



GUYANA

DRUG INFORMATION NETWORK

ANNUAL REPORT

2019



NATIONAL ANTI-NARCOTICS AGENCY



GOVERNMENT OF GUYANA

The Goals of GUYDIN:

- ❖ To carry out studies; compile and coordinate drug related statistics and other related information.
- ❖ To access data on demand reduction and supply control, including prevention, treatment, reintegration, illicit crop cultivation, diversion of pharmaceuticals products, drug market information and criminal offences, on a regular basis.
- ❖ To disseminate drug demand and supply information resulting from the analysis and synthesis of studies and data collection for use by policymakers and stakeholders.

GUYDIN's Core Functions:

- ❖ Create an interactive network of counter-drug professionals and agencies.
- ❖ Identify national sources of drug information.
- ❖ Develop standardised ways of collecting and reporting information to the National Anti-Narcotics Secretariat and other appropriate units.
- ❖ Conduct data collection and monitoring at the national level.
- ❖ Analyse and interpret the data and information collected.
- ❖ Conduct at least one network meeting quarterly where members discuss their data in the following context:
 - ✓ Identifying existing drug use and drug trafficking patterns
 - ✓ Identifying important changes in drug use or drug trafficking
 - ✓ Discussing the implications of the data for policy and practice
 - ✓ Present their data to policy makers and to the general public where possible.

FOREWORD

The Guyana Drug Information Network (GUYDIN) Report 2019 describes an accurate setting of the drug situation in Guyana, covering all thematic aspects of the main issues involved. It identifies evolving trends, shares unbiased information to aid the shaping and implementation of programmes, and provides senior decision-makers with the evidence needed for devising updated national drug strategies and the subsequent evaluation of those strategies once implemented. These are just some of the tasks presently engaging GUYDIN.

DIN Reports have been consistently produced in Guyana for well over a decade as a direct consequence of the need to provide accurate information, and fashion national drug monitoring systems. Originally, it proved quite difficult finding a suitable format as there was no existing generally accepted template available. This clarifies why today there are many varying models of DINs/Drug Observatories in our fellow CARICOM sister states.

Nonetheless how can we make future plans without a serious and comprehensive assessment of our earlier errors and

successes? How can we measure the unintended consequences of present drug control policies without accurate evaluation?

A review of the existing models and resulting reports clearly identifies various key concepts and principles that can aid GUYDIN in satisfying its vital role, as the statistics and evidence gathered and analysed, facilitates developing modern drug strategies that can effectively deal with the rapidly changing international and local drug situation.

Much progress has been made, but obviously, much work is yet unfinished. Consequently, participating agencies at all levels are encouraged to work hard in confronting the rapidly evolving challenges posed by drugs.

This national report and its recommendations therein will offer new perspectives that will guide the revision of present policies and the formulation of evidence-based strategies and programmes intended to deal with likely future developments in the coming years.

The DIN, all related agencies and participants are commended for their efforts and input from which GUYDIN's Report 2019 has emerged.

M U Atherly
Director
National Anti-Narcotics Agency

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ACKNOWLEDGEMENT

This 2019 National Report on the Drug situation in Guyana represents the tireless and collaborative efforts of several stakeholders that reported on activities and adverse events regarding the drug problem in Guyana during the year 2018. It is with sincere gratitude that we acknowledge the continued contributions of all our stakeholders that have made this annual publication possible.

- Ministry of Public Health:
 - Drug Demand Reduction Unit
 - Government Analyst Food and Drugs Department
 - The Mental Health Unit
- Ministry of Public Security
- Ministry of Foreign Affairs
- Ministry of Social Protection
- Ministry of Social Cohesion
- Ministry of Education
- Customs Anti-Narcotic Unit
- Guyana Revenue Authority

- Guyana Prison Service
- Guyana Police Force-Narcotics Branch
- Georgetown Public Hospital, Psychiatric Unit
- New Amsterdam Psychiatric Hospital
- Phoenix Recovery Project
- Salvation Army Men's Social Service
- Social Life Issues

And last but not least, a heartfelt thank you to the management and staff of the National Anti-Narcotics Agency for their dedication in ensuring that the drug problem in Guyana is continuously monitored and that data is accurately analysed to generate reliable information for the preparation of this report on an annual basis. This 2019 National Report is for policy makers to utilize for the development of evidence-based drug policies and programmes.

A. EXECUTIVE SUMMARY

The 2019 Drug Information Network report highlights the national effort to address the drug problem by agencies involved in both supply and demand reduction activities.

Drug Demand reduction is a strategic way of addressing the drug problem by focusing on prevention, treatment and rehabilitation. The 2013 study on drug use among students revealed that more than 40% of our teenagers nationwide are not aware of the risks associated with any form of substance use. It is this population that our prevention programmes need to target, to equip our youth with the information and tools necessary to make informed decisions about drugs and its consequences. For the period under review, the Ministry of Public Health, the Ministry of Education, Social Life Issues and other agencies were involved in a number of drug awareness programmes as a prevention measure. For 2018, these programmes reached over 3,000 persons and were geared towards providing information about drugs and its adverse effects if used, misuse or abused. In addition, these agencies also focused on building the capacity of professionals working in the fields of prevention and treatment to address the issue of drug use in schools, communities and other at-risk populations.

An analysis of treatment data for 2018 from the Phoenix Recovery Project and the Salvation Army Men's Social Service found that a total of 106 persons sought treatment. 41% of the treatment population abused cocaine and its derivatives while marijuana single handily accounts for 37% of the most abuse illicit substance. The majority of persons in treatment are males while just

under 10% are females. The data also shows that 75% of persons in treatment for the period under review used more than one drug. The data also found that 36 of the 106 persons in treatment were also diagnosed with a psychiatric disorder and 56 persons had at least one encounter with the criminal justice system. For 2018, 2,535 drivers were charged for Driving Under the Influence of Alcohol (DUI) and there were 14 fatal accidents as a result of drunk driving. This data is an illustration that more sensitization must be done to make persons aware of the dangers of drinking and driving.

For 2018, a total of 334 drug seizures occurred among law enforcement agencies and there were 22 operations for the eradication of marijuana. Overall, 579,412 KG of narcotics were taken off of the market and there were over 500 persons charged with a drug related offence for the period.

During 2018, about 8,475 pieces of drug evidence was submitted to the Guyana Forensics Science Laboratory for analysis for presence and identification of the types of narcotics from various Police Divisions A to G and CANU. These pieces of evidence were a part of 480 drug case investigations. Of this, 478 cases were processed. Overall about 387 returned positive results for cannabis, 82 for cocaine and 17 for ecstasy.

For this period, a total of 38 persons were convicted for the possession of narcotics. Of this number, 14 were convicted for possession of marijuana, while 5 were convicted for possession of cocaine and 7 for possession of other drugs such as ecstasy, heroin and meth and 9 for possession of drug paraphernalia.

During this period, a total of 110 persons were convicted for trafficking narcotics, of this number, 89 for trafficking marijuana and 21 for trafficking cocaine.

Finally, throughout the year, Guyana participated, collaborated and benefited from several drug supply and demand reduction initiatives by International Agencies, these included, the Caribbean Basin Security Initiative (CBSI) through which 38 Law Enforcement Agents would have received training. The Inter-American Drug Abuse

Control Commission (CICAD) of the Organization of American States (OAS) under which 41 treatment professionals were trained in the PROCCER treatment module, 83 persons were also trained on Alternatives to Incarceration. The COPOLAD II programme under which 16 Prevention specialists participated in the online training programme for drug policy development and prevention interventions. Guyana also collaborated with the SEACOP and Container Control Programme.

ABBREVIATION AND ACRONYMS

CANU	Customs Anti-Narcotic Unit
CARICOM	Caribbean Common Market
CBSI	Caribbean Basin Security Initiative
CIA	Central Intelligence Agency
CICAD	Inter American Drug Abuse Control Commission
COPOLAD	European Union Cooperation Program between Latin America, the Caribbean and the European Union on Drug Policies
DEU	Drug Enforcement Unit
DIN	Drug Information Network
FDD	Food and Drug Department
FIU	Financial Intelligence Unit
GDP	Gross Domestic Product
GDF	Guyana Defence Force
GFSL	Guyana Forensic Science Laboratory
GPF	Guyana Police Force
GPS	Guyana Prison Service
GRA	Guyana Revenue Authority
GUYDIN	Guyana Drug Information Network
HCL	Hydrochloride
LEID	Law Enforcement & Investigation Division
MEM	Multilateral Evaluation Mechanism
MOE	Ministry of Education
MOPH	Ministry of Public Health
MOPS	Ministry of Public Security
NANA	National Anti-Narcotics Agency
OAS	Organisation of American States
OID	Inter-American Observatory on Drugs
PAHO/WHO	Pan-American Health Organisation/World Health Organisation
SOCU	Special Organised Crime Unit
UN	United Nations

B. NATIONAL CONTEXT AND POLICIES IN THE FIELD

I. COUNTRY INFORMATION

Guyana is an English-Speaking sovereign country on the northern coast of South America bordered by Venezuela to the West, Suriname to the East and Brazil to the South and the Atlantic Ocean to the North. It has a land mass of about 215,000 square kilometres (83,000 sq. mi) and is divided into 10 administrative regions. Guyana shares historical and cultural ties with the Caribbean and is a member state of Caribbean Common Market (CARICOM).

Although Guyana is estimated to have a population¹ of about 746,955 inhabitants, the majority of the population is concentrated in the capital city of Georgetown which is the main economic hub of the country. There is also a notable concentration of the population along the Berbice River to the east while the remainder of the country is sparsely populated. The population has a growth rate of 0.32%. A substantial proportion of the population, 47.78%, are less than 25 years old and 38.1% are between 26-54 years old. The average life expectancy is 68.6 years.

Generally, Guyana has a very ethnically heterogeneous population originating from India, Africa, China and Europe, as well as many indigenous peoples. However, the two largest ethnic groups are the Afro-Guyanese (descendants of African slaves) and the Indo-Guyanese (descendants of Indian indentured

labourers), which together comprise about three quarters of Guyana's population.



While Guyana's literacy rate is reported to be among the highest in the Western Hemisphere, the level of functional literacy is considerably lower. This is attributed to falling education quality, teacher training, and inadequate infrastructure.

Guyana has shown a steady economic growth over the years with notable increases being 3.1% in 2015, 3.3% in 2016, 3.5% in 2017 and 4.1 in 2018. It is projected that the GDP's growth rate will be 4.4 percent for 2019 and higher in the coming years soon after the hydro industry comes on stream. Based on statistics collected on the unemployment rate during 2012 and 2013, Guyana is estimated to have a rate of 11.3% and 11.1% to the corresponding years.² However, in recent times 2017, this has declined to an average of 9.4% within the Guyanese population with the unemployment rate among men being higher than that of women.

¹ <http://www.statisticsguyana.gov.gy/census.html>

² <http://www.statisticsguyana.gov.gy/surveys.html#csurveys>

II. INTRODUCTION

This national report offers an insight into the current drug situation in Guyana as reported to the Guyana Drug Information Network (GUYDIN) that monitors and accumulates data from various stakeholders or supporting agencies within the network. Depending on the nature of information, each stakeholder agency is required to submit its information at different intervals: e.g. weekly, fortnightly, monthly, quarterly, biannually or yearly. This information is then contextualised and presented in a manner geared towards evidence-based decision making to develop policies to support health and security initiatives to combat the drug problem. This report focuses on the status of Drug Demand and Drug Supply situation in the year 2018, in addition to the strategic mechanisms being enforced to alleviate the scourge this problem has inflicted on Guyana's national development.

The Drug problem refers to a situation which includes substance abuse of illicit drugs such as cannabis and cannabis resin (hashish); as well as cocaine HCL, crack and ecstasy; and licit drugs which includes alcohol, tobacco, the overuse of prescription drugs and over the counter drugs. It also focuses on the diversion of precursor chemicals and pharmaceutical products, as well as drug trafficking and money laundering.

In Guyana, while there are limited mechanisms in place to monitor day to day consumption of alcohol, the same cannot be said about tobacco since the Government

through the Ministry of Public Health is making headways toward implementing legislation to clamp down on the use of such³. On the other hand, there are policies and systems implemented to monitor and control the use of other illicit drugs such as cannabis and cannabis resin (hashish); as well as cocaine HCL, crack, ecstasy, heroin and methamphetamine.

The Government in their bid to fight and combat the drug problem in Guyana, formulated several National Drug Strategy Master Plans over the years starting in 2005 up until the most recent in 2016-2020. This current drug master plan emerged from the need to bring Guyana's drug policies in line with national and international dynamics of the drug problem while emphasizing a holistic Public Health approach.

In Guyana, the demand reduction activities remain focused on preventing and reducing the harms associated with drug misuse while the supply reduction agencies continues to interdict drugs internally and at the border, with the objective of prosecuting offenders and seizing drugs and assets associated with the illicit drug trade.

This National report provides a platform for debate on objective approaches in examining the data that will be used to garner recommendations or opportunities for improvements for combating the illicit use of drugs and its influential capabilities on the

³ The tobacco control Bill was passed in Parliament in 2017 <http://parliament.gov.gy/chamber-business/bill-status/tobacco-control-bill-2017/>

nation's health and security which has an impact on the economic stability of Guyana.

Information and data collected apart from supporting agencies are also sourced from news articles, reports and other research regarding drugs and its impact in our society.

Over the years the GUYDIN has been performing situational analysis on Guyana's drug problem and publishing national drug reports that has been evolving continuously as new information and indicators becomes available to better monitor and combat the drug issue. The National Anti-Narcotics Agency (NANA) is the body responsible for the development of evidence-based drug policies for Guyana and also serves as an oversight

body to review the implementation of the policy. The agency also strives to coordinate inter-agency collaborations to ensure a strategic approach when addressing the drug problem and to avoid duplication of efforts among agencies. NANA does this through three inter-agency bodies: The Joint Anti-Narcotics Law Enforcement Unit, The National Drug Abuse Control Unit and the GUYDIN. From these bodies, information is fed into the DIN through the use of standardized indicators and methodologies to gather, assess and report on the drug situation from both a supply and demand perspective, to inform the development of evidence-based drug policies and programmes.

I. LEVEL OF IMPACT OF THE DRUG SITUATION IN GUYANA

Alcohol, marijuana and tobacco⁴ has traditionally been the main substances used and misused across Guyana including among our youth⁵. In fact, the consumption of alcohol has always been regarded as a favourite pastime in Guyanese society, given that Guyana is a major producer of rum and beer. These products are widely and easily accessible on our markets and at very high volumes. Studies over the years have indicated that alcohol is the main psychoactive substance that is consumed on a regular basis, in addition this is the licit substance that most persons have

sought treatment for due to their dependence or the development of a substance use disorder. Studies have also shown that there is a high prevalence of our population engaging in the risky behaviour of binge-drinking⁶, the 2016 Household Drug Prevalence Survey indicated that the rate of binge drinking among males was 64% and 46% among females. Among our youths, a regional analysis indicated that over 60% of our young people engaged in the risky activity of binge drinking, the highest in the region.⁷ This study was conducted in 2015. Despite laws and regulation prohibiting the consumption and

⁴ Guyana National Household Drug Prevalence Report, 2016: <http://www.nana.gov.gy/Guyana-Household-Drug-Survey-Report-2016.pdf>

⁵ Drug Use Among Secondary School Students in Guyana, 2014: <https://mops.gov.gy/wp-content/uploads/2017/05/drug-use-among-secondary-school-students-in-guyana-1.pdf>

⁶ binge drinking as a pattern of drinking that brings a person's blood alcohol concentration (BAC) to 0.08 grams percent or above. This typically happens when men consume 5 or more drinks or women consume 4 or more drinks in about 2 hours.

⁷<http://www.cicad.oas.org/oid/pubs/FINAL%20SCHOOL%20SURVEY%20REPORT%202016.pdf>

sale of alcohol to minors, this is still a common practice that needs to be addressed.

To understand the impact that unregulated alcohol use is having on our society, a simple review of news articles would indicate the number of serious or fatal⁸ accidents on our roadways due to drunk driving. In fact, for 2018, the Guyana Police Force Traffic unit recorded about 2,535 cases of DUI and 14 fatal accidents were attributed to drunk driving. Moreover, observations on the city's bus parks, highlights the number of mini-bus drivers and conductors seen plying their trade while consuming an alcoholic⁹ beverage. In addition, the sale of alcohol on the bus and car parks makes access to these beverages easy for drivers, commuters including school children and lays the foundation for dangerous conditions on our roads.

Moreover, alcohol consumption within our Amerindian villages is also increasing and leading to serious social issues within those communities. In 2017, a study¹⁰ was carried out among Indigenous women and children and found that ...the use of alcohol and drugs has increased overtime and is a contributor to social issues such as violence particularly in Baramita, Orealla and Waramadong Villages. In the study, it also highlighted the use of these substances by pregnant women which is a risky health issue. Another pertinent point is that the age of onset for drug use is at a very young age for indigenous girls and boys these include the consumption of traditional drinks...

⁸ <https://newsroom.gy/2018/10/11/86-killed-in-road-accidents-speeding-major-cause/>

⁹ <https://www.stabroeknews.com/2018/opinion/letters/07/30/travelling-by-minibus-on-the-west-coast-is-a-terrifying-experience/>

¹⁰ https://www.unicef.org/guyana/SitAn_on_Ameridian_Woman_and_Children_-_Final-web.pdf

Sadly, reports of domestic violence of which alcohol¹¹ played a role is quite common all across Guyana and is a recurring narrative in the documentation of cases that make it before law enforcement. What makes it more concerning, is the recurrence of the comment "he/she is a good person, when they are not drinking."

Strikingly, these are all preventable deaths and injuries that an implementable national alcohol policy can seek to rectify. Changes can be made to robustly sensitize the public about the undesired consequences of irresponsible alcohol consumption, while promoting the safe use of alcohol, and regulating its sale and access especially to our youths, to prevent the abuse and misuse of the substance.

As our society continues to evolve, so too is the list of drugs available on our markets. While alcohol, marijuana and tobacco have been the common substance of choice within our population, currently substances such as ecstasy, molly, and concoctions such as "lean" or "Sizzurp" are emerging and making a fast impact especially among our youth.

In the beginning of 2018, law enforcement uncovered a drug ring among secondary schools in Georgetown. This ring was selling the psychoactive substance, ecstasy¹². By the end of 2018, it was discovered that the sale of this substance to school children was more wide spread, spanning across several regions

¹¹ <https://www.stabroeknews.com/2010/news/guyana/08/03/domestic-violence-cases-rooted-in-alcohol-abuse-%E2%80%93-berbice-magistrate/>

¹²

<https://www.stabroeknews.com/2018/opinion/editorial/02/23/drugs-in-schools/>

of Guyana in both public and private schools.¹³ While persons were arrested and charged for some of these offences, it was striking to also uncover that students were actively participating in the sale and distribution of the substance.

Interactions with schools and community groups have also revealed that the types of drugs and the ways of using these drugs are also evolving among our youths. In addition to ecstasy use, molly has also been identified as a popular substance of choice among some groups, the consumption of edible forms of marijuana is also common. Most striking is the revelation that polysubstance use among teens is common. They have admitted to mixing ecstasy with alcohol or marijuana and to also adulterate cough syrup containing codeine with soda and other ingredients to experience different levels of highs. Most alarming is the admission that in some instances, persons were given these substances without their knowledge. There seems to be a developing culture of recreational substance use which is leading to the development of risky behaviours that can have serious consequences such as inter-personal violence, and conflict with the law if left unchecked. In addition, it can impact educational performance, affect the quality of work by employees, impact upon family and community relations and lead to issues to drug dependence if action is not taken to address it from both a prevention and supply reduction perspective.

The evolving reality of the drug problem in Guyana needs to be addressed, ignoring the

warning signs or denying that the problem exists will only lead to serious public health issues. A proactive approach is needed to address this problem, one in which agencies are able to work collectively towards the development of a plan of action on how to reduce both the supply and demand for drugs.

Moreover, given the impact that substance use is already having on our society, it is evident that efforts need to be taken to restore what was damaged by substance use. The expansion of treatment, and reintegration services for drug dependent persons needs to be made a major policy concern especially given the number of persons living on the streets as a result of substance use and other co-occurring conditions. The over-crowding of the prisons by persons who commit minor, non-violent criminal offences in order to support a drug habit is also another issue that can be addressed through the exploration of various alternatives to incarceration programmes that would keep these persons out of the prisons system and provide them with the assistance needed to overcome their dependence. This type of approach will result in improved public security and reduction in recidivism. Community programmes need to be prioritized with the aims of teaching persons the skills to cope with stressful situations and to make healthier choices that does not involve alcohol and drugs to mask their problems.

Understanding the impact that alcohol and drugs are having on our society is the only way that inter-agency policies and programmes that are based on evidence can be developed

¹³ <https://guyanatimesgy.com/ecstasy-being-sold-to-students-at-5-secondary-schools/>

and implemented. As such, it is important for studies to be conducted on the prevalence and impact of drug use on our society. This is

especially needed given that previous studies are now more than 3 years old.

III. LEGAL FRAMEWORK



There are several laws and regulation developed with help from international collaboration and discussion that were incorporated into the national framework backed by international treaties between member states and stakeholders. Guyana has adopted some of these directives and guidelines to address the drug issues nationally. These are:

The Narcotic Drugs and Psychotropic Substances (Control Act) 1988, and all its amendments covers a wide range of offences including possession, trafficking, cultivation of certain plants, narcotics in transit and forfeiture of assets. The Act also addresses the issue of rehabilitation and procedure with respect to the restriction on power to impose lesser sentences, power to search premises and disposal of seizure.

of a Treaty State engaging in illicit traffic within Guyana's territorial sea.

The Food and Drugs Act Chapter 34:03, Requires importers of foods, drugs, cosmetics or medical devices to be licensed. Provision is made for penalties for breaches, such as misleading representations, and declarations by manufacturers with regard to drugs and forfeiture.

The Interception of Communication Act of 2008, deals with the legal interception of communication which also includes

The Witness Protection Bill (2017),

This bill allows for the protection of informants with regards to criminal activity including illicit drugs trafficking and abuse.

The Anti-Money Laundering and Countering the Financing of Terrorism Act 2009 and Regulations 2010, and all its amendments provides a legal framework for detecting and preventing money laundering and terrorist financing. It repealed the Anti-Money Laundering (Prevention) Act 2000 and established the Financial Intelligence Unit.

The Maritime Drug Trafficking (Suppression) Act 2003, seeks to suppress and eradicate the

illicit trafficking in narcotics at sea. It also "provides for the treatment of foreign vessels

investigation involving drugs and financial crimes.

The Criminal Procedure (Plea Bargaining and Plea Agreement) Act 2008, permits the police and agencies to take legal action to facilitate plea-bargaining and plea agreement procedures.

The Fugitive Offenders (Amendment Act) Act 2009, permits Guyana to extradite fugitives to Commonwealth countries and treaty territories.

Tobacco Control Act 2017, This bill seeks to provide for the adoption and implementation of tobacco control policies in accordance with

the World Health Organisation Framework Convention on Tobacco Control which aims to protect present and future generations from

the devastating harms of tobacco use and exposure to tobacco smoke.

IV. DRUG POLICY



It is universally accepted that the drug problem encompasses domestic demand and international trafficking. These two aspects of the problem are however deeply intertwined, and to counter one in isolation of the other is fundamentally flawed.

In Guyana, the safety and security of all inhabitants is of utmost importance since future development will be hindered if approaches are not strategic and synchronized to fight this drug problem. The formulated Drug Strategy Master Plan 2016-2020 utilises a balanced approach between public health and public security. It addresses demand reduction, supply reduction, control measures, institutional strengthening and policy coordination as well as international cooperation.

Resulting from recommendations in the National Drug Report in 2011, works began on the formulation of a 4 years National Drug Strategy Master plan which was completed in 2013 covering the years 2014-2018. This drug strategy was then reviewed by the Ministry of Public Security in collaboration with key stakeholders including the Ministry of Public Health and the Ministry of Education and resulted in the formulation of the current Drug Strategy Master Plan 2016-2020.

Equally, the Master Plan brings into focus all national concerns about drug control.

It explains national policies, identifies priorities and assigns responsibility for drug control efforts. In essence, it guides the operational plans of all government departments and other bodies involved in the reduction of demand, supply, control, and all other aspects of the national fight against drug abuse and its associated ills. The strategies expressed are based on the existing national situation but also takes into account several international treaties and agreements, including those proposed by regional, hemispheric, and global agencies. Concerning Demand Reduction, the Strategy focuses on public awareness programmes targeting all educational levels, from early childhood, to the tertiary level. In formulating these programmes, the developers of the strategy were able to draw from evidence generated from the 2013 Secondary Schools Drug Prevalence Survey Project funded by the Organization of American States and the Inter-American Drug Abuse Control Commission (OAS-CICAD) which was led by the then Ministry of Home Affairs, now the Ministry of Public Security with the support of the Ministry of Education. The findings of this Project released in September 2015, have set a solid baseline for reliable comparisons on substance use patterns by our youths across the regions and differing social settings. Programmes were also directed to parents, community leaders and civic leaders. In

addition, the Plan also supports the development of media campaigns, including the use of prominent personalities, to educate young people about the ills of drug use. The strategy also proposes alternatives to incarceration programmes and calls for the building of additional recreational centres and treatment centres. These initiatives are all focused on preventing substance use and providing support for persons affected by substance use.

In the area of Supply Reduction, the Plan proposes increasing the intelligence gathering capability and building capacity at a central level in both the domestic and transshipment components. It also calls for strengthening border controls and additionally, establishing a witness protection programme.

With regards to Control Measures, the Plan proposes implementing Automated Information Management Systems (AIMS)

to control the distribution of pharmaceutical products and prevent the diversion of chemical substances. It targets strengthening the Drug Information Network to carry out research and training activities related to the prevention and control of the illicit traffic of pharmaceutical products and other drugs via the internet. It strongly promotes the investigation and prosecution of money laundering cases.

With the implementation period for the current Drug Strategy Master Plan 2016-2020 coming to an end, the time is rife for preparation for the drafting of the new drug strategy for which a wide range of up-to-date information on all aspects of the drug problem will be needed.

V. CONCLUSIONS AND RECOMMENDATIONS

The key to success in the fight against the national drug problem is having durable collaborative efforts at all levels which includes operational level (Police, Health Care, Rehabilitation) along with the legislative arm of the process. The National Drug Strategy Master Plan 2016-2020 is a manifestation of that intent, as it involves the combined efforts of all stakeholders in proceeding continuously towards a common responsibility. The National Anti- Narcotics Agency is the

authority to monitor the drug problem and publish annual status reports for the public and policy makers. Policy makers will then use this information to guide policy decision via a coordinated mechanism.

C. DRUG DEMAND



I. Introduction

Through prevention intervention some health issues and illnesses can be prevented by reducing the risk factors and enhancing the protective factors that are known to have an impact on individuals and communities.

To effectively prevent substance misuse, it is important to understand the nature of the problem, including age of onset, risk and protective factors etc. Although people generally start using and misusing substances during adolescence, misuse can begin at any age and can continue to be a problem across the lifespan. Substance use always comes with the risk that it might lead to addiction.

The misuse and abuse of alcohol and other drugs can impede judgment and lead to

traffic fatalities, violence, suicide, poor educational performance, overdose, and other problem behaviours. Due to the high prevalence of drugs, evidence-informed drug prevention initiatives can reduce the likelihood of such problems and help children and youth grow up free of drug-related harms.

Additionally, Prevention initiatives will enable the beneficiaries to make better choices. In Guyana, there are a number of prevention measures to promote such awareness.

Policies and Coordination

Some strategies to combat the drug problem are outlined in the National Drug Strategy Master Plan (NDSMP) 2016-2020, it focuses on the expansion of the Drug Abuse Prevention Curriculum in Primary, Secondary and Tertiary levels of Education, the provision of training courses for professionals in the field of social work, drug prevention, treatment and other related areas to increase their capacities to develop and administer structured and evidence-based prevention and treatment programmes. The strategy also calls for the development of a universal drug prevention media strategy to target youths and spread awareness about the effects and impact of substance use and misuse. In addition, the strategy calls for the creation of recreational centres and sporting activities as a means of creating recreational

programmes for youth to be positively engaged and in a safe space. Other provisions under the strategy includes the development of employee Assistance Programmes (EAP) for the working environment which is geared towards substance abuse awareness and to support employees that may be suffering from substance use disorders.

As an oversight mechanism for the Strategy's Demand Reduction programmes, and as a means of providing a space for inter-agency discussions on matters arising on drugs, the National Anti-Narcotics Agency have as a part of its mandate, created the National Drug Abuse Council. Which is a body of drug prevention professionals who meet to discuss the demand reduction aspect of the drug problem that includes prevention

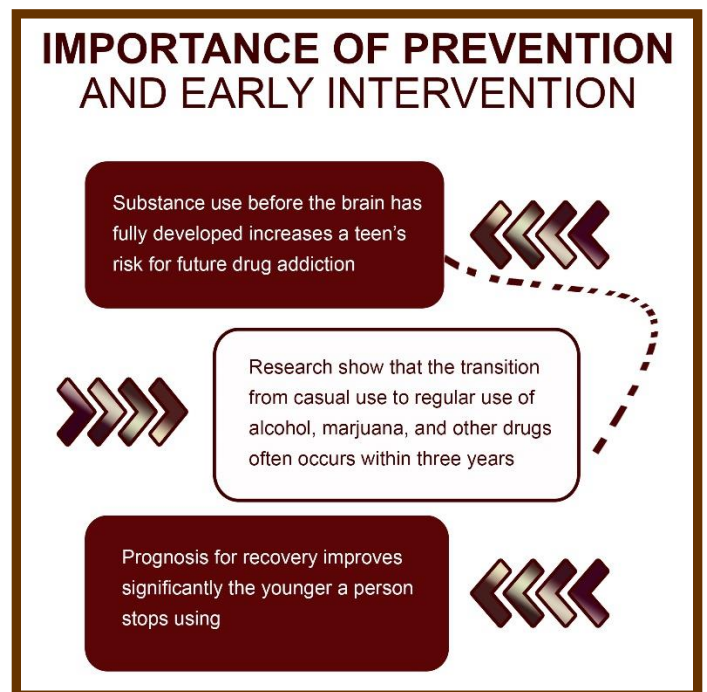
programmes, public awareness, treatment and rehabilitation and reintegration among other matters.

In the area of building capacity of professionals working in the field of drug prevention and treatment, several training programmes were organized or offered to employees of several government ministries, NGOs and Faith Based Organizations. These included the Training and certification of treatment professionals in the OAS/CICAD PROCCER Treatment Training Curriculum, Online courses in Drug Prevention and Policy Development offered online through the COPOLAD programme. These were in addition to several training programmes offered by the Ministry of Public Health- Drug Demand Reduction Unit.

In addition to the National Drug Strategy, several institutions are also working on policies to address specific drug related issues within their field. For instance, the Ministry of Education through the Health Promotions Department with support from UNICEF is developing a School Drug Policy to address the issues arising from drugs within the school system. This policy takes a proactive approach to addressing the matter while seeking to protect and guide students along a safer path.

Similarly, the Pan American Health Organization (PAHO) in collaboration with the Ministry of Public Health have developed the National Tobacco Policy and are currently working on the development of a National Alcohol Policy.

All of the initiatives highlighted are being developed through inter-agency collaborations and also includes the Non-Governmental Organizations, Faith Based Organizations and other social interest groups, this is a vital step in developing comprehensive strategies.



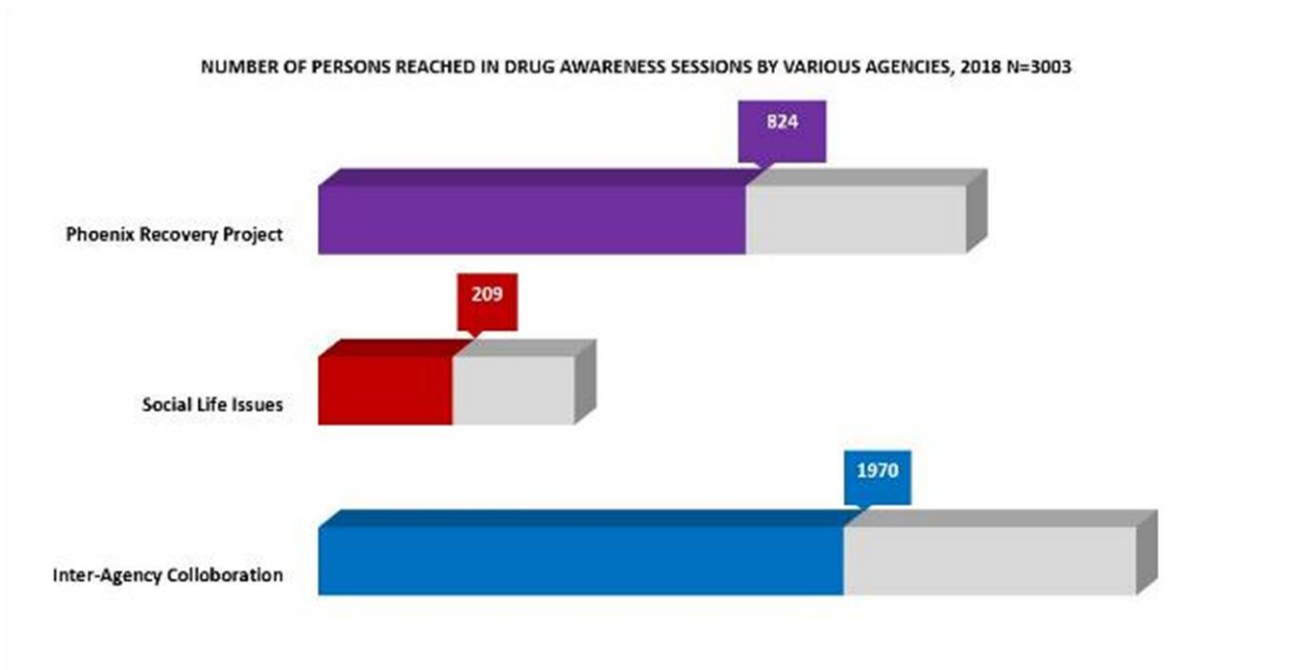
I. DRUG PREVENTION

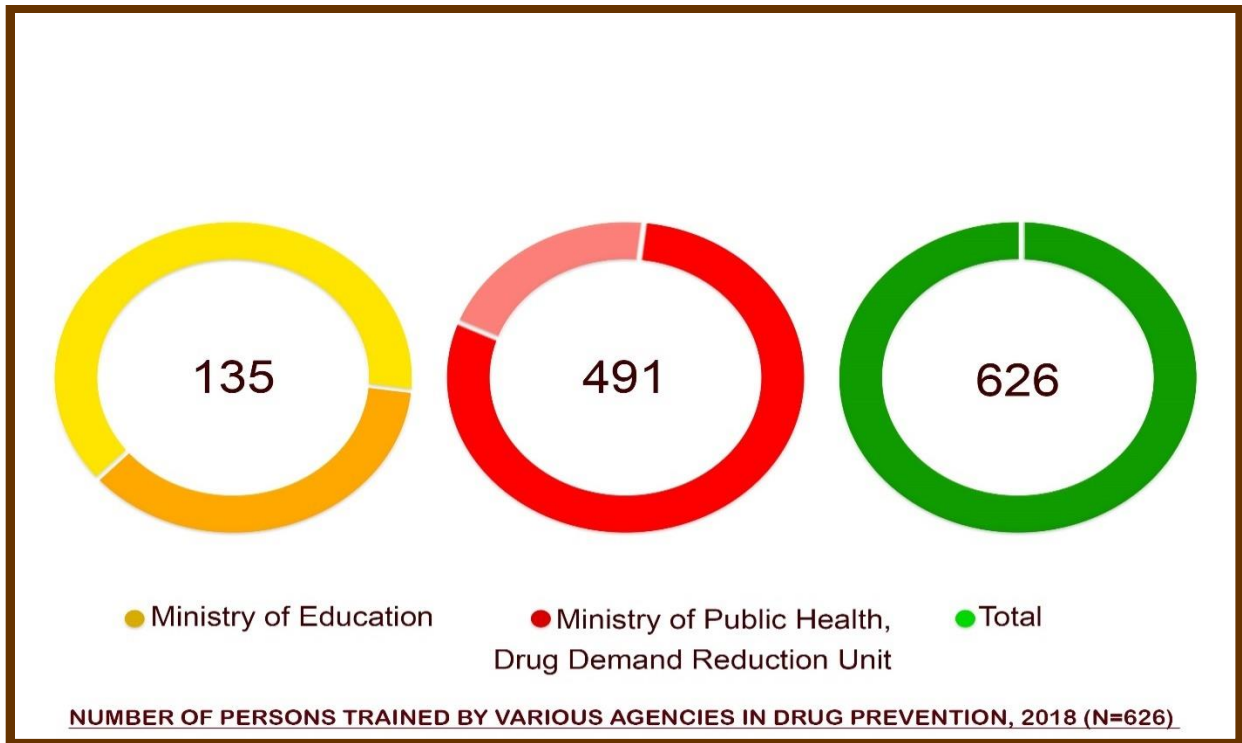
I. Prevention Interventions

Currently the prevention programmes in Guyana are structured as community-based, family-based and school-based prevention. These programmes are led by the Ministry of Education and Ministry of Public Health with support from NGOs such as Social Life Issues Guidance and Counselling Service, Phoenix Recovery Project, and the Salvation Army. Agencies such as the Guyana Police Force-Narcotics Branch, Customs Anti- Narcotic Unit, Guyana Prison service and the National Anti-Narcotics Agency also lend support to drug prevention initiatives. These agencies report their activities to the DIN on a quarterly basis. Based on these reports, it was noted that a total of 3003 persons were reached in drug awareness sessions held by

the various agencies. These awareness sessions took place in several regions across Guyana such as Regions 2, 3, 4, 6, 7 and Georgetown. In addition, 626 persons received training to build their capacity in various drug prevention initiatives.

The graph below reflects the number of persons that have been reached through various awareness and training programmes that were reported for 2018 by the various agencies. It must be noted that the Inter-Agency Cooperation reflects awareness activities that were carried out by the Ministry of Education, Customs Anti-Narcotics Unit and the Guyana Police Force, Narcotics Branch.





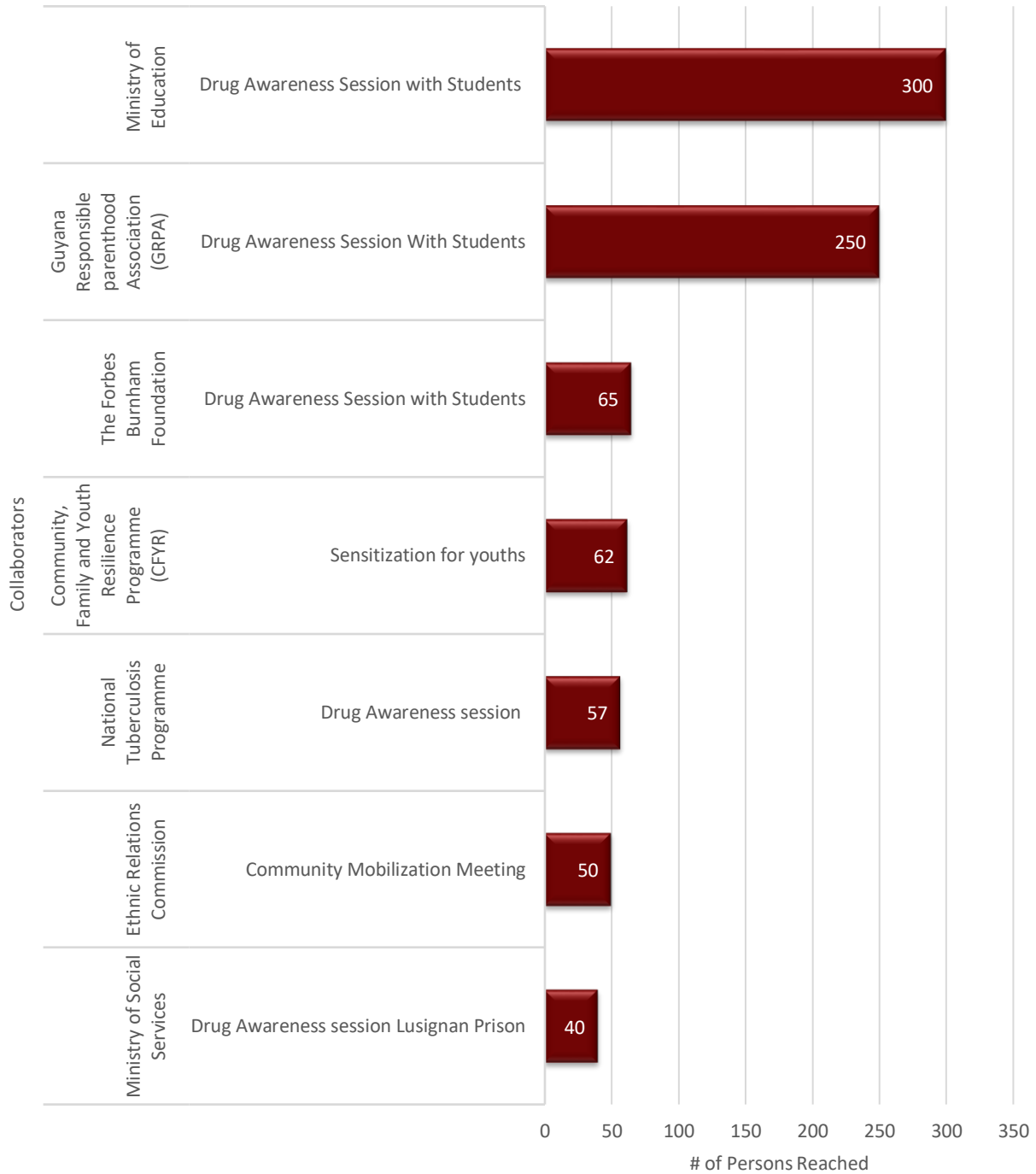
In the following section, specific activities by each reporting agency for 2018 is discussed.

Phoenix Recovery Project

Phoenix Recovery Project (PRP) is an NGO specializing in inpatient drug rehabilitation services to both male and female clients. The agency has dedicated over 10 years to public, government and industry service within our society. The facility also caters to the treatment of juveniles with substance use disorders. Over the years, they have been reporting an increase in the number of youths they treat for marijuana related psychosis.

During the reporting period, Phoenix Recovery Project also partnered with the following agencies/NGO in promoting drug awareness sessions, through these sessions over 800 persons were reached: National Tuberculous Programme, Ministry of Social Services, and Community, the Guyana Prison Service, Family and Youth Resilience Program (CFYR) as well as the Forbes Burnham Foundation.

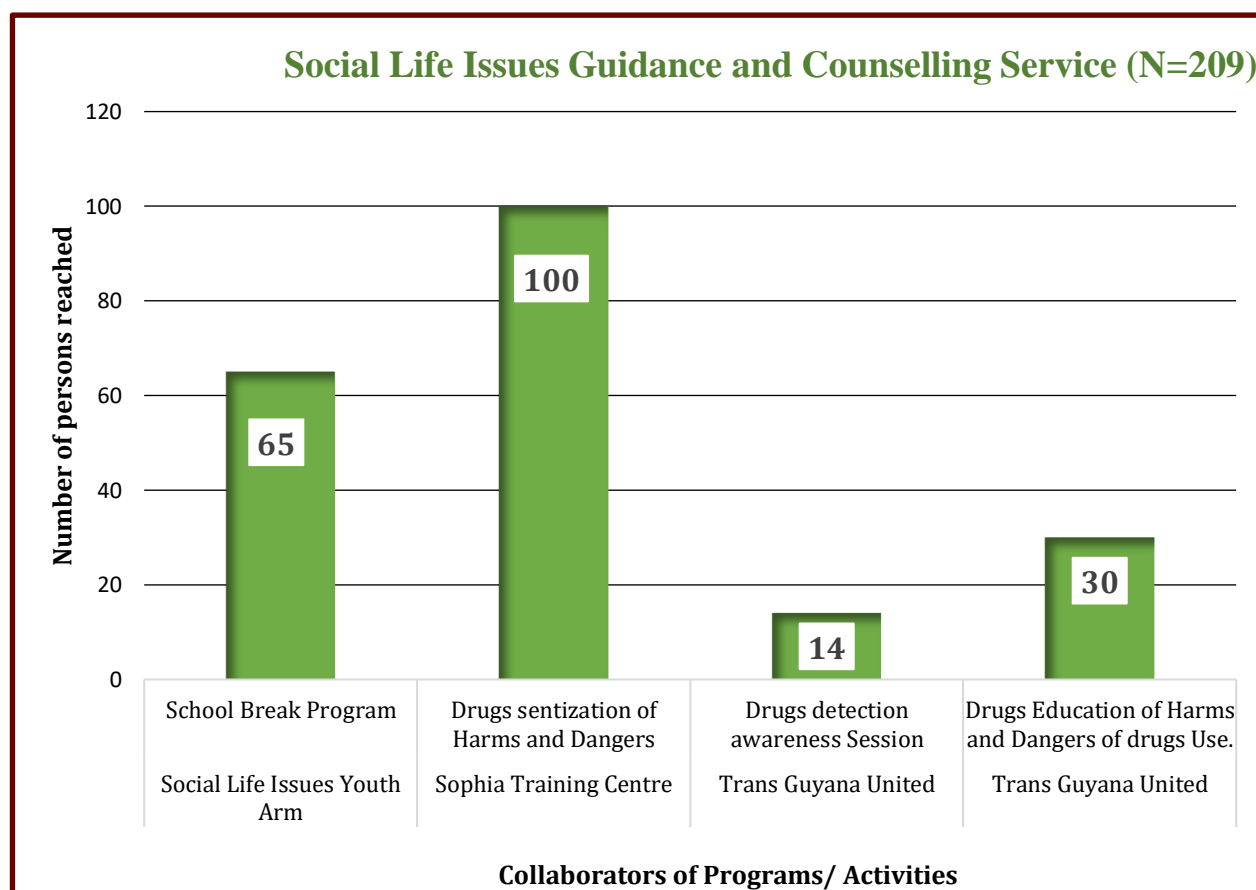
of Persons Reached through Awareness Sessions by the Phoenix Recovery Project, 2018 (N=824)



Social Life Issues Guidance and Counselling Services

Social Life Issues Guidance and Counselling Services (SLI) is an NGO that provides counselling and guidance services to adults and youths facing varying challenges. During 2018, the organization have provided the following services and have reached just over 200 persons. Through the youth arm of SLI, a school break program was developed for the children of the Sophia community to engage them through interactive recreational activities, sixty-five (65) children were a part of this activity. These activities were designed to enhance their knowledge about drugs and its effects as a preventative measure against substance use and abuse. In addition, SLI also

organized drug sensitization sessions with the youths at the Sophia Training Center, through these activities, approximately one hundred (100) students were reached. Social Life Issues have also been working with the Trans Guyana United organization, which is an NGO that provides services to the LGBT community in Guyana. These sessions were focused on sensitizing the members about the harms and dangers of drug use and on techniques to detect drug use among their community members and to refer those in need to services. Approximately forty-four (44) persons benefited for these sessions.

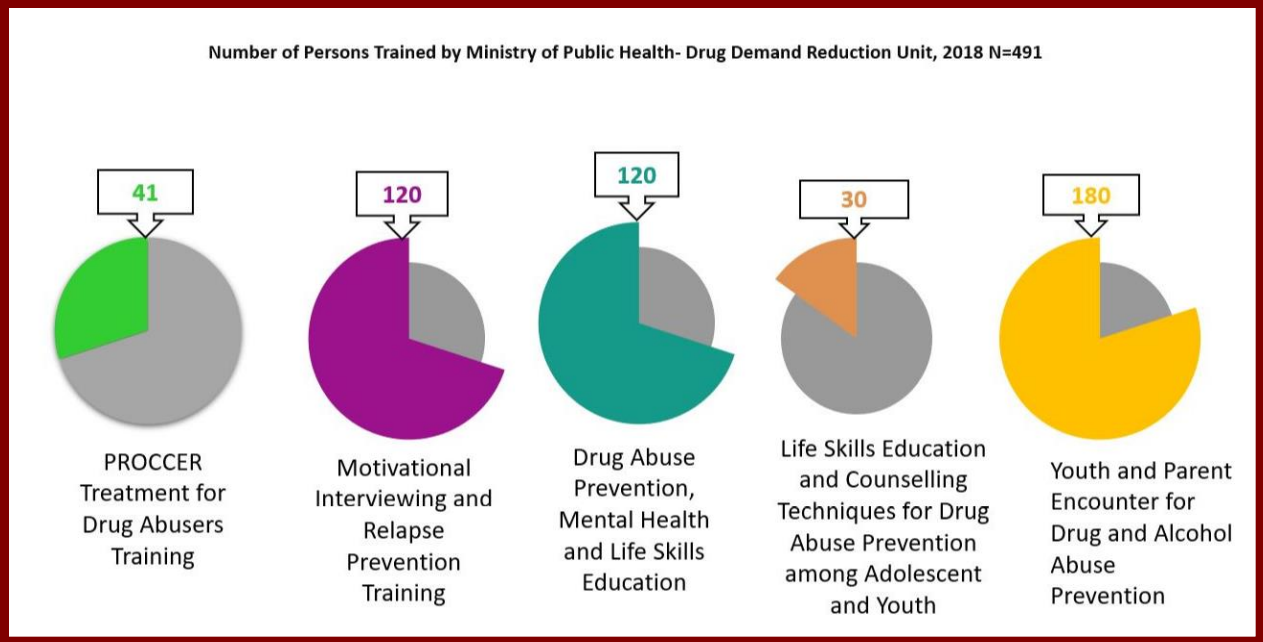


Ministry of Public Health-Drug Demand Reduction Services

The responsibility of the Ministry of Public Health-Drug Demand Reduction Department includes the coordination and monitoring of education, treatment and rehabilitation activities that are associated with drug use/abuse within the framework of the National Drug Strategy Master Plan. For the year under review, the Drug Demand Reduction Department conducted a number of prevention programmes and trainings within Regions 2, 4, 5, 6, 9, 10 and Georgetown. Additionally, the agency has also organized training sessions for several Government Ministries, NGOs and Faith Based Organizations for this period. About 491 persons benefited from these activities for the year. Training programmes include: Motivational Interviewing and Relapse Prevention Training, this programme aims to build the counselling capacity of persons working in the field of Drug Treatment and Rehabilitation and other support services for persons with substance use disorders. Other programmes include Drug Abuse Prevention, Mental Health and Life Skills Education and training in Youth and Parent Encounter for Drug and Alcohol Abuse Prevention. These demand reduction trainings are geared towards providing the youth and parent with the requisite skills to plan and organize drug abuse prevention activities in their respective communities.

In the area of capacity building for professionals working in the field of drug demand, The Ministry of Public Health in collaboration with the Organization of American States (OAS), Inter-American Drug Abuse Control Commission (CICAD), organized the Training and Certification Program for Drug and Violence Prevention, Treatment, and Rehabilitation (PROCCER) in the area of treatment. Thirty-five Forty-one (41) persons working in the field of drug treatment were trained, with 39 successfully completing the programme and receiving certificates.

In addition, during the reporting period, the Drug Demand Reduction Unit in collaboration with NANA, through support from the European Cooperation Programme between Latin America and the Caribbean on Drugs (COPOLAD) conducted an evaluation of one of the prevention programmes initiated by the Drug Demand Reduction Unit. The Evaluation was based on a developed set of validation and evaluation criteria developed under the COPOLAD II Programme by regional experts on Standards of Care Criteria for Drug Demand Reduction. The results of this evaluation will be published in 2019.



Inter-Agency Collaboration

Coming out of the 2010 Development of the National Drug Demand Reduction Strategy and taking into consideration some of the emerging issues regarding alcohol and substance use within the school system, it was recommended that an inter-agency task force be established between the law enforcement agencies and the Ministry of Education to address some of these matters. The collaboration initially started as a means of providing training to teachers and school welfare officers about the various methods of concealment that can be used by students to smuggle drugs into the schools, to expose them to the characteristics and physical appearance of illicit substances and to inform them about the effects it would have on the body as well as the legal implications youths can face if found with illegal substances.

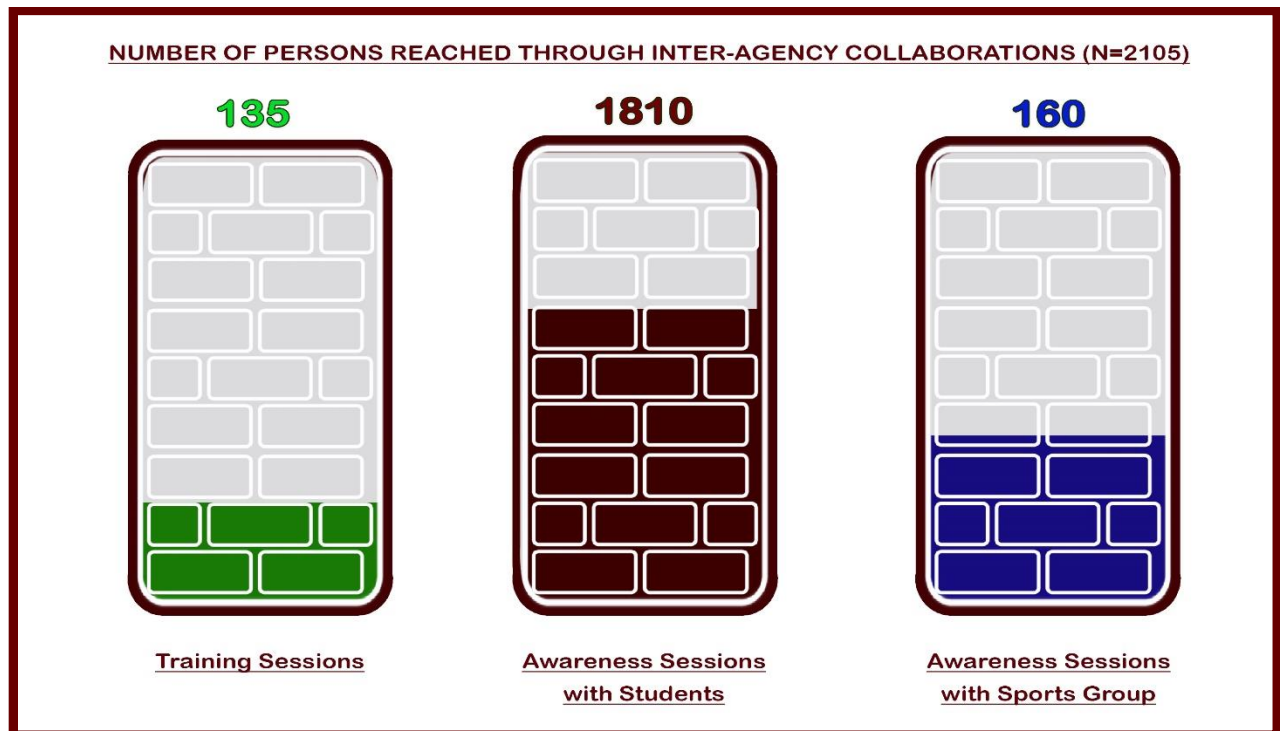
During 2014, this collaboration evolved due in part to the number of reports about drug related incidents in schools across several regions in Guyana. More-so, the reports highlighted changing patterns in substance use moving from alcohol and marijuana as the substances most found in the possession of students, to other synthetic drugs such as ecstasy, the misuse of prescription and over-the-counter drugs and various other concoctions. Officials now found themselves investigating more serious matters linked to the substance use such as overdose, sale of drugs in networks of schools among others. The development of the School Drug Policy is also one of the proactive approaches that was decided upon to address this matter.

During 2018, the Ministry of Education, Health Promotions Unit along with the Customs Anti-Narcotic Unity (CANU) and the Guyana Police Force, Narcotics Branch conducted several sessions in schools across

Guyana as they responded to reports of drug related incidents. The Ministry also capitalised on the consultations for the development of the School Drug Policy to also conduct training and sensitisation sessions with participants about drugs and related matters. Further, drug awareness training sessions were organised for teachers, social workers and other key persons with support from the law enforcement agencies. From this collaboration, about 1810 persons benefited from drug awareness sessions and 135 persons received training.

Additionally, the law enforcement agencies participated in the following drug awareness activities:

- CANU held a session with 60 members of the Guyana U20 National Football Team
- The Guyana Police Force, Narcotics Branch collaborated with The National Anti-Narcotics Agency and the Ministry of Education- Health Promotions Unit for a drug awareness session with the participants and parents at a Summer Cricket Camp at which 100 students and parents were reached.



II. CONCLUSIONS AND RECOMMENDATIONS

During 2018, agencies worked tirelessly to address the drug problems within our society through drug awareness sessions and capacity building of professionals working in several social services fields to better address the matter. However, it was noted that the issues with drugs and the types of substances being used are evolving in Guyana. As such, interventions need to also evolve to address the issues arising, moreover, prevention programmes need to be based on sound evidence in order to be effective and proactive. Currently drug prevention programs seek to involve the family, community and the workplace in the prevention process. However, to be effective, the programmes need to be sustainable as one-off prevention sessions are not sufficient to produce desired results. This often requires continued leadership and financial support. Moreover, there is a need for prevention programmes to be evaluated to assess whether the programmes are meeting their objectives, if they are designed to address the issues at hand and where adjustments are needed.

Recommendations

- A Drug Prevalence Among School Students study is needed in order for practitioners to have a true understanding of the drug problems facing this part of the population. This would facilitate the development of targeted, evidence-based prevention and awareness programmes. The last school survey was conducted in 2013.
- Evidence-based drug Prevention Programmes should receive increased funding and incorporate a monitoring and evaluation component.
- intensified collaboration among agencies in the implementation of Drug prevention initiatives.
- Development and implementation of training and certification programmes to enhance the capacity for the prevention and treatment specialists, counsellors, social worker, community leaders, teachers, psychologists etc in the field of drug prevention and treatment.
- Increased implementation of Drug Demand Reduction Strategies outlined in the Drug Strategy Master Plan 2016-2020.

Pictures of Prevention

NATIONAL ANTI-DRUGS AGENCY (NADA)

DRUG
SECURITY

EDUCATION

Legal Drugs



Safety Tips

Smoker's Body

SMOKING

Pictures of Prevention



II. DRUG TREATMENT

I. INTRODUCTION



Drug Treatment plays an integral role in addressing the world drug problem. Treatment is crucial to the recovery of persons misusing substances to ensure that they are given the necessary care that is needed to overcome the addiction and be re-integrated into society.

Studies have shown that throughout the Caribbean there is a demand for treatment for alcohol and other drugs, however there is an overall lack of standardized coverage and facilities available to meet this need. Moreover, treatment services to meet the needs of women and children is oftentimes not available. In addition, where treatment is available, it can be very costly based on the type of treatment being sought and the seriousness of the situation. These barriers to treatment oftentimes result in persons with substance use disorders not receiving the care and treatment they require.

Drug Addiction has been scientifically proven to be a chronic disease¹⁴ which is identified by compulsive, or uncontrollable, drug seeking and use despite harmful repercussions and alterations in the brain, that can be long lasting. These alterations of the brain can lead to harmful behaviours seen in people who use drugs. Addiction today is seen as stemming from genetics, biology and more importantly the environmental influences.

The National Drug Strategy Master Plan 2016-2020 Demand Reduction component makes provision for the improvement of and expansion of drug treatment services across Guyana. Given the importance of this issue, it is intended to encapsulate distinct measures geared towards promoting a public health approach to addressing the drug problem. This approach seeks to provide problematic drug users access to a system of drug treatment, rehabilitation, social reintegration, and recovery services.

According to the National Institute of Drug Abuse,¹⁵ there are various Principles of Drug Addiction Treatment guidelines. The Principles for Effective Treatment are as follows:

1. ADDICTION IS A COMPLEX BUT TREATABLE DISEASE THAT AFFECTS BRAIN FUNCTION AND BEHAVIOUR.

Drugs of abuse alter the brain's structure and function, resulting in changes that persist long after drug use has ceased. This may explain why drug abusers are at risk for relapse even after long periods of abstinence and despite the potentially devastating consequences.

2. NO SINGLE TREATMENT IS APPROPRIATE FOR EVERYONE.

¹⁴ National Institute on Drug Abuse: Drugs, Brains and Behaviour, The Science of Addiction
https://www.drugabuse.gov/sites/default/files/soa_2014.pdf

¹⁵ National Institute on Drug Abuse; National Institutes of Health; U.S. Department of Health and Human Services.
<https://www.drugabuse.gov/publications/drugfacts/treatment-approaches-drug-addiction>

Treatment varies depending on the type of drug and the characteristics of the patients. Matching treatment settings, interventions, and services to an individual's particular problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society.

3. TREATMENT NEEDS TO BE READILY AVAILABLE.

Because drug-addicted individuals may be uncertain about entering treatment, taking advantage of available services the moment people are ready for treatment is critical. Potential patients can be lost if treatment is not immediately available or readily accessible. As with other chronic diseases, the earlier treatment is offered in the disease process, the greater the likelihood of positive outcomes.

4. EFFECTIVE TREATMENT ATTENDS TO MULTIPLE NEEDS OF THE INDIVIDUAL, NOT JUST HIS OR HER DRUG ABUSE.

To be effective, treatment must address the individual's drug abuse and any associated medical, psychological, social, vocational, and legal problems. It is also important that treatment be appropriate to the individual's age, gender, ethnicity, and culture.

5. REMAINING IN TREATMENT FOR AN ADEQUATE PERIOD OF TIME IS CRITICAL.

The appropriate duration for an individual depends on the type and degree of the patient's problems and needs. Research indicates that most addicted individuals need at least 3 months in treatment to significantly reduce or stop their drug use and that the best outcomes occur with longer durations of treatment. Recovery from drug addiction is a long-term process and frequently requires

multiple episodes of treatment. As with other chronic illnesses, relapses to drug abuse can occur and should signal a need for treatment to be reinstated or adjusted. Because individuals often leave treatment prematurely, programs should include strategies to engage and keep patients in treatment.

6. BEHAVIOURAL THERAPIES – INCLUDING INDIVIDUAL, FAMILY, OR GROUP COUNSELING – ARE THE MOST COMMONLY USED FORMS OF DRUG ABUSE TREATMENT.

Behavioural therapies vary in their focus and may involve addressing a patient's motivation to change, providing incentives for abstinence, building skills to resist drug use, replacing drug-using activities with constructive and rewarding activities, improving problem-solving skills, and facilitating better interpersonal relationships. Also, participation in group therapy and other peer group support programs during and following treatment can help maintain abstinence.

7. MEDICATIONS ARE AN IMPORTANT ELEMENT OF TREATMENT FOR MANY PATIENTS, ESPECIALLY WHEN COMBINED WITH COUNSELING AND OTHER BEHAVIOURAL THERAPIES.

For example, methadone, buprenorphine, and naltrexone (including a new long-acting formulation) are effective in helping individuals addicted to heroin or other opioids stabilize their lives and reduce their illicit drug use. Acamprosate, disulfiram, and naltrexone are medications approved for treating alcohol dependence. For persons addicted to nicotine, a nicotine replacement product (available as patches, gums, lozenges, or nasal

spray) or an oral medication (such as bupropion or varenicline)

can be an effective component of treatment when part of a comprehensive behavioural treatment program.

8. AN INDIVIDUAL'S TREATMENT AND SERVICES PLAN MUST BE ASSESSED CONTINUALLY AND MODIFIED AS NECESSARY TO ENSURE THAT IT MEETS HIS OR HER CHANGING NEEDS.

A patient may require varying combinations of services and treatment components during the course of treatment and recovery. In addition to counselling or psychotherapy, a patient may require medication, medical services, family therapy, parenting instruction, vocational rehabilitation, and/or social and legal services. For many patients, a continuing care approach provides the best results, with the treatment intensity varying according to a person's changing needs.

9. MANY DRUG-ADDICTED INDIVIDUALS ALSO HAVE OTHER MENTAL DISORDERS.

Because drug abuse addiction – both of which are mental disorders – often co-occur with other mental illnesses, patients presenting with one condition should be assessed for other(s). And when the problems co-occur, treatment should address both (or all), including the use of medications as appropriate.

10. MEDICALLY ASSISTED DETOXIFICATION IS ONLY THE FIRST STAGE OF ADDICTION TREATMENT AND ITSELF DOES LITTLE TO CHANGE LONG-TERM DRUG ABUSE.

Although medically assisted detoxification can safely manage the acute physical

symptoms of withdrawal and can, for some, pave the way for effective long-term addiction treatment, detoxification alone is rarely sufficient to help addicted individuals achieve long-term abstinence. Thus, patients should be encouraged to continue drug treatment following detoxification. Motivational enhancement and incentive strategies, begun at initial patient intake, can improve treatment engagement.

11. TREATMENT DOES NOT NEED TO BE VOLUNTARY TO BE EFFECTIVE.

Sanctions or enticements from family, employment settings, and/or the criminal justice system can significantly increase treatment entry, retention rates, and the ultimate success of drug treatment interventions.

12. DRUG USE DURING TREATMENT MUST BE MONITORED CONTINUOUSLY, AS LAPSES DURING TREATMENT DO OCCUR.

Knowing their drug use being monitored can be powerful incentive for patients and can help them withstand urges to use drugs. Monitoring also provides an early indication of a return to drug use, signalling a possible need to adjust an individual's treatment plan to better meet his or her needs.

13. TREATMENT PROGRAMS SHOULD TEST PATIENTS FOR THE PRESENCE OF HIV/AIDS, HEPATITIS B AND C, TUBERCULOSIS, AND OTHER INFECTIOUS DISEASES, AS WELL AS PROVIDE TARGETED RISK-REDUCTION COUNSELING, LINKING PATIENTS TO TREATMENT IF NECESSARY.

Typically, drug abuse treatment addresses some of the drug-related behaviours that put disease risk can help patients further reduce or avoid substance-related and other high-risk behaviours. Counselling can also help those who are already infected to manage their illness. Moreover, engaging in substance abuse treatment can facilitate adherence to other medical treatments. Substance abuse treatment facilities should provide onsite, rapid HIV testing rather than referrals to

2. Policies and Coordination

The key treatment-related objectives of the National Drug Strategy Master Plan (NDSMP) 2016-2020 are: to establish new rehabilitation centres at public facilities and for the Government to extend greater financial support towards the work of NGO's and faith-based organizations that provide drug treatment services. These activities are aimed towards the following:

- Establishing Treatment centres in every region

3. Organization and Provision of Drug Treatment

There are a number of agencies that work collaboratively to address the drug issue in Guyana. This is being carried out through a host of activities that entails trainings, workshops, seminars, on-site visits and outreach programs.

The agencies engaged in these initiatives are outlined below:

people at risk of infectious diseases. Targeted counselling focused on reducing infectious

offsite testing – research shows that doing so increases the likelihood that patients will be tested and receive their test results. Treatment providers should also inform patients that highly active antiretroviral therapy (HAART) has proven effective in combating HIV, including among drug-abusing populations, and help link them to HIV treatment if they test positive.

- Launch more residential facilities and recreational programs for adolescents, women and men
- Provide professional support for the maintenance of treatment and rehabilitation centres,
- Provide financial support and technical expertise to the Phoenix Recovery Project and the Salvation Army.

During the course of 2018, a portion of these activities were achieved while others are still a work in progress.

- Ministry of Public Health, Mental Health Unit and other satellite sites (Prevention and Treatment),
- Drug Demand Reduction Unit – MOPH (Demand and Treatment)
- Phoenix Recovery Project (Treatment)
- Salvation Army Men's Social Centre (Treatment)
- Social Life Issues & Counselling Services (Counselling)
- Georgetown Public Hospital Corporation – Psychiatric Unit
- New Amsterdam Psychiatric Hospital

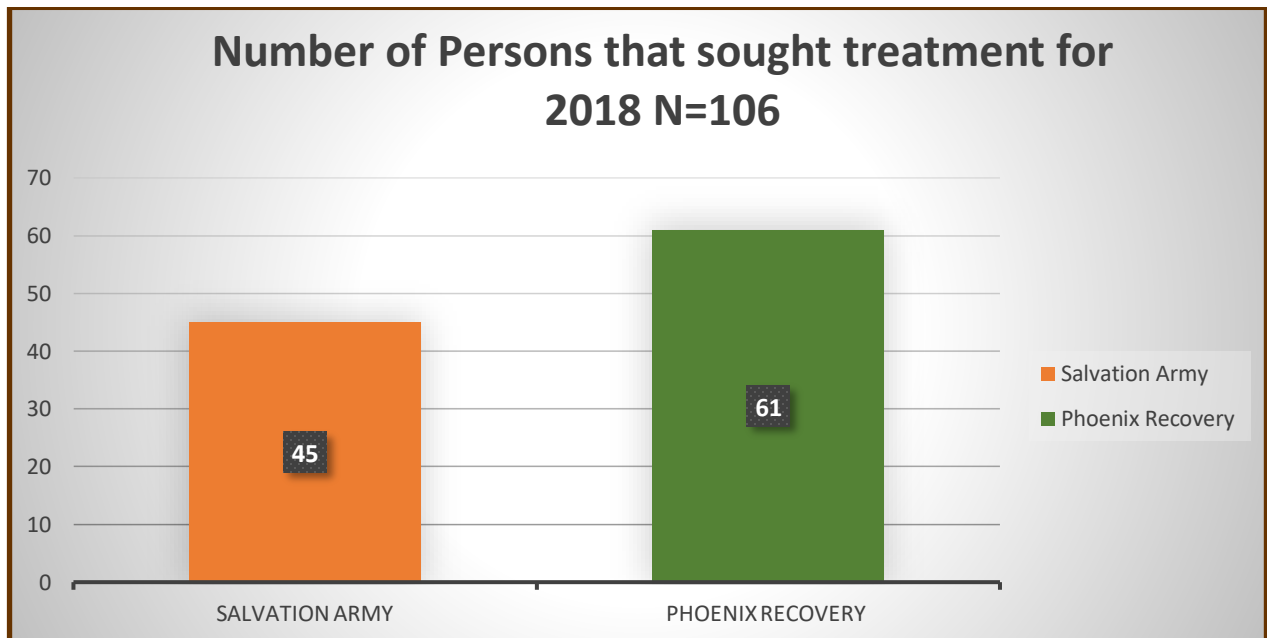
2. KEY DATA



The reported prevalence of problematic drug use both for licit and illicit drugs in the Guyanese population is over 40 in every 100,000 persons during the year 2018. An assessment of drug treatment data for the period indicates that the most abused licit drug is alcohol while the most abused illicit drugs are crack, cocaine and marijuana.

The data analysed and depicted for the period January-December 2018, reflects treatment intake from the Phoenix Recovery Project and the Salvation Army Men’s Social Centre.

During 2018, a total of 106 persons sought treatment for problematic drug use disorders at one of the two treatment centres. Based on reports, 45 persons were registered at the Salvation Army- Men’s Social Center while 61 persons were registered at the Phoenix Recovery Project. Of the overall total, 44 persons were admitted for cocaine use and its derivatives (41%), 39 for marijuana abuse (37%), 20 for the problematic use of alcohol (19%) and 2 (2%) for tobacco and 1 person who indicated cross addiction but did not specify a substance (1%).



MAIN SUBSTANCES PERSONS SOUGHT TREATMENT FOR, 2018



CRACK/ COCAINE



MARIJUANA



ALCOHOL



OTHER DRUGS

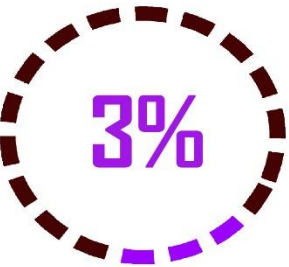
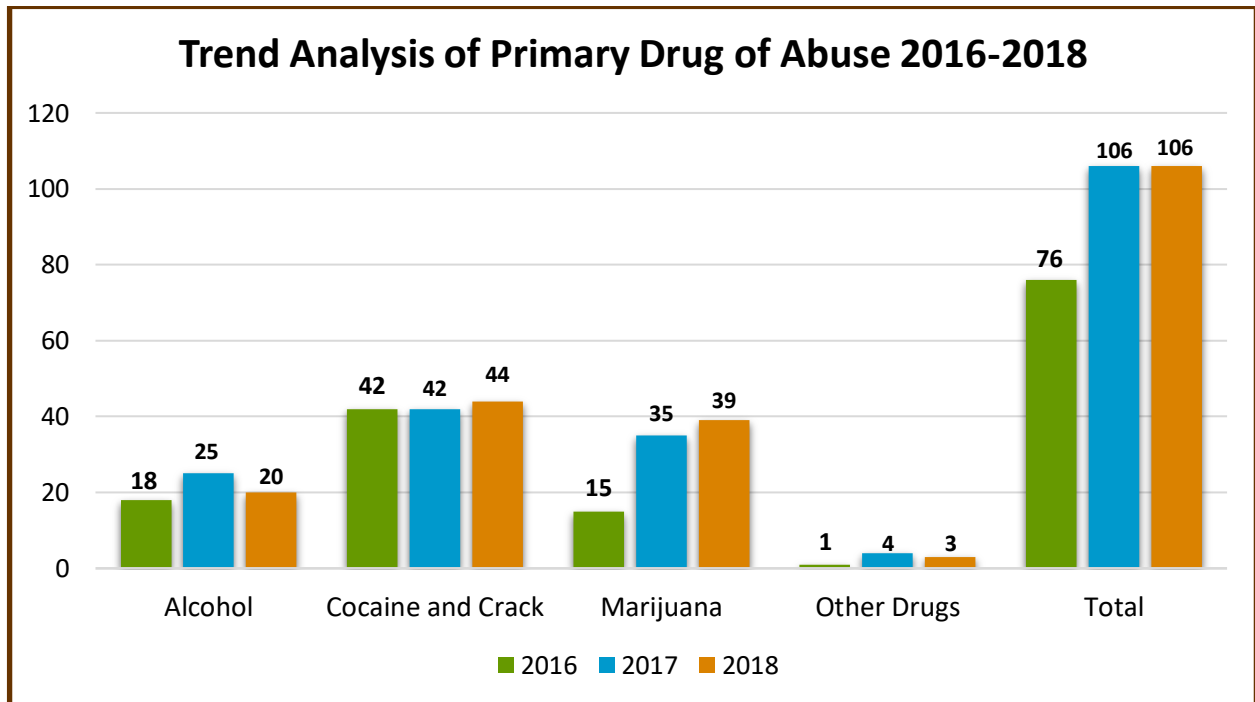


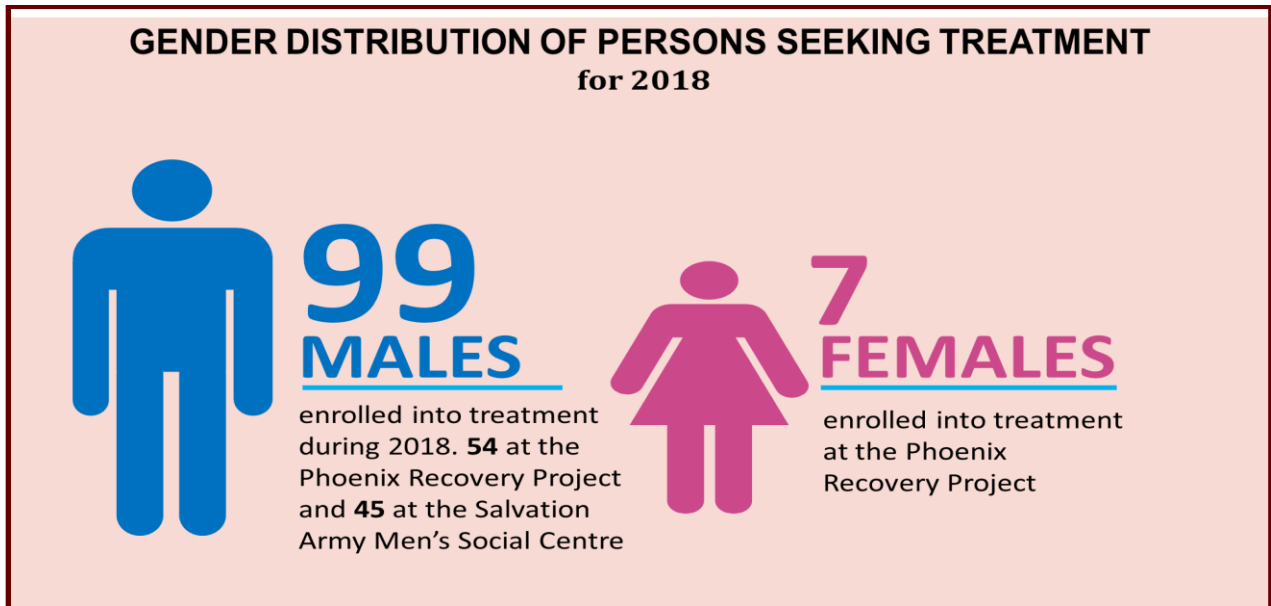
Chart: Trend Analysis of Primary Drug of Abuse during the period 2016-2018



During 2018, 99 males and 7 females were enrolled into a treatment facility. Given that the Phoenix Recovery Project is the only treatment facility reporting to the DIN that provides services to females with a 10-bed capacity, females are in the minority of

persons that have been receiving treatment for problematic drug use disorders. However, looking at the number of females who access the facility annually, there is a clear indication that there is a demand for treatment services for women.

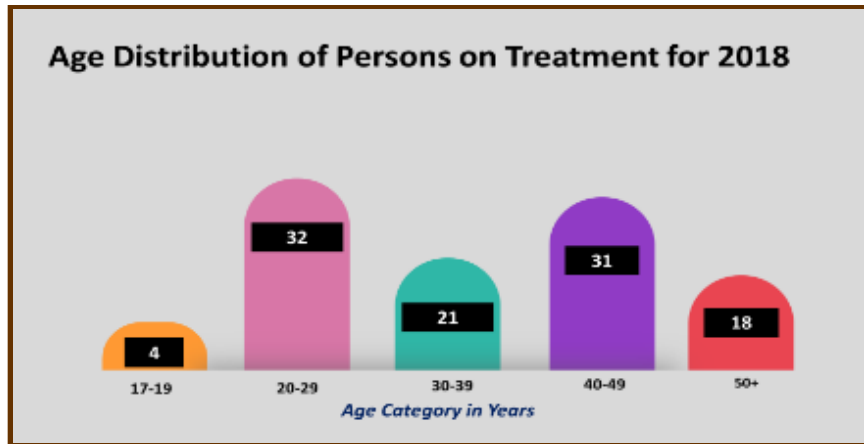
Chart: Gender Distribution of Persons Seeking Treatment by Centre for 2018



Looking at the characteristics of persons who sought treatment in 2018, it was observed that these persons were between the ages of 17-65 years old with a heavy concentration between the ages of 20-49 years old (See

Chart). Further analysis indicated that most persons (37) were between the ages of 11-15 years old when they first began using drugs and alcohol.

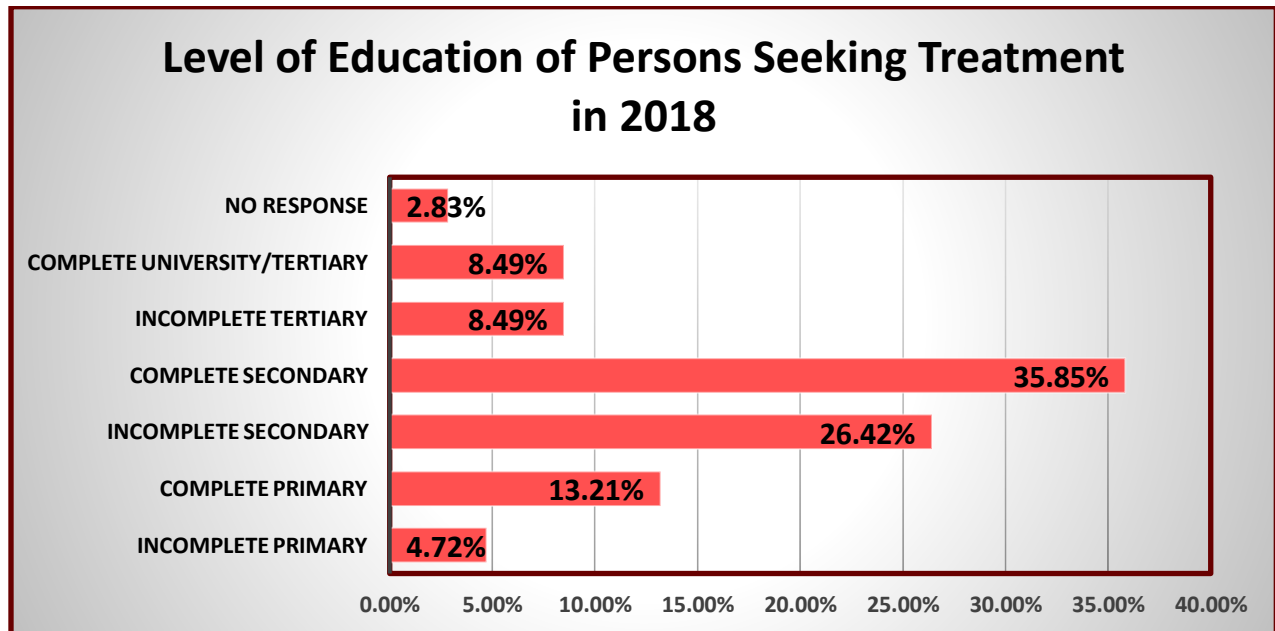
CHART: Age Distribution of Persons on Treatment for 2018



Of those in treatment, 9 persons (8%) had completed their tertiary studies, while 38 persons (36%) completed their secondary

education. The remainder had some secondary education or lower.

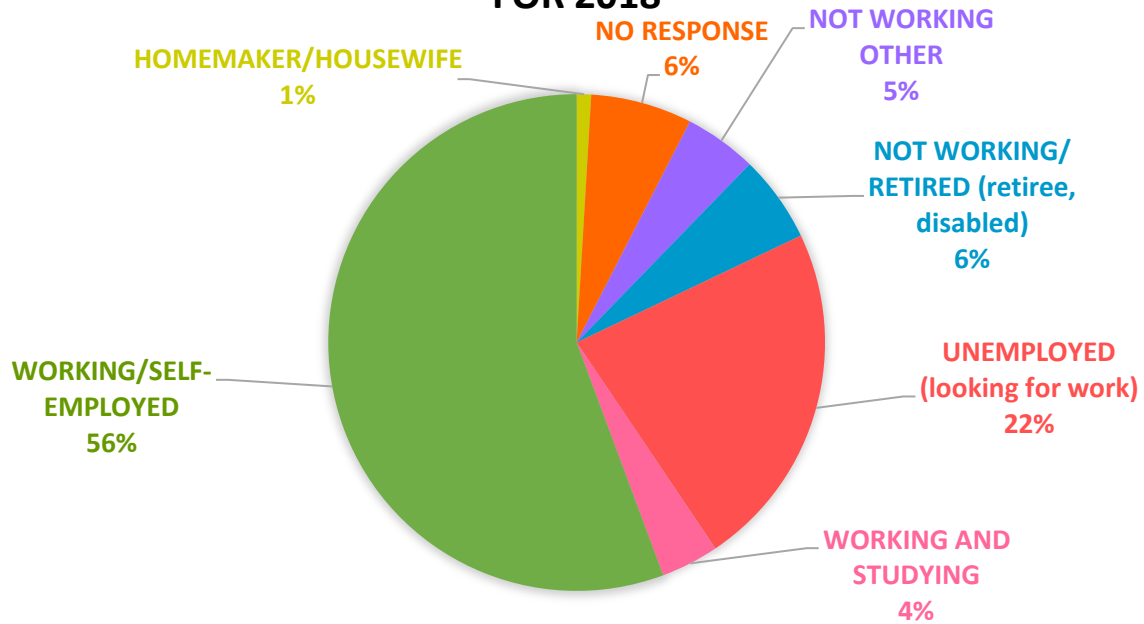
CHART: Level of Education of Persons Seeking Treatment in 2018



An assessment of the employment status of persons in treatment revealed that 59 persons were classified as working/self-

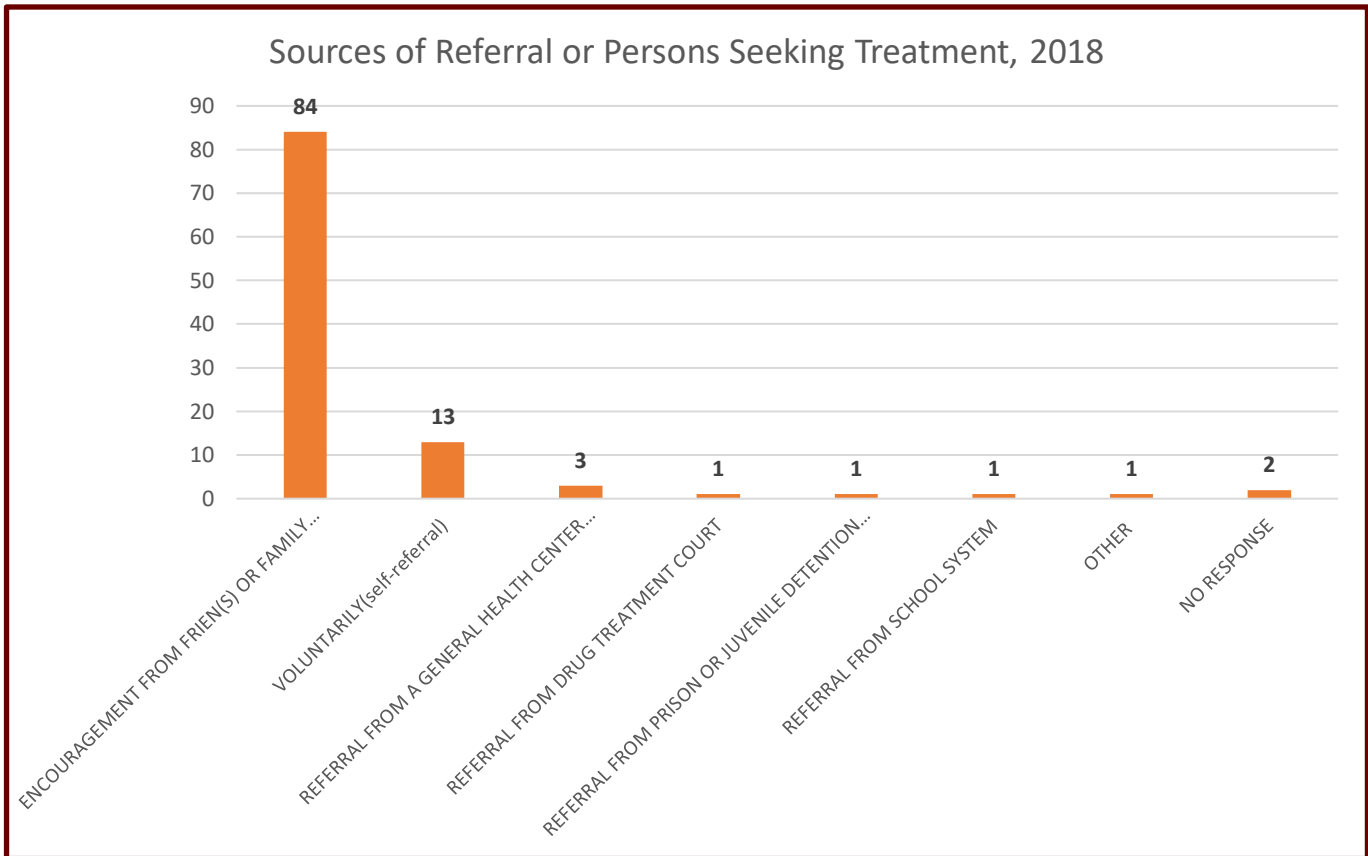
employed, while 24 were unemployed (23%). Four (4) persons indicated that they were working and studying.

EMPLOYMENT STATUS OF PERSONS ON TREATMENT FOR 2018



In assessing the source of referral to treatment, it was revealed that the 84 persons (79%) were encouraged to seek treatment for their problematic substance use by their family and friends, while 13 persons (12%) voluntarily enrolled themselves into a treatment programme. Moreover, 3 persons (3%) were referred by a health care provider and 2 were referred

through the justice system. One person in treatment was encouraged to seek treatment through the school system. Understanding a person's motivation to enter treatment or their support system is key in developing that person's treatment regime and for preparing them for re-integration into society.



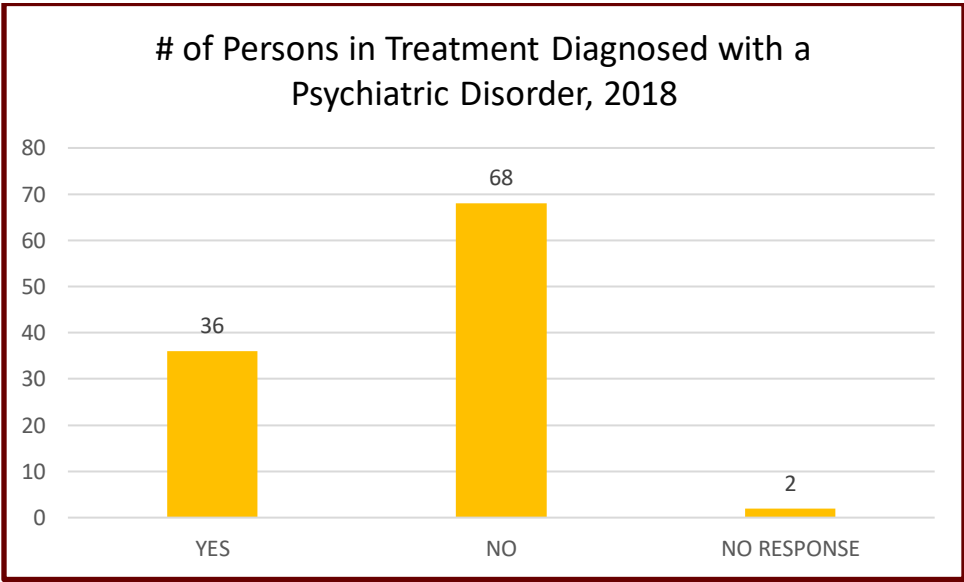
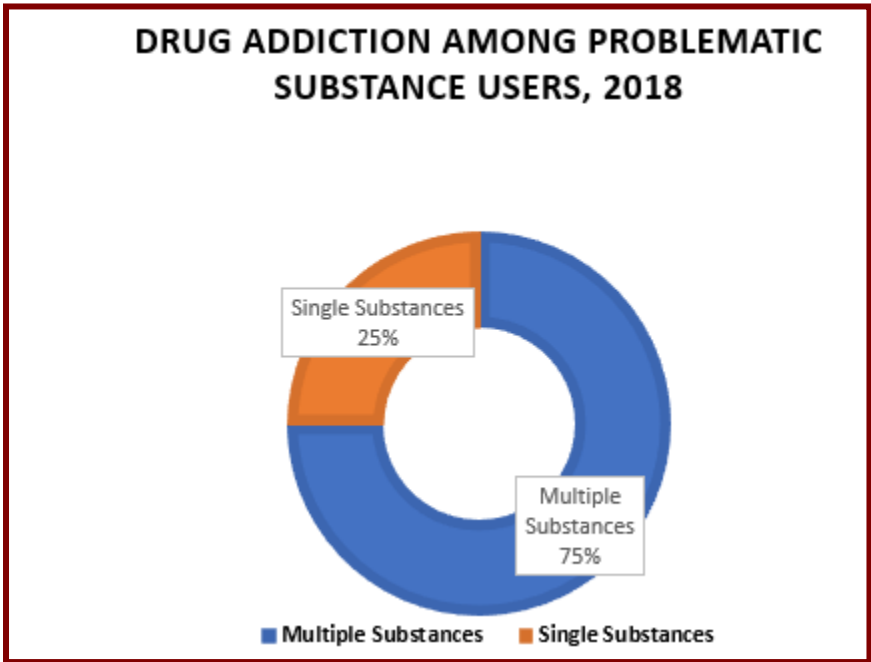
In assessing the drug using patterns of persons in treatment for the period, the statistics highlighted that 25% of the problematic substance users were misusing a single drug compared to 75% of those who were misusing multiple drugs.

Further analysis indicated that 52 persons enrolled into the treatment program for 2018, were previously enrolled into another treatment programme with only 24 of those persons completing the programme.

Persons were also asked about their mental health history at which it was revealed that 36 persons were diagnosed with a psychiatric disorder. Additionally, persons were screened

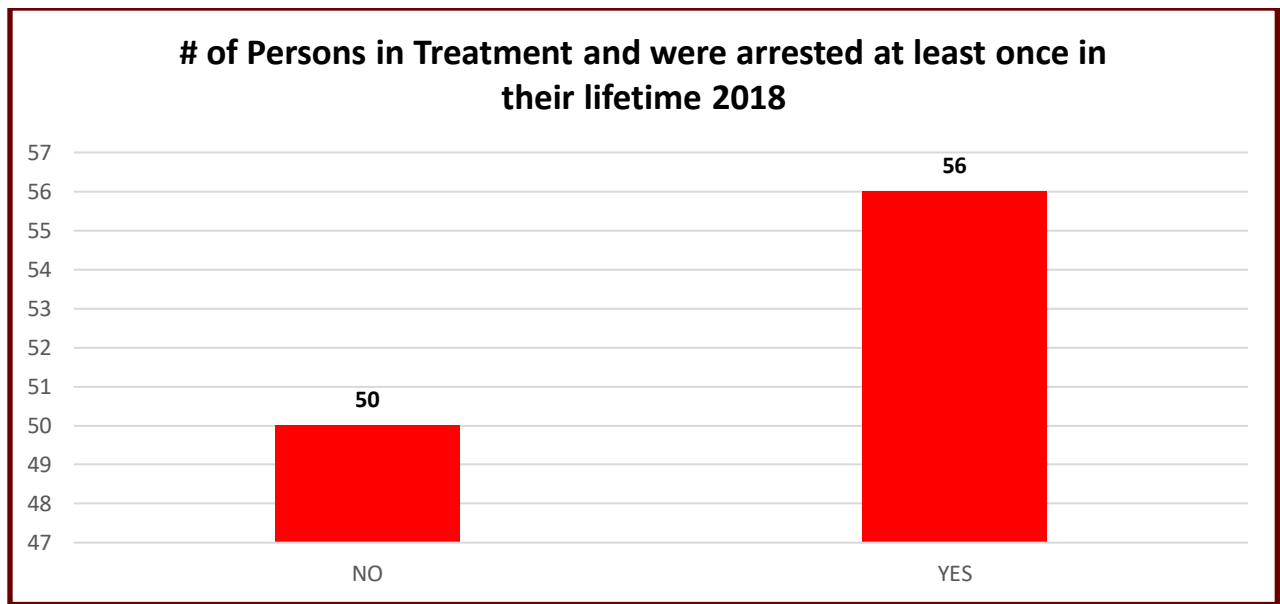
for any contagious diseases and it was revealed that of the 106 persons in treatment for the period, 66 were tested for a contagious disease. Out of these 66 persons, 8 tested positive for one of the following: HIV and other STDs, Hepatitis B and C, and Tuberculosis (TB) of which only 2 persons are receiving treatment for TB.

The high percentage of those individuals that uses multiple substances, and have a co-occurring psychiatric disorder makes it difficult to administer effective treatment to properly meet their needs and may lead to persons either not completing the treatment programme or being at risk of a relapse.



During the reporting period, the level of interaction between persons in treatment and the criminal justice system was also assessed. It was revealed that of the 106 persons in treatment, 56 (53%) were arrested at least once in their lifetime. Of these 56 persons, 34

persons were arrested within the last year and 10 of those persons were arrested 2 or more times during that period.

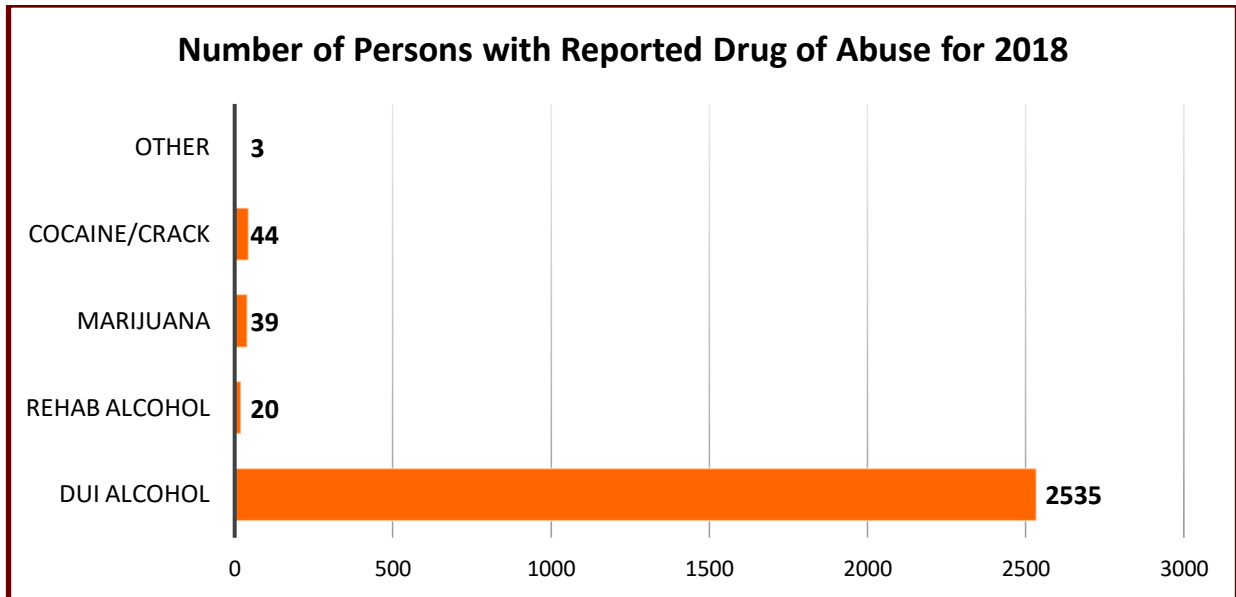


To have a more in-depth understanding of the demand for treatment, analysis was done on data recorded by the Guyana Police Force - Traffic Unit on Driving Under the Influence (DUI).

Starting in September, 2016, the Traffic Unit commenced “Operation Safeway” with the objective of promoting better road safety consciousness having recognized that there was a 33% increase in fatal accidents and a 17% increase in deaths for the year 2016 when compared to the previous year.

This Operation was aimed at reducing fatal accidents and deaths on our roadways using the following strategies:

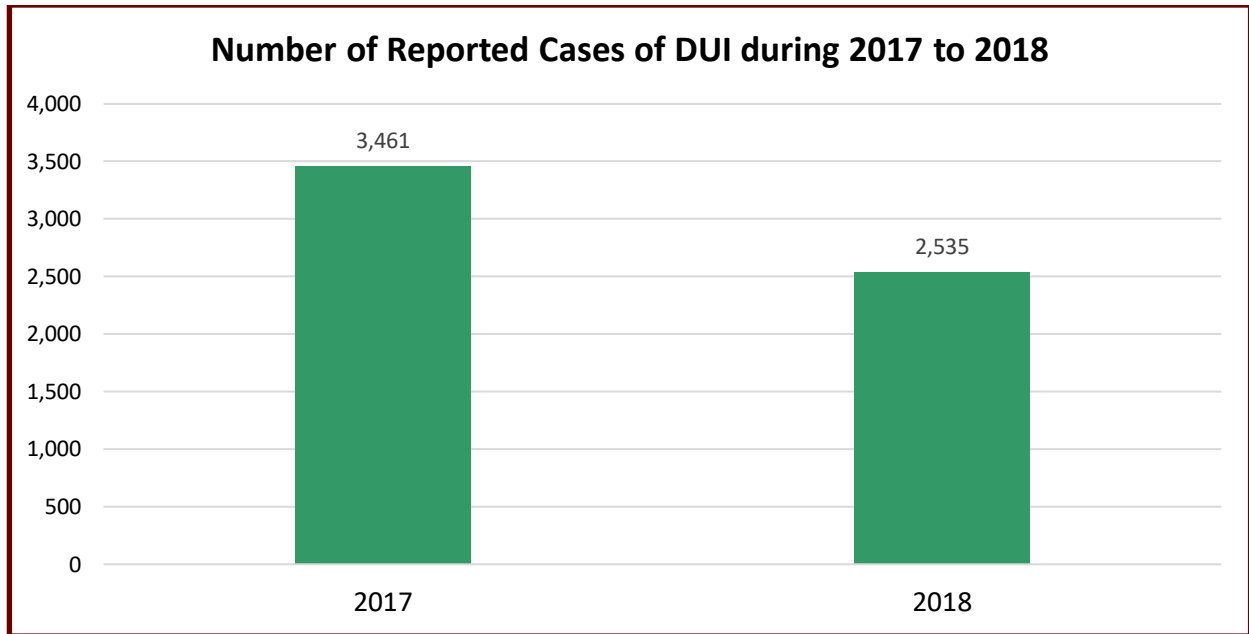
- Random Breathalyzer testing by day and night
- Daily speeding exercises
- More patrols by night using motor-cars with flashing lights
- Placing drivers on substantial bail pending court appearances
- Maintaining data to analyse vehicle by type, age of drivers, stretches of roadway etc.



The statistics depicts that a total of 2,535 drivers were charged during 2018 for Driving Under the Influence of Alcohol (DUI).

The figures highlight the level of risk persons are exposed to due to excessive alcohol consumption and bad decisions. While the data is not a direct indication that those found driving under the influence may have a problematic substance use disorder as the person might be a recreational drinker who made a bad decision on this occasion to drive while intoxicated. Non-the-less, it is an indication that more sensitization is needed

about the dangers and risks associated with driving under the influence of alcohol and drugs, especially given the number of road accidents occurring annual due to persons driving under the influence of alcohol and other drugs. There is however a possibility that a percentage of those persons may have a substance dependence issue and may actually need to be enrolled into a treatment programme. Hence further screening/assessments should be conducted on these persons once caught to make final diagnose.



Comparative analysis during the period 2017 to 2018 revealed that the number of reported persons charged for Driving Under the Influence for 2018 was 2,535. This figure highlights a significant decrease compared to a total of 3,461 that were charged for DUI in

2017. It should be noted that Operation Safeway was scaled back during 2018. The reduction in random screenings may be an attributing factor in the decrease in reported DUI cases in 2018.

Quality Assurance of Drug Treatment Services

In Guyana, through the Ministry of Social Protection, NGOs must register as a Friendly Society to operate a drug treatment facility. To qualify to be a Friendly Society a visit would be conducted at the facility to ensure that it is up to standards prescribed by the Ministry and has all the required amenities to commence operations. Further, with regards to assessments based on standards of care being offered, there is no monitoring and evaluation mechanism, nor entity established to evaluate the services offered.

It can be recognized however, that through the Caribbean Community (CARICOM), there is a manual¹⁶ on Assessing Standards of Care for the Treatment and Rehabilitation of Substance Misusers in the Caribbean that provides guidelines and criteria for the development of programmes to assess standards of care in treatment that all CARICOM member states are encouraged to review and adopt in whole or part based on their local context.

Further, during 2018, under the Cooperation Programme Between Latin American and the

¹⁶ CARICOM: Assessing Standards of Care for the Treatment and Rehabilitation of Substance Misusers

in the Caribbean <https://www.issup.net/files/2018-04/CARIBBEAN%20STANDARDS%20OF%20CARE.pdf>

Caribbean on Drugs (COPOLAD), an initiative was undertaken to further review the quality of care criteria for treatment developed by CARICOM and to conduct a pilot assessment of the indicators. Guyana, represented by the Ministry of Public Health, Drug Demand Reduction Unit participated in the discussions to develop these indicators. These indicators were subsequently tested by several CARICOM member states and the results will be published in the coming months. Once deemed applicable and valid, these standard of care criteria can be

adopted by a relevant body as a monitoring tool to ensure drug treatment services are standardized and follow regional best practices standards.

Further, as discussed in the previous chapter, 32 professionals working in the field of drug treatment received training and certification in the OAS/CICAD PROCCER-Treatment module certification programme. This is a reflection of steps being taken to enhance the professional capacity of persons administering drug treatment programmes.

intercepted before they can cause harm to themselves or other road users. It must be

5. Conclusions and Recommendations

Adequate provision of comprehensive drug treatment programmes is fundamental in addressing the current drug situation in Guyana. Recovery is crucial for persons suffering from substance use disorders and is a key element in the public health approach in drug demand reduction. Observing the 2018 data, it must be emphasized that alcohol, marijuana and cocaine are substances with a high impact on the health and wellbeing of our society.

Over the years, it is quite evident that alcohol is a substance that is culturally accepted which contributes to a number of health risks and can lead to dependence and other social issues. The DUI data is an indication as to the magnitude of the problems on our roadways, resulting in fatal and serious accidents due to excessive alcohol consumption. Continuous monitoring is needed on our public roadways to ensure that intoxicated drivers are being

recognized that these persons need to be enrolled into mandatory treatment and prevention intervention based on their needs. The development and implementation of the draft Alcohol Policy for Guyana, when approved will provide a platform for strategic interventions to address this issue.

Another major area of concern is our women in treatment which needs to be addressed. Evidently, there is a demand for this service, however, due to lack of trained personnel and facilities females with substance use disorders cannot obtain the standard of care they require to conquer this problem. In addition, it is pertinent to note that extra emphasis must be placed on our population that is under the age of 18, as treatment data continues to highlight that this population is using and misusing alcohol and other drugs.

Recommendations

- ❖ Development and implementation of an Alcohol Policy for Guyana.
- ❖ Review of the legislation regarding the access to identified controlled substances without a prescription that has the potential to be misused especially by minors.
- ❖ Establish public treatment facilities across Guyana with emphasis on hinterland regions and regions that records a high rate of persons with substance use disorders.
- ❖ Make provision for public facilities that cater to the needs of females that are suffering from substance use disorders and children since these are the populations indicating an increased demand for services.
- ❖ Establish Standards of Care for treatment, re-integration and certified training for professionals in this field.
- ❖ Establish an entity within the relevant Ministry to implement and oversee the monitoring, evaluation and accrediting of treatment facilities and certification programmes for professionals.
- ❖ Provide technical support to all treatment centres.
- ❖ Develop a Standardized system/database to store client information to enable access to data for research and monitoring purposes.
- ❖ Develop a unique identifier to differentiate between clients and maintain anonymity of persons in treatment.
- ❖ Establish agreement between the Ministry of Public Health and the National Anti-Narcotics Agency as it relates to the capturing of treatment related statistics within all public health facilities that provides same.

Picture of the Two (2) Private Treatment Facilities in Guyana



The Buildings currently housing Phoenix Recovery Project
Located: 90 Block CC, Mon Repos, ECD Guyana
Phone: 592-220-6825



The Salvation Army- Men's Social Service,
Located: 6 Water St. Kingston, Guyana,
Phone: 592-226-1235

D. DRUG SUPPLY



I. INTRODUCTION

This section covers supply reduction which encompasses both local and transnational dimensions. Domestically, supply reduction covers regulations, enforcement of anti-drug laws, eradication of marijuana cultivation and reducing the availability of cocaine. Accordingly, law enforcement must adjust and adapt to emerging threats and the increasing sophistication of transnational and national criminal groups in order to combat this aspect of the drug problem.

Decreasing the supply of illicit drugs in Guyana is an essential part of a well-balanced strategic approach to our counter drug control strategy. Demand reduction cannot be successfully accomplished without limiting drug availability. Once illicit drugs are freely available, the prospect increases that they will be abused.

II. POLICIES AND COORDINATION

Supply reduction is an effective tool for curbing demand reduction because when drugs cost more and are more difficult to obtain there are fewer drug users and less demand for illegal drugs and vice versa. Linking these complementary approaches maximizes the impact of the national strategy on drugs by attacking the drug economy from both sides: Demand Reduction and Supply Reduction: A Winning Policy Combination, IBH¹⁷.

The Government is currently responsible for enacting policies and other coordinated efforts to eradicate the scourge of the drug problem in Guyana. This is done through collaboration between several stakeholders and law enforcement agencies such as Guyana Revenue Authority, Drug Enforcement Unit (GRA-DEU), Guyana Police

Force, Narcotics Branch and Traffic department (GPF), Customs Anti- Narcotic Unit (CANU), Guyana Forensic Science Laboratory (GFSL), Guyana Prison Service (GPS) and Food & Drug Department (FDD). Each agency has specific responsibilities and reporting obligations, while there may be some overlapping efforts, the National Anti-Narcotics Agency (NANA) through the GUYDIN has the responsibility to dissect and analyse the reports submitted.

The main objectives geared towards promoting the reduction in Drug Supply outlined in the NDSMP 2016-2020:

1. Increase Intelligence Gathering capacity of law enforcement agencies.
2. Reducing the quantity of drugs in Amerindian communities.
3. Strengthening border control.
4. Increase international cooperation relationships.

¹⁷ <https://www.ibhinc.org/demand-reduction-supply-reduction/>

Table 1: Showing key programmatic Activities under Supply Reduction in the NDSMP 2016-2020

#	Programme	Objectives	Expected Results	Institutions in charge of execution
1	Reduction in (Domestic) Supply: Increasing the number of undercover operatives.	To arrest drug pushers and stop the sale of drugs on the domestic market	Reduction in the availability of drugs in the domestic market and resulting crimes.	Ministry of Public Security.
2	Reduction in (Transshipment) supply. Increase the number of police/analysts to gather information about the international drug producers and markets.	To reduce the transshipment of drugs through Guyana.	Reduction in the number of drugs passing through Guyana and	Ministry of Public Security.
3	Reduction in the transshipment supply. Intensify bilateral relations with our immediate neighbours as well as Columbia to obtain information concerning the movement of vehicles, boats and aircraft into Guyana.	To reduce the transshipment of drugs through Guyana.	Reduction in the transshipment of drugs passing through Guyana and the amount of crimes associated with the transshipment of drugs	Ministry of Public Security.
4	Reduction in transshipment supply. Training of GDF, CANU, GRA and CANU to gather information about the movement of drugs in and throughout Guyana.	To reduce the transshipment of drugs through Guyana.	reduce the number of drugs passing through Guyana and he amount of crime associated with transshipment of drugs.	Ministry of Public Security.
5	International Cooperation	To explore agreements with key countries from which and to which drugs are transhipped and to exchange information concerning "all aspects of the illicit drug trafficking"	Reduction in the transshipment of drugs and the conviction of traffickers	Ministry of Foreign affairs

III. DRUG MARKET

According to the Global Financial Integrity publication of 2017, the drug market generates billions of dollars each year¹⁸.

CHART 15: Showing the Global Drug Market Annual Values in USD

Drug	Market value (estimated)
Cannabis	\$183 billion to \$278 billion
Cocaine	\$94 billion to 143 billion
Opiates	\$75 billion to \$132 billion
ATS	\$74 billion to \$90 billion
Global Total	\$426 billion to \$652 billion

I. Drug seizures

a. Quantities of Drug Seized

The distribution, level and pattern of drug seizures can be analysed either in terms of the quantities of a drug seized (by weight) or the number of seizure cases. Neither are a direct indicator of the trafficking of drugs as they also reflect law enforcement capacity and priorities. However, changes in the number of drug seizure cases and quantities of a drug seized, if considered together, and taking into account changes in purity-adjusted prices, can help identify trends in, and patterns of drug supply, as well as changes in law enforcement activity and drug trafficking strategy¹⁹. There are several law enforcement agencies involved in combatting the drug problem these are: the Guyana Police Force, Narcotics Branch, Customs Anti Narcotic Unit (CANU)

and the Guyana Revenue Authority (GRA) specifically under their Drug Enforcement Unit (DEU), the Container Control Programme (CCP) and the Guyana Defence Force, Coast Guard. It is to be noted, that seizures made by various divisions of GRA are ultimately handed over to the Police or CANU for processing and the initiation of legal criminal charges. There is also a significant number of drug seizures that occur within the prisons, these seizures are also handed over to the police. Thus, such data will be reflected in the overall seizure report for the Police and CANU.

For the year 2018, in addition to the agency specific efforts to reduce the supply of drugs, there were several interagency collaborations

¹⁸ Global Financial Integrity: http://www.gfintegrity.org/wp-content/uploads/2017/03/Transnational_Crime-final.pdf

¹⁹ https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_2_GLOBAL.pdf

between GPF-Narcotics branch and the Customs Anti-Narcotic Unit, which included a number of eradication and drug disposal (burning) exercises.

For this period, law enforcement authorities seized a total of 1,234.13 KG of narcotics which included substances such cannabis

(1050.33 KG), heroin (.30 KG), cocaine (182.68 KG). In addition, a total of 578,178 KG of marijuana plants have been eradicated. Overall, a total of 579,412.13 KG of narcotics were taken off the drug market and over 500 persons have been charged with various drug related offences for the year such as trafficking or for the possession of narcotics.

b. Number of Seizures by Type of Drugs

For 2018, a total of 334 seizures occurred among law enforcement agencies. Three (3) of these seizures were made at facilities controlled by GRA. Two seizures were handed over to the police and one to CANU. The seizures by GRA- DEU yielded a total of 7.140 KG of narcotics: all being Marijuana. The following analysis is based on annual seizure reports from the Guyana Police Force-

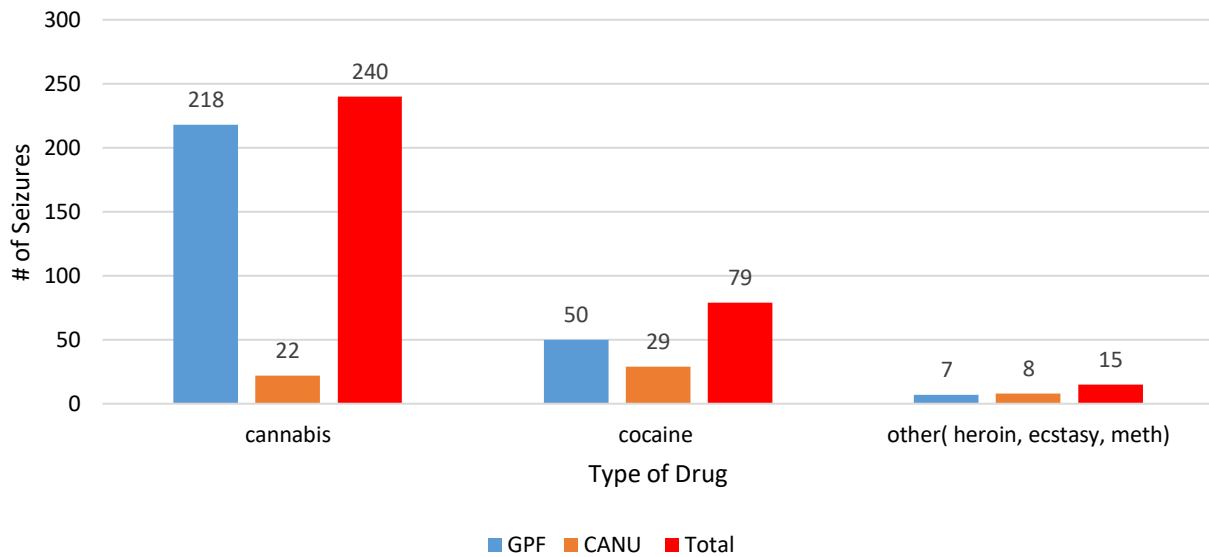
Narcotics Branch and Customs Anti-Narcotics Unit (CANU).

The Guyana Police Force-Narcotics Branch made a total of 275 seizures and CANU a total of 59 seizures for 2018. Combined, the two agencies reported a total of: 240 seizures of cannabis; 79 seizures of cocaine; 2 seizures of heroin, 12 seizures of ecstasy and 1 seizure of meth, as highlighted below.

QUANTITY OF DRUGS SEIZED BY LAW ENFORCEMENT AGENCIES 2018



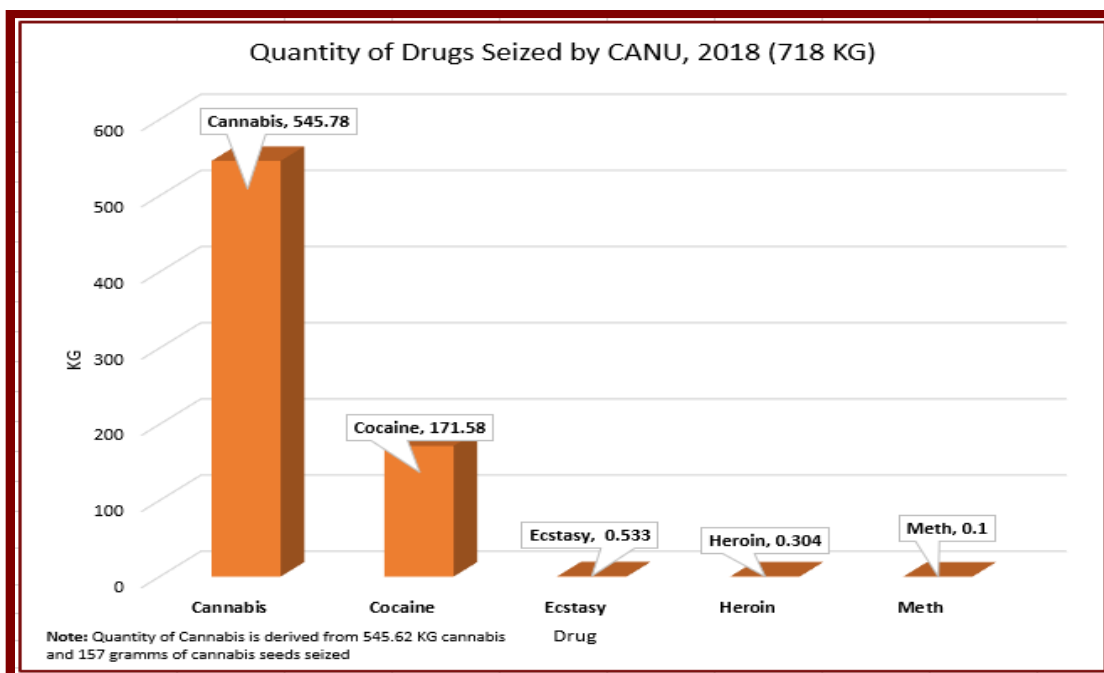
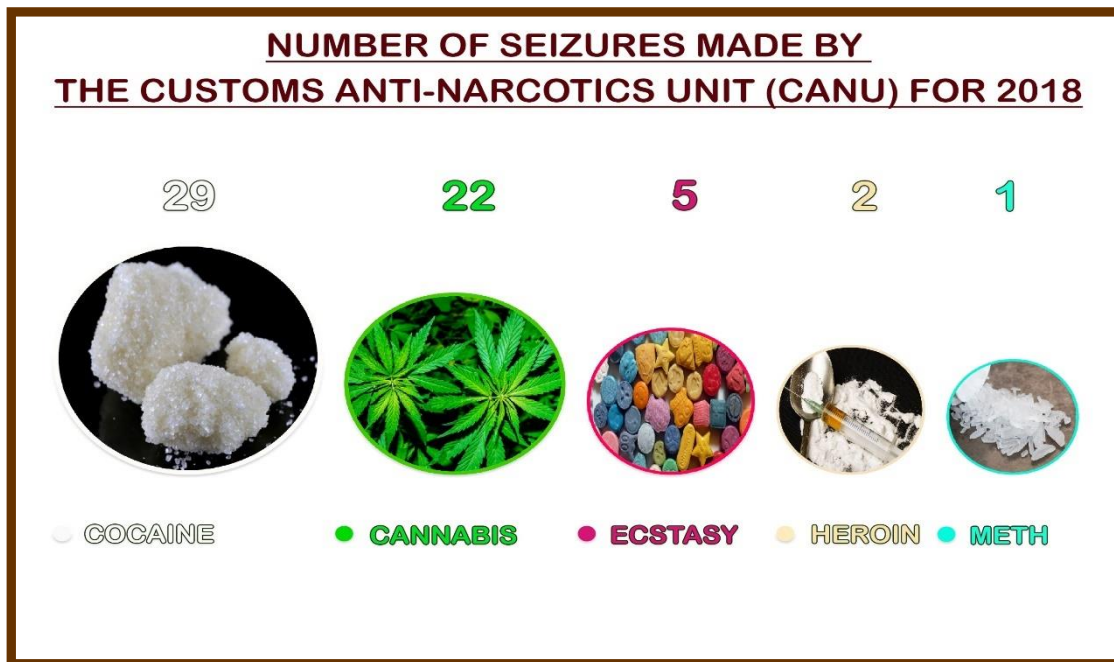
of Drug Seizures by Law Enforcement Agencies, 2018 (N=334)



(I) SEIZURES BY CUSTOMS ANTI-NARCOTICS AGENCY FOR 2017

In total 59 seizures were made by CANU for 2018. This yielded a total of 718 KG of narcotics. Of this total: 22 seizures were for cannabis equating to 545.78 KG, of which .16 KG were of cannabis seeds; 29 seizures were

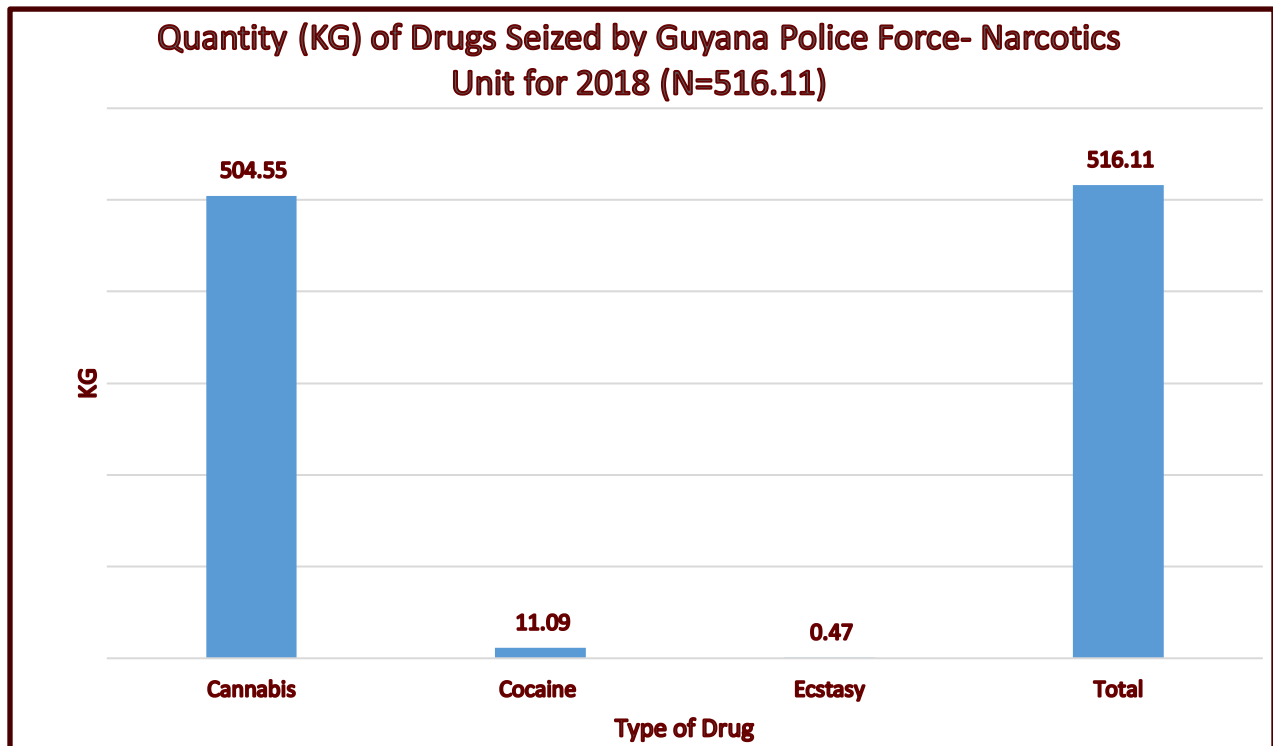
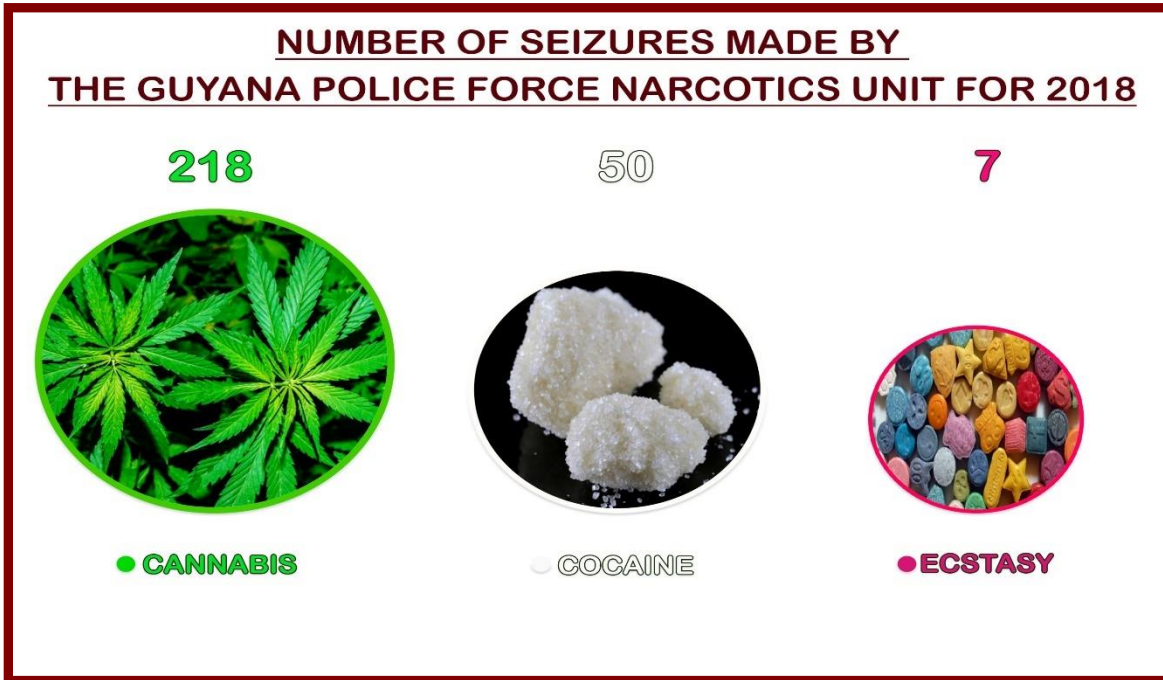
for cocaine totalling 171.58 KG; 8 seizures were of other drugs such as: 0.304 KG of heroin, ecstasy totalling 0.533 KG, and meth totalling 0.1 KG.



(II) SEIZURES MADE BY THE GUYANA POLICE FORCE NARCOTICS BRANCH FOR 2017

For 2018, the Guyana Police Force-Narcotics Branch made a total of 275 seizures of narcotics, this included: 218 seizures for cannabis, amounting to 504.55 KG, 50

seizures totalling 11.09 KG of Cocaine and 7 seizures of ecstasy yielding 0.47 KG. This amounted to a total of 516.11 KG of narcotics seized by the police for 2018.



(III) ERADICATION

The Guyana Police Force- Narcotics Branch is the agency most often conducting eradication exercises of cannabis plants and the confiscation of any ammunition, lands and other derivatives of the illegal substance. In 2018, a large portion of cannabis eradication was conducted in the region 10 area along the Berbice River with about 15 exercises occurring there. During this period, CANU accompanied the Police force on some joint eradication exercises. Overall, a total of 209 acres of land was eradicated, spanning 39.5 fields over 22 operations. 891,625 plants totalling 578,178 kg along with 100,977kg of dried cannabis were eradicated and taken off

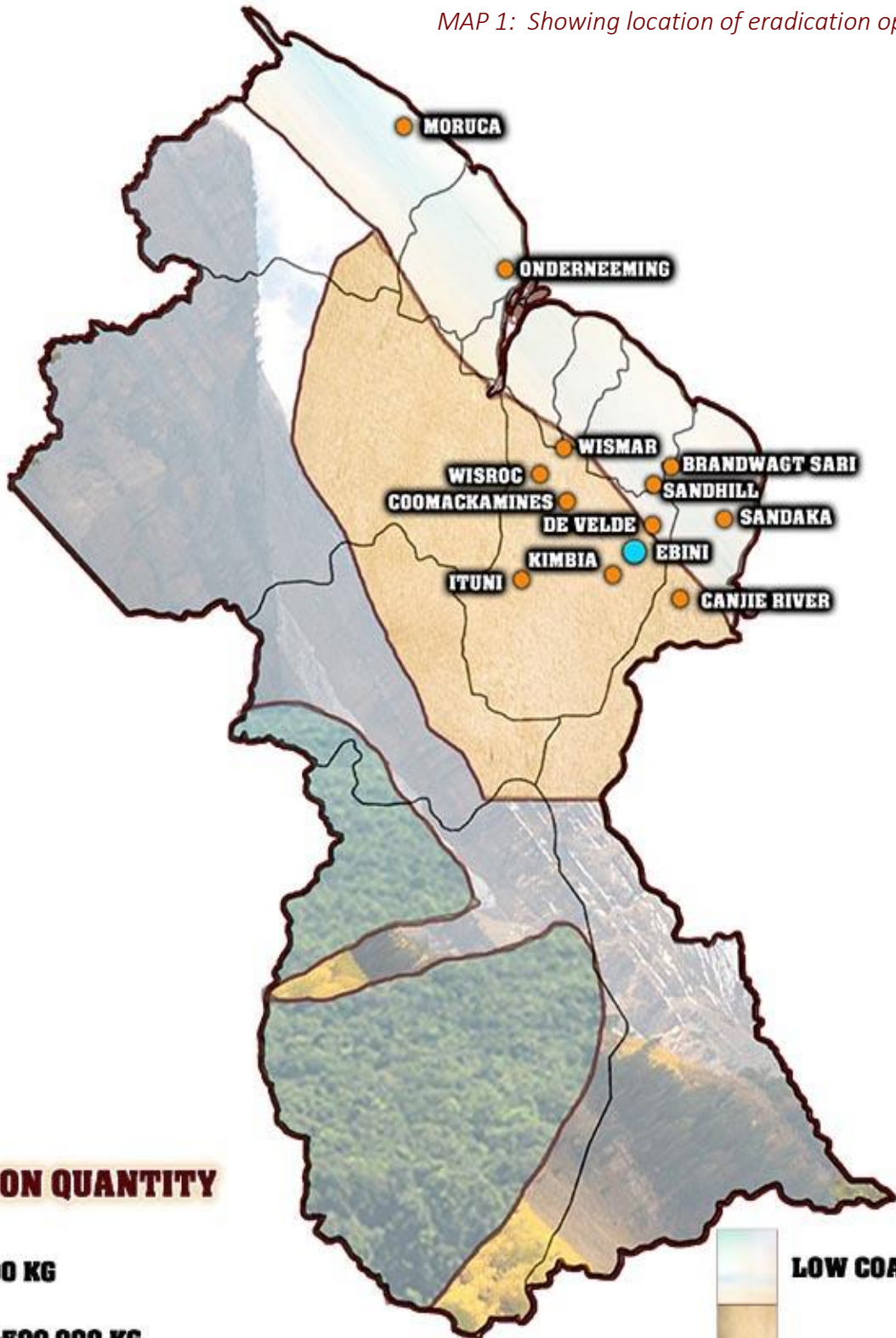
the market. Overall, 5 persons were charged for this crime.

As illustrated in the table below, most of the eradication exercises occurred in Region 10 Upper Demerara, Berbice, followed by Region 6, East Berbice, Corentyne with 1 eradication each occurring in Region 1, Barima Waini, Region 2, Pomeroon- Supernaam and Region 9 Upper Takutu, Upper Essequibo. The largest Cannabis eradication exercise occurred in Ebini Village (71.2%), followed by Canje and De Velde with 22.5% and 2.8% respectively. It must be noted that most of the eradication exercise occurred in villages along the Berbice River.

TABLE 3: Showing the Number of Marijuana/Cannabis Eradication Exercise for 2018

Eradication Exercises for 2018								
Date	No. of operations	No. of Fields	No. of Acres	No. of Plants	Total Weight (kg)	Dried Cannabis (kg)	Location	Persons charged
Jan	1	2	108	25,000	16,100	100,000	Berbice River at De Veldt and Tabotali	
Feb	1	3	12	200,000	100,000	100	Canje Berbice River	3
Feb	1	4	15	30,000	150,000	200	Ebini upper Berbice River	
Mar	1	6	30	600,000	300,000	200	Ebini upper Berbice River	
Apr	1	1 ½	1	3,000	750	0	Ebini upper Berbice River	
Apr	1	1	1	1,500	750	0	Ebini upper Berbice River	
Apr	1	1	1	1,500	50	0	Sandaka Canje Berbice	
May	1	1 1/2	5	500	1650	0	Wisroc Rockston Trail	
May	1	1	5	500	5000	0	Wisroc Linden	
May	1	1	1	325	487.5	0	Moruca North West	
May	1	1	3	500	50	0	5 Miles Ituni Road upper Demerara River	1
June	1	2	2 1/2	2,000	200	0	Watooka Hill Top Wismar Linden	
June	1	1	1	1,500	300	15	Coomacka Mines, Upper Demerara River	
Sept	1	1	1	300	150	40	Ituni Trail, upper Demerara River	
Sept	1	1	5	5,000	400	50	Ituni Trail, upper Demerara River	
Oct	1	1	5	5,500	400	50	8 Mile Ituni Road upper Demerara River	
Oct	1	1	1	300	150	40	Sand Hill Berbice	
Oct	1	5	7	7,000	14	80	Kimbia Berbice River	
Nov	1	1	1 ½	300	11	0	Kumu Villiage Central Rupununi	1
Nov	1	1	1 ½	3,000	40	0	5 Miles Backdam Ituni Trail	
Nov	1	1	1/2	600	25	2	Onderneeming Sand Pit Backlands, Essequibo	
Dec	1	3	4 1/2	3,300	1650	200	Branwak Sari and Develdt Berbice River	
Total	22	39.5	209	891,625	578,178	100,977		5

MAP 1: Showing location of eradication operations for 2018



ERADICATION QUANTITY

- 1-250,000 KG**
- 250,001-500,000 KG**

- LOW COASTAL PLAIN**
- HILLY SAND AND CLAY REGION**
- HIGHLAND REGION**
- INTERIOR SAVANNAH**

IV. THE GUYANA PRISON SERVICE

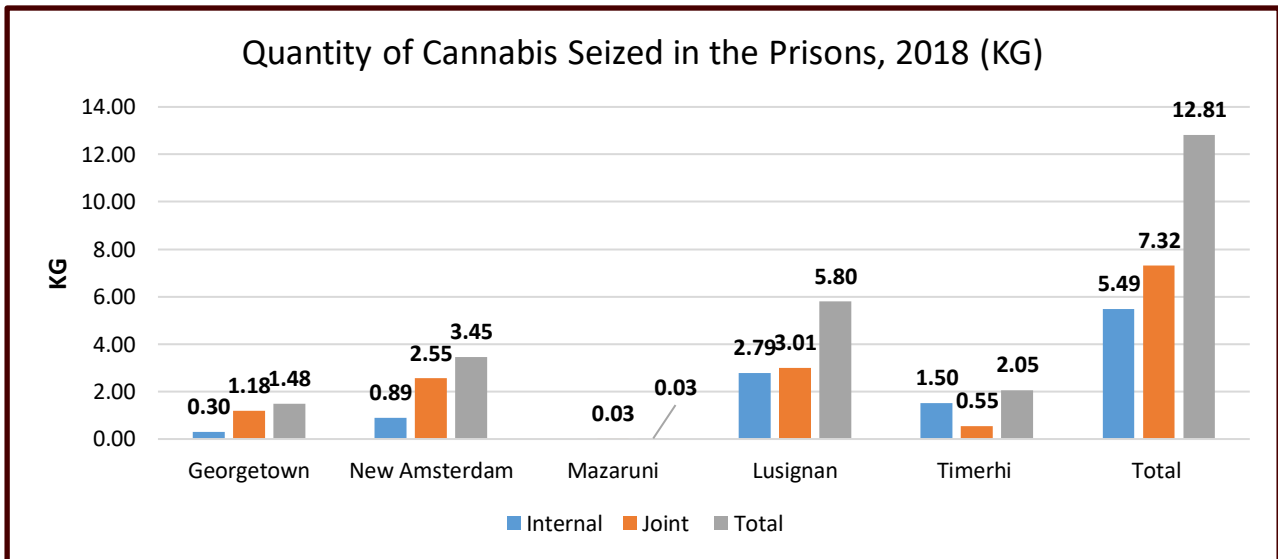
The Guyana Prison Service falls under the Ministry of Public Security. The Prison System comprises of five (5) prison locations:

- Georgetown Prison
- New Amsterdam Prison
- Mazaruni Prison
- Lusignan Prison
- Timehri Prison

The Guyana Prison Service conducts regular raids within the prisons be it internal or joint operation with Guyana Police Force to confiscate narcotics, cell phones, improvised weapons, alcohol, etc.

During 2018, 127 persons were convicted and are serving custodial sentences for drug related crimes.

For the year 2018 the GPS would have conducted at total of 46 Raids confiscating a total of 12.81 KG of Cannabis. Of the total cannabis confiscated 5.49 KG was from internal operation whilst 7.32 KG was from joint operations with the Guyana Police Force. Raids conducted jointly result in immediate removal of narcotics by GPF for destruction. The graph below illustrates the seizures made for 2018.



V. THE GUYANA REVENUE AUTHORITY- DRUG ENFORCEMENT UNIT

Established on January 27, 2000, the Guyana Revenue Authority (GRA) resulted from the merger of two separate and independent departments, namely the Inland Revenue Department and Customs & Excise Department. This merger resulted from the passing of the Revenue Authority Act, No. 13 of 1996. Prior to March 2011, Customs operations, included anti- narcotic activities, and were being performed by Customs/GRA

officials at the various wharves/transit shed in Georgetown as stipulated in the Customs Act, Chapter 82:01.

In March 2011, the Drug Enforcement Unit (DEU) was established following Cabinet’s decision that GRA be tasked with and made responsible for anti-narcotic monitoring, surveillance and examination of exports (sea cargo) at the ports in Georgetown.

Nevertheless, the Customs Anti Narcotic Unit (CANU) and Guyana Police Force (GPF) remain the national authorities on matters relating to narcotic drugs and psychotropic substances.

The Drug Enforcement Unit (DEU) is an operational area under the Law Enforcement & Investigation Division (LEID) of the GRA. Through various anti-smuggling activities,

LEID detects breaches of laws administered by GRA. Many of these activities result in the seizure of licit and illicit substance.

For the Year under review, LEID was involved in three (3) seizures of narcotics totalling 7.140 KG, these seizures were handed over to the Guyana Police Force, Narcotics Branch and CANU.

c. The Origin of the Seized Drugs

The origin of drugs in Guyana varies, whilst marijuana is cultivated locally others like cocaine, ecstasy, amphetamine and heroin are trafficked in from other countries. Guyana is known as a transshipment point for cocaine. Thus, while some cocaine remains in Guyana for local consumption, the majority is transiting for more lucrative markets in North America and Europe. Generally, the cocaine entering Guyana originates from Colombia, traffickers funnel it through Brazil, Suriname and Venezuela and into Guyana via bordering locations in the interior.

These drugs are transported by air, land water and are concealed in varying forms in an effort to be undetected by law enforcement authorities.

Drug traffickers use various methods to smuggle drugs in and out of Guyana by the three modes of transport previously outlined. Some trafficker uses innovative methods to transport large and small quantities of drugs through different organisation, for example logging company, fish export and other seafood company, the post office (mail), submersible vessels, and low flying aircraft making drops or landing at illegal airstrips in heavily forested areas and vehicle spare parts while in some cases humans are used a mule who ingest narcotics or weave the drugs into household materials in an effort to transport same internationally

d. Destination of Seized Drugs

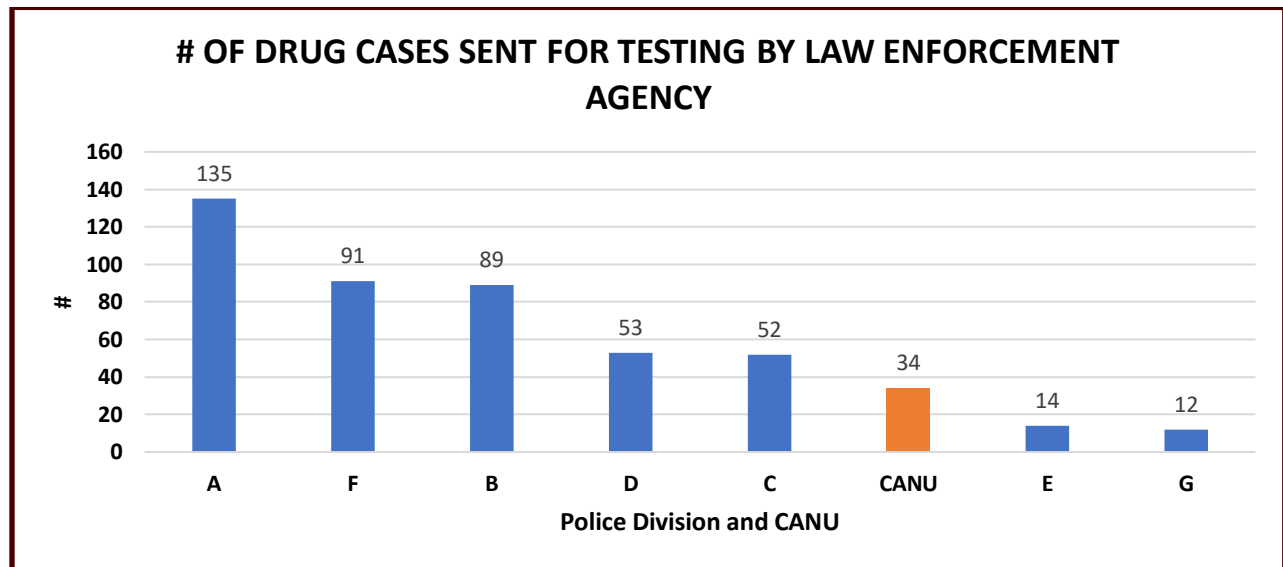
Most of the drugs seized in Guyana are not for national consumption but is however destined for international locations such as Europe, North America and other Asian countries. This is solely because the market returns, and value are much higher thus a better profit for the sale of drugs.

e. Analytical Prospective on Drug Crime

In Guyana, a reform of the security sector led to the formation of the Guyana Forensic Science Laboratory that has a mandate to analyse all forensic evidence submitted for police investigation. With this laboratory functioning, some new data for monitoring and research became available for evidence-based decision making at a policy level in Guyana. This includes the analysis of all drug evidence submitted for investigating persons

charged for Possession, Trafficking or Cultivation of narcotics.

For 2018, about 8,475 pieces of drug evidence was submitted for drug testing that were apart of 480 cases submitted by police divisions A to G and CANU. Of this, 478 cases were processed and 403 were uplifted by the agencies. Overall about 387 returned positive results for cannabis, 82 for cocaine and 17 for ecstasy.



...Police F Division seems to have a significant number of requests for drug analysis as an interior location in 2018....

f. Drug Crime Investigative Mapping

Drug test request comes from various Police division for investigative purposes these Police division are as follows:

- A Division – Georgetown and East Bank Demerara
- B Division – Berbice
- C Division - East Coast Demerara
- D Division – West Demerara and East Bank Essequibo

- E Division – Linden and Kwakwani
- F Division – Lethem, Bartica and other Interior Locations
- G Division – Essequibo Coast and Islands

Most of the request for drug analysis came from the Police “A” division (135) followed by Police “F” division (91) then “B” division (89) and the others. However, a point to note

about “F” division is the accounted for 19% of the request made.

2. Conclusions

The drug trafficking methods are evolving both nationally and internationally. Combatting this problem requires a collaborative approach that calls for a committed and coordinated effort by all stakeholders.

The Customs Anti- Narcotic Unit had the highest seizure rate among the law enforcement agencies where marijuana is the most prevalent drug available on the market as indicated by the number of seizures and request for drug tests, this is followed by cocaine. However other types of drugs are present though being seized on a smaller scale, but this may not mean that they were not here before, but the lack of investigative

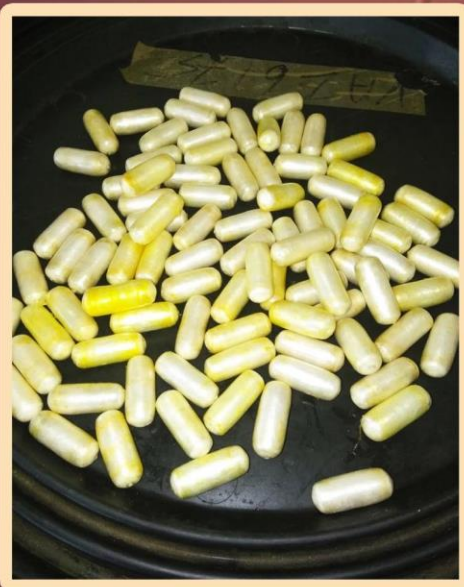
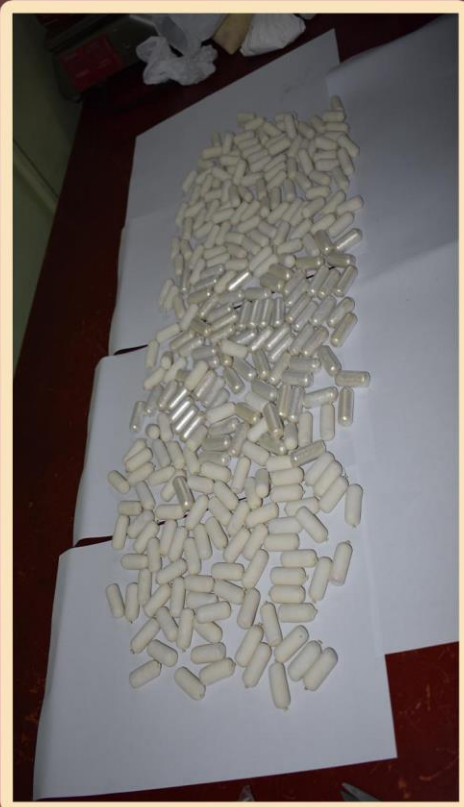
capacity to identify them in the past may be a contributing factor to them being under detected.

The Interior locations have a high rate of drug prevalence based on reports; drugs seized in this area is more than that of some urban areas. The lack of close monitoring in these areas may be a contributing factor to their high prevalence of drug related activities.

Authorities will have to set up proper perimeter protection measures both internally at an organisational level and externally at the border level that will illuminate the importation of certain types of drug and to eradicate the cultivation of others in order to reduce the supply of drugs.

**PHOTOGRAPHS FROM VARIOUS
DRUG SEIZURES AND ERADICATION
EXERCISES FOR 2018**





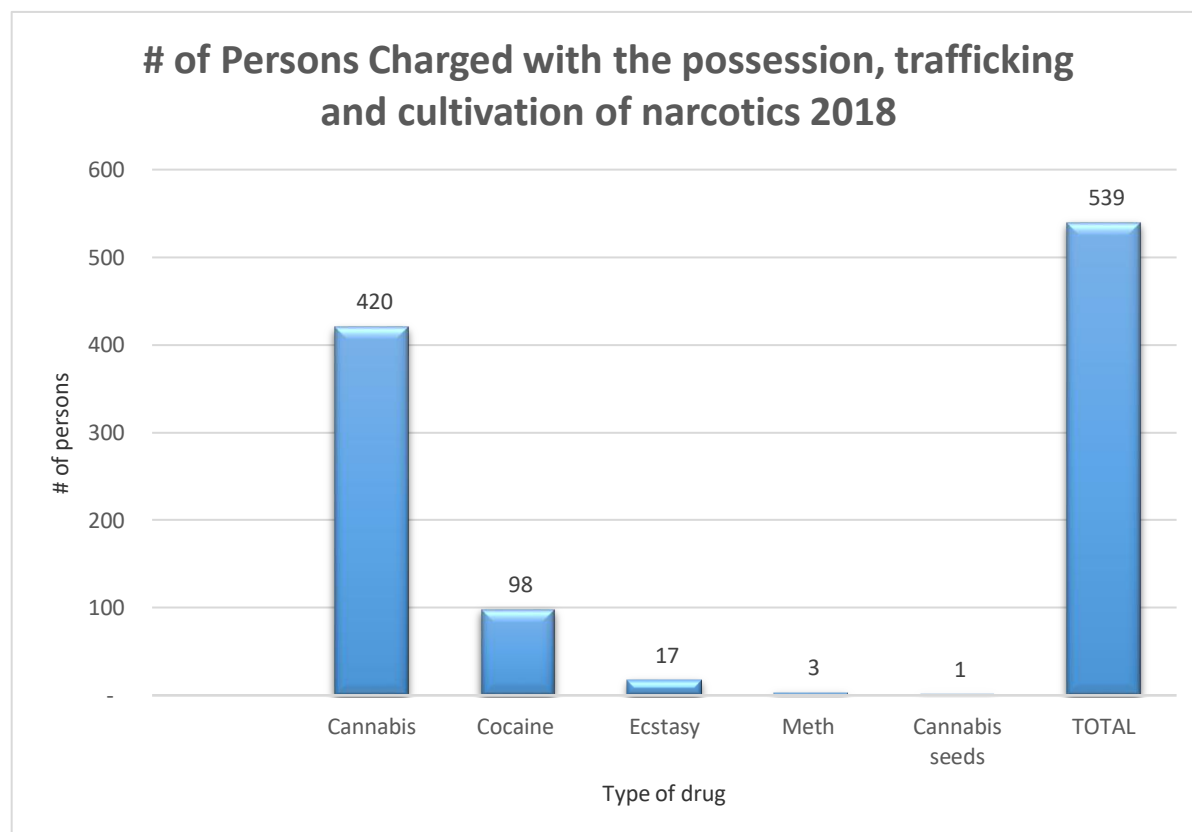
**PHOTOGRAPHS FROM VARIOUS
DRUG SEIZURES AND ERADICATION
EXERCISES FOR 2018**



I. Charges and Conviction Rate a. Persons Charged with Drug Possession

A review of law enforcement data for 2018 revealed that a total of 539 persons were charged with drug possession, trafficking and cultivation. Of this number, 420 (78.1%) were charged for possession, trafficking and cultivation of marijuana, 98 (18%) for cocaine, 17 (3.3%) for ecstasy and 3(0.6%) meth and 1 person for possession of cannabis seeds. All charges were made by the Guyana Police Force and the Customs Anti-Narcotic Unit.

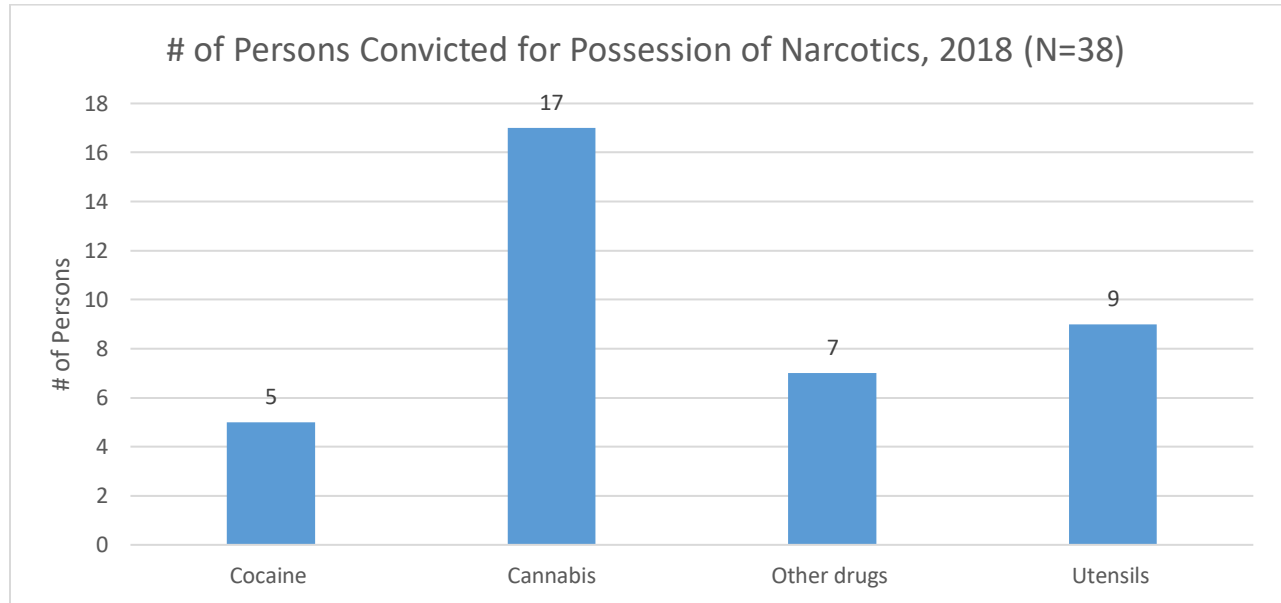
Of the 539 persons charged for possession, trafficking and cultivation of marijuana, cocaine, ecstasy and meth by law enforcement agencies, a total of 470 persons were charged by GPF specifically 402 for marijuana, 60 for cocaine, and 8 ecstasy, whilst CANU charged a total of 69 persons, 19 for marijuana, 38 for cocaine, 9 for ecstasy and 3 for meth.



b. Persons Convicted for Drug Possession

Convictions data from the Guyana Prison Service for 2018 indicated that 38 persons were convicted for the possession of narcotics during 2018. Of this number, 14 were convicted for possession of marijuana, while 5

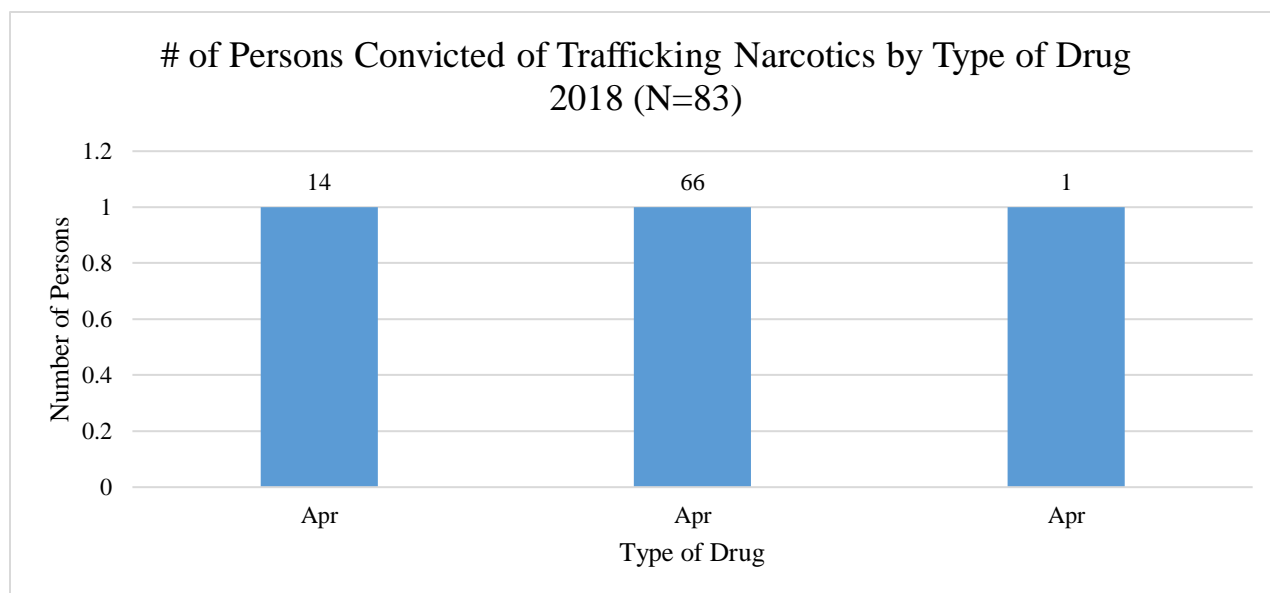
were convicted for possession of cocaine and 7 for other narcotics (ecstasy, heroin, meth) and 9 for possession of drug paraphernalia (utensils). In total, there were no juveniles convicted of this crime.



a. Persons Convicted for Drug Trafficking

In assessing the conviction data for 2018 for trafficking in narcotics, it can be observed that a total of 110 persons were convicted, 14 (13%) by CANU and 96 (87%) by the Police

(CHART 37). Of this number, 89 were convicted for trafficking marijuana (81%) and 21 (19%) for trafficking cocaine (CHART 38).



Additionally, 3 persons were convicted for cultivation of marijuana and 3 persons were convicted for smoking of narcotics.

Finally, the data for 2018 indicates that the majority of persons convicted for a drug crime were above 25 years old, 96 persons and 2

persons were below the age of twenty (20 years old). The 2 persons were charged with trafficking cocaine and cannabis. Of the persons between the ages of 20-25, the majority were convicted for trafficking cannabis as illustrated in the table below.

Type of Drug	Persons Convicted for Drug Related Crimes by Age 2018			Total
	<19 years old	19 to 25 years old	>25 years old	
Possession of Cocaine	0	1	4	5
Trafficking of Cocaine	1	2	11	14
Cultivation	0	1	2	3
Utensils	0	0	9	9
Smoking of Narcotics	0	1	2	3
Possession of Cannabis	0	7	10	17
Trafficking of Cannabis	1	14	51	66
Trafficking of other Narcotics	0	1	2	3
Possession of other Narcotics	0	2	5	7
Total Number of Charges	2	29	96	127

2. Applied Punishments

The Laws of Guyana makes provision for punishment as it relates to drug crimes. Within the Laws of Guyana, it identifies specific penalties for trafficking, possession and cultivation of narcotics substances.

Under the “Narcotic Drugs and Psychotropic Substance (Control) Act. Chapter 35:11, Part 2 Sections 4, 5 and 8²⁰ there are penalties enforced by law enforcement and the judiciary.

Section 4 (1) States: Any person who has in his *Possession* any narcotic, or any substance represented or held out by him to be a narcotic, shall be liable -

- (a) In respect of any narcotic –
 - (i) On summary conviction, to fine of not less than thirty thousand dollars, together with imprisonment for not less than three years nor more than five years; or
 - (ii) On conviction on indictment, to a fine of not less than thirty thousand dollars or three times the market value of the narcotic, whichever is the greater, together with imprisonment for not less than five years nor more than ten years;

Section 5 (1) States: Any person who *Traffics* in any narcotic or in any substance represented or held out by him to be a narcotic, or who has in his possession any narcotic, or any substance represented or held out by him to be a narcotic, for the purpose of trafficking, shall be liable –

- (a) In respect of any narcotic –
 - (i) On summary conviction, to a fine of not less than thirty thousand dollars or three times the market value of the narcotic, whichever is the greater, together with imprisonment for not less than three years nor more than five years; or
 - (ii) On conviction on indictment, to a fine of not less than seventy-five thousand dollars or three times the market value of the narcotic, whichever is the greater, together with imprisonment for life;

Section 8 (1) with reference to *Cultivation* States: Any person who –

- (a) Cultivates any prohibited plant; or
- (b) Being the owner, occupier or concerned in the management of any land or other premises, permits the land or other premises to be used for

²⁰http://www.cicad.oas.org/fortalecimiento_institucional/legislations/PDF/GY/narcotic_drugs_and_psychotropic_substances_act.pdf

the purpose of the cultivation, gathering or production of any prohibited plant,

Shall be liable –

- (i) On summary conviction to a fine of not less than fifteen thousand dollars nor more than thirty thousand dollars, together with imprisonment for not less than three years nor more than five years; or
- (ii) On conviction on indictment to a fine of not less than thirty thousand dollars or three times the market value of the prohibited plant, whichever is the greater, together with imprisonment for

not less than five years nor more than ten years.

According to the Narcotic Drugs and Psychotropic Substance Control Act 1988, there are several possible convictions associated with drug crimes, in cultivation, possession and trafficking of narcotics. For the year 2018, there has been a total of 127 convictions by the Guyana Police Force and the Customs Anti-Narcotic Unit. These were as follows: for cultivation (3), drug trafficking (83) and drug possession (29), possession of utensils (9) and smoking of narcotics (3); the data discussed below is based on assessment of applied punishments for 127 convictions²¹.

Punishments Applied

As illustrated persons convicted have received various punishments as specified in law ranging from 6 months to 4 years' imprisonment. Along with many of the applied punishment fines are applied totalling 3X the value of the narcotic, the person (s) were charged with.

The most served punishment for 2018 was 3 years' imprisonment with fine. This punishment was handed down to 59 persons convicted of possession, trafficking and cultivation of various narcotics. This was followed by 24 persons who received 6 months sentencing plus fines for their crime. This punishment was mostly allotted to

persons convicted of possession of narcotics (15 persons).

The harshest punishments for drug crime in 2018, were primarily allocated to persons convicted of trafficking in narcotics. This was 4 years' imprisonment with fine for 18 persons and 3 years imprisonment with fine for 45 persons. For 2018, the data indicates that the 3 persons were convicted for cultivation and sentenced to 3 years' imprisonment with fine.

Based on the numerical presentation, it can be said that the law enforcement agencies must exert more effort in identifying the persons responsible for the cultivation of cannabis, so they can be prosecuted for this crime as it is the prosecution rate is insignificant when

²¹ Assessment is only based on 127 convictions as per records received from the Guyana Prison Service for the year 2018

compared to the figures for the number of eradications carried out in 2018.

NARCOTICS CONVICTIONS FOR THE YEAR 2018								
OFFENCES	IMPRISONMENT PERIOD							
	6 MONTHS	12 MONTHS	18 MONTHS	2 YEARS	3 YEARS	4 YEARS	5 YEARS	TOTAL
POSSESSION OF NARCOTICS	15	3	0	0	11	0	0	29
TRAFFICKING OF NARCOTICS	5	10	2	3	45	18	0	83
CULTIVATION OF NARCOTICS	0	0	0	0	3	0	0	3
POSSESSION OF UTENSILS	3	6	0	0	0	0	0	9
SMOKING OF NARCOTICS	1	1	0	1	0	0	0	3
TOTAL	24	20	2	4	59	18	0	127

2. Other Offences Related to Drug Use

There are many other offences that are committed as a result of the drug trade but these sometimes are difficult to detect. For example, money laundering, drug related kidnapping, robbery and murders as a result of a business failing financially or in some cases using the firearm trade as payment for drugs delivered to particular locations or even goods delivered as payment.

The Financial Intelligence Unit (FIU) is the agency tasked with receiving, analysing and disseminating information on suspicious transaction reports (STRs) and other information relating to money laundering, terrorist financing or the proceeds of crime. It

was established in 2009 and operates within the ambit of the Anti-Money Laundering and Countering the Financing of Terrorism Act (AMLCFTA) 2009 and its Regulations.²²

Activity	No.	Drug Related
Suspicious Transaction Reports Received	331	13
Intelligence Reports to SOCU/	27	7
Updated Intelligence Report to SOCU/ SARA	10	2
Internal STR Analysis	5	-
Information Requests Received - International	4	-
Information Requests Sent - International	3	1
Information Requests Received - Local	23	5
Responses Sent - Local	3	-
Responses Received - International	1	-
Responses Sent- International	4	-
Spontaneous Disclosure Received -	2	-
Spontaneous Disclosure Received - Local	1	-
Spontaneous Disclosure Sent - International	3	-

²² FIU: <http://fiu.gov.gy/home.html>

During 2018, the agency received over 330 STRs, 13 of which were drug related reports. After a case is investigated by FIU, it is handed

over to the Special Organized Crime Unit (SOCU) for further action such as arrest and or seizures.

3. Conclusions and Recommendations

While it is noted that the Law enforcement authorities are tirelessly working to intercept the supply of drugs, there is still a need for greater effort needs to be placed in rural or interior locations, as shown in the data for 2018, the police F Division had the second highest request for drug test based on seizures which was about 19%. During 2018, a total of 182.68 KG of cocaine was seized, which reflects a decrease of about 46% when compared to seizures in 2017. Moreover, there has been a significant increase in the number of marijuana plants that have been eradicated during 2018. The eradication has resulted in over 578,000 KG of the drug taken off the market.

This is compared to just over 117,000KG of the drug being eradicated in 2017. Other substances seized during 2018 included, 1.01 KG of ecstasy, 0.30 KG of Heroin and .10 KG of meth.

Further, a total of 539 persons were charged for drug possession, trafficking, cultivation, usage and utensils of this number, 421 (78.1%) was for marijuana, 98 (18%) was for cocaine, 17 (3.3%) ecstasy and 3 (0.6%) for meth. In total, 127 were convicted for drug related crimes, 86 (68%) of whom was for marijuana cases, 19 (15%) was for cocaine, 13 (10%) for other narcotics (ecstasy, meth, heroin) and 9 (7%) for utensils.

Recommendations:

- Increase the manpower of the Guyana Police Force- Narcotics Branch and strengthen their capacity to analyse trends in drug trade to better target their interventions.
- Increase the budget of the Guyana Police Force- Narcotics Branch to carry out daily operations.
- Provide access to training opportunities for all law enforcement agencies in the area of capacity building, and intelligence gathering with an aim of reducing the transshipment of drugs through Guyana.
- Funding should be invested in enhancing officers' competency in the field specifically, documentation and following SOPs for seizure and arrest, interviewing and interrogation techniques, investigative skills, land surveying, bomb dismantling etc.
- Based on the drug strategy, bilateral relationships should be built with Venezuela, Brazil, Suriname and Colombia with the aim of further reducing the transshipment of drugs into Guyana through the sharing of information and mutual assistance.
- Law enforcement agencies to focus their attention and resources on higher level drug traffickers and violent offences.

INTERNATIONAL COOPERATION

I. Caribbean Basin Security Initiative (CBSI)

The CBSI programme is a collaboration between the Government of the United States of America and the member states of the Caribbean Community (CARICOM) as well as the Dominican Republic to contribute to the advancement of regional security. It has been enforced since 2010 with three (3) core objectives:

- I. Substantially Reduce Illicit Trafficking through programs ranging from counternarcotic to reducing the flow of illegal arms/light weapons.
- II. Increase Public Safety and Security through programs ranging from professionalizing law enforcement institutions through technical assistance and training, to improving rule of law by supporting the development of the justice sector.
- III. Promote Social Justice through crime prevention activities in targeted communities, police and justice sector reform, anti- corruption programs, and increased educational, economic and social opportunities for at-risk youth.

Under the third objective, there is the Youth Empowerment Services (YES) program which aims to prevent crime. There are three (3) components to this initiative that are being implemented in Guyana. These are:

Component 1: Strengthening Evidence Based Decision Making for Citizen Security in the Caribbean (CARISECURE)

Component 2: Community Family Youth Resilience Program (CFYR)

Component 3: Juvenile Justice Reform Project (JJRPII)

During 2018, law enforcement agencies have benefited from six (6) training programmes. A total of thirty-eight (38) personnel were trained in the following programmes:



²³ CBSI: <https://www.state.gov/p/wha/rt/cbsi/>

Training	Agency	# of persons Trained
24 th Annual Caribbean Regional Drug Commanders Training Conference in Tobago	Customs Anti-Narcotic Unit Guyana Police Force	2
CARICOM IMPACS/CBSI Preventing Firearms Trafficking workshop	Guyana Police Force	2
Crime Scene Management and Forensics Course in San Salvador	Guyana Police Force	4
Executive Policy and Development Symposium on Human Trafficking and Model Law in New Mexico	Ministry of Public Security Guyana Police Force	6
Financial Investigative Techniques (FIT) in San Salvador		9
Mock Prison Riot Training at the West Virginia Corrections Training Foundation	Guyana Police Force	4
Narcotics Investigations Course in El Salvador	Guyana Police Force	5
Network Intrusion Course in San Salvador	Guyana Police Force Ministry of Public Telecommunications The Special Investigations Unit of the Guyana Revenue Authority	3
Trafficking in Persons/Child Exploitation Course in San Salvador	DPP Chambers Guyana Police Force	3
Total		38

Through the CBSI, equipment with an approximate worth of US\$20,000 was donated by the former US Ambassador, Mr. Perry Holloway to the Guyana Police Force strategic planning unit.

II. Inter-American Drug Abuse Control Commission (CICAD)

The Inter-American Drug Abuse Control Commission (CICAD) is the Western Hemisphere's policy forum for dealing with the drug problem. The CICAD Executive Secretariat supports the Commission by strengthening the human and institutional capabilities and channelling the collective efforts of its member states to reduce the production, trafficking and use of illegal drugs.

CICAD, through its Inter-American Observatory on Drugs (OID) continues to provide technical assistance to Guyana to improve the collection and analysis of drug-related data: by promoting the establishment of national observatories, drug information networks and the use of standardized methodologies for data collection; and by providing scientific and technical training for, and the exchange of

²⁴ CICAD: http://cicad.oas.org/main/default_eng.asp

experiences among, professionals working on drug issues.

Throughout 2018, CICAD have provided the following support to Guyana through collaboration with the National-Anti-Narcotics Agency. Most notably, is the initiation of plans to establish Guyana’s first Drug Treatment

Court (DTC) as a part of a range of alternatives to Incarceration. The aim of this programme is to aid in the reduction of crime and the overcrowding of our prison population. This type of court will provide court monitored drug treatment services to persons found to have committed specific crimes in order to support their drug dependence.

Initiatives	Results
Implementation of a Standardized Drug Treatment Intake Form at two (2) treatment facilities	106 forms evaluated
PROCCER Adolescent Treatment Training	41 persons trained
Training on Alternatives to Incarceration including Drug Treatment Courts	83 persons trained

III. UNODC- Container Control Programme ²⁵

The Mission of the Container Control Programme (CCP) is to build capacity in countries seeking to improve risk management, supply chain security and trade facilitation in the sea, land and airports in order to prevent cross-border movement of illicit goods. This programme was developed jointly in 2003 by UNODC and the World Customs Organization (WCO) to assist governments to create sustainable enforcement structures to minimize the risk of shipping containers being exploited for illicit drug trafficking, transnational organized

crime and other forms of black-market activity.²⁶

Guyana became a signatory to this programme in 2012 with the Guyana Revenue Authority- Port Control Unit leading the programme with officials operating primarily out of the John Fernandes Warf. During 2017, Port Control Unit Officers from Guyana participated in a study visit to the ports of Rotterdam, Netherlands and Antwerp, Belgium.

²⁵ https://www.unodc.org/documents/Container-control-programme/17-08688_CCP_AR2017_eBook.pdf

²⁶ <https://www.unodc.org/unodc/en/drug-trafficking/container-control-programme.html>

IV. Seaport Cooperation Project (SEACOP) ²⁷

The Seaport Cooperation Project (SEACOP) seeks to build capacities and strengthen cooperation against maritime trafficking in countries on the trans-Atlantic cocaine route. The project aims to reinforce capacities in seaports by supporting the setup of Joint Maritime Control Units (JMCUs) in selected countries in West Africa, Latin America and the Caribbean. Activities also include the establishment of specialist Maritime Intelligence Units (MIUs) in seaports and sensitive coastal areas, and supporting greater international cooperation and information exchange. The project provides

specialist search and intelligence training, along with equipment and IT tools necessary to effectively combat illicit maritime trafficking. The programme was started in 2010 and Guyana has been one of the countries covered under this initiative's Joint Maritime Control Units (JMCUs) and Maritime Intelligence Units (MIUs). As of December 2018, 88 trainings have been conducted under this initiative through which Law Enforcement Agencies in Guyana participated.

V. Cooperation Program between Latin America, the Caribbean and the European Union on Drug Policies (COPOLAD) ²⁸

⁷

COPOLAD is a Cooperation Programme funded by the European Commission. The Programme is implemented between Latin American and Caribbean States (CELAC) and the European Union (EU) countries, helping to forge drug policies which are supported by objective monitoring instruments and based on reliable and effective strategies. COPOLAD II operates under four thematic areas, these are:

- Component 1: Consolidation of National Drugs Observatories
- Component 2: Capacity Building in Drug Demand Reduction
- Component 3: Capacity Building in Drug Supply Reduction
- Component 4: Political Dialogue and Consolidation of the EU-CELAC Coordination and Cooperation Mechanism on Drugs

²⁷ https://cocaineroute.eu/content/uploads/2019/05/SEACOP_infosheet_11032019_II.pdf

²⁸ <http://copolad.eu/en>

Results

Under Component 1 activity 1.5: Guyana has been the Co-Chair for the working group for the development of National Drug Reports. This working group has been very active with about 21 countries at various stages of completing their national drug reports.

participating in this activity, we also benefited from trainings and conferences on the development of National Drug Observatories. Through these activities, we were exposed to best practices from across the region and Europe and have been able to network with colleagues and share our experiences as well with the region.

Under Component 2, Guyana have benefited from Professional development Courses through the COPOLAD online courses on drug prevention. To date, 16 professionals from NANA, Ministry of Education, Ministry of Public Health and the Ministry of Social

Through this initiative Guyana have been able to expand upon the content of the annual DIN report (we have published a DIN report each year since 2011) and have published the 2018 DIN report utilizing the reporting format developed under the project. While

Protection have taken the courses. Knowledge gained from these courses have enabled all participants to apply new techniques and evidence-based strategies in advancing their work. Additionally, under Activity 2, professionals have been able to participate in the implementation of Quality and evidence-based criteria for Drug Demand Reduction Services and Programs. We have participated in the workshops for the development of the indicators and have been able to evaluate one of the country's prevention programmes as a pilot study to test the reliability and applicability of the indicators.

G.SUMMARY OF RECOMMENDATIONS

DEMAND	
A Drug Prevalence Among School Students study is needed in order for practitioners to have a true understanding of the drug problems facing this segment of the population. This would facilitate the development of targeted, evidence-based prevention and awareness programmes. The last school survey was conducted in 2013.	Establish public treatment facilities across Guyana with emphasis on hinterland regions and other regions that records a high rate of persons with substance use disorders.
Evidence-based drug Prevention Programmes should receive increased funding and incorporate a monitoring and evaluation component.	Establish Standards of Care for treatment, re-integration and certified training for professionals in this field.
Increased collaboration among agencies in the implementation of Drug prevention initiatives.	Establish an entity within the relevant Ministry to implement and oversee the monitoring, evaluation and accrediting of treatment facilities and certification programmes for professionals.
Development and implementation of training and certification programmes to enhance the capacity for the prevention and treatment specialists, counsellors, social worker, community leaders, teachers, psychologists etc in the field of drug prevention and treatment.	Provide increased technical support to all treatment centres.
Intensified implementation of the Drug Demand Reduction Strategies outlined in the Drug Strategy Master Plan 2016-2020.	Develop a Standardized system/database to store client information to enable access to data for research and monitoring purposes.
Finalize and implement the draft Alcohol Policy for Guyana.	Develop a unique identifier to differentiate between clients and maintain anonymity of persons in treatment.
Review of the legislation regarding the access to identified controlled substances without a prescription that has the potential to be misused especially by minors.	Establish agreement between the Ministry of Public Health and the National Anti-Narcotics Agency as it relates to the capturing of treatment related statistics within all public health facilities that provides same.
Make provision for public facilities that cater to the needs of females that are suffering from substance use disorders and children since these are the populations indicating an increased demand for services.	

SUPPLY

Increase the manpower of the Guyana Police Force- Narcotics Branch and strengthen their capacity to analyse trends in drug trade to target their interventions.

Increase the budget of the Guyana Police Force- Narcotics Branch to carry out daily operations.

Provide access to training opportunities for all law enforcement agencies in the area of capacity building, and intelligence gathering with an aim of reducing the transshipment of drugs through Guyana.

Funding should be invested in enhancing officers' competency in the field specifically, documentation and following SOPs for seizure and arrest, interviewing and interrogation techniques, investigative skills, land surveying, bomb dismantling etc.

Based on the drug strategy, bilateral relationships should be built with Venezuela, Brazil, Suriname and Colombia with the aim of further reducing the transshipment of drugs into Guyana through the sharing of information and mutual assistance.

Allow law enforcement agencies to focus their attention and resources on higher level drug traffickers and violent offences.

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