

GUYDIN

GUYANA DRUG INFORMATION NETWORK

ANNUAL REPORT

2020

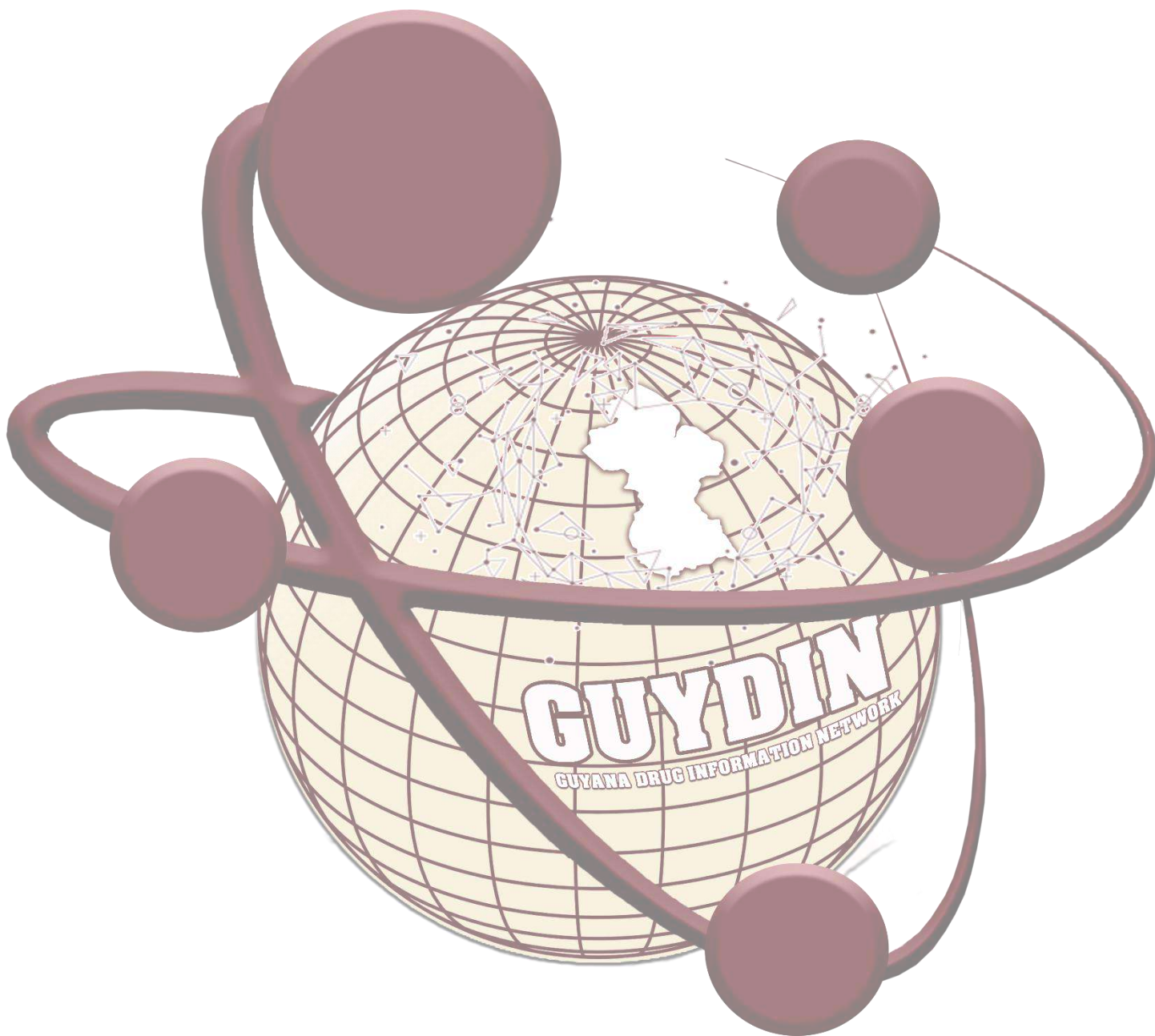
FOR THE PERIOD OF 2019



NATIONAL ANTI-NARCOTICS AGENCY



GOVERNMENT OF GUYANA



CONTRIBUTORS

Tiffany Barry: **HEAD, DIN**

Sarita Nanku: **STATISTICAL OFFICER**

Tynisha Niles: **RESEARCH OFFICER**

Tiffany Taylor: **RESEARCH OFFICER**

Curt Richards: **COVER AND GRAPHIC DESIGNS**

NATIONAL ANTI-NARCOTICS AGENCY

DRUG INFORMATION NETWORK, REPORT 2019

ADD: 125 PARDADE AND BARRACK STREETS, KINGSTON

TEL: NO: 226-4431, 226-4486

WEB: WWW.NANA.GOV.GY

ABOUT DIN

THE GOALS OF GUYDIN:

- ❖ To access data on demand reduction and supply control, including: prevention, treatment, reintegration, illicit crop cultivation, seizures, diversion of pharmaceuticals products, drug market information and criminal offences, and other related information on a regular basis.
- ❖ To carry out studies; compile and coordinate drug related statistics and other related information.
- ❖ To maintain a comprehensive database on the drug situation, to analyse current and trend data to support the development of evidence-based counter-drug policies and programmes.
- ❖ 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.
- ❖ Collect data on the drug situation and monitor trends 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 National Anti-Narcotics Agency (NANA) is delighted to present the results of the Guyana Drug Information Network (GUYDIN) Report 2020, based on the best available data in the many facets of drugs in Guyana.

Year after year, the dynamics of the international drug situation keep changing. NANA is, notwithstanding, required to remain well-informed of the situation and to develop policies based on the continuously evolving state of affairs. This is achieved, to a large extent, through the work of the Guyana Drug Information Network (GUYDIN), which encompasses a comprehensive interactive network of counter-drug professionals and agencies.

GUYDIN therefore brings together international and domestic evidence, best practices and experiences to provide expert analysis across the range of drug policy. Such analysis results from intensive discussions and extensive contributions of representatives of the numerous member agencies and other professionals equipped to deal with the various aspects of narcotic drugs.

Drug policies can never be pursued in isolation. That is why NANA promotes such integrated responses, encompassing strong joint law-enforcing action such as the recent “Pale Horse” series of Operations as well as health-based prevention and treatment initiatives including alternatives to

incarcerations such as the recently established Drug Treatment Court.

Even so, there is no denial that we need to do more since the threats to health and well-being as well as to security, safety and sustainable development mandate urgent action. Surely Guyana needs increased international cooperation to improve enforcement capacity to dismantle domestic and regional criminal gangs aimed at discontinuing drug trafficking.

Experience of past years has shown that when initiatives are informed by evidence, a long-term vision, supported by adequate funding and political support, and integrated into a broader development government agenda, success is highly likely. NANA remains committed to working with all member agencies as well as all other stakeholders to further achieve the aims and objectives of the National Drug Strategy Master Plan.

I would like to take this opportunity to congratulate the GUYDIN for producing the (GUYDIN) Annual Report 2020 based on data gathered in 2019, which I am well aware relies on the preparedness of all stakeholders and others involved to share information and promote transparency in the spirit of shared responsibility, needed to address the multidimensional challenges posed by illicit drugs.

I sincerely thank you all and look forward to your continued support.

M U Atherly
Director
NANA

Contents

ABOUT DIN	3
FOREWORD.....	4
ACKNOWLEDGEMENT.....	7
EXECUTIVE SUMMARY	8
B. NATIONAL CONTEXT AND POLICIES IN THE FIELD	11
I. COUNTRY INFORMATION.....	11
II. INTRODUCTION	12
III. LEVEL OF IMPACT OF THE DRUG SITUATION IN GUYANA	13
IV. LEGAL FRAMEWORK.....	16
C. DRUG DEMAND.....	19
I. INTRODUCTION.....	19
II. POLICIES AND COORDINATION	20
III. DRUG PREVENTION AND TRAINING.....	23
PHOENIX RECOVERY PROJECT	25
SOCIAL LIFE ISSUES GUIDANCE AND COUNSELLING SERVICES.....	26
MINISTRY OF PUBLIC HEALTH	27
NATIONAL ANTI-NARCOTICS AGENCY.....	30
MINISTRY OF EDUCATION.....	32
INTER-AGENCY COLLABORATION	34
IV. DRUG TREATMENT	37
INTRODUCTION.....	37
POLICIES AND COORDINATION.....	38
QUALITY ASSURANCE OF DRUG TREATMENT SERVICES.....	39
ORGANIZATION AND PROVISION OF TREATMENT	40
KEY DATA.....	41
CONCLUSIONS AND RECOMMENDATIONS	51
C. DRUG SUPPLY.....	55
I. INTRODUCTION.....	55
II. POLICIES AND COORDINATION	55
III. DRUG MARKET.....	57
IV. DRUG SEIZURES.....	58

QUANTITIES OF DRUG SEIZED	58
NUMBER OF SEIZURES BY TYPE OF DRUGS	61
TREND ANALYSIS 2017-2019	61
CANNABIS ERADICATION	64
THE GUYANA PRISON SERVICE	67
THE GUYANA REVENUE AUTHORITY- DRUG ENFORCEMENT UNIT	68
THE ORIGIN AND DESTINATION OF THE SEIZED DRUGS.....	69
ANALYTICAL RESULTS ON DRUG CRIME.....	69
CHARGES AND CONVICTION RATE BY LAW ENFORCEMENT AGENCIES.....	70
PUNISHMENTS APPLIED	76
QUANTITY OF DRUGS DESTROYED.....	76
OTHER OFFENSES RELATED TO DRUG USE	77
CONCLUSIONS AND RECOMMENDATIONS	77
D. INTERNATIONAL COOPERATION	81
CARIBBEAN BASIN SECURITY INITIATIVE (CBSI).....	81
INTER-AMERICAN DRUG ABUSE CONTROL COMMISSION (CICAD)	82
CARICOM.....	83
UNODC- CONTAINER CONTROL PROGRAMME	84
SEAPORT COOPERATION PROJECT (SEACOP).....	84
COOPERATION PROGRAM BETWEEN LATIN AMERICA, THE CARIBBEAN AND THE EUROPEAN UNION ON DRUG POLICIES (COPOLAD).....	84
E. SUMMARY OF RECOMMENDATIONS	86

ACKNOWLEDGEMENT

This National Report on the Drug situation in Guyana represents the tireless and collaborative efforts of several stakeholders who reported on activities and adverse events regarding the drug problem in Guyana during the year 2019. 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
 - Chronic Disease 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
- Guyana Police Force- Traffic Headquarters

- Guyana Forensics Science Laboratory
- Citizen Security Strengthening Programme
- Georgetown Public Hospital, Psychiatric Unit
- New Amsterdam Psychiatric Hospital
- Phoenix Recovery Project
- Salvation Army Men's Social Service
- Social Life Issues

Last but not least, a heartfelt thank you to the management and staff of the National Anti-Narcotics Agency and the Drug Information Network Department 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.

EXECUTIVE SUMMARY

In the year 2019, a total of 529 seizure operations were conducted where 1,207.812kg of narcotics were seized these included: marijuana, cocaine, ecstasy, hashish, meth and unknown substances, resulting in 587 persons being charged and 65 persons convicted for crimes that occurred in the same year. Disaggregated by the ten administrative regions, Region 4 had the highest seizures of narcotics totalling 572.891kg. It must be noted that region 6 was the only region where all types of narcotics were seized. A total of 10.830kg of narcotics were seized at the two international airports and 5.531kg narcotics was seized at wharves and speedboat docking areas.

Thirty eradication operations for 2019, were conducted in four administrative regions specifically Regions 4, 6, 9 and 10. These operations were conducted on 54 fields, spanning 94.5 acres, where 188,000 plants were found and destroyed weighting approximately 215,670kg. In addition 22,832.13kg of dried marijuana were found on the farms with 40,800 seedlings. Two persons were charged for this offence with no convictions gained.

The Guyana Prison Service seized a total 8.743kg of marijuana within their 5 locations: Georgetown, New Amsterdam, Mazaruni, Lusignan and Timehri, where a total of 60 operations were conducted.

The Guyana Revenue Authority- Law Enforcement and Investigation Division seized a large quantity of alcohol and tobacco at various locations throughout Guyana during 2019. A total of 2,462 cases and 9,494 bottles of 11 different types of

alcoholic beverages were seized, in addition, 1,026 bales and 627 packs of cigarette were seized.

The Guyana Forensic Science Lab received approximately 7,340 pieces of drug evidence for testing. These pieces were apart of 434 criminal cases, where a total of 426 cases were processed and 360 uplifted.

Turning to efforts in the field of drug demand reduction, during 2019, Guyana made significant advancements. In October, 2019 the First Drug Treatment Court (DTC) was officially opened at the Georgetown Magistrates Court, one prison reform measure: alternatives to incarceration for low level offenders with a substance misuse problem and as a means of reducing the prison population and addressing recidivism. Further evaluations were conducted on both drug treatment and drug prevention programmes, while studies were conducted on the economic cost of drugs in Guyana and to assess the relationship between drugs, crime and violence in select primary and secondary schools in Guyana. During 2019, Guyana also completed its seventh round Multilateral Evaluation of its drug policy in compliance with the Organization of America's Hemispheric Drug Plan. The results of all of these assessments and studies will contribute to the strengthening of the institutional capacity to address the drug problem in Guyana.

Further, for the period, over 6,000 persons country wide were reached in drug awareness activities conducted by the Ministries of Education and Public Health, the National Anti-Narcotics Agency and

NGOs such as Social Life Issues and Phoenix Recovery Project. In the areas of professional development, over 1,000 persons were trained in various skills-based programmes related to drugs including online courses.

An analysis of the treatment data for 2019 from the Phoenix Recovery Project, Salvation Army Men's Social Centre, the Georgetown Public Hospital, Psychiatric Unit and the New Amsterdam Psychiatric Hospital found that a total of 108 persons sought treatment as reported by the facilities. Of the 108 persons, 11% were females. 37% sought treatment for marijuana abuse, 29% for alcohol, 17% crack, 16% cocaine and 1% for ecstasy. The data also revealed that 61% of persons in treatment were poly-drug users and 47% had relapsed. Of the 108 persons reported in treatment, 26 were diagnosed with a psychiatric disorder, additionally, 26 persons indicated that they were arrested at least once in their lifetime. The data highlighted that the majority of persons were encouraged to seek treatment by their family and friends.

Further assessment of the data, revealed that 34 out of the 108 persons were within the 20-29 age range, the youngest person in treatment was 15 years old during 2019. While most person resided in region 4 who were seeking treatment, the data also revealed that persons residing in regions 1, 7 and 10 also sought treatment, 2 persons

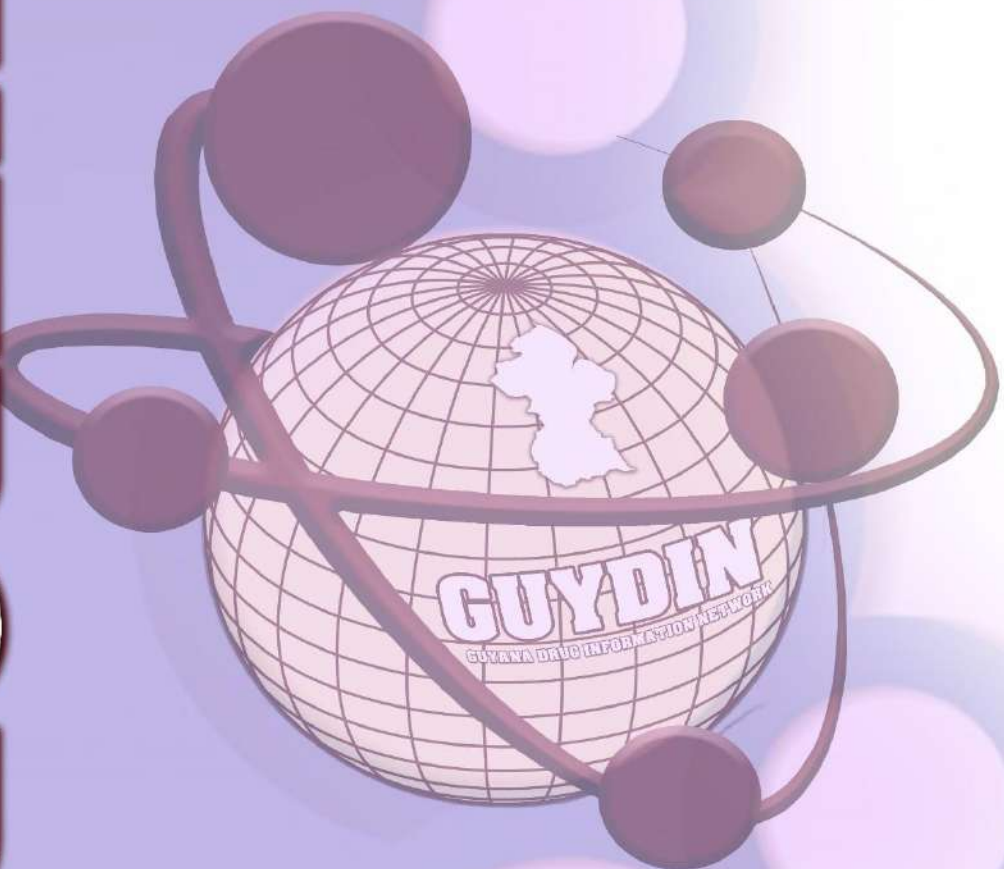
were homeless and 1 person was a foreign national.

A comparative analysis of the treatment data from 2015-2019 for 483 reported cases, revealed that the substance leading to the highest demand for treatment is cannabis, 155 persons; followed by crack, 121 persons and alcohol 115 persons. For the 5-year period, 41% of persons indicated that they had a relapse.

For 2019, approximately 80% of fatal road accidents were attributed to person driving under the influence of alcohol or other drugs and DUIs made up about 7% of traffic cases.

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 259 Law Enforcement Agents received training. The Inter-American Drug Abuse Control Commission (CICAD) of the Organization of American States (OAS) under which 61 professionals were trained including a Master trainer in the Universal Treatment Curriculum (UTC). 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 Programmes.

INTRODUCTION



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 region 4 where the capital city of Georgetown is located and 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 oil and gas industry come 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

2019 has been a significant year in the fight against drugs in Guyana. Among the achievements was the opening of Guyana's first Drug Treatment Court (DTC) as an alternative to incarceration for persons who commit non-violent crimes to support their drug habit. As outlined in the National Drug Strategy Master Plan, 2016-2020, this type of intervention is key in safeguarding both public safety and public health; by addressing the substance dependence issues, the criminal consequences of dependence are also addressed. There was also a significant investment into enhancing the capacity of personnel who work in the fields of drug demand and supply reduction with more certified training opportunities made available, locally, regionally and internationally to key personnel.

During this period, Guyana participated in several evaluation processes including the 7th round of the Multilateral Evaluation Mechanism (MEM)³ through which achievements under our national drug strategy was assessed in relation to the hemispheric drug plan, an evaluation of drug treatment facilities as well as evaluation of prevention programmes. These were made possible through technical assistance from; The Inter-American Drug Abuse Control Commission of the Organization of American States (CICAD/OAS), the Pan American Health Organization (PAHO) and the Cooperation Programme between Latin America, the Caribbean and the European Union on Drugs Policies (COPOLAD).

The CARICOM Secretariat under the Drug Demand Reduction pillar of its 10th EDF project supported the generation of vital data on the drug problem in Guyana through an economic cost study on drugs and assessment of crime and violence in both primary and secondary schools in Guyana. The agency also supported participation of personnel in several training programmes under drug demand reduction.

The results of these evaluations and studies were instrumental in identifying areas of success in the fight against drugs as well as it provided recommendations to improve programmes and strengthen institutions to take on their mandated tasks. These results will support the development of programmes and subsequent drug strategies as well as to advance the development of a national framework on standards of care in drug demand reduction.

On a national level, key agencies have invested in developing multi-sectorial policies to address the drug problem. The Ministry of Education continued work on developing its school-based referral protocol from students found with substances which would be tied into a larger policy to address health and other social issues in schools. While the Ministry of Public health have scaled up its work on the implementation of the Tobacco Control Bill and have also advanced efforts in the drafting of a National Alcohol Policy.

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http://www.cicad.oas.org/mem/reports/7/Full_Eval/Guyana-7thRd-ENG.pdf

This was also a year of heightened inter-agency cooperation; whereby key agencies fully embraced the notion of collaboration and information sharing to achieve common and overlapping goals. Participation in inter-agency meetings saw

significant improvement leading to the sharing of vital information to address both the public security and public health aspects of the fight against drugs as highlighted throughout this report.

III. LEVEL OF IMPACT OF THE DRUG SITUATION IN GUYANA

The issue of drug, crime and violence remains an ever-evolving, multifaceted matter requiring swift and informed actions by governments and key agencies as drug trafficking is often interlinked with other transnational organized crimes such as human trafficking and arms smuggling. According to the 2019 World Drug Report by UNODC⁴, globally, while marijuana remains the most available and accessible substance on markets, drug trends continue to evolve with the non-medical use of prescription drugs becoming a major concern in places such as India and African countries. Increasing production of cocaine in the Americas since 2017 is leading to a diversification in trafficking routes and availability in new markets coexisting with New Psychoactive Substances (NPS). This will inevitably lead to increased competition by criminal syndicates for market control and will pose threats to national security and will lead to increased cases of poly-drug use and varying issues with drug dependence. As Guyana's economy continues to grow and its

population diversify, it is essential for policy makers to pay attention to and understand these changing trends in the world drug problem to support the development of proactive strategic plans to counter potential threats at home.

In Guyana, alcohol, marijuana, and tobacco⁵ has traditionally been the main substances used and misused especially among youths⁶. However, this situation is changing quickly, with more reports of the increased availability of heroin on the market, and NPS such as ecstasy gaining popularity along with the misuse of prescription opiate-based drugs such as codeine especially among young people.

Over the last two years, public opinion surveys were being used to capture data on substance use and new trends utilizing a convenience sampling⁷ methodology. Respondents were drawn from persons who participated in various public activities around the country over the period. While the data cannot be generalized to the population, it does

⁴ <https://wdr.unodc.org/wdr2019/en/exsum.html>

⁵ Guyana National Household Drug Prevalence Report, 2016: <http://www.nana.gov.gy/Guyana-Household-Drug-Survey-Report-2016.pdf>

⁶ Drug Use Among Secondary School Students in Guyana, 2014: [https://mops.gov.gy/wp-](https://mops.gov.gy/wp-content/uploads/2017/05/drug-use-among-secondary-school-students-in-guyana-1.pdf)

[content/uploads/2017/05/drug-use-among-secondary-school-students-in-guyana-1.pdf](https://mops.gov.gy/wp-content/uploads/2017/05/drug-use-among-secondary-school-students-in-guyana-1.pdf)

⁷ Research methodology: <https://research-methodology.net/sampling-in-primary-data-collection/convenience-sampling/>

provide an insight into current developments in substance use and respondents perception of specific activities and their involvement in the activity.

Between 2018-2019 approximately 364 persons drawn from all 10 Administrative Regions responded to the survey asking questions such as their substance use history, perception of risk from using substances, perception on availability of substances on the markets and ease of purchasing specific substances especially by minors. The findings reaffirmed that of previous national studies⁸ conducted in 2013 and 2016 which indicated that cigarettes, alcohol, and marijuana are commonly used substances in Guyana, with the majority of respondents being introduced to alcohol and cigarettes at an early age. What the public perception survey also highlighted was evidence of consumption of heroin, ecstasy, codeine, and non-medical use of prescription drugs, which was not very prevalent in the previous studies. It also highlighted that young people (persons under 18 years old) are more likely to report that they are not be aware of the risks associated with substance use, with over 50% of respondents in this age category indicating as such. Coming out of the 2013 drug prevalent survey among school children about 40% of young people admitted to not knowing the risks associated with substance use. From an intervention

planning perspective, this information speaks volume and should be used to guide planned programmes. Further, over 50% of respondents under 18 years old indicated that they can purchase alcohol and other drugs with ease, while almost 30% indicated that there is some amount of alcohol and substance use in their schools. Respondents also indicated that there is some level of illicit substance use common in their communities. More than half of all respondents indicated that they were never exposed to any form of drug awareness programme. Of those who were exposed to drug prevention activities, the majority resided in region 4 area. While this information proves informative, it strengthens calls for a more comprehensive national study to better understand the changing drug use patterns and its impact.

Focusing on consumption of alcohol, a substance that is widely produced and consumed in Guyana. Studies continue to show that misuse of this substance has significant impact on our society: it is one of the main substances driving the demand for treatment, plays a major role in road fatalities and contributes to cases of domestic and intimate partner violence. Moreover, studies indicate that Guyanese drinking pattern is very risky leading to binge-drinking⁹, 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%

⁸

https://www.nana.gov.gy/RELATED_PUBLICATIONS.html

⁹ 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.

of our young people engaged in binge drinking practices, the highest in the region.¹⁰ This study was conducted in 2015. Despite laws and regulation prohibiting the consumption and 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 observation on the city's bus parks, highlights the number of mini-bus drivers and conductors seen plying their trade while consuming an alcoholic¹¹ 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. For 2019, approximately 80% of fatal road accidents across the country was attributed to persons driving under the influence of alcohol (DUI). Further, approximately 7% of traffic cases were of person charged with a DUI.

Moreover, alcohol consumption within our Amerindian villages is also increasing and leading to serious social issues within those communities. In 2017, a study¹² 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. The study 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 triggered by the consumption of traditional alcoholic brews.

Sadly, reports of domestic violence of which alcohol¹³ 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 and regulating its sale and access especially to our youths.

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 needs to be taken to

¹⁰<http://www.cicad.oas.org/oid/pubs/FINAL%20SCHOOL%20SURVEY%20REPORT%202016.pdf>

¹¹<https://www.stabroeknews.com/2018/opinion/letters/07/30/travelling-by-minibus-on-the-west-coast-is-a-terrifying-experience/>

¹²https://www.unicef.org/guyana/SitAn_on_Amerindian_Woman_and_Children_-_Final-web.pdf

¹³<https://www.stabroeknews.com/2010/news/guyana/08/03/domestic-violence-cases-rooted-in-alcohol-abuse-%E2%80%93-berbice-magistrate/>

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

IV. LEGAL FRAMEWORK

Guyana has adopted several legislation and guidelines to address the drug issues nationally. These are:

The Narcotic Drugs and Psychotropic Substances (Control Act) 1988

This act and all of 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.

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

This act and all its amendments provide 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 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, 2008 Deals with the legal interception of communication which also includes 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.

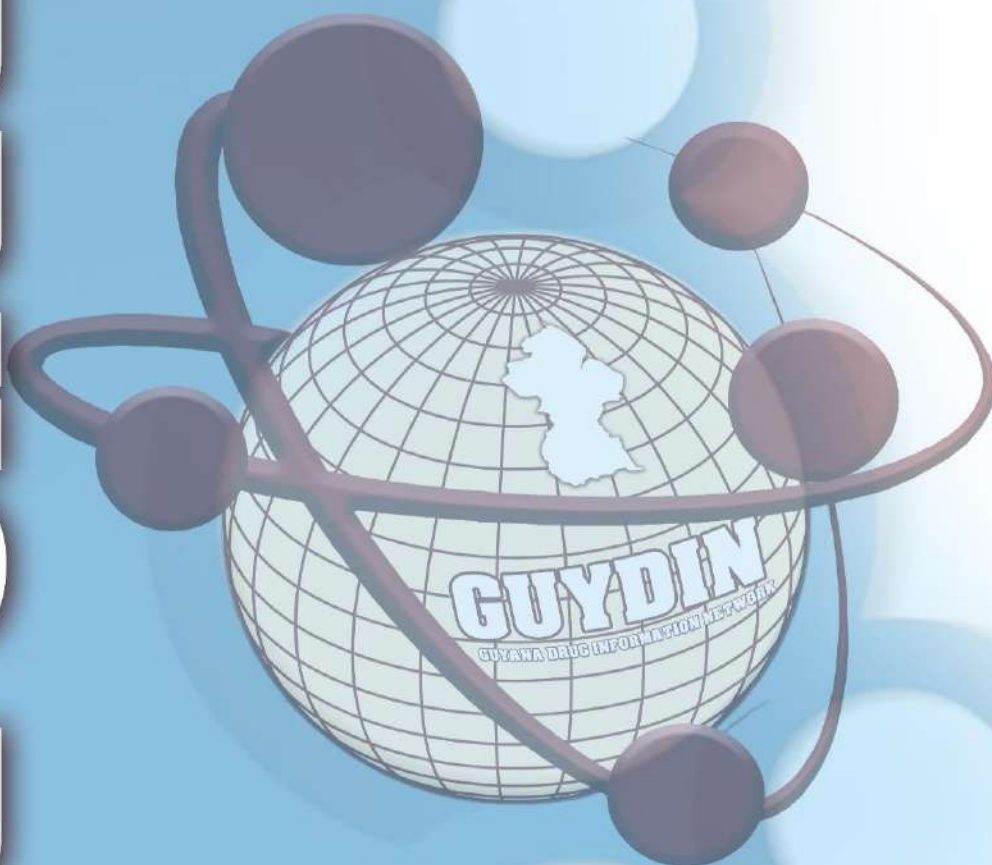
The Fugitive Offenders (Amendment Act)

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.

DRUG DEMAND



- PREVENTION
- TREATMENT

C. DRUG DEMAND

I. Introduction

According to the Guyana National Household Drug Prevalence Survey Report 2016¹⁴, 66.5% of respondents believe that drug use has increased in Guyana in the past few years. While 92% of respondents indicated that they do not know of any drug awareness or prevention programmes in their neighborhood, and 89.4% of respondents did not know the name of the country's drug control/prevention agency. With the establishment of the National Anti-Narcotics Agency (NANA) in October 2017 efforts have been made to enhance drug awareness initiatives and to support collaboration among agencies. The agency has also committed to working in partnership with all key agencies to develop a national strategic plan and standards of care protocol for enhancing the delivery of drug demand reduction programmes in Guyana that are evidence based and with a comprehensive monitoring and evaluation framework.

According to the National Institute on Drug Abuse¹⁵ (NIDA) in the United States, prevention principles reveals that prevention programmes should address all forms of drug abuse including the underage use of legal drugs (e.g., tobacco

or alcohol); the use of illegal drugs (e.g., marijuana or heroin); and the inappropriate use of legally obtained substances e.g., prescription medications, or over-the-counter drugs. Moreover, prevention programmes are more effective when tailored to address risks specific to a population or audience characteristics, such as age and gender.

According to the literature, many adolescents perceive drinking and smoking as norms within our society; thus, programmes should embrace a harm reduction¹⁶ philosophy which accepts that a continuing level of drug use (both licit and illicit) in society is inevitable and defines its key objectives as reducing adverse consequences of these actions. It emphasizes the measurement of health, social and economic outcomes, as opposed to the measurement of drug consumption. Harm reduction is a developmentally congruent approach to the primary and secondary prevention of risky behavior in the adolescent population. Harm reduction programmes can empower people to improve the quality of their lives.

¹⁴ <http://www.nana.gov.gy/Guyana-Household-Drug-Survey-Report-2016.pdf>

¹⁵

<https://www.drugabuse.gov/publications/preventin>

<g-drug-abuse-among-children-adolescents-in-brief/prevention-principles>

¹⁶

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2528824/>

II. Policies and Coordination

The National Drug Strategy Master Plan 2016-2020, outlines several key goals to achieve a public health approach to the drug problem in Guyana. These include, improving and implementing all-inclusive drug policies and plans with a specific focus on youths, improving the delivery and access to drug treatment services, providing alternatives to incarceration programmes for drug dependent offenders and strengthening the training mechanisms for drug demand reduction professionals. 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. This council is a body of 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. During the past year, the agency has undertaken several key initiatives to aid in the achievement of these goals with support from local, regional and international partners. These included:

Goal One: *Improve and implement all-inclusive demand reduction policies and plans.*

Valuing the importance of developing evidence-based policies and strengthening the institutional capacity to implement the drug prevention strategies, efforts were focused on gathering data on aspects of the drug problem in Guyana and on assessing the

national institutional framework for the implementation of drug demand reduction strategies.

With support from the CARICOM Secretariat through the 10th European Development Fund (EDF) project, an Economic Cost of Drugs study in Guyana was conducted to ascertain the impact that the drug problem has on our economy through lost wages, medical interventions, loss of man power etc. Studies were also conducted to assess the extent of crime and violence and the role drugs play in these situations within select primary and secondary schools in Guyana.

Further, evaluations were conducted on treatment and prevention programme to ascertain their compliance with internationally established standards and to understand any gaps and challenges they may face in programme implementation. These initiatives were conducted with the support from the Drug Demand Reduction Unit of the Ministry of Public Health; a vital leading agency in coordinating the national drug prevention policy. Through support from the European Cooperation Programme between Latin America and the Caribbean on Drugs (COPOLAD), a validation assessment was conducted on the Prevention Programme for Drug Abuse Prevention: Mental Health and Life Skills Education. This assessment revealed that there are areas of the prevention programme that requires improvement and the need to adapt to a standardized framework.

Through the Health Sector Gap analysis which was conducted with support from the OAS/CICAD and PAHO, on drug treatment

facilities, several areas were identified that required improvements: from the mechanism to register drug treatment facilities to the development of drug treatment protocols. Further, coming out of the 7th Round MEM evaluation was a recommendation for Guyana to develop an accreditation process for treatment centres, as there is currently no supervisory mechanism in place to ensure the quality criteria for prevention, care or treatment services.

The results from these assessments and studies are being used to support the development of standards of care protocol for drug demand reduction in Guyana which will seek to streamline both the provision of drug prevention and treatment service in compliance with legislation such as the Health Facilities Licensing Act, 2007¹⁷ and the Allied Health Professionals Act 2010¹⁸.

Finally, to support the development of evidence-based prevention programmes, persons were trained through a COPOLAD initiative on the use of an interactive online tool for project development known as “one step at a time” which is a digital platform that guides the process of design and evaluation of demand reduction interventions. The platform, facilitates access to quality information, contains work forms, provides tools for sharing documentation with other professional teams, and facilitates tools for analyzing the quality of intervention planning. This is a major achievement in evaluating and improving programmes.

Goal Two Promote and strengthen training and continuing education of professionals, technicians and others involved in the implementation of demand reduction activities.

Results from the OAS/CICAD 7th MEM evaluation¹⁹ on Guyana’s implementation of drug policy initiatives linked to the hemispheric drug plan, indicates that there is a need to establish an ongoing competence-based training programme in the area of prevention, treatment and social reintegration as currently personnel in Guyana working in prevention and treatment services are not certified. While persons desirous of being certified in this field can access courses offered by the University of West Indies, to ensure that quality service is provided to persons locally, it would be strategic to establish a local training curriculum as stipulated in the NDSMP. In the interim, it is noted that during 2019, one local professional was able to complete the internationally certified training programme in the Universal Treatment Curriculum (UTC) offered by the OAS/CICAD and is now a certified Master Trainer in Drug Treatment. With this accomplishment, Guyana is one step closer to strengthening its institutional capacity in drug demand reduction training and certification. Moreover, CARICOM in partnership with OAS/CICAD through the 10th EDF project was able to train over 20 professionals in the field of drug treatment focused on adolescents utilizing the CICAD certified training material. Finally, through the COPOLAD programme, several professionals were able to access online

¹⁷

<https://www.tobaccocontrolaws.org/files/live/Guyana/Guyana%20-%20Smoke-Free%20Facilities%20-%20national.pdf>

¹⁸ http://parliament.gov.gy/documents/acts/3129-acts_no.5.pdf

¹⁹

http://www.cicad.oas.org/mem/reports/7/Full_Eval/Guyana-7thRd-ENG.pdf

training programmes on the public health approach to prevention and treatment.

Taking the recommendations from the OAS, PAHO and COPOLAD assessments into consideration, NANA is supporting the Drug Demand

Reduction

Unit of the Ministry of Public Health to develop a local competence-based training programme in the area of prevention

and treatment which will be made available to all key front-line officials such as educators, health practitioners, community worker and civil society agencies.

Goal Three: *Explore the means of offering treatment, rehabilitation, social reinsertion and recovery support services to drug-dependent criminal offenders as an alternative to criminal prosecution or imprisonment.*

During 2019, with support and leadership from the Judiciary, Guyana's first Drug Treatment Court as an alternative to incarceration was launched as a mechanism designed to supervise cases of drug dependent offenders who have agreed to accept treatment for their substance abuse as opposed to receiving a punitive sentence. These courts require the offender to accept responsibility for his or her addiction and to commit to completing the treatment programme. This is a significant achievement under the NDSMP 2016-2020. The Inter-

VARIOUS ENGAGEMENTS
FOR THE ESTABLISHMENT
OF THE DTC



American Drug Abuse Control Commission (CICAD-OAS) and the Treatment Alternative for Safe Communities (TASC) were key in building capacity in this regard along with support from other CARICOM Member States: Jamaica and Trinidad and Tobago; countries with long established DTCs. During 2019, three (3) training programmes were conducted to benefit all professionals that have a significant role in the DTC. The DTC was launched on 21st October 2019. The Court is housed within the Georgetown Magistrates' Court and it is operational with a few clients undergoing the necessary procedure. Guyana is now following the path taken by other Caribbean countries like Jamaica, The Bahamas, Trinidad and Tobago and Barbados with the establishment of its Drug Treatment Courts.

Goal Four: *Explicitly focus on youths in the national fight against drug use and abuse.*

One of the key areas of focus for the National Drug Abuse Council is the impact of drugs on the youth population. While more studies are

needed to understand the impact that alcohol and other drugs are having on youths and their perception of harms or risk associated with substance use, as the last study was conducted in 2013, we continue to utilize this information to inform policy and programmatic decisions. With support from CARICOM, a Rapid Assessment of Risks, Threats and Protective Factors in Schools was conducted to assess crime and violence factors faced by students. Substance misuse has been linked in some cases in the occurrence of crime and violence in the educational system. Seven (7) primary schools and three (3) secondary schools in Guyana participated in the assessment. Such studies can be utilized as evidence to inform planning in drug prevention as well as policy

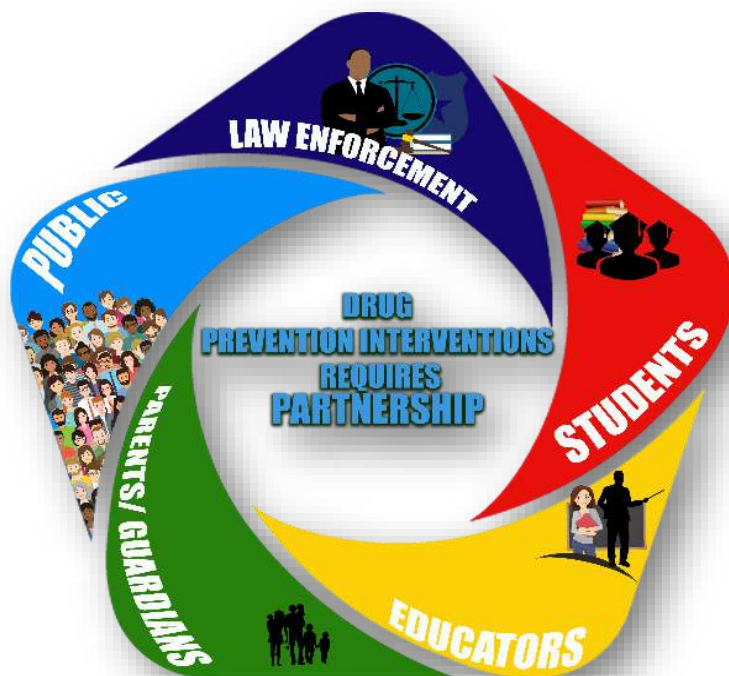
development. The other phase of the project includes the creation of youth clubs “Champion for Change” to promote positivity and empowerment as a deterrent from drugs and violent activities.

Key agencies such as the Ministry of Education continue to work on developing the HFLE curriculum to cover topics such as drugs and its impact. Educators and support staff are receiving periodic training on integration of prevention principles into the curriculum and to understand the dynamics of substance use. Moreover, the Ministry of Education continue to work on developing a referral protocol to address the issue of drug use among students in the education system to provide brief interventions and other key services.

III. DRUG PREVENTION AND TRAINING

Prevention programmes work to boost protective factors and reduces risk factors for drug use. For drug prevention programmes to be effective, there is a need to sustain the progress and improve monitoring and evaluation component to the programmes. The drug abuse prevention programmes has to be a component of social programmes, school curricula, anti-crime activities, the provision of recreational facilities, parenting support programmes especially in areas and communities devastated by the results of drug addiction.

Currently, Prevention programmes especially training for key personnel are led by the Ministry of Education and Ministry of Public Health with support from NGOs such as Social Life Issues

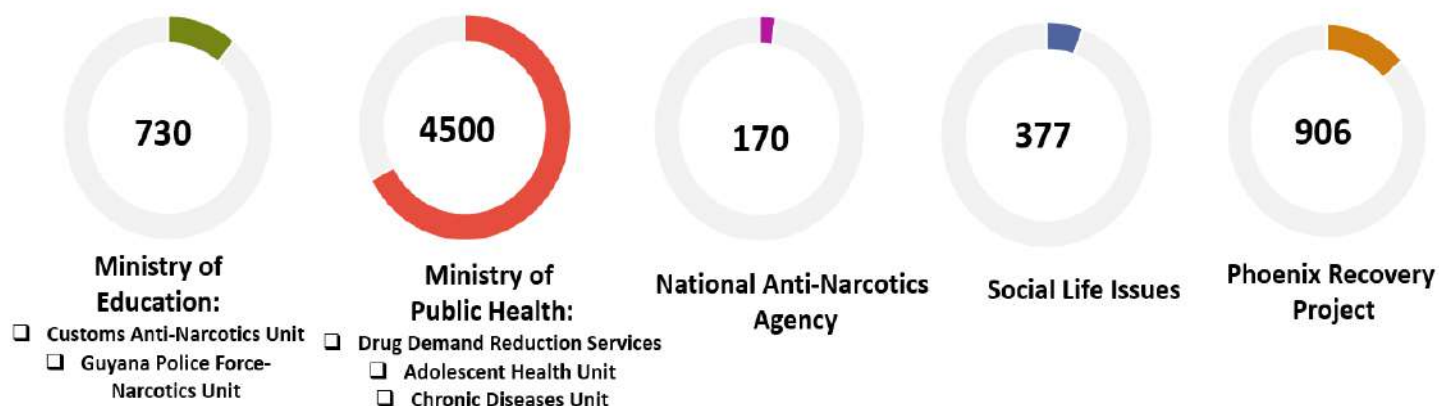


Guidance and Counselling Service, Phoenix Recovery Project, and the Salvation Army. Agencies such as the Guyana Police Force-

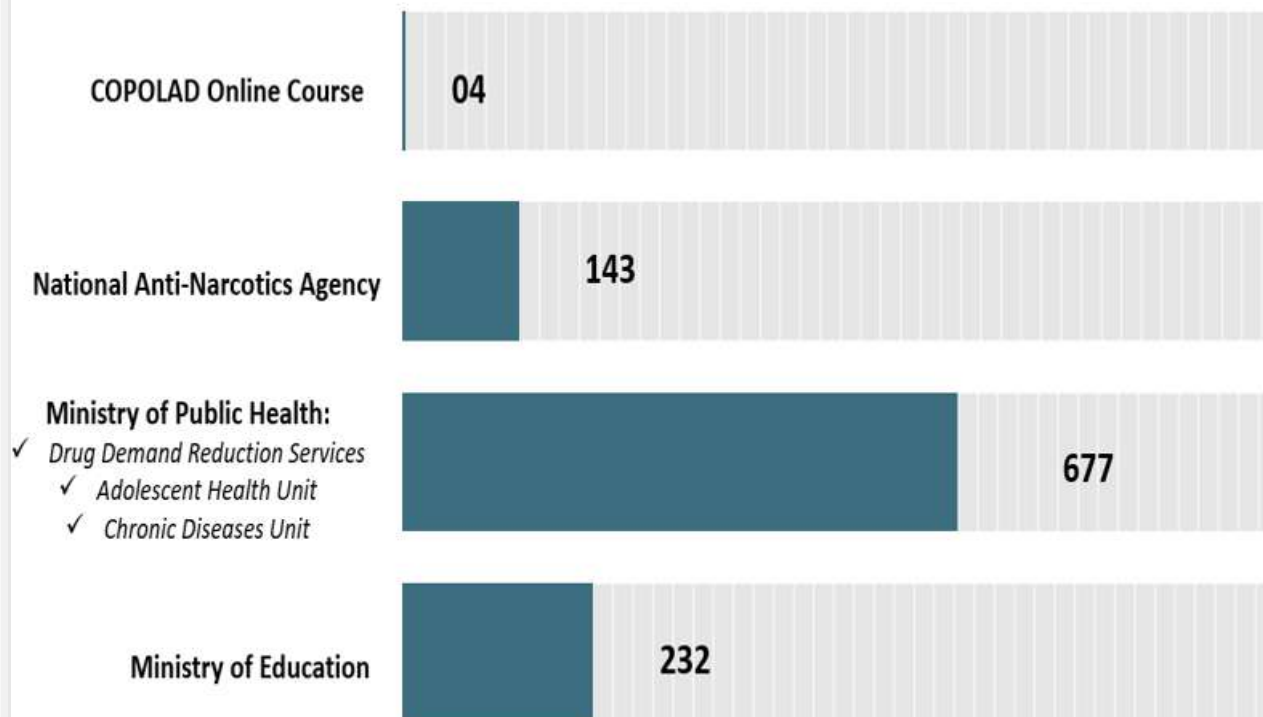
Narcotics Branch, Customs Anti- Narcotic Unit, and the National Anti-Narcotics Agency also lend support to drug prevention initiatives. Based on the Reports to the DIN for 2019, it was noted that a total of 6,683 persons were reached in drug awareness sessions held by the various agencies, and 1,056 persons benefited from training in various aspects of drug demand reduction. Across Guyana, for the reporting year, Drug

Awareness Activities were conducted in Regions 3, 4, 5, 6, 8 & 10. On the other hand, Drug-related training took place in Regions 1, 4, 7 & 10. Based on this assessment, there is need for more target prevention activities in each Region apart from the National Campaigns and Expositions to enhance the spread of Drug Awareness among the population.

NUMBER OF PERSONS REACHED IN DRUG AWARENESS SESSIONS LEAD BY AGENCIES, 2019 N=6683



**NUMBER OF PERSONS TRAINED BY VARIOUS AGENCIES RELATED TO SUBSTANCE MISUSE,
2019 N=1056**



Phoenix Recovery Project

The primary goal of the Phoenix Recovery Project is to heal and rehabilitate those afflicted with the disease of alcohol and drug addiction. The program focuses on reforming the client's life by healing and strengthening the spiritual, physical, mental, and social areas that have been severely affected by the use and abuse of psychotropic substances. The NGO specializes in inpatient drug rehabilitation services to both male and female clients. The agency has dedicated 20 years to public, government and industry service within our society.

In addition to its work as a rehabilitation facility, the center also focuses a lot of resources into supporting drug prevention and awareness activities. In 2019, for the first time, Phoenix Recovery Project was granted a subvention by the Government to support its work. In that regard, the initiative for a targeted street-based education intervention through the street outreach programme was expanded.

Over the reporting period, Phoenix Recovery Project continued to partner with several agencies and/NGOs in

Phoenix Recovery Project 2019 N=906



promoting drug prevention. Through these sessions 906 persons were reached. They have collaborated with the: National

Tuberculosis Programme, Ministry of Education - Region 3 office, Goed Fortuin Primary School, and the Wesleyan Church.

Social Life Issues Guidance and Counselling Services

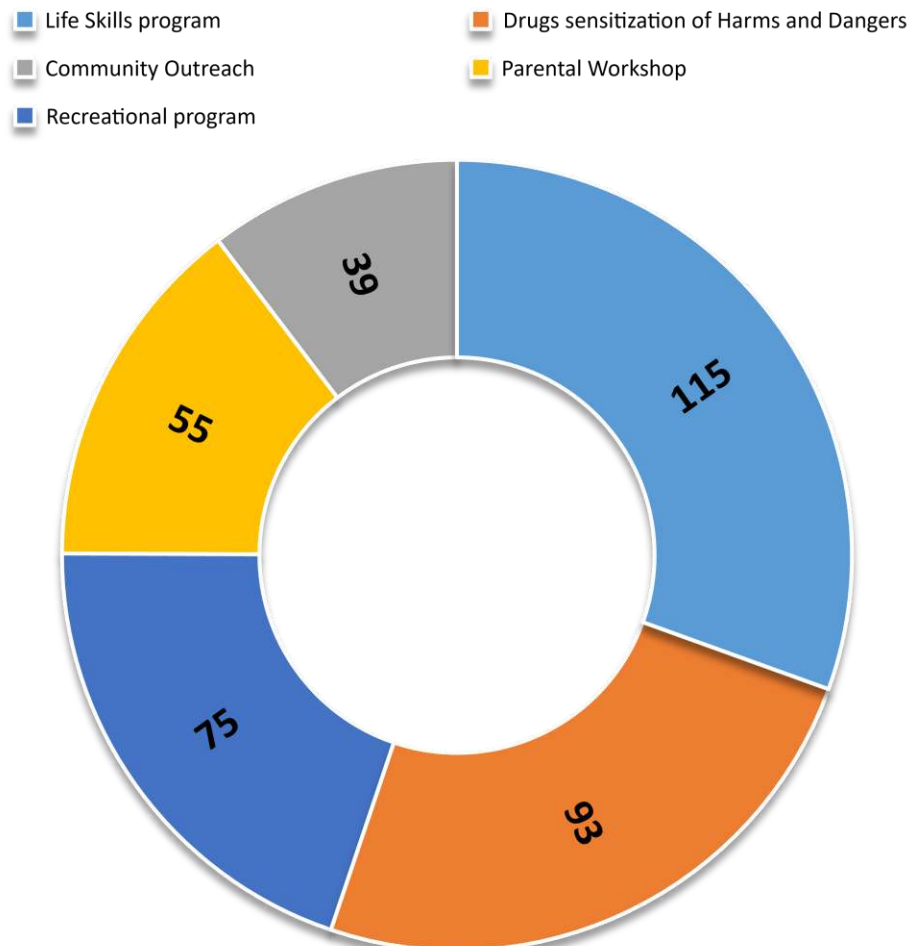
During 2019, Social Life issues Guidance and Counselling Services sustained promoting drug awareness of:

- Harms and dangers of substance use
- Coping skills and how to decrease drug use.
- Interactive sessions with recovering drug addicts
- Guidance for parents to deal with issues affecting young people.

As their mandate to provide counselling and guidance services to adults and youths facing varying challenges, the NGO would have reached 377 persons in the various prevention activities on substance misuse. Additionally, the NGO was able to relaunch their television programme “Nipping it in the Bad” to reach a wider audience.

Social life Issues 2019

N= 377



Ministry of Public Health

For the year under review, with the expansion of the Drug Information Network, data was captured from the Chronic Diseases Unit and the Adolescent Health Unit in addition to data already being collected from the Drug Demand Reduction Services Unit. These departments engaged in capacity building within a number of regions including Regions 1,2,4, 5, 6, 7 & 10. Approximately 677 persons benefited from

such trainings. Additionally, an estimated 500,000 persons were reached through initiatives utilizing a robust media campaign. These programmes include:

Drug Demand Reduction Services (DDR)

Motivational Interviewing and Relapse Prevention Training aimed to equip participants with knowledge and skills to provide improved treatment and care for

substance abusers and their families. The stakeholders that participated in the training are Ministry of Social Protection, Guyana Prison Service, Salvation Army, Phoenix Recovery Project etc.

- ✓ Youth and Parent Encounter for Drug and Alcohol Abuse Prevention provides youths and parents with basic information, training, and promote participation through drug abuse and prevention activities within their respective communities. Notably, the target population was within West Coast Berbice.
- ✓ Drug Abuse Prevention, Mental Health and Life Skills Education aimed to provide participants with an understanding of mental health and its connection to substance abuse. This programme was conducted in Regions 2 and 10.
- ✓ Youths in Drug Prevention for persons working with youths. designed to give persons working with teenagers the understanding of psychology of adolescents' development, the dynamics surrounding substance abuse and the issues confronting youths which put them at risk of taking drugs, amongst others.

Adolescent Health Unit (AHU)

- ✓ National Refresher's training for Adolescent Health Initiatives aims to familiarize healthcare workers with adolescent health friendly services.

- ✓ National School Health Club Training for teachers and students designed to increase awareness of drug use among other social issues.
- ✓ Community Satellite table Discussion aimed to raise awareness of social and health issues affecting communities.
- ✓ At your door Service as a means of intervention provided

Chronic Diseases Unit (CDU)

- ✓ Tobacco Cessation Training aims to train persons to deliver tobacco cessation services.
- ✓ Leaders in Tobacco Control primarily a training program for persons working in tobacco control.
- ✓ Tobacco Law awareness campaign designed to sensitize the public on tobacco law.
- ✓ At your Door Services as a means of intervention provided.

Community
Satellite Table
Discussion

Reached-3000

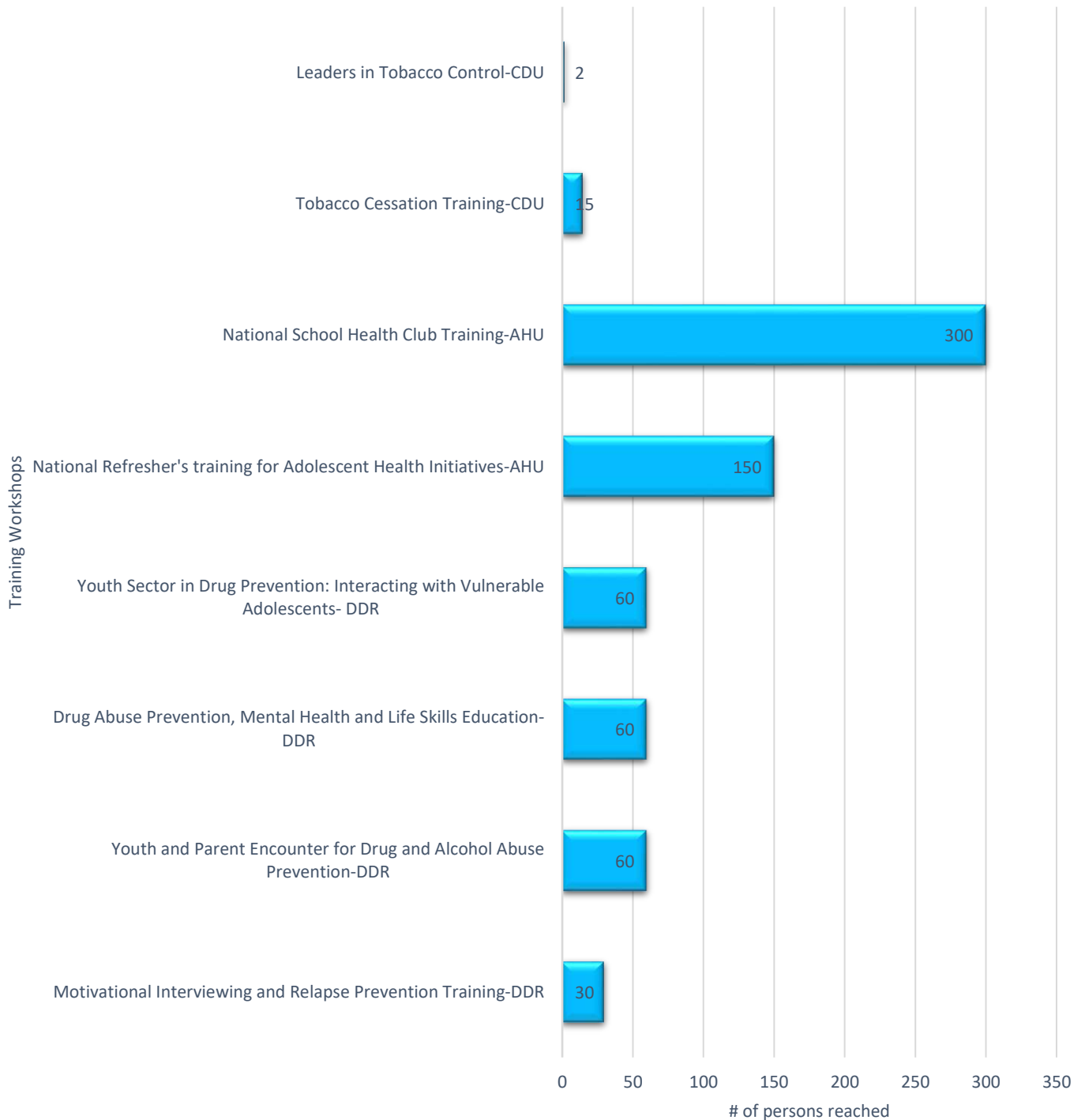
At your Door
Services

Reached-1500

Tobacco Law
Awareness Campaign

Reached-500,000

Ministry of Public Health-Trainings
Type Training Conducted by Drug Demand Reduction Unit,
Chronic Diseases Unit & Adolescent Health Unit
N=677



National Anti-Narcotics Agency

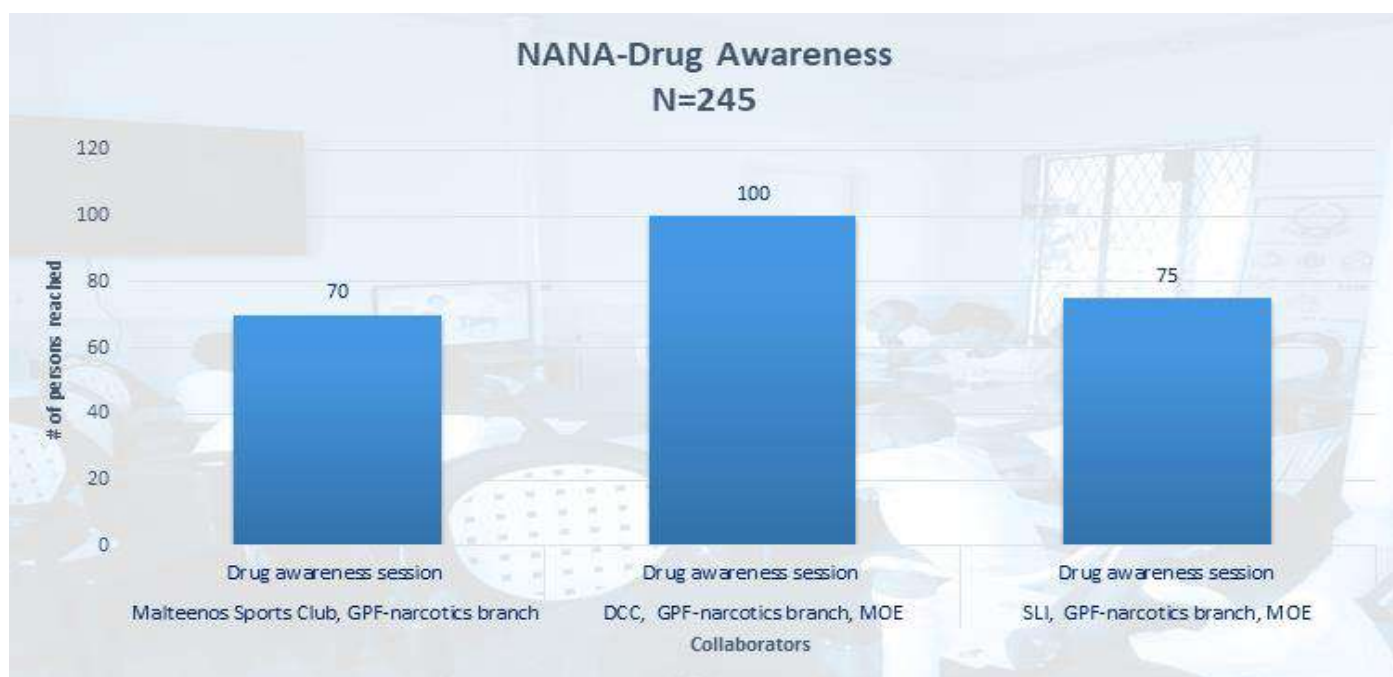
By requests, the National Anti-Narcotics Agency coordinated Drug Awareness Sessions which was conducted along with Ministry of Education- Health Promotions Department and Guyana Police Force-Narcotics Unit. These sessions were at the Malteenoes Sports Club Summer Camp and the Demerara Cricket Club (DCC) Junior Summer Club as well as Social Life Issues Summer Program for youths. The sessions carried out were aimed at educating children on types of drugs and its effects on the body, consequences with the law if caught using drugs and coping skills etc. 245 youths between ages 7yrs-17yrs were reached in total.

During 2019, numerous trainings were conducted for the Drug Treatment Court facilitated by CICAD-OAS and The Treatment Alternative for Safe Communities (TASC) group about 88 persons were trained. These training were specific to Alternatives to Incarceration- Drug Treatment Courts, Theoretical and Practical Training on Drug

Treatment Courts, and Nature of Addiction for Drug Treatment Court Team Members. These trainings were designed to build the capacity of professionals and agencies with a significant role to play in the establishment of the DTC. These trained professionals work towards the function/cases of the DTC for the benefit of potential clients that accept treatment for their substance misuse.

Drug Prevention Training for Peer Educators from the Ministry of Public Health- Adolescents Health promotions Unit were conducted to enhance knowledge on substance use and misuse as well as Improving delivery in Drug Prevention Awareness initiatives.

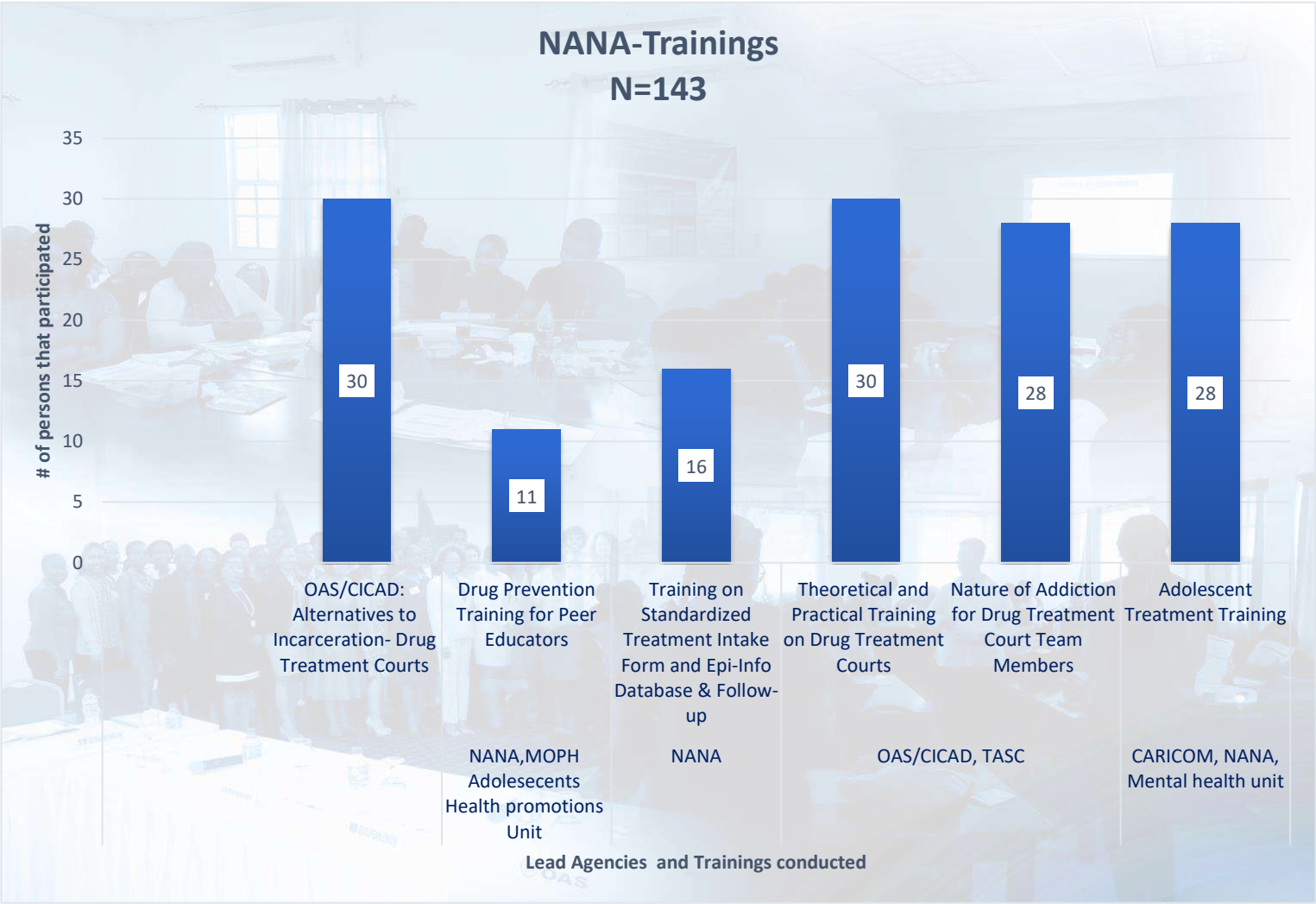
Moreover, Training on Standardized Treatment Intake Form & Epi-info Database was geared towards providing technical support and capacity building in the key areas: drug and alcohol treatment, data on treatment, a detailed review of the standardized instrument.



In collaboration with CARICOM and Mental Health Unit, an Adolescent Treatment Training was conducted designed for professionals that work with adolescents across Guyana in the fight against substance use/misuse. The content was focused on six modules: Adolescents Development, Screening and Assessing Adolescents, Trauma

and Trauma-Informed Care, Adolescents in Conflict with the Law, Adolescent Drug Treatment, and Family Interventions.

Thus, 143 persons benefited from all such trainings coordinated by the National Anti-Narcotics Agency.

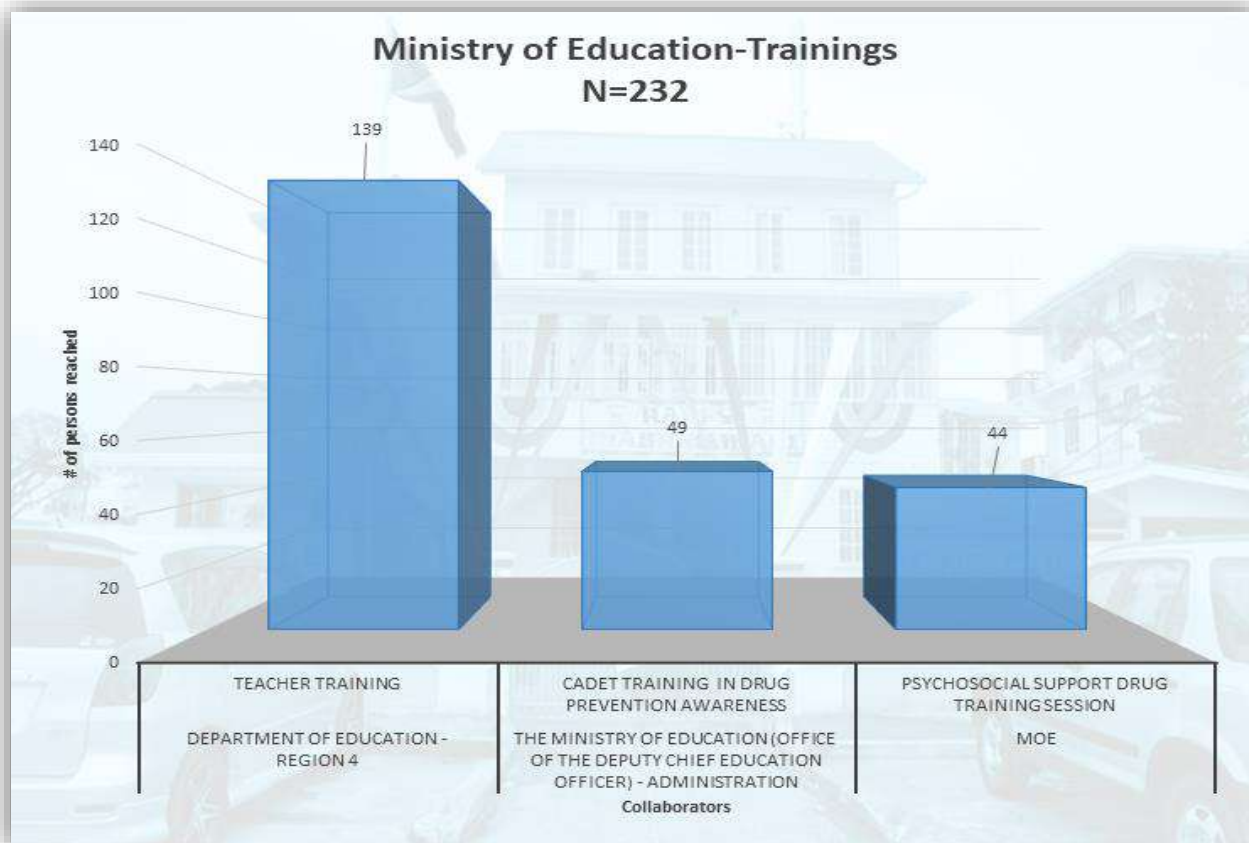


Ministry of Education

Ministry of Education along with CANU and GPF-Narcotics Unit conducted student sensitization sessions with all teachers and students of President's College at the request of the Welfare Division (MOE) whereby 650 students were reached. Additionally, in response to several reports of drug use and gang related activities within four Secondary Schools in Region 3, several raids were conducted at these schools to confiscate any drugs and other contraband found. During these activities, the agencies also take the opportunity to speak with the student body and teachers about drugs and its negative impact in an effort to deter their continued participation in these activities. A total of 2,452 students were reached in this type of exercise. Furthermore, a PTA Awareness session

was held at the Coven Garden secondary school to address issues of gang violence, drug use, types of commonly misused drugs among adolescents, the health and legal implications of drug use among other relevant issues, 80 persons were reached in this activity including parents.

In the works of capacity building in Drug Prevention, 232 persons benefited. The unit organized several Teacher training sessions to address the concerns of head teachers and administrators regarding drug use among children. This also included a training session on psychosocial support for children impacted by drugs. Students, teachers and welfare officers from targeted

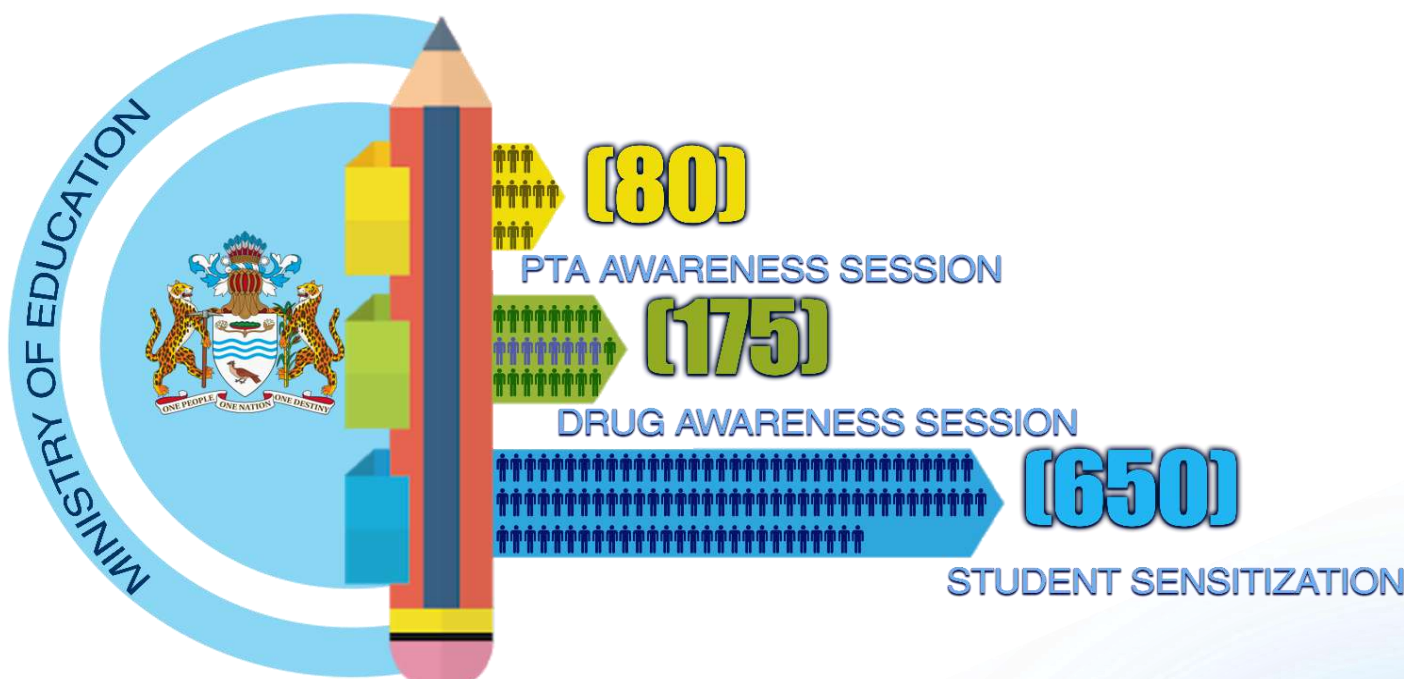


vulnerable secondary schools in Regions 3, 4, 5, 10 participated.

Further, the unit participated in the training of Police Cadets. The goal of the Cadet Training in drug prevention awareness was to provide the cadets with insights into the drug situation in Guyana especially the impact that it has

on adolescents, the policies and legislation surrounding substance misuse; and the current protocol for addressing such incidents within the Education sector. The unit also conducts psychosocial trainings for teachers and welfare officers from targeted vulnerable secondary schools in Regions 3, 4, 5, 10.

MINISTRY OF EDUCATION - PREVENTION N=905



Inter-Agency Collaboration

Partnership among stakeholders has strengthened and agencies have become more supportive during 2019. Many agencies such as: Customs Anti-Narcotic unit (CANU), Phoenix Recovery Project, Guyana Police Force-Narcotics Unit, National Anti-Narcotics Agency (NANA) etc. participated in 2019 annual exhibitions led by the Ministry of Public Health and Ministry of Education.

Conclusion and Recommendation

Besides being a collaborator, the **Guyana Police Force-narcotics Unit** participated in other Drug Awareness activities at the President's College Career and open day 2019, GTI career fair, Region #2 Career Day, A Division Annual Youth Career Fair Day, Harmony village 3 Exhibition, St. Roses High School, Bishops High School Career Day, and collaboration with Child Care Protection Agency at

For 2019, there was significant investment to address the drug problem by all agencies. Legal and illegal drugs are easily accessible to anyone looking for them, thus, it is important to raise awareness on the dangers of drugs and drug abuse. Much emphasis needs to be primarily on causes of drug use and

addiction. Therefore, Re-affirming the importance of drug awareness prevention work, which has been somewhat overlooked in some areas to facilitate increased focus elsewhere.

Recommendations

- More focus needs to be placed in developing the institutional infrastructure for the coordination and delivery of drug demand reduction services.
- Certified and accredited training programmes needs to be developed and offered locally for our leaders, teachers, counsellors, guardians, parents etc. who are tasked with delivering social and other services at the family, community, school and religious levels.
- Brief intervention sessions and motivational interviewing should be an easily accessible service within the schools
- At the level of the administrative regions, prevention programmes need to be made a priority and promoted throughout all regions utilizing a communication strategy that caters to the socio-cultural differences at the regional level.
- It is vital to ensure improved prevention planning and prevention program delivery with built in monitoring and evaluation framework.
- Establishment of an accreditation process for drug demand reduction professionals.
- National Communication Media Strategy to promote substance abuse prevention through electronic media, bill boards, television etc.
- Implementation of a Drug Demand Reduction Strategy. Annual

PREVENTION ACTIVITIES/ EVENTS

Photo Gallery



PREVENTION ACTIVITIES/ EVENTS

Photo Gallery



IV. DRUG TREATMENT

Introduction

The issue of substance misuse is of great concern not only in Guyana but around the globe as millions of persons suffer from substance use disorders annually²⁰. There exists a strong relationship between mental health disorders and substance use; as there are cases where persons start using a substance to self-medicate a mental health condition and on the other hand there are cases where substance misuse has increased the underlying risk for a mental disorder²¹. Substance misuse does not only have an effect on its users but it also affects the environment, the people around us and society as a whole. The effects can be physical, psychological and emotional.

Addiction is a complex disorder that can have detrimental effects on the human body if it goes untreated. Treatment is key when dealing with persons diagnosed with a substance use and mental health disorder. Substance misuse can also increase the risks for developing a chronic disease and the transmission of contagious diseases such as HIV/AIDS, STDs, Hepatitis B/C and Tuberculosis.

The abuse of substances can also have significant impact on the society both socially and economically. In Guyana, there is a cultural normalization of alcohol consumption, it plays a significant role in all occasion such as the birth of a baby to the funeral of a parent. However, the abuse of this substance leads to serious

consequences in our society. Coming out of the 2016 Household Drug Prevalence Survey²², it was revealed that of the respondents who were current users of alcohol and other drugs, 6.8% indicated that they operated a vehicle while under the influence of that substance. In scrutinizing the accident figures for 2019 it was revealed that a total of 91 out of 108 fatal accidents (84%) were as a result of Driving Under the Influence (DUI). Further, it was determined that of the 26,231 traffic violations for 2019, 1,926 were of persons charged for driving under the influence of alcohol or other drug, this accounts for about 7% of charges made. While it is good to be able to identify these errant drivers and take them off of the road before they can cause serious injury or death to themselves, passengers and other road users, it is also important to be able to screen these drivers to determine if they have a substance misuse problem which may require targeted intervention or if this incident reflects an occasional lapse in judgement that may require a brief intervention to prevent further lapse in judgement.

For many persons who recognise that they have a dependence issue and require treatment, in Guyana this can pose a challenge. When we look at the availability of treatment services most facilities are centralized within the Region 4 area specifically Georgetown and are privately

²⁰ https://www.samhsa.gov/sites/default/files/partnersforrecovery/docs/Briefing_Substance_Use_Treatment.pdf

²¹ <https://www.helpguide.org/articles/addictions/substance-abuse-and-mental-health.htm>

²² <http://www.nana.gov.gy/Guyana-Household-Drug-Survey-Report-2016.pdf>

operated. Findings from 2016 National study also revealed that about 3.2% of respondents who used drugs felt a need to seek treatment. Assessed by region, it was determined that 29% of current users from region 4 needed treatment, while combined 25% of respondents from the Hinterland regions (Regions 1, 7, 8 and 9) needed treatment and this was not available in these regions. The study further found that, 29.7% of respondents indicated that they did not know where to access treatment, 10% could not afford the treatment, 9.6% indicated that the treatment facility was too far away, 8.7% could not find the type of treatment they required and 1.7% said

treatment was not covered in their health care plan.

Also coming out of the 2016 study was the fact that there is still a great amount of stigma associated with addiction and treatment that needs to be addressed if persons are to be encouraged to seek help for their dependence. The report found that, 4.4% of respondents felt that treatment could have a negative effect on their job, while 2.2% felt that treatment would cause their neighbours to have a negative opinion of them.

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. The strategy also calls for training of professionals in this field. Other provisions in the strategy includes:

- Establishing Treatment centres in every region
- Launch more residential facilities and recreational programmes 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 2019, initiatives were undertaken to achieve these goals and to improve the provision of drug treatment services in Guyana through various training programmes and to strengthen institutional capacity in this field. The National Anti-Narcotics Agency has been able to coordinate these inter-agency initiatives by bringing key stakeholders together for quarterly meetings of the National Drug Abuse Control Council and the Drug Information Network, where areas of commonalities can be discussed. To advance the provision of drug treatment services in Guyana the following was conducted during 2019:

1. A National Drug Prevention Trainer was certified after completing the Universal Treatment Curriculum (UTC) training organized by the OAS/CICAD.
2. Four (4) professionals completed online courses offered by COPOLAD on Comprehensive and Integrated

Drug Related Socio-Sanitary System at the Primary Care and Comprehensive Approach to the Prevention and Reduction of the Adverse Consequences of Drug Use in Highly Vulnerable Populations: Public Health Strategy.

3. Thirty (30) professionals were trained on How to Treat Adolescents with Substance Use Disorders. This was a CARICOM initiative carried out under the 10th EDF project and the training was done locally and regionally.
4. A Health Sector Gap Analysis was conducted on the Drug Treatment Facilities in Region 4.

Specific focus was placed on building the capacity of professionals to treat adolescents with substance use disorders because it was recognised that this population of clients would require special care given their early initiation into substance use and development of disorders that will impact upon their lives for a significant period of time. Intervention in this high-risk population is critical to teach teens how to cope with life skills and stressors to prevent relapse.

During 2019, efforts were made by the DIN to streamline the data collection process with the Public Health Facilities where several meetings, trainings and site visits were conducted in collaboration with the Ministry of Public Health on utilizing a standardize treatment intake form as well as the Epi-Info Software to electronically record and save their data. A carbon copy of the Standardize treatment intake form was also designed to make the recording and reporting process easier where agencies did not have access to electronic systems.

As this process commenced during 2019, the data presented in the subsequent section will not be a comprehensive reflection of all substance use cases at the public facilities.

Quality Assurance of Drug Treatment Services

During 2019, the Inter-American Drug Abuse Control Commission/Organization of American States (CICAD/OAS) in collaboration with the Pan-American Health Organization (PAHO) conducted a Health Sector Gap analysis to assess the capacity and effectiveness of the facilities to provide treatment and rehabilitation services to persons with substance use disorders. While this study was conducted to support the development of the now operational first Drug Treatment Court (DTC) in Guyana. The findings were instrumental to support key agencies such as the National Anti-Narcotics Agency and the Ministry of Public Health-Drug Demand Reduction Unit to begin the process of developing Standards of Care for Drug Treatment in Guyana. The findings will help to support legislative review, the establishment of protocols for the registration of facilities, treatment modalities and certification of trained and registered drug treatment professionals in Guyana. This is significant as a key finding of the analysis was that currently, private treatment facilities are not required to be registered and licensed under the Health Facilities Act as stipulated under Chapter 33:03 Act 26 of 2007 Health Facilities Licensing Act. 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 manual²³ 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.

Given the initiatives that have commenced in 2019, this is a clear indication that a concerted and collaborative effort is being taken to strengthen the professional capacity of persons administering drug treatment programmes and services across the country. With the addition of this certified specialist, Guyana is one step closer to establishing certified training programmes for drug treatment professionals.

Organization and Provision of 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 programmes.

The agencies outlined below aid in carrying out these initiatives:

- Ministry of Public Health, Mental Health Unit and other satellite sites (Prevention and Treatment),
- Drug Demand Reduction Unit – MOPH (Demand Reduction 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

Additionally, all facilities outlined above report their Treatment Intake data for substance use to the DIN. However, the process is still being streamlined, hence centres might not always be able to report on all cases due to various challenges such as lack of expertise, and both technical and

human resources constraints. Therefore, the figures reported in the DIN report may not be a full reflection of the demand for treatment but it does however, provide a good indication as to the needs and profile of the persons impacted by this issue for policy decisions.

Key Data

Demographic Information

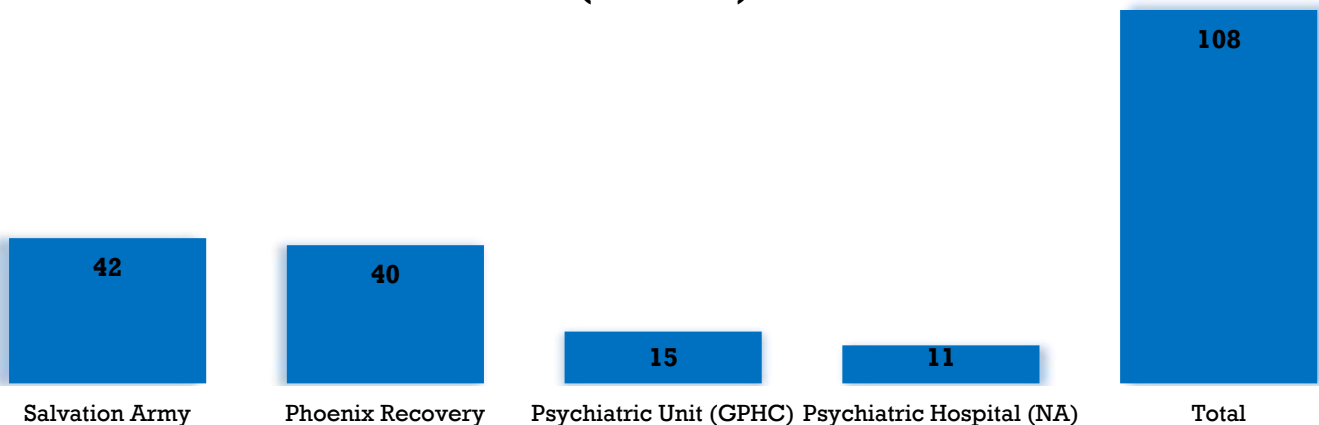
The data analysed for 2019 indicated that a significant number of persons were seeking treatment for dependent use of alcohol which is a licit substance while marijuana, crack and cocaine accounts for the illegal substances being misused.

The data assessed reflects treatment intake from the Phoenix Recovery Project, the Salvation Army Men's Social Centre, the Georgetown Public Hospital – Psychiatric Unit and the New Amsterdam Psychiatric Hospital respectively.

The DIN assessed the information reported by the four treatment facilities for 108 persons in contact with treatment for

problematic substance use disorders. From the standardized intake form, some key information was derived about the characteristics of those persons who sought treatment. It was observed that a total of 12 clients (11%) were females; 11 sought treatment at the Phoenix Recovery Project and 1 female at the GPHC-Psychiatric Unit. The majority of persons indicated that they resided in Region 4 (67%) with about 30 persons coming from Georgetown. 2 persons were from the Hinterland Regions (Regions 1 and 7) and 2 persons indicated that they were homeless. Only 1 person in treatment for the period indicated that they were a foreign national.

Number of Persons in Treatment by Centre 2019 (N=108)

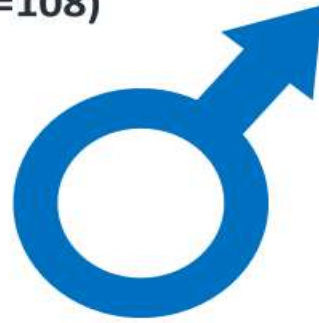


Total Number of Persons in Treatment by Gender 2019 (N=108)



FEMALE

12



MALES

96

Considering the gender of persons in treatment for a substance, three quarter of the clients accounted for males while the remaining quarter for females, it must be taken into account that the female clientele reflects a small figure due to the

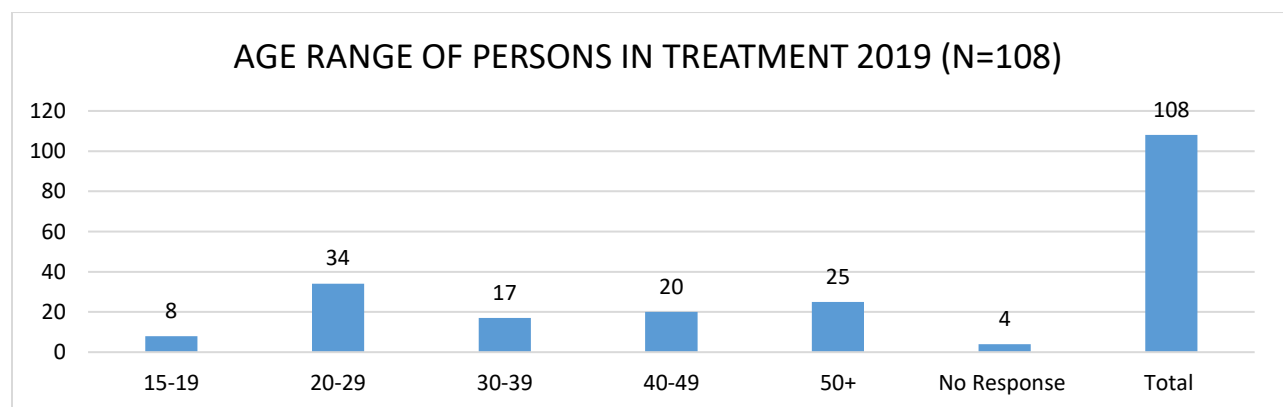
fact that not all centres have capabilities of providing treatment services to the female population as well as the availability of services in far reach areas.

LOCATION OF THE PERSONS IN TREATMENT



For the data assessed, the average age of persons in treatment was 37 years old, with the youngest being 15 years old and the oldest being 88 years old. It was determined that about 40% of persons in

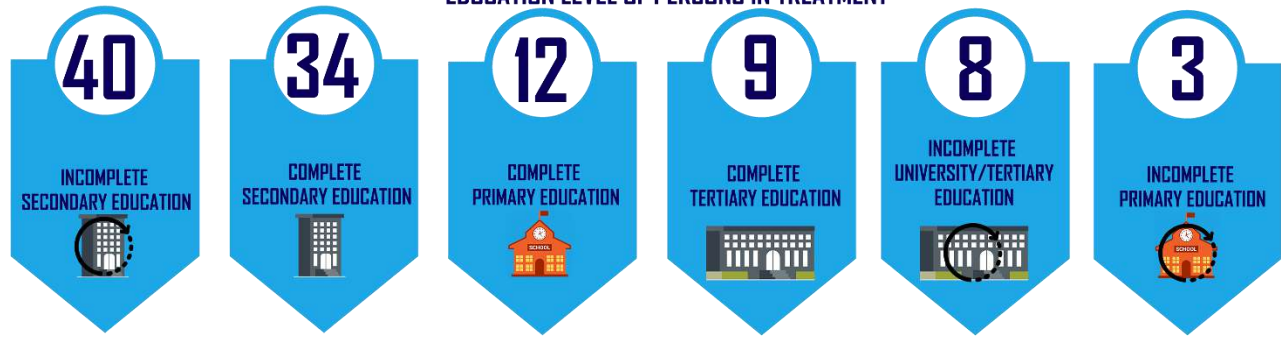
treatment were between the ages of 15-29 years old, a fairly young population. Further, over 20% of those in treatment were age 50 and over. 4 persons did not respond to this question.



Of the 108 persons in treatment 37% did not complete their secondary education, while 8% attained tertiary education and 13% had been exposed to some amount of primary education only. Analysing a cross

reference of persons who did not complete their secondary education with arrest history the data reflected that 35% out of the 40 was arrested once in their lifetime.

EDUCATION LEVEL OF PERSONS IN TREATMENT



Exploring the employment status of persons in treatment showed that 23% accounted for persons that were unemployed. Another 18% indicated that they were some combination of working

EMPLOYMENT STATUS OF TREATMENT and

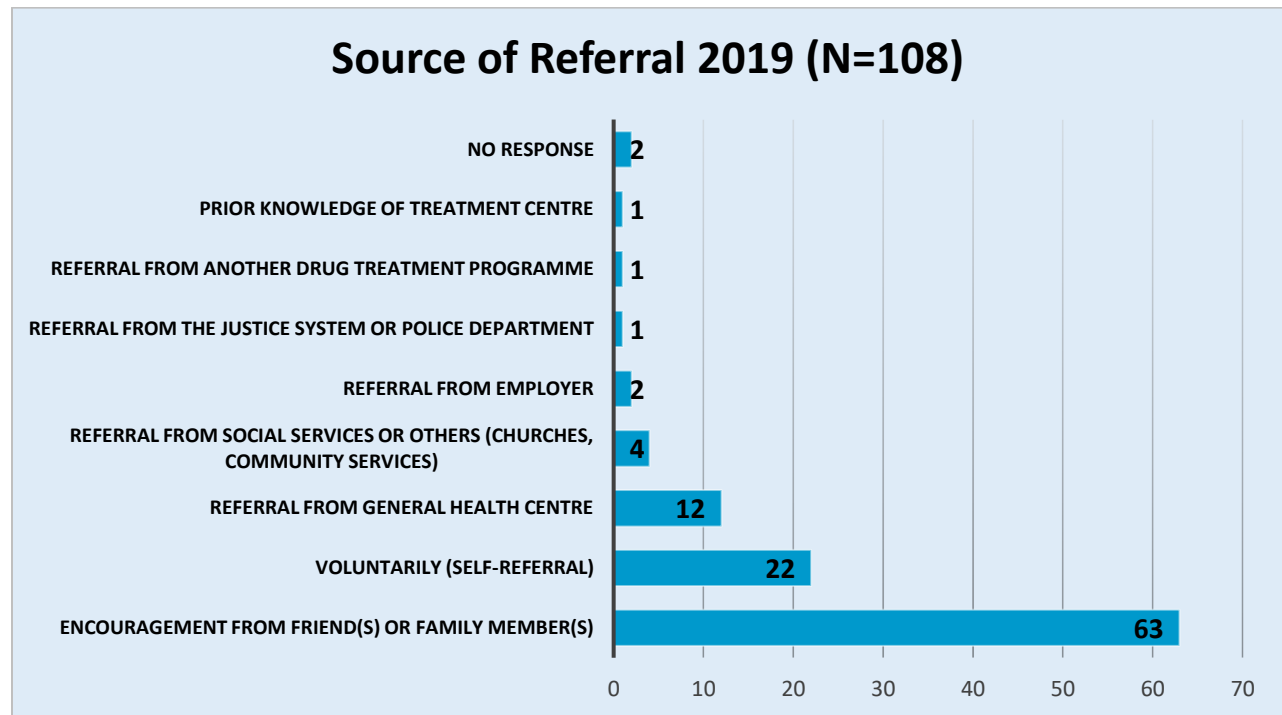


studying, while about 14% were just students. The majority of persons however, indicated that they were employed (46%). Close attention must be given to the unemployed population since they may lack co-curricular activities and the frustration of not having a job can have a negative impact on their lives leading to not only substances but also engaging in criminal activities.

In exploring the support system of the persons in treatment, it was observed that while the majority were single (66%), 5% were in common law relationships and about 8% were either divorced or separated and 19% were married. On average, the majority of persons did indicate that they lived with relatives or a significant other, 2 persons indicated that they lived with friends and 12 indicated that they lived alone. This shows significance, because when asked about their source of referral or encouragement to seek treatment, while 20% indicated that they sought treatment voluntarily. About 58% of clients indicate that they were encouraged by family and friends. This information is compelling because once a person enters into treatment, it is important that they have a support system to assist them through their journey to sobriety.

Looking at a cross reference of the source of referral and the substance group, 30 persons out of the 63 came from referrals

by a family member/friend for cannabis dependency. 14 persons out of 22 came from voluntary self-referral for crack use.

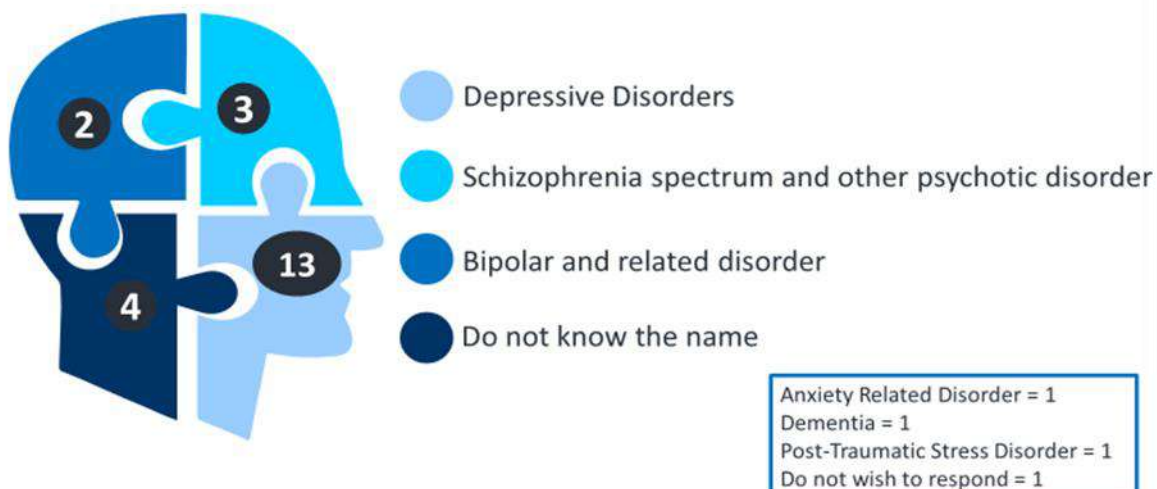


The relative frequency of persons who had a history of a psychiatric condition that were in treatment for 2019 was 24%, out of which the highest frequency was diagnosed for Depressive disorders accounting for 13 persons out of 26. When looking at a cross reference of psychiatric condition and substance use disorder, it was revealed that 40% of the total diagnosed with a psychiatric condition was also being

treated for marijuana dependence. Given the findings, there may be a relationship between the type of substance use and the type of psychiatric disorder that may require further evaluation.

Further, of those in treatment, 7 indicated that they were diagnosed with a contagious disease, of this number, only 3 were receiving treatment.

History of Psychiatric Condition 2019 (N=26/108)



Out of the 108 persons that were in treatment 26 persons were arrested at least once in their lifetime. Of these 26

persons, 12 were seeking treatment for crack use, 4 for cocaine and 5 each for marijuana and alcohol.

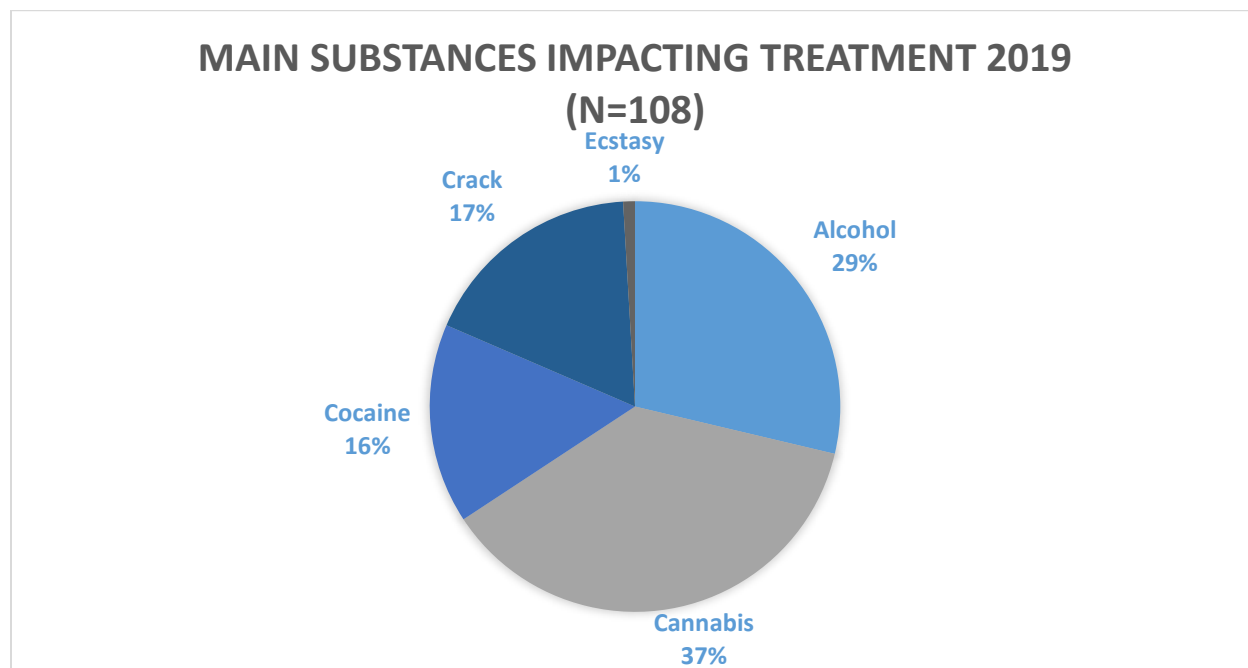
Arrest History of Persons in Treatment 2019 (N=26/108)



PROBLEMATIC SUBSTANCE USE

The majority of persons were seeking treatment for problematic use of cannabis (37%) followed by Alcohol, 29%. Approximately 33% of clients were

seeking treatment for cocaine-based substances; 16% for cocaine and 18% for crack, 1 person was seeking treatment for ecstasy use.



When we further analyse, it was revealed that 66 clients (61%) out of 108 persons were in treatment for multiple substance use. Females accounted for 9% of the poly-substance users.

In addition, the age of first use for substances which persons sought treatment for, varied based on the type of substance we see that cannabis, and the

cocaine-based substances, persons started as young as 10 years old.

When asked about other substances they might have used in the last 30 days prior to entering treatment, it was noted that they used alcohol (77), cannabis (69), tobacco (67), crack (25), cocaine (19) and ecstasy/molly (4).

RELAPSE HISTORY

Clients were asked a series of questions to gain an understanding of their relapse rate and how well they did in treatment previously (did they complete it), from the data for 2019, it revealed that 51 (47%)

clients were previously enrolled into a treatment programme. On average, they were enrolled into a programme at least 3 times prior to this current enrolment. Of this number, only 19 (37%) indicated that

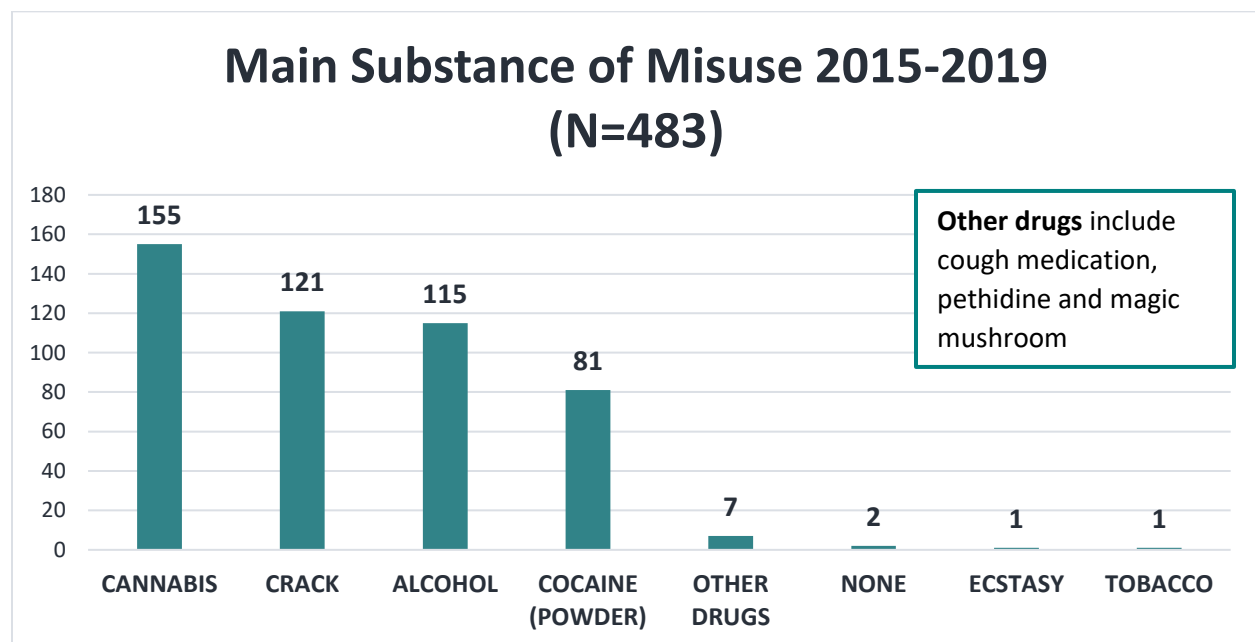
they completed their treatment. The majority of these persons indicated that they were previously in residential treatment (69%). When asked about their

engagement with treatment services for the year 2019, 16 out of the 51 clients indicated that they sought treatment on average 2 times for 2019.

TREND ANALYSIS 2015-2019

In reviewing the treatment data for the period 2015-2019 of the 483 reported cases, it was observed that cannabis persons out of 483. Crack ranked the

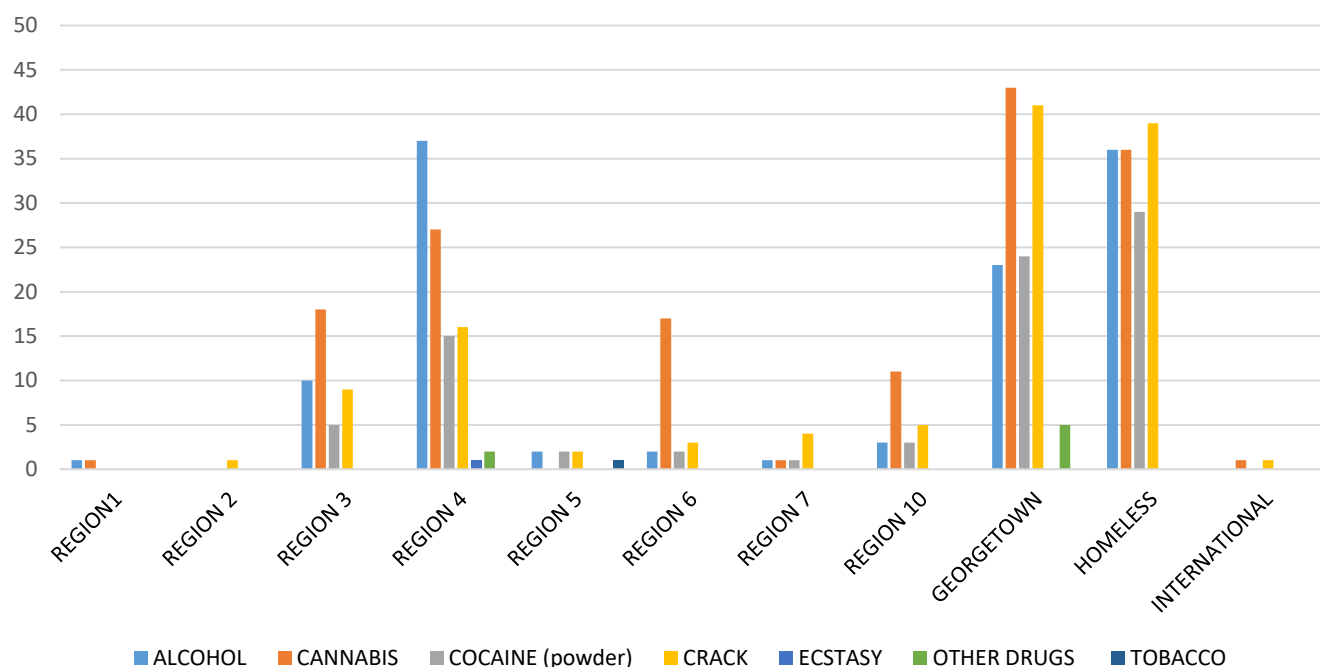
second highest which accounted for 121 persons followed by alcohol with a total of 115 persons and 81 persons for cocaine powder.



Assessing substance for which persons sought treatment by region, indicated that in each region there was a different dynamic. For Region 7, over the years, the substance leading persons into treatment was crack. Among those who indicated that they have no fixed place of abode, all

substances were impacting them with crack playing a significant role. In Georgetown it revealed cannabis and crack, Region 4, Alcohol and Cannabis while Region 6 cannabis, crack and alcohol.

MAIN SUBSTANCE DRIVING THE DEMAND FOR TREATMENT BY REGION 2015-2019

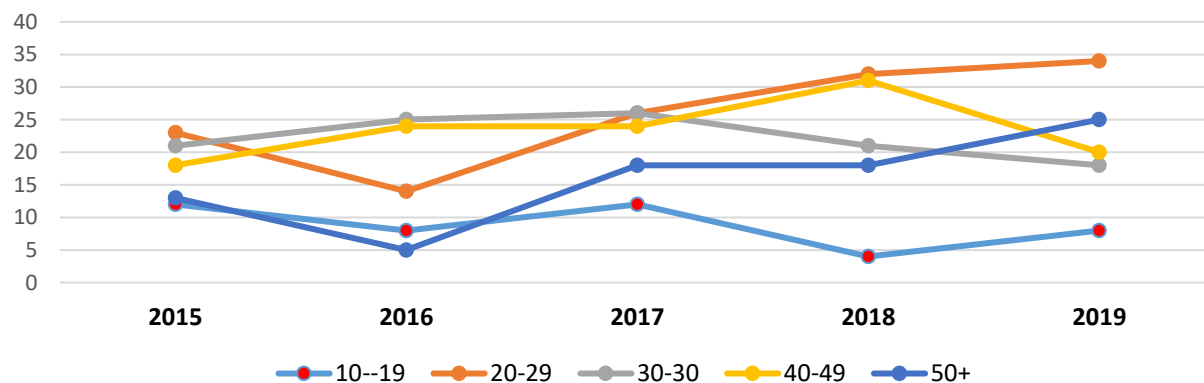


Age of Persons in Treatment

For the 5-year period, the average age of persons in treatment was 36 years old. The youngest person in treatment was 13 and the eldest being 88 years old. Most persons were 23 years old in treatment (18 persons). Based on the chart below, a fluctuation can be seen in the demand for treatment by age, however, it must be noted

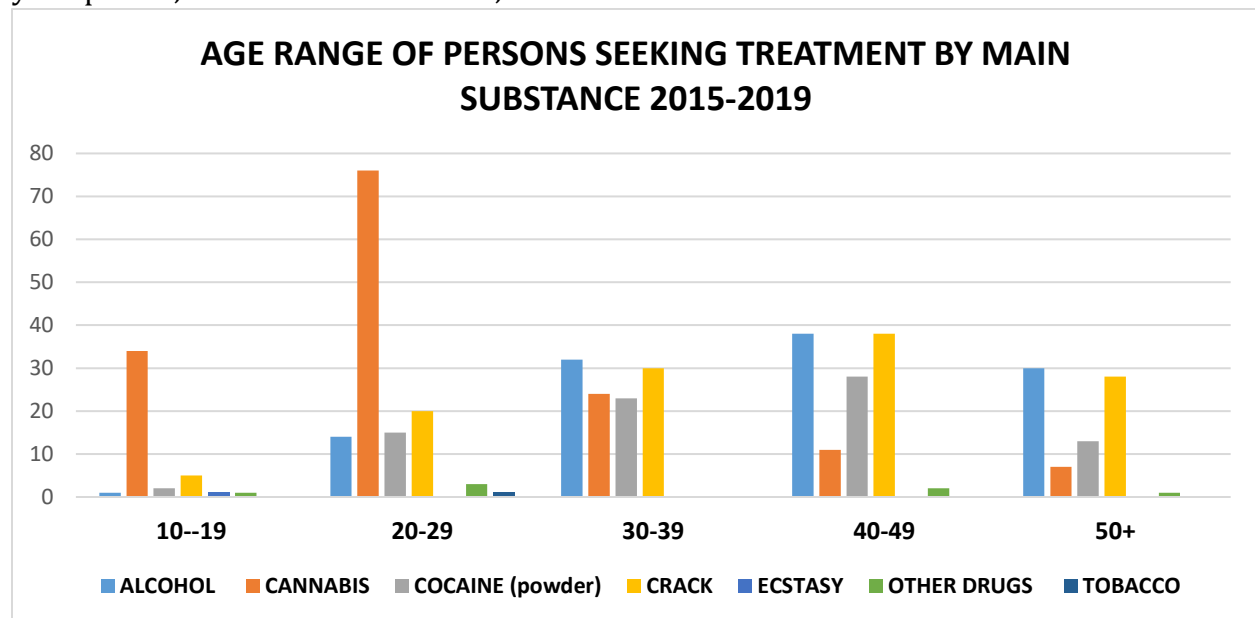
that from over the 5-year period, the number of persons that sought treatment within the 20-29 and 50 and older age range depicts a steady increase. It is also evident that demand for treatment by young persons between the ages of 10-19 has been constant over the years.

AGE RANGE OF PERSONS SEEKING TREATMENT 2015-2019



Further, it can be noted that the type of substance driving the demand for treatment was very age specific over the 5-year period, with the older clients, those

30 and older having a dependence on crack, while younger cohort 29 years old and below being dependent on cannabis.



Looking at Treatment History over the past 5 years, it was observed that:

About 47% of persons who sought treatment between 2015-2019 had a relapse. On average, persons sought treatment at least 2 times during the 5-year period. 77% of persons were enrolled into a residential treatment programme and 32% indicated that they did not complete this treatment programme.

In addition, over the 5-year period, it was revealed that 199 out of 483 (41%) of persons who were in treatment were also arrested at least once in their lifetime. Of

those arrested, most were seeking treatment for crack (34%), followed by cannabis (28%), cocaine (20%) and alcohol (18%).

Further, it was observed that of the 483 persons in treatment over the past 5 years, 163 indicated that they were diagnosed with a psychiatric disorder. The majority of persons over this period sought treatment for cannabis use (70), followed by cocaine (36), 27 for alcohol and 25 for crack use.

Conclusions and Recommendations

It is quite evident that 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 2019 data, it must be emphasized that alcohol, marijuana and cocaine are substances with a high impact on the health and wellbeing of our society. We can also see that a wide cross section of the persons in treatment for 2019 were from Region 4 with the majority residing specifically in the Georgetown area. Other Regions such as 7 and 10 recorded a lower figure which may be due to the underlying fact that treatment services are not available in these areas.

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 the lack of trained personnel and facilities, females with substance use disorders cannot obtain the treatment they require to conquer this problem. The data highlighted in this report shows a clear

indication that our females are struggling with poly-substance use combined with various psychiatric conditions. Females in treatment for the reporting period also had an arrest history for substance use. This helps us to understand the magnitude of the issues surrounding substance use and the implications on its victims.

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 substances. This age group displayed arrest history for substances as well as an early age of first use (9 years old). They also displayed history of psychiatric conditions linked with substance dependence. Hence, special emphasis must be placed on our youth population in order to combat the issues they face with substance use.

Having a support system and family involvement is very crucial for the recovery of persons with substance use disorders. Further, persons must be willing to accept change in order to fully recover and reintegrate themselves into society. Reintegration programmes are also essential in aiding the recovery process.

Recommendations

- ❖ Development and implementation of an Alcohol Control Policy for Guyana.
- ❖ Review and amendment 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.
- ❖ 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 increase 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.
- ❖ 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.
- ❖ Develop a unique identifier to differentiate between clients and maintain anonymity of persons in treatment.

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DRUG SUPPLY



- DRUG SEIZURES
- DRUG CRIMES

C. 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 cannabis cultivation and reducing the trafficking 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 Combination²⁴.

The National Anti-Narcotics Agency is responsible for formulating policies and coordinating efforts to eradicate the scourge of the drug problem in Guyana. This is done through collaboration among 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 Drug Supply outlined in the National Drug Strategy Master Plan (NDSMP) 2016-2020 are:

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.

²⁴ <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	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, GPF, 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 the amount of crimes 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

The World Drug Report 2019, estimated that global illicit manufacture of cocaine reached an all-time high of 1,976 tons (estimated as 100 per cent pure) in 2017, an increase of 25 per cent on the previous year. This was mainly driven by increases in cocaine manufacturing in Colombia, which produced an estimated 70 per cent of the world's cocaine. Colombia experienced a 17 per cent expansion in the area under coca bush cultivation in 2017, and a 31 per cent rise in the amount of cocaine produced, mainly due to a marked rise in the productive areas under coca bush cultivation. The global quantity of cocaine seized in 2017 increased to 1,275 tons – the largest quantity ever reported, and an increase on the previous year of 13 per cent. While cocaine seizures have risen by 74 per cent over the past decade, production has risen by 50 per cent. Overall, the interceptions mean that the amount of cocaine available for consumption has increased at a slower rate than has manufacture. This suggests that at the global level, law enforcement efforts and international cooperation have likely become more effective with the interception of a larger share of cocaine products than in the past ²⁵.

Cocaine Trends Globally 2019

Europe is seeing signs of an increase in cocaine availability, with seizures of the drug at record levels. This is according to the European Drug Report 2019. In its annual overview, the agency also explores: the challenges associated with heroin and new synthetic opioids, the latest developments in the cannabis market, Europe's growing role in synthetic drug production and

the use of digital technologies for health benefits in the drugs field²⁶.

According to the report, US national rates of cocaine use have steadily climbed and overdose deaths are also on the rise, with opioids largely to blame. According to the Drug Enforcement Administration's 2018 National Drug Threat Assessment²⁷, the rise in cocaine use can be attributed to increases in availability. The assessment further pinpoints increase in supply to heightened Colombian cultivation of coca and production of cocaine.

"Record levels of coca cultivation and cocaine production in Colombia, the primary source for cocaine seized and tested in the United States, has widened the cocaine market, leading to increased domestic abuse," the report states. "Increased availability levels and concurrent lowered domestic prices will likely propel this trend through the near-term²⁸.

In Guyana's case, there has been a steady decline in the quantity of cocaine seized between 2017-2019, which may be as a direct result of improved and increase in the law enforcement activities throughout Guyana to combat the drug problem supported by greater inter-agencies collaboration specifically information and intelligence sharing. However, attention must be placed on the changing modus operandi of drug syndicates in the movement of the illicit substance to avoid detection. Additionally, availability of other substance on the market in Guyana has been steadily increasing such as ecstasy, heroin and other drugs.

²⁵

https://wdr.unodc.org/wdr2019/prelaunch/WDR19_Booklet_1_EXECUTIVE_SUMMARY.pdf

²⁶

http://www.emcdda.europa.eu/news/2019/4/europe-an-drug-report-2019-highlights_en

²⁷ <https://www.dea.gov/sites/default/files/2018-11/DIR-032-18%202018%20NDTA%20final%20low%20resolution.pdf>

²⁸

<https://journalistsresource.org/studies/society/public-health/cocaine-research-fentanyl-overdose/>

IV. Drug seizures

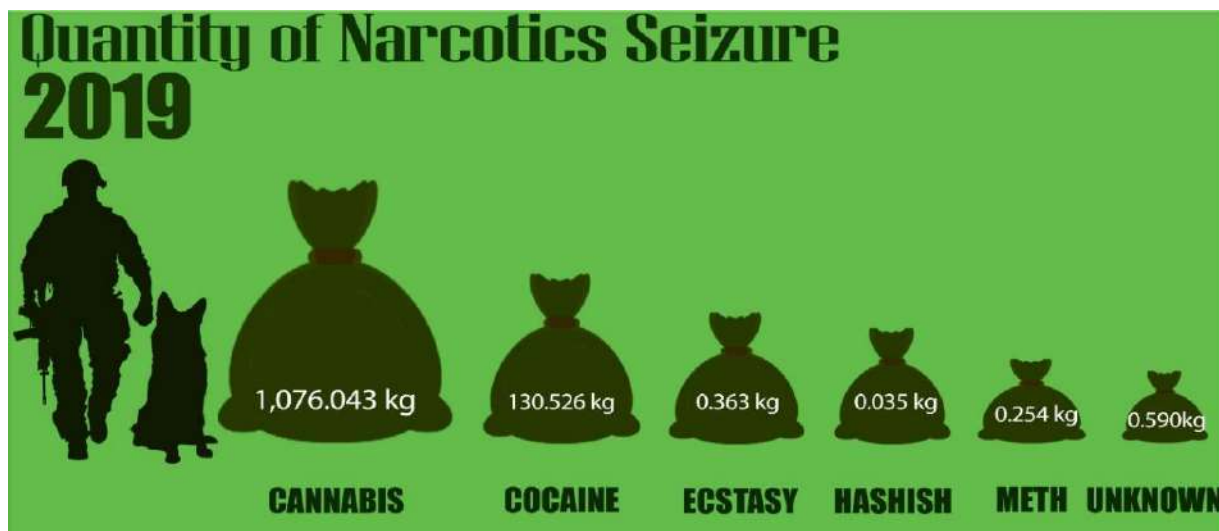
Quantities of Drug Seized

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 is a direct indicator of the magnitude of drug trafficking as they only reflect law enforcement capacity to intercept the substance. 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 strategy²⁹.

In Guyana, 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, Drug Enforcement Unit (GRA/DEU), 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 2019, in addition to the efforts of specific agencies to reduce the supply of drugs, there were several joint operations under operation “Pale Horse” among GPF-Narcotics branch, the Customs Anti-Narcotic Unit and the GRA/DEU that resulted in several interdictions and included a number of eradication and drug disposal (burning) exercises. For this period, law enforcement authorities seized a total of 1,207.812 KG of narcotics which included substances such marijuana



²⁹

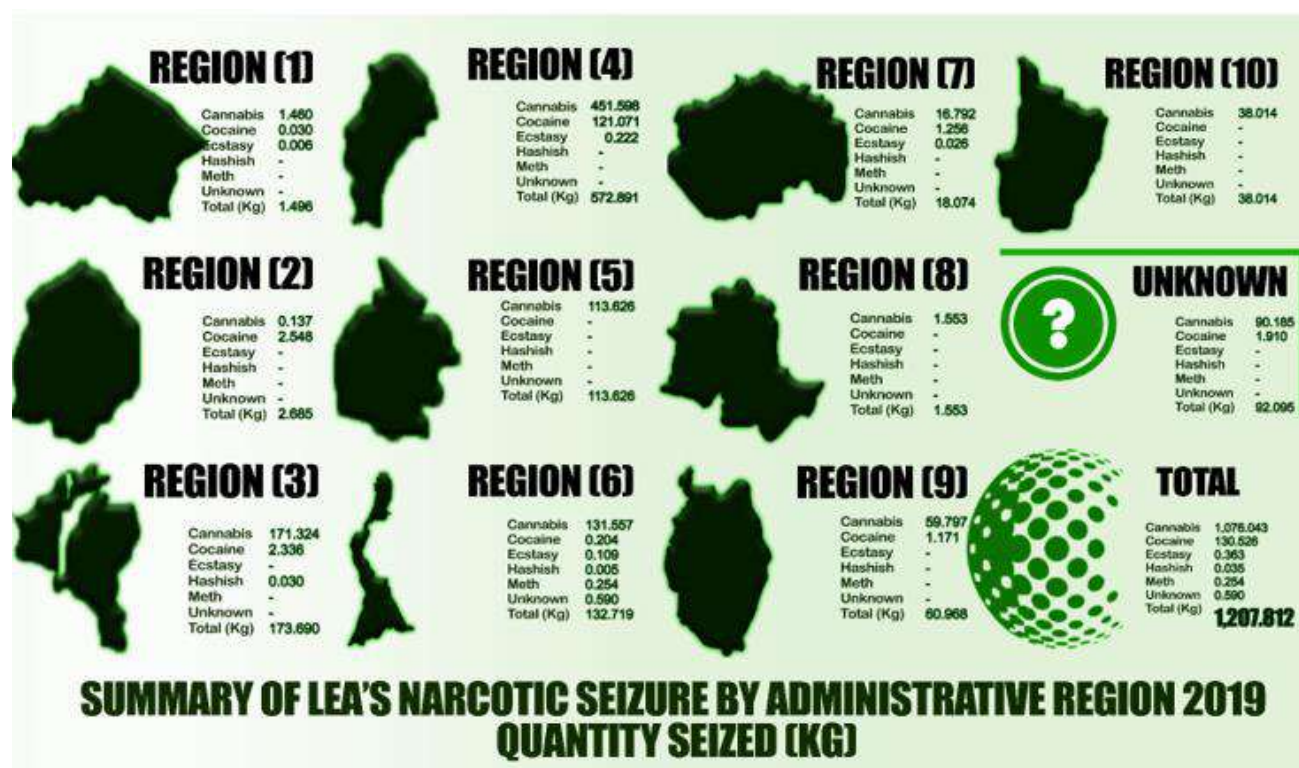
https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_2_GLOBAL.pdf

(1,076.043 KG), cocaine (130.526 KG), ecstasy (0.363 KG), hashish (0.035 KG), meth (0.254KG), and several unknown substances (0.590KG).

In addition, a total of 215,670 KG of cannabis plants have been eradicated. Overall, a total of 216,877.811 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, cultivation and for the possession of narcotics.

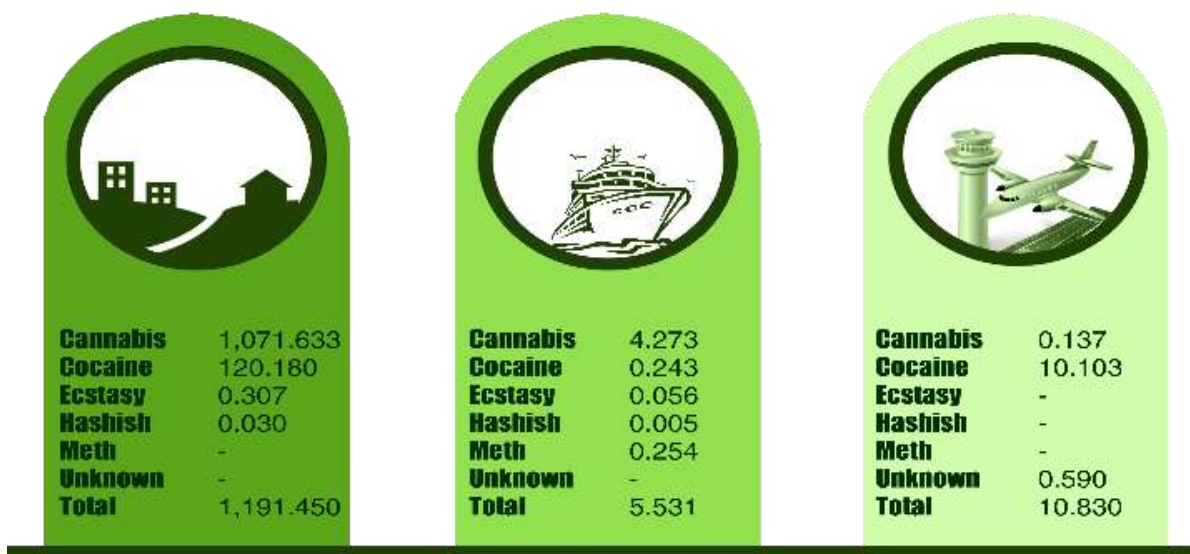
The seizures of narcotics by the Law Enforcement Agencies (LEA's) for 2019 disaggregated by the ten administrative

regions of Guyana, indicates that Region 4 had the highest overall seizures of narcotics accounting for 572.891kg of the total seizures (47%), followed by Region 3 with 173.60kg (14%), Region 6 with 132.719kg (10.9%) and Region 5 with 113.626kg (9%). Of the Interior Locations, Regions 1,7, 8 & 9 had a combined total of 82KG of narcotics seized. Region 2 had seizures totalling 2.685 KG and Region 10 seized a total of 38KG of narcotics. It must be noted that Region 6 was the only region where all 5 types of narcotics was seized along with the seizure of an unknown substance for 2019.



Further analysis of the seizures indicates that inland had the largest quantity of narcotics seized totalling 1,191.45kg (98%) of the total seizure. The seizures of narcotics that occurred

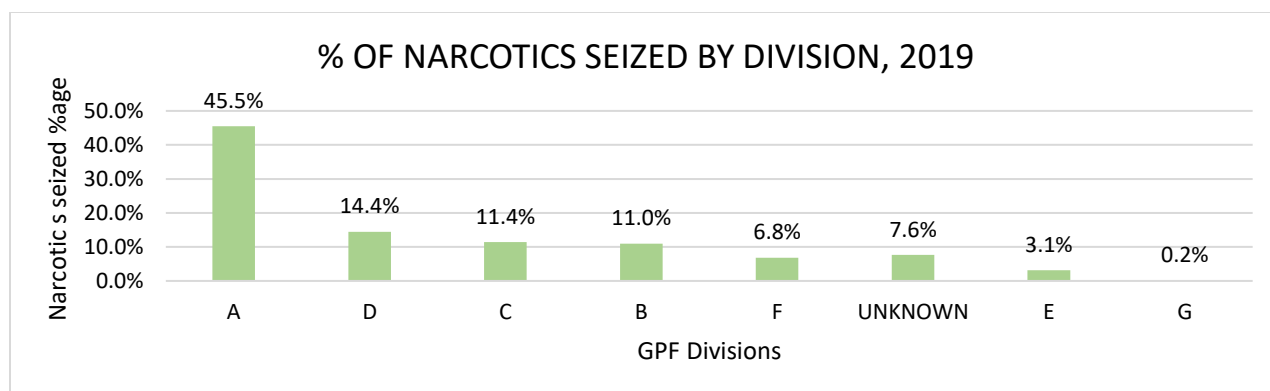
along the waterways (maritime) totalled 5.531kg, most occurring in region 6 along the Suriname crossing.



Further when reviewing the seizures that occurred at the two Airports in Guyana both located in region 4, Eugene F. Correia International Airport (EFCIA) (East Coast Demerara) and Cheddi Jagan International Airport CJIA (East bank Demerara), it can be observed that CJIA overall narcotics seizure totalled 5.28kg (2.7% of total East Bank Seizure) and EFCIA total seizure was 5.55kg (22% of the total East Coast seizure). As depicted above.

Broken down by Police Division, it can be seen that Division A accounted for 45% of total narcotics seizures for 2019, while Division F accounted for 6.8% of seizures. See table below.

Division	SUBSTANCE (KG)						Total (KG)	%
	Marijuana	Cocaine	Ecstasy	Hashish	Meth	Unknown Substance		
A	434.249	114.851	0.211	0	0	0	549.312	45.5
B	131.557	0.204	0.109	0.005	0.254	0.59	132.719	11.0
C	130.974	6.22	0.011				137.205	11.4
D	171.324	2.336	-	0.03	-	-	173.69	14.4
E	38.014	-	-	-	-	-	38.014	3.1
F	79.602	2.457	0.032				82.091	6.8
G	0.137	2.548	-	-	-	-	2.685	0.2
UNKNOWN	90.185	1.91	-	-	-	-	92.095	7.6
Total (KG)	1076.042	130.526	0.363	0.035	0.254	0.590	1207.811	100.00



Number of Seizures by Type of Drugs

For 2019, a total of 529 seizures occurred among law enforcement agencies. One (1) of these seizures was made at a location controlled by GRA. Which was handed over to CANU. The seizure by GRA- DEU yielded a total of 0.156 KG of cocaine.

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 492 seizures and CANU a total of 37 seizures for 2019. Combined, the two agencies reported a total of: 436 seizures of marijuana; 74 seizures of cocaine; 15 seizures of ecstasy, 2 seizures of hashish, 1 seizure of meth and 1 seizure of an unknown substance, as highlighted below.

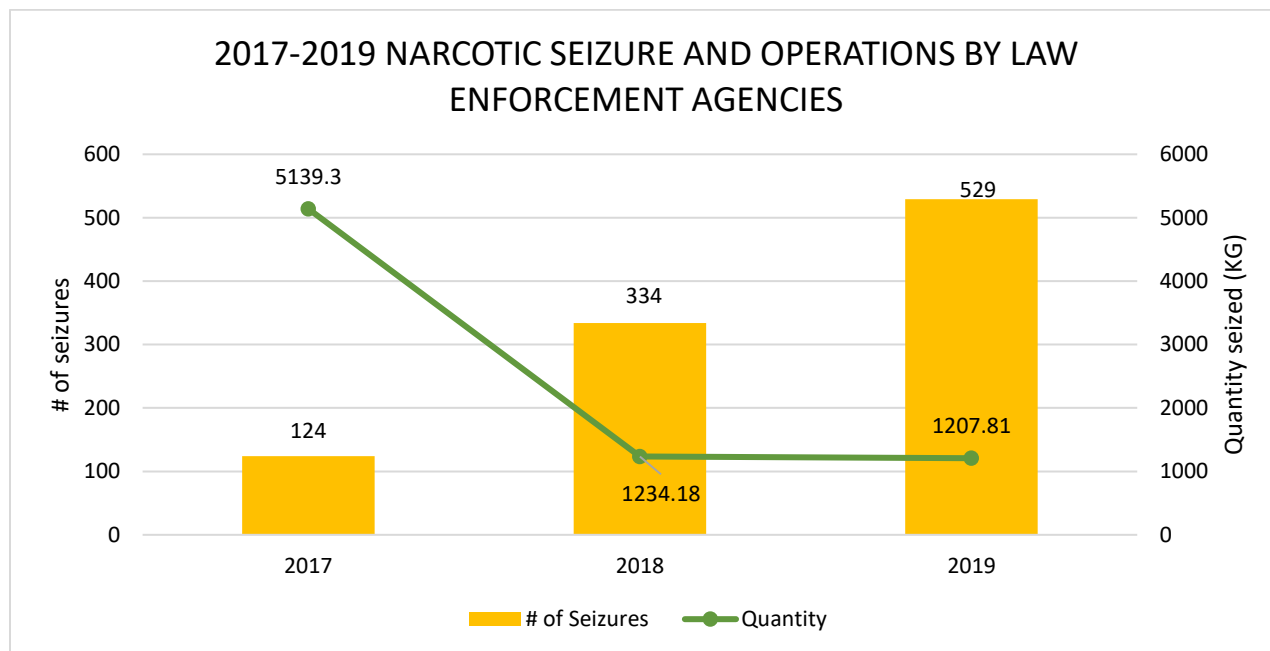


Agency	Marijuana	Cocaine	Ecstasy	Hashish	Meth	Unknown	Total
GPF	414	64	13	1	0	0	492
CANU	22	10	2	1	1	1	37
Total	436	74	15	2	1	1	529

Trend Analysis 2017-2019

A comparative analysis for the period 2017-2019 indicates that during the three-year period, there has been a significant reduction in the quantity of narcotics seized, this can be attributed to increase in intelligence led law enforcement interventions as the number of seizure operations by the agencies have increased over the same period. This is an indication that with targeted interventions by law enforcement to penetrate the drug supply network, the flow of narcotics through

Guyana will reduce. It should be noted however, that it is essential for law enforcement agencies to continue to tap into their local, regional and international networks for intelligence on the ever-evolving drug market in which its actors have the ability to adjust their modus operandi to avoid detection., especially given the increase of cocaine production in Colombia and the increased availability in North America and Europe which indicates that there is heightened trans-shipment activity.



Seizures by Customs Anti-Narcotic Agency for 2019

In total 37 seizures were made by CANU for 2019. This yielded a total of 519.011 KG of narcotics. Of this total: 22 seizures were for marijuana equating to 401.836 KG; 10 seizures were for cocaine totalling 116.234

KG; 5 seizures were of other drugs including: 0.005 KG of hashish, ecstasy totalling 0.092KG (approximately 203 pills), meth totalling 0.254 KG and an unknown narcotic totalling 0.590 KG.

CUSTOMS ANTI -NARCOTIC UNIT				
Drugs	Quantity seized (kg)	Persons Charged	Cases Made	Conviction
Cannabis	401.836	32	20	7
Cocaine	116.234	12	7	2
Ecstasy	0.092	2	2	0
Hashish	0.005	0	0	0
Meth	0.254	0	0	0
Unknown	0.590	0	0	0
TOTAL (KG)	519.011	46	29	9

When CANU's seizures are disaggregated by region, Region 4 has the highest seizures of narcotics totalling 170.379kg (32.8% of the total seizures), of this cocaine was the drug most seized (111.904KG), followed by region 3

with 160.894kg (31%). Region 6 recorded the lowest quantity of narcotics seized by CANU amounting to 18% of their total seizure. However, the diversity of types of narcotics seized by the agency was evident in Region 6.

CANU Narcotic Seizure by Administrative Region 2019 (KG)							
Region	Cannabis	Cocaine	Ecstasy	Hashish	Meth	Unknown	Total
1	-	-	-	-	-	-	-
2	-	-	-	-	-	-	-
3	158.630	2.264	-	-	-	-	160.894
4	58.474	111.904	-	-	-	-	170.379
5	-	-	-	-	-	-	-
6	95.492	0.156	0.092	0.005	0.254	0.590	96.589
7	-	-	-	-	-	-	-
8	-	-	-	-	-	-	-
9	-	-	-	-	-	-	-
10	-	-	-	-	-	-	-
unknown	89.239	1.910	-	-	-	-	91.149
Total	401.836	116.234	0.092	0.005	0.254	0.590	519.011

For region 4 with largest quantity of narcotics seized, it was dissected into the various areas to capture where the seizures occurred; Georgetown (capital city) accounted for 57.858kg (34%) of narcotics seized, East Coast Demerara 4.839kg (2.8%) and East Bank Demerara 107.682kg (63.2%).

Summary Break-down of CANU Narcotics Seizure in Region 4 for 2019	
Quantity Seized (kg)	
G/Town	57.858
E.C. D	4.839
E.B. D	107.682
Region 4	170.379

Seizures Made by the Guyana Police Force Narcotics Branch for 2019

For 2019, the Guyana Police Force-Narcotics Branch made a total of 492 seizures which amounted to a total of 688.801 KG of narcotics seized. The seizures included: 414 seizures for marijuana, amounting to 674.208 KG. 64 seizures of cocaine, totalling 14.292 KG. 13 seizures of ecstasy yielding 0.271 KG (approximately 432 pills) and the 1 seizure of hashish yielding 0.030KG. When disaggregated by region, analysis shows Region 4 as having the highest seizures of narcotics totalling 402.512kg, of this, cannabis was the most prevalent drug seized (393.123KG) (58% of the total seizures), followed by region 5 with

113.626kg (16.5%). Region 1 and 8 recorded the lowest quantity of narcotics seized amounting to 0.12% and 0.14% respectively.

Guyana Police Force- Narcotic Seizure by Administrative Region 2019 (KG)					
Region	Cannabis	Cocaine	Ecstasy	Hashish	Total
1	1.460	0.030	0.006	-	1.496
2	0.137	2.548	-	-	2.685
3	12.694	0.072	-	0.030	12.796
4	393.123	9.167	0.222	-	402.512
5	113.626	-	-	-	113.626
6	36.065	0.048	0.017	-	36.130
7	16.792	1.256	0.026	-	18.074
8	1.553	-	-	-	1.553
9	59.797	1.171	-	-	60.968
10	38.014	-	-	-	38.014
unknown	0.946	-	-	-	0.946
Total	674.208	14.292	0.271	0.030	688.801

For region 4 with largest quantity of narcotics seized, it was dissected into the various areas to capture where the seizures occurred; Georgetown (capital city) accounted for 301.037kg (74.8%) of narcotics seized, East Coast Demerara 20.20kg (5%) and East bank Demerara 81.275kg (20%).

Summary Break-down of GPF Narcotics Seizure in Region 4 for 2019	
Quantity Seized (kg)	
G/Town	301.037
E.C. D	20.200
E.B. D	81.275
Region 4	402.512

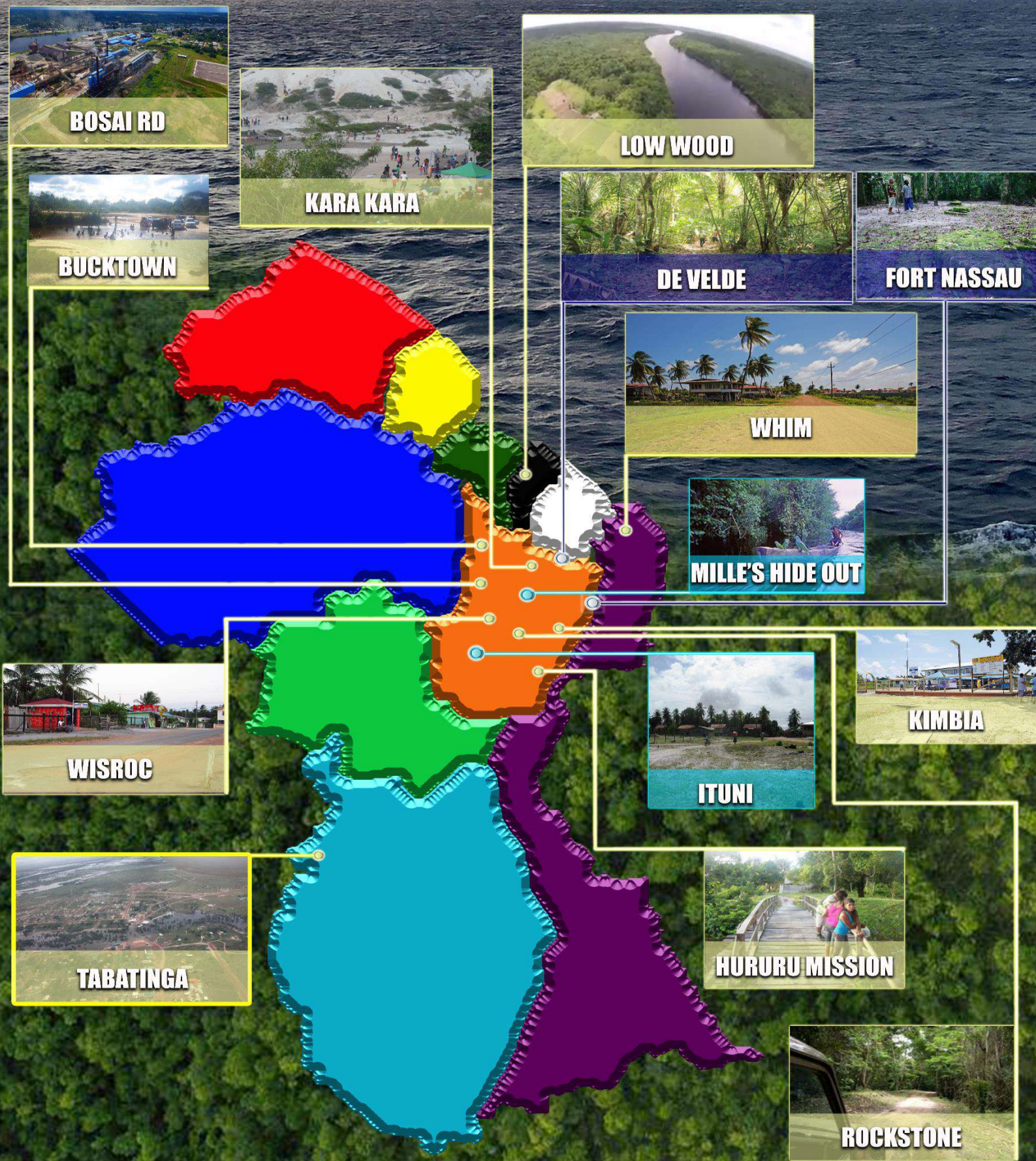
Cannabis Eradication

The Guyana Police Force- Narcotics Branch is the agency most often conducting eradication of cannabis plants and other derivatives of the illegal cultivations. In 2019, a large percentage of cannabis eradication was conducted in region 10 along the Berbice River with about 26 exercises occurring there. During this period, CANU accompanied the Police force on some joint eradication operations. Overall, a total of 94.5 acres of land cultivated by cannabis were eradicated, spanning 54 fields over 30 operations. 188,000 plants totalling 215,670 kg along with 22,832.13 kg of dried cannabis were eradicated and taken off the market. Overall, 2 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 2 eradication operations, Region 9; Upper Takutu- Upper Essequibo, and Region 4; Mahaica- Berbice had 1 eradication operation each. The majority of cannabis eradication operations occurred in the locality of Millie Hide Out, Linden (40%) even though the quantity of plants eradicated accounted for 21% of the total number eradicated, followed by Ituni (13%) of operations and 12% of the quantity of plants eradicated. Kimbia on the other hand accounted for 6% of the operations and 26% of the quantity of plants eradicated, which amounts to the largest number of plants seized in 2019. It must be noted that most of the eradication operations occurred in villages along the Berbice River.

Eradication Exercises 2019									
No. of operations	No. of Fields	No. of Acres	No. of Plants	Total Weight (kg)	Dried Cannabis (kg)	Seedlings	Region	Persons charged	Cases Made
12	22	38	39,500	14,825.00	1,665.73	17,500	10	1	1
4	5	15	24,000	32,000.00	18.60	-	10	0	0
1	2	2.5	1,100	225.00	-	500	10	0	0
1	1	1.5	2,500	2,500.00	-	-	10	0	0
1	5	7	4,500	9,750.00	300.00	19,500	9	0	0
1	1	0.5	4,000	3,000.00	-	-	10	1	1
1	1	1	3,000	3,000.00	-	-	10	0	0
1	3	8	40,000	20,000.00	600.00	-	6	0	0
1	1	2	3,000	1,500.00	-	-	10	0	0
1	4	4.5	10,000	5,250.00	-	-	10	0	0
1	1	3	2,000	4,400.00	5.00	-	4	0	0
2	5	7.5	50,000	110,000.00	6,635.00	3,000	10	0	0
1	1	0.5	300	660.00	-	-	6	0	0
1	1	2	1,800	3,960.00	13,607.80	-	10	0	0
1	1	2	2,300	4,600.00	-	300	10	0	0
30	54	94.5	188,000	215,670.00	22,832.13	40,800		2	2

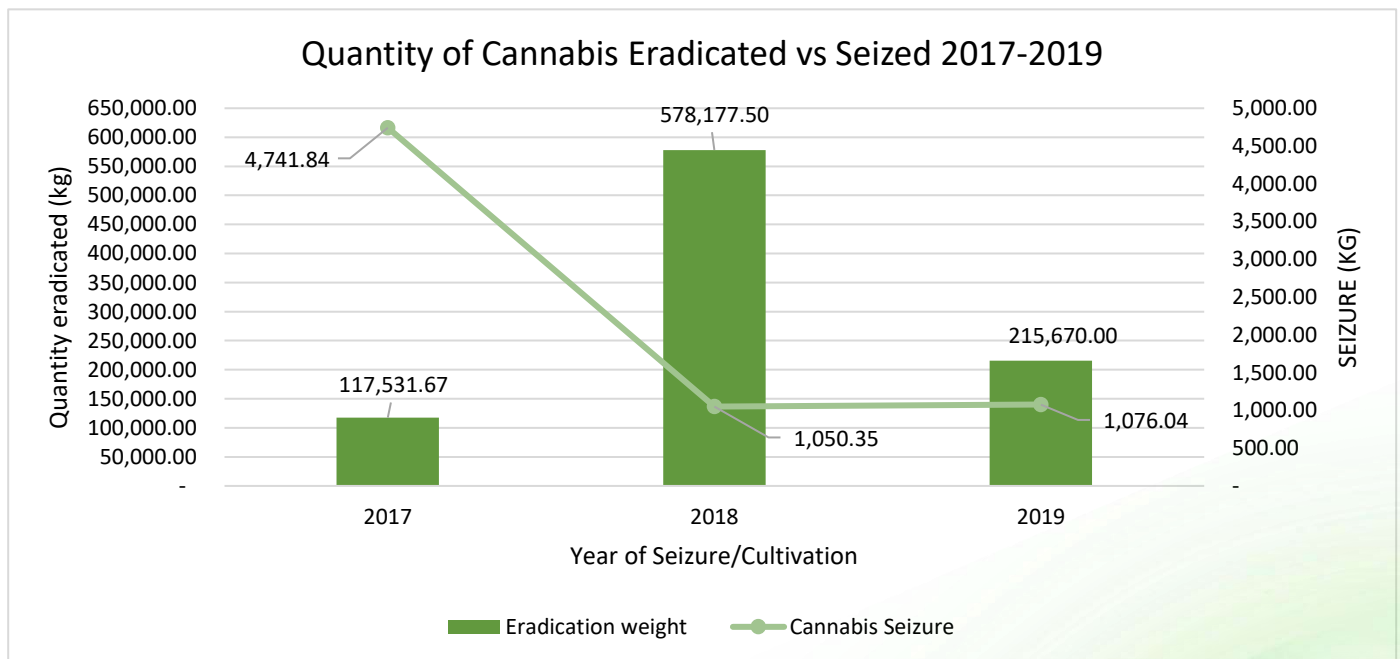
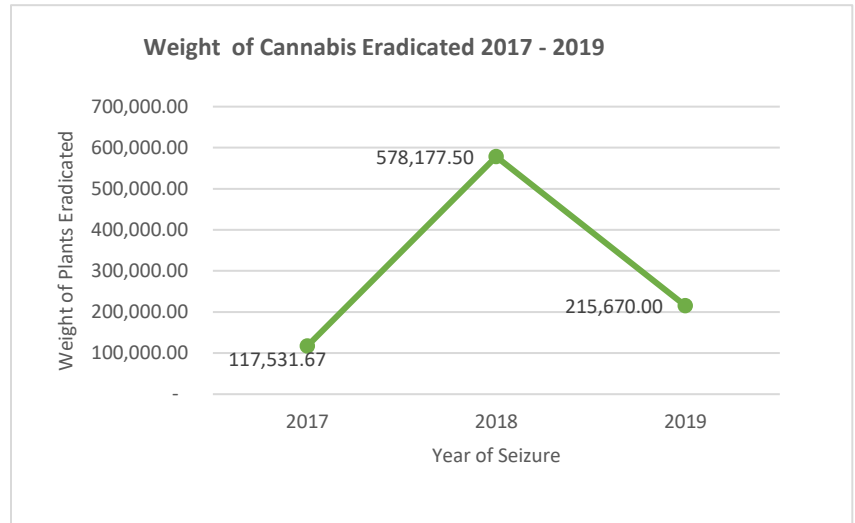
MAP 1: Showing Location of Eradication Operations for 2019



Eradication Trend Analysis 2017-2019

The quantity of cannabis plants eradicated over the three-year period has fluctuated. In 2017, over 117,000KG was eradicated. over 500,000KG in 2018 and just over 200,000KG eradicated in 2019. Between 2017-2019, there was a 45% increase in the quantity of this drug eradicated.

As seen below, 2017 had the highest quantity of cannabis seizure but the lowest eradication of the three years, whilst 2018 had the lowest seizures rate and highest eradication of cannabis (weight approximation). Thus, an indication that continued targeted intelligence led eradication operations should result in a reduction in the availability of locally cultivated cannabis on the market.



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 and Timehri Prison. For the year 2019 the Guyana Prison Service would have conducted at total of 60 Raids confiscating a total of 8.743 KG of

marijuana. Of the total marijuana confiscated 3.845 KG was from internal operation whilst 1.130 KG was from joint operations with the Guyana Police Force and 3.768 KG was seizures made by GPF solely. Raids conducted jointly result in immediate removal of narcotics by GPF for destruction.

GUYANA PRISON SERVICE NARCOTICS SEIZURES (KG) 2019							
SEIZURES	INTERNAL GPS	SEIZURES	JOINT	SEIZURES	EXTERNAL GPF	SEIZURES	TOTAL
GEORGETOWN	0.019 KG	GEORGETOWN	-	GEORGETOWN	0.90 KG	GEORGETOWN	0.916 KG
NEW AMSTERDAM	0.819 KG	NEW AMSTERDAM	0.103 KG	NEW AMSTERDAM	1.719 KG	NEW AMSTERDAM	2.641 KG
MAZARUNI	0.310 KG	MAZARUNI	-	MAZARUNI	-	MAZARUNI	0.310 KG
LUSIGNAN	1.066 KG	LUSIGNAN	1.027 KG	LUSIGNAN	0.887 KG	LUSIGNAN	2.980 KG
TIMERHI	1.631 KG	TIMERHI	-	TIMERHI	0.265 KG	TIMERHI	1.896 KG
TOTAL QUANTITY	3.845 KG	TOTAL QUANTITY	1.130 KG	TOTAL QUANTITY	3.768 KG	TOTAL QUANTITY	8.743 KG

For the year 2019 the Guyana Prison Service conducted at total of 60 Raids confiscating a total of 8.743 KG of Cannabis. Of the total marijuana confiscated 3.845 KG was from internal operation whilst 1.130 KG was from joint operations with the

Guyana Police Force and 3.768 KG was seizures made by GPF solely. Raids conducted jointly result in immediate removal of narcotics by GPF for destruction.



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 the counter narcotics section 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 one (1) seizure of narcotics totalling 0.156 KG, this cocaine seizure was handed over to CANU.

In addition, the LEID made a number of alcohol and tobacco seizures in and around Guyana at ports/wharfs and locally of both local and imported alcohol and tobacco as depicted in the illustration.

		
Alcohol/Tobacco Seizure by GRA for 2019		
BEER	 CASE/ BALE 1312	 BOTTLE/ PK 2714
WINE	 CASE/ BALE 772	 BOTTLE/ PK 852
VODKA	 CASE/ BALE 102	 BOTTLE/ PK 3294
GIN	 CASE/ BALE -	 BOTTLE/ PK 17
WHISKEY	 CASE/ BALE 94	 BOTTLE/ PK 1111
RUM	 CASE/ BALE 4	 BOTTLE/ PK 668
TEQUILA	 CASE/ BALE 129	 BOTTLE/ PK 143
BRANDY	 CASE/ BALE 23	 BOTTLE/ PK 538
LIQUEUR	 CASE/ BALE 18	 BOTTLE/ PK 65
CIDER	 CASE/ BALE -	 BOTTLE/ PK 29
STOUT	 CASE/ BALE 35	 BOTTLE/ PK 124
UNKNOWN	 CASE/ BALE 10	 BOTTLE/ PK 17
TOTAL	CASE/ BALE 2462	BOTTLE/ PK 9494
CIGARETTE	 CASE/ BALE 1026	 BOTTLE/ PK 627

The Origin and Destination of the Seized Drugs

The origin of drugs in Guyana varies, whilst cannabis 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 and 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, rice and fish export as well as other seafood companies, 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 as mules who ingest narcotics or weave the drugs into household materials in an effort to transport same internationally.

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.

Analytical Results 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 2019, about 7,340 pieces of drug evidence was submitted for drug testing from three (3) main types of drug that were apart of 434 cases submitted by police

divisions A to G and CANU. Of this, 426 cases were processed, 14 of which belong to CANU and distributed in the various divisions and 360 cases were uplifted. Overall, about 353 returned positive results for marijuana with 1 negative, 67 positives for cocaine with 2 negative and 2 positives for Methamphetamine with 1 negative and 8 awaiting testing.

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*

During 2019, most of the request for drug analysis came from the Police “A” division (123) followed by Police “B” division (81) then “D” and “F” division (66) each and the others. However, a point to note about “F” division accounted for 15% of the request made, this division accounted for 7% of drug seizures made for 2019.

It must be noted that during 2019, the Guyana Police Force underwent a restructuring and its Divisions were reclassified in accordance with

Narcotics Cases Analyzed by Guyana Forensic Science Lab 2019							
GPF Divisions and CANU	Total Cases	Cannabis		Cocaine		Methamphetamine	
		+	-	+	-	+	-
A	123	105	0	13	0	0	5
B	81	62	0	16	0	2	1
C	60	49	0	8	1	0	2
D	66	50	0	16	0	0	0
E	23	23	0	0	0	0	0
F	66	54	1	9	1	0	1
G	15	10	0	5	0	0	0
TOTAL	434	353	1	67	2	2	9

Administrative regions. Region 4 was sub-divided into three sub-sections.

<i>Region 1</i>	<i>Barima Waini</i>
<i>Region 2</i>	<i>Pomeroon-Supenaam</i>
<i>Region 3</i>	<i>Essequibo Islands-West Demerara</i>
<i>Region 4a</i>	<i>Agricola north of arch</i>
<i>Region 4b</i>	<i>Agricola south of arch Dora, Linden</i>
<i>Region 4c</i>	<i>Cummings Lodge East of Arch Mahaica Bridge</i>
<i>Region 5</i>	<i>Mahaica-Berbice</i>
<i>Region 6</i>	<i>East Berbice - Corentyne</i>
<i>Region 7</i>	<i>Cuyuni-Mazaruni</i>
<i>Region 8</i>	<i>Potaro-Siparuni</i>
<i>Region 9</i>	<i>Upper Takutu- Upper Essequibo</i>
<i>Region 10</i>	<i>Upper Demerara-Upper Berbice</i>

Charges and Conviction Rate by Law Enforcement Agencies

Persons Charged for Drug related cases (Possession, trafficking and Cultivation)

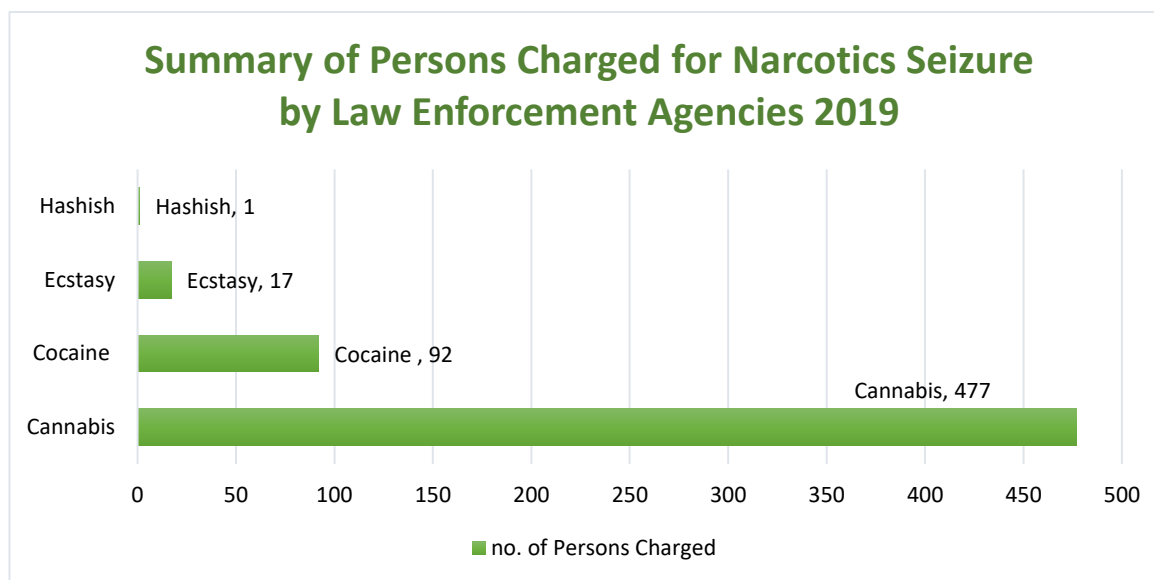
A review of law enforcement data for 2019 revealed that a total of 587 persons were charged with drug possession, trafficking and cultivation. Of this number, 477 persons (81.3%) were charged for possession, trafficking and cultivation of cannabis. 92 persons (15.7%) were charged for possession or trafficking of cocaine. 17 (2.9%) persons were charged for possession of ecstasy and 1 (0.2%) person for possession of hashish. All

charges were made by the Guyana Police Force and the Customs Anti-Narcotic Unit.

The Guyana Police Force charged 541 of the 587 persons for possession, trafficking and cultivation of narcotics. Specifically, 445 persons were charged for crimes relating to cannabis, 80 persons for crimes relating to cocaine, 15 persons for crimes relating to ecstasy and 1 person for hashish.

CANU charged a total of 46 persons for drug related offences, 32 for crimes relating to marijuana, 12 persons for crimes relating to cocaine and 2 persons for ecstasy. No persons

were charged for crimes relating to the possession of hashish, meth and the unknown substance.



Persons Convicted for Drug Related matters (Possession, Trafficking and Cultivation)

Conviction data from the Law enforcement agencies for 2019 indicates that 65 persons were convicted for the drug related offences which occurred during the year under review. Further, an additional 62 persons were convicted during 2019 for drug related offences which occurred in previous years. This is reflected in the total number of persons admitted to the Guyana

Prison System for drug related offences for 2019. Of the 65 persons that committed offences and were convicted in 2019, 49 were convicted for crimes relating to the possession of cannabis, while 14 were convicted for cocaine related offences, 2 for ecstasy. Conviction compared to Persons charged, shows that for every 9 persons charged, 1 conviction was made.

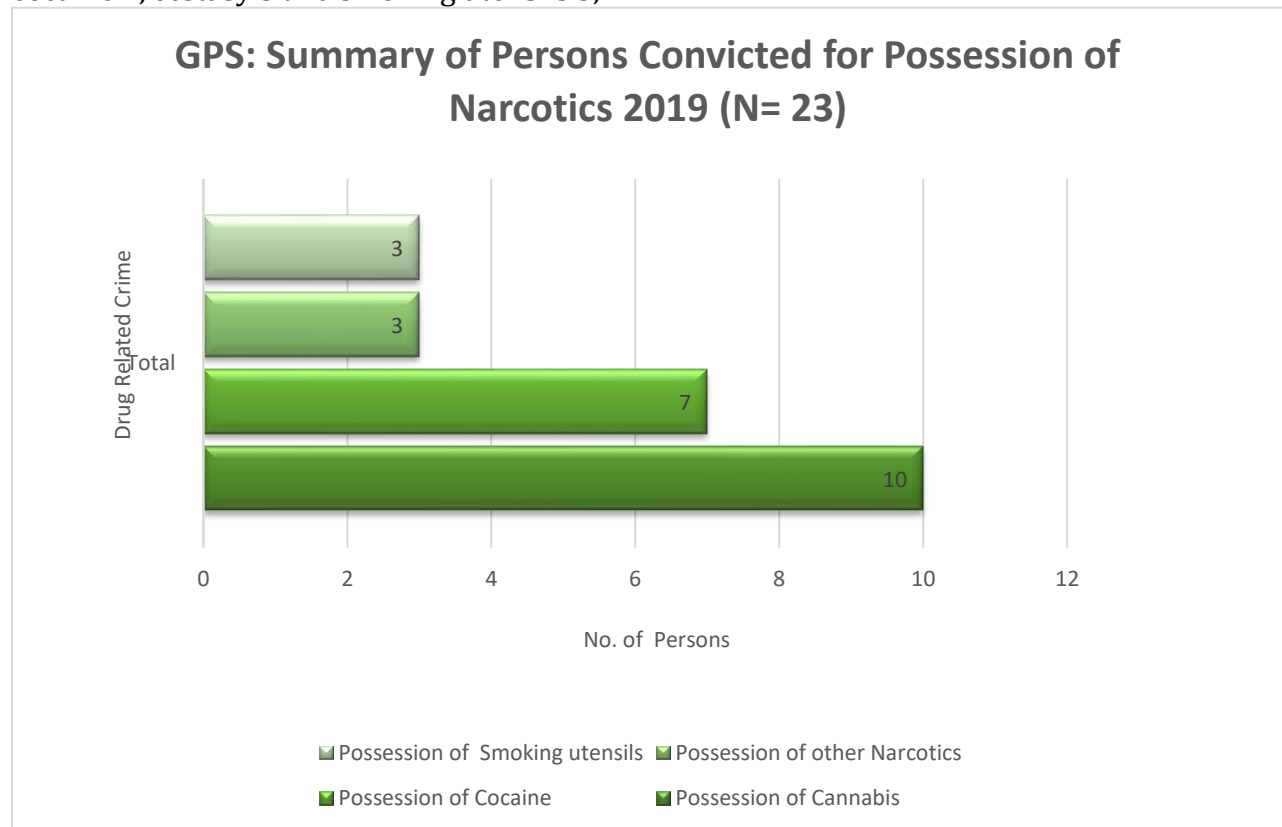
Number of Persons Admitted to the Guyana Prison System for Drug Related Offences, 2019

Guyana Prison Service Summary of Drug Related Convictions 2019	
Crime	Total
Possession of Marijuana	10
Possession of Cocaine	7
Possession of other Narcotics	3
Possession of Smoking utensils	3
Trafficking of Cannabis	73
Trafficking of Cocaine	16
Trafficking of other Narcotics	13
Cultivation	2
Smoking of Narcotics	0
Total Conviction	127

Persons Convicted for Drug Possession

Conviction data according to the Guyana Prison Service for 2019 indicated that a total of 127 persons were convicted for drug related crimes. Of this total, 23 were convicted for possession; marijuana 10, cocaine 7, ecstasy 3 and smoking utensils 3,

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

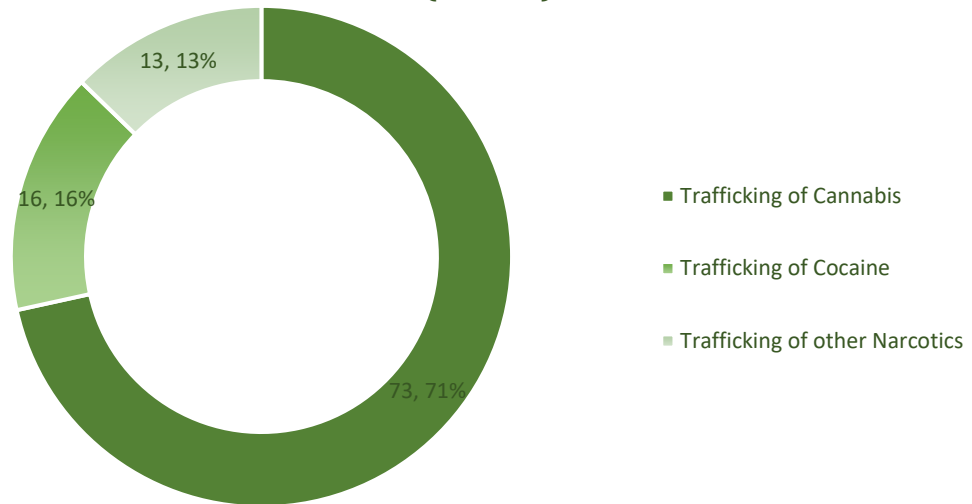


Persons convicted for Drug Trafficking

In assessing the conviction data for 2019 for trafficking in narcotics, it can be observed that a total of 102 persons were convicted. Of this number, 73 were

convicted for trafficking marijuana (71%), 16 (16%) for trafficking cocaine and trafficking of other narcotics 13 (13%). Additionally, 3 persons were convicted for cultivation of cannabis

GPS: Summary of Persons Convicted for Trafficking of Narcotics 2019 (N= 102)



Finally, the data for 2019 indicates that the majority of persons convicted for a drug crime were between the ages of 18-39, 92 persons in total, whilst 3 persons were 17 years old and younger, they were all convicted for trafficking marijuana. Of the persons between the ages of 18 -39, the majority were convicted for trafficking cannabis as illustrated in the table.

GPS: Summary of Persons Convicted for Drug Related Crime by Age 2019						
Offense	Age Range					
	Total	0-17	18-28	29-39	40-50	older than 50
Possession of Marijuana	10	0	3	4	3	0
Possession of Cocaine	7	0	2	3	1	1
Possession of other Narcotics	3	0	2	1	0	0
Possession of Smoking utensils	3	0	0	1	1	1
Trafficking of Cannabis	73	3	26	26	14	4
Trafficking of Cocaine	16	0	5	6	3	2
Trafficking of other Narcotics	13	0	7	4	1	1
Cultivation	2	0	1	1	0	0
Smoking of Narcotics	0	0	0	0	0	0
Total	127	3	46	46	23	9

Trend Analysis on Conviction data³⁰

In comparing the number of persons charged for the period 2017-2019, it was observed that there was an 18% decline in the number of persons charged for narcotics related offences, with a steep decline occurring in 2018. However, between 2018-2019 there was a small increase of 18 persons. What is notable is

that over the three-year period there was a significant increase in the number of persons charged for cocaine related offences (+31%). At the same time, there has been a decline in the number of persons charged for cannabis related offences (- 27%).

SUMMARY OF PERSONS CHARGED BY LAW ENFORCEMENT AGENCIES FOR PERIOD JAN - DEC,2017-2019			
Narcotics	2017	2018	2019
	Persons Charged		
Cannabis	614	421	447
Cocaine	70	98	92
Ecstasy	0	17	17
Hashish	0	0	1
Heroin	1	0	0
Meth	0	3	0
Unknown	0	0	0
Total	685	539	557

Further, in assessing the convictions for the same period, we see that between 2017-2019 there was a steep decline (-79%) in the number of persons convicted for narcotics related offences. There was an

82% decline in convictions for cannabis related offences and a 65% decline in convictions for cocaine related offences during this period.

SUMMARY OF CONVICTIONS BY LAW ENFORCEMENT AGENCIES FOR PERIOD JAN - DEC,2017-2019			
Narcotics	2017	2018	2019
	Convictions		
Cannabis	266	35	49
Cocaine	40	14	14
Ecstasy	0	0	2
Hashish	0	0	0
Heroin	0	0	0
Meth	0	0	0
Unknown	0	0	0
Total	306	49	65

³⁰ Prosecution data is based on cases initiated and completed within the year under review. The DIN does acknowledge that agencies have secured other convictions for cases that were initiated in previous years; however, this data is not currently being reported to the DIN to facilitate a more comprehensive analysis of this data. Efforts are being made to fill this gap in reporting with the agencies.

Assessing the relationship between the charges and convictions for narcotic related offences for the period 2017-2019, we note that for every 4 persons charged for an offence, it resulted in 1 person being convicted (4:1). This disparity was most

significant in 2018, where only 1 conviction was secured for every 11 persons charged on average. Of the 37 persons charged for possession of ecstasy for the 3-year period, only 2 convictions were secured.

Year	charges	conviction	Ratio
2017	685	306	2:01
2018	539	49	11:01
2019	557	65	9:01
Total	1781	420	4:01

Exploring the prosecutorial dynamic for cocaine and cannabis, the following was noted:

- ❖ Cocaine: for the 3-year period on average, 1 conviction was achieved for every 4 persons arrested. This fluctuated over the years in 2017, 1 conviction was secured for every 2 cases by 2019, 1 conviction was secured for every 7 cases.

cocaine	charge	conviction	Ratio
2017	70	40	2:01
2018	98	14	7:01
2019	92	14	7:01
Total	260	68	4:01

- ❖ Cannabis: between 2017-2019, on average 1 person was convicted for every 4 cases brought before the court. In 2018, the disparity was very significant with only 1 conviction for every 12 case.

cannabis	charge	conviction	Ratio
2017	614	266	2:01
2018	421	35	12:01
2019	447	49	9:01
Total	1482	350	4:01

Punishments Applied

As illustrated persons convicted have received various punishments as specified in law ranging from 6 months or more 5 years or less of imprisonment. Along with many of the applied punishment fines are applied totalling 3 times the value of the narcotic, the person (s) were charged with.

The most frequently served punishment for 2019 was 3 years' imprisonment with varying fines. This punishment was handed down to 52 persons convicted of possession, trafficking and cultivation of various narcotics (trafficking in cannabis with the most, 34 persons). This was followed by 26 persons in total who received <6 months sentencing plus fines and 4 years plus fines for their crime. The two punishment was mostly allotted to persons convicted of trafficking of narcotics (5 persons each).

The harshest punishments for drug crime in 2019, were primarily allocated to persons convicted of trafficking in narcotics. This was 5 years imprisonment with fine for 7 persons, 4 years' imprisonment with fine for 13 persons and 3 years imprisonment with fine for 45 persons. For 2019, the data indicates that 2 persons were convicted for cultivation and sentenced to 3 years' imprisonment with fine and >5 years imprisonment.

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 the prosecution rate is insignificant when compared to the figures for the number of eradications carried out in 2019.

Summary of Sentence Given for Drug Related Crime Conviction 2019

Drug Related Crime	LESS than 6 months	6 months	>6<12 months	18 months	1 yr. plus with fine	2 yrs. plus with fine	3 yrs. plus with fine	4 yrs. plus with fine	5 yrs. plus with fine	More than 5 yrs.	Total
Possession of Cannabis	4	0	0	0	2	1	3	0	0	0	10
Possession of Cocaine	0	1	0	0	1	1	3	0	1	0	7
Possession of other Narcotics	1	1	0	0	1	0	0	0	0	0	3
Possession of Smoking utensils	2	0	1	0	0	0	0	0	0	0	3
Trafficking of Cannabis	5	6	1	2	12	5	34	5	3	0	73
Trafficking of Cocaine	1	0	0	1	0	2	5	5	2	0	16
Trafficking of other Narcotics	0	0	1	0	0	1	6	3	2	0	13
Cultivation	0	0	0	0	0	0	1	0	0	1	2
Total Conviction	13	8	3	3	16	10	52	13	8	1	127

QUANTITY OF DRUGS DESTROYED

Between 2018 and 2019³¹, both the Guyana Police Force, Narcotics Unit and CANU destroyed illicit narcotics which accounted for completed cases from 2013 to present, valued at approximately \$700 Million. For 2018, this included approximately 132 kg cocaine and

440 kg cannabis by the Police and approximately 346 kg cocaine, 554 kg cannabis and 52 tables of unknown substances by CANU. For 2019, the Police destroyed approximately, 133 kg cannabis and 74 kg cocaine while CANU destroyed approximately 30.7 kg cocaine, 210.2 kg cannabis, 304 g heroin and 602 g unknown substances.

³¹ <https://dpi.gov.gy/188m-in-cocaine-and-marijuana-destroyed/#gsc.tab=0>

Other Offenses Related to Drug Use

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 and other 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 Regulations³².

During 2019, the agency received over 470 STRs, 8 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, charges and or seizures.

For the period, the FIU signed 11 MOUs with local law enforcement and stakeholder agencies and 2 MOUs with FIUs from other Jurisdictions. These are all intended to enhance cooperation in the fight against crimes that involve Money Laundering and related predicate offences including drug trafficking) and Terrorist Financing.

Further, during 2019, FIU conducted several training sessions and outreach activities across most of the regions of Guyana, to deliver on its mandate of ensuring reporting entities are aware of and can deliver on their reporting obligations as required by the AMLCFT Act.

Conclusions and Recommendations

The year 2019 has seen many great improvements by the law enforcement Agencies to intercept the supply of drugs in Guyana. Based on the data, however, there is still a need for greater focus to be placed in rural or interior locations, as shown in the data for 2019 when analysed by region, location and police division, more so, with region 6 seizing all 6 types of narcotics and being the only region with such seizures, the police F Division had the third highest request for drug test based on seizures which was about 15%. In the year 2019 a total of 1207.812kg of narcotics was seized, which reflected a 2.13% reduction compared to seizures in 2018, analysed by the two main substances, a total of 1,076.43kg of marijuana was seized, which reflects 2.44% increase from 2018, whilst cocaine on the other hand had a total

seizures of 130.526kg which reflected a 28.549% decrease from 2018. More so, there was a significant decrease in the number of cannabis plants eradicated during 2019. The eradication resulted in approximately 215,670kg of drugs taken off the market. This compared to the 578,177kg removed in 2018. Other substances seized during 2019 included 0.363kg of ecstasy, 0.035kg of hashish, 0.254kg of meth and 0.590kg of an unknown substance.

As it relates to prosecution in 2019, a total of 587 persons were charged for nine different drug related crimes within the main categories of possession, trafficking and cultivation, usage and utensils. A total of 127 persons were convicted for the various crimes prior to and during 2019

³² FIU: <http://fiu.gov.gy/home.html>

whilst 65 convictions were made in 2019 for crimes committed in 2019, depicting a ratio of 1:9 (1 conviction for every 9 persons charged). The poor conviction rate may be as a result of the old-fashioned Narcotic Drugs and Psychotropic Substance (Control) Act. Chapter 35:11, Part 2 Sections 4, 5 and 8 whose definition and interpretation of the narcotics are limited to drugs of yesteryear and does not specifically identify the new types of narcotics seized or makes provision for any new emerging drugs found in Guyana, ultimately making the prosecution of such case difficult, due to the vagueness of the law, which when presented in courts is left solely on the magistrate to decide how the law should be interpreted.

Recommendations

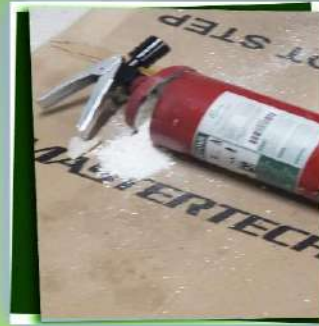
- Increase the manpower of the Guyana Police Force- Narcotics Branch and strengthen their capacity to analyse trends in drug trade to better target their interventions.
- Increase the budget of the Guyana Police Force- Narcotics Branch to carry out daily operations.
- Provide access to training opportunities for all law enforcement agencies in the area of capacity building, and intelligence gathering with the 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 through Guyana by improving the sharing of information and mutual assistance.
- Law enforcement agencies to focus greater attention and resources on higher level drug traffickers and violent offences.
- Provide access to foreign language training opportunities for all law enforcement agencies in the area of capacity building, and intelligence gathering with an aim of being able to fluently communicate with representatives of other countries.
- Provide a first responders training to all law enforcement agencies along with provisions for academic development of officers within those agencies.

PICTURES OF DRUG SEIZURES 2019

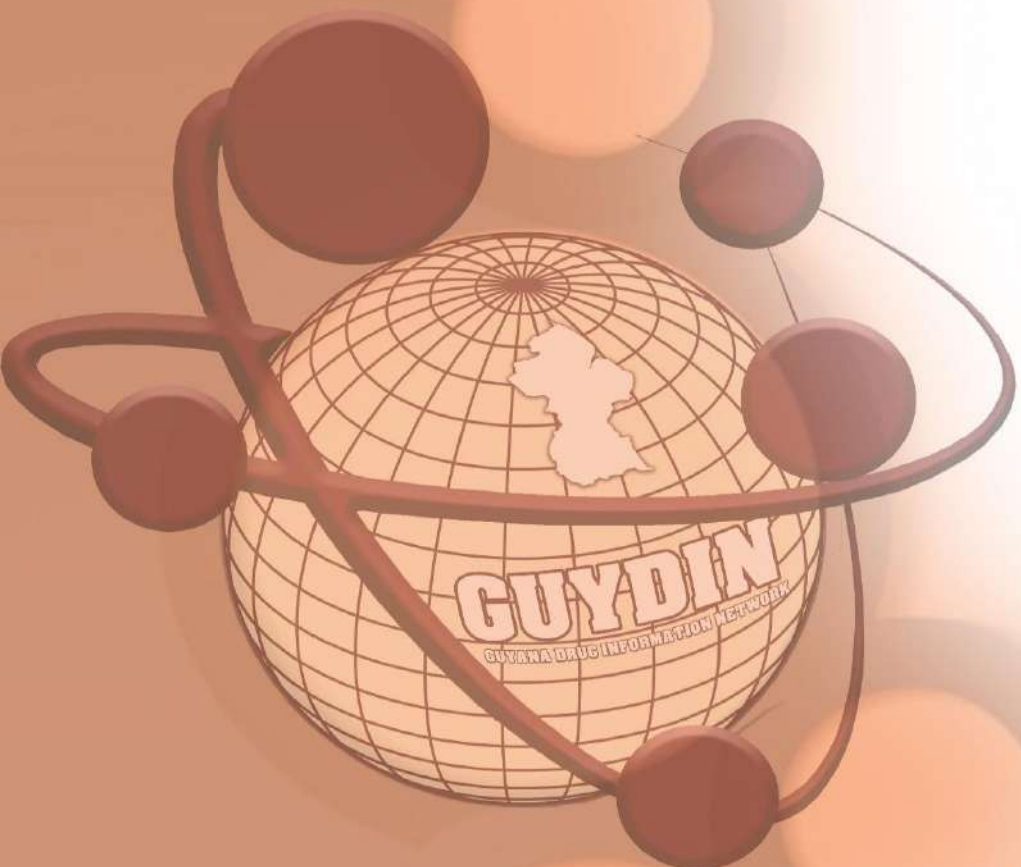
SEIZURES BY CANU



SEIZURES BY GPF



INTERNATIONAL COOPERATION



D. INTERNATIONAL COOPERATION

CARIBBEAN BASIN SECURITY INITIATIVE (CBSI)³³

During 2019, Guyana continued to participate in the CBSI programme 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 programmes ranging from counternarcotic to reducing the flow of illegal arms/light weapons.
- II. Increase Public Safety and Security through programmes 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 programmes, 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 (JJRP II)

In addition, the following grants were provided to Guyana:

- ❖ USD 850,000 was granted to strengthen the Justice System in Guyana.
- ❖ Radio Communications equipment valued at USD 700,000 was presented to the Guyana Defence Force, to improve its Maritime counter-piracy and drug interdiction capabilities.

³³ CBSI: <https://www.state.gov/p/wha/rt/cbsi/>

Training	Agency	# of persons Trained
Mock Prison Riot Training at the West Virginia Corrections Training Foundation, USA	Guyana Police Force	5
Overseas Protection Operations' course, at the ILEA, San Salvador	Presidential Guard Services and Guyana Police Force, Special Branch	6
Inter –Agency Cooperation in Financial Investigations Course, ILEA in El Salvador	Special Organized Crime Unit (SOCU) and The Financial Intelligence Unit (FIU)	3
14 Training courses via CBSI Connect and face to face classroom session at the Officers Training Centre. Areas of training included: Cyber Crime Awareness, Collection Storage and Handling of Toxicology Evidence and Road Block and Vehicle Interception and Search Seminar	Guyana Police Force	217
Advanced Crime Photography and Sketch Drawing Training	Guyana Police Force	20
Training Course in Public Corruption, ILEA, El Salvador	SOCU	3
Law Enforcement and Leadership Development Training Course, ILEA El Salvador	Guyana Police Force	5
TOTAL		259

Inter-American Drug Abuse Control Commission (CICAD)³⁴

The Inter-American Drug Abuse Control Commission (CICAD) of the Organization of American States (OAS) is the Western Hemisphere's policy body on drugs. The CICAD Executive Secretariat works with Member States to strengthen their human and institutional capabilities to address their national drug problems and coordinates the collective efforts of its member states to reduce the production,

trafficking and use of illegal drugs in the hemisphere.

Throughout 2019, CICAD has provided support to Guyana, through the National Anti-Narcotics Agency to aid in achieving many of the goals laid out in the National Drug Strategy Master Plan. Most notably, were the technical support provided for the establishment of Guyana's first Drug Treatment Court (DTC) as part of a range of alternatives to incarceration programmes. This type of court will provide court monitored drug treatment services to persons found

³⁴ CICAD: http://cicad.oas.org/main/default_eng.asp

to have committed specific crimes in order to support their drug

dependence. Other key areas of support include:

Initiative	Results
Implementation of a Standardized Drug Treatment Intake Form at four (4) treatment facilities	108 forms evaluated
Capacity Building Training for the Establishment of Guyana's First Drug Treatment Court	60 Persons Trained
Health Sector Gap Analysis	Drug Treatment Facilities Region 4 were evaluated for compliance with minimum standards of care requirements.
7 th Round Multilateral Evaluation Mechanism (MEM) on Drug Policy	Guyana's Measures to achieve initiatives under the Hemispheric Drug Policy was assessed
Training Series for Universal Treatment Curriculum Master Trainer	One (1) UTC Master Trainer Certified for Guyana
Training of Youth Leaders in Drug Prevention	3 youths trained

CARICOM

During 2019, the CARICOM Secretariat under the 10th European Development Fund (EDF) executed several initiatives under the Drug

Demand Reduction strategy in its Member States. Guyana benefited from several of these initiatives. These included

Initiative	Results
Economic Cost of Drugs Study in Guyana	Study Completed and Final Report developed
Study on Crime and Violence in Primary and Secondary Schools and establishment of Champion for Change Clubs	Studies completed. The Champion for Change Clubs in various stages of implementation
Training of Professionals on Treatment for Adolescents with Substance Use Disorders. Training materials developed by OAS/CICAD	30 Professionals Trained

UNODC- Container Control Programme³⁵

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.³⁶

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.

SEAPORT COOPERATION PROJECT (SEACOP)³⁷

The Seaport Cooperation Project (SEACOP) commenced in July 2010 and ended in December 2019, the project sought 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.

COOPERATION PROGRAM BETWEEN LATIN AMERICA, THE CARIBBEAN AND THE EUROPEAN UNION ON DRUG POLICIES (COPOLAD)³⁸

³⁵ https://www.unodc.org/documents/Container-control-programme/17-08688_CCP_AR2017_eBook.pdf

³⁶ <https://www.unodc.org/unodc/en/drug-trafficking/container-control-programme.html>

³⁷ https://cocaineroute.eu/content/uploads/2019/05/SEACOP_infosheet_11032019_II.pdf

³⁸ <http://copolad.eu/en>

As a Permanent Council Member for the Cooperation Programme between Latin America, the Caribbean and the European Union on Drugs Policies (COPOLAD), The National Anti-Narcotics Agency (NANA) have been able to align components of the COPOLAD mechanism to the pillars of the Guyana National Drug Strategy Master Plan 2016-2020. The technical assistance provided by COPOLAD has supported the timely achievement of several initiatives under our national strategy and have paved the path to expand into other areas of importance in addressing the drug situation. Additionally, given COPOLAD's commitment to align its activities with that of other international, hemispheric and regional agencies, we have been able to build stronger bonds with these strategic partners to advance the strategies for addressing the global drug problem.

From the initiation of COPOLAD II in December 2016 to March 2020, Guyana have engaged in the following initiatives:

- Component 1, Activity 1.5 - Strengthening the Capacity of NDOs for the Elaboration of National Drug Reports: Guyana was selected as the co-chair for this activity.
- Component 2 - Sustainable Capacity Building in Drug Demand Reduction: Under component two, Guyana was able

to benefit from all activities, this included training in evaluation of drug programmes and capacity building of professionals in the field of drug prevention and treatment. Additionally, under this project, sixteen (16) professionals in both treatment and prevention were enrolled into four (4) online courses aimed at sustainable capacity building for professionals.

- Component 3 Capacity Building in Drug Supply Reduction- Annual week on Precursors: Focused on building the capacity and network of professionals in the field of drug supply reduction and control measures. Experts from Guyana have participated in the Annual Week of Precursors. This initiative aims to expose professionals to mechanisms on how to gather, manage, prevent and monitor information on chemical precursors in order to design and implement effective policies and programmes to face the challenges posed by the illicit manufacture of synthetic drugs. Professionals were able to network and exchange information and intelligence, as well as best practices between anti-narcotic police units, national drug control bodies, forensic laboratories and Public Prosecutors Offices.

E. SUMMARY OF RECOMMENDATIONS

DEMAND

Investment into the institutional infrastructure for the coordination and delivery of drug demand reduction services.	Certified and accredited training programmes needs to be developed and offered locally for our leaders, teachers, counsellors, guardians, parents etc. who are tasked with delivering social and other services at the family, community, school and religious levels.
Brief intervention sessions and motivational interviewing should be an easily accessible service within the schools.	At the level of the administrative regions, prevention programmes need to be made a priority and promoted throughout all regions utilizing a communication strategy that caters to the socio-cultural differences at the regional level.
It is vital to ensure improved prevention planning and prevention program delivery with built in monitoring and evaluation framework.	National Communication Media Strategy to promote substance abuse prevention that takes into consideration the social-cultural dynamics of the population,
Implementation of a Drug Demand Reduction Strategy. Annual Planning must include the quality strategy in DDR programmes.	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.
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.	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.

SUPPLY

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.

Provide access to foreign language training opportunities for all law enforcement agencies in the area of capacity building, and intelligence gathering with an aim of being able to fluently communicate with other countries.

Provide a first responders training to all law enforcement agencies along with provisions for academic development of officers within those agencies.



NANA

NATIONAL ANTI-NARCOTICS AGENCY

**125 PARADE AND BARRACK STREETS,
KINGSTON, GEORGETOWN**

TEL: 226-4431/ 2264443



GUYDIN

GUYANA DRUG INFORMATION NETWORK

**125 PARADE AND BARRACK STREETS,
KINGSTON, GEORGETOWN**

226-4446/ 226-4486