate access to the necessary resources for implementing the pilot, such as activity venues, participant access, translation services, and other logistical support.
- **Facilitate sessions and activities:** Community members can help facilitate art sessions and/or other creative or cultural practices based on their skills and experiences, contributing to the design and implementation of the activities. They can also collaborate in organising health fairs or other events, providing assistance, volunteering, or supporting logistics.
- **Encourage local projects:** Community members can be encouraged to propose and lead projects or activities within the broader framework of the project. This allows local perspectives and creativity to be harnessed, strengthening participation and a sense of ownership.
- **Implement feedback mechanisms:** To ensure the project remains aligned with community needs, it is crucial to implement continuous feedback mechanisms.
- **Establish partnerships with local organisations:** Collaborate with community organisations, schools, and local businesses to support the project activities. These partnerships will provide additional resources, expertise, and platforms that facilitate community participation and engagement.

## Conclusion

The Trinidad & Tobago Community Treatment Pilot highlighted the need for more prosocial activities within communities, particularly those focused on youth. By strengthening protective factors through community-driven initiatives, and integrating Community Treatment principles, the pilot has demonstrated the potential to foster healthier, more resilient communities. To build on this foundation, establishing mentorship structures, technical support and a monitoring framework will be critical in guiding future replication and ensuring the ongoing territorialization process nationwide. Embedding programmes within existing structures such as schools, local governments, and community groups, will help ensure sustainability, while a broader policy framework can empower community-based organisations to adapt and implement similar initiatives.

The pilot will be considered successful if it demonstrates:

- The effective transfer of skills taught in the programme.
- Active participation of community members.
- Successful learning and replication of coping skills taught in the programme.
- Successful training in CT of community-based organisations to continue implementation.

This approach is intended to bridge the gap between policy and practice, ensuring that Trinidad and Tobago's national strategies are not just theoretical frameworks but have real, on-the-ground impact in communities due to tailored interventions.

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3. <https://health.gov.tt/steps-survey>



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