



Republic of Guyana

GUYANA DRUG INFORMATION NETWORK

ANNUAL NATIONAL REPORT, 2009



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ABBREVIATIONS

BSS	Behavioural Surveillance Survey
CANU	Customs Anti- Narcotic Unit
CARICOM	Caribbean Community
CDC	Center for Disease Control and Prevention
CICAD	Inter-American Drug Abuse Control Commission
DIN	Drug Information Network
GPHC	Georgetown Public Hospital Corporation
GPS	Guyana Prison Service
GSHS	Global School Health Survey
INCB	International Narcotics Control Board
INRA	Information, Needs and Resources Analysis
MEM	Multilateral Evaluation Mechanism
OAS	Organization of American States
OID	Inter- American Observatory on Drugs
SIDUC	Inter-American Drug Use Data System
SRP	Structured Relapse Prevention
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	The United Nation's Children Fund
WHO	World Health Organisation

EXECUTIVE SUMMARY

A national network is needed in order to contribute to the policy, monitoring and evaluation activities at all levels of drug prevention and control. In Guyana, it is observed that many sources exist with relevant and specific information related to substance abuse. However, the lack of a national coordinating authority where all data can be brought together in one format for analysis, dissemination, and reporting leads to data not being readily available. There is dire need for a consistent and uniformed system for data collection, analysis, and reporting of information for internal and external use. The establishment of a national and regional information system would assist with capacity building at local level to collect data that can guide demand and supply reduction activities, but also to improve national, regional and global reporting on drug trends. The Ministry of Home Affairs, Guyana has made strides in this regard by establishing mechanisms to collect data from Law Enforcement institutions.

Further, in August 2009, The Ministry of Home Affairs in collaboration with CICAD/OAS organized the first Guyana Drug Information Network Meeting with most of the participating organizations in Law Enforcement and Drug Treatment. Participating organizations support the intention to work together towards a national drug information network for Guyana, called the Guyana Drug information Network. Follow up meetings in this setting are required to agree on the needed data and the reporting format.

This report is a compilation of material gathered from existing documents and reports on drug abuse, prevention and control in Guyana and serves to introduce the Guyana Drug Information Network in its embryonic phase.

1. INTRODUCTION

1.1 Country Information

Guyana (216,000 square km), a developing country, located on the northeast coast of South America, is bordered by the Atlantic Ocean, Suriname, Brazil and Venezuela. It has a landmass of 216,000 square kilometres and is divided into 10 administrative regions. Guyana is the only english-speaking country in South America and is one of two South American member countries of the Caribbean Community (CARICOM).

The country is divided into four natural regions:

- (a) The low coastal plain
- (b) The hilly sand and clay area
- (c) The highland or mountain region
- (d) The interior savannahs

Over eighty percent (80%) of the population lives along the coast-land with the interior region being heavily forested and largely populated by the country's indigenous peoples – the Amerindians. Guyana is known as the 'land of many waters' with several navigable

rivers and creeks, the largest rivers being, Essequibo, Demerara and Berbice, which serve to divide the country into the three counties of Essequibo, Demerara and Berbice.

The country has six Municipal centres namely:

- Georgetown (the Capital) - Region 4
- Linden - Region 10
- New Amsterdam - Region 6
- Rose Hall - Region 6
- Corriverton - Region 6
- Anna Regina - Region 2

Guyana's economy is largely agricultural based. The primary economic activities are in the areas of Sugar, Rice, Forestry and Fish production, along with the mining of Bauxite, gold, diamonds and other minerals. In 2006, Guyana was ranked 103 (out of 177 countries) on the Human Development Index (HDI). This ranking is based on a GDP per capita of US\$4493 (PPP, rank 102); life expectancy at birth of 63.6 years (rank 120); and a 96.5% adult literacy rate (rank 32) (Human Development Report, 2006). Guyana's GDP is approximately US\$800 million a year (The Economist Intelligence Unit, 2006). Based on GDP per capita, Guyana is the second poorest country in the Caribbean region, behind Haiti.

1.2 Guyana's Drug Information Network

In the Multilateral Evaluation Mechanism, 2006 it was recommended that the Ministry of Home Affairs develops and implements an integrated system to collect, analyse, maintain and disseminate drug related statistics.

The Inter- American Observatory on Drugs (OID), Inter- American Drug Abuse Control Commission (CICAD)/ Organization of American States (OAS) commissioned the development of a Drug Information Network (DIN) in Guyana through the Ministry of Home Affairs. The overarching goal of the DIN is to improve Guyana's capacity in the formulation of drug policy, design and implementation of responses and programmes, and the evaluation of outcomes through the use of timely, valid, and reliable information.

To facilitate the Development of a Drug Information Network in Guyana, a Drug Information Needs and Resources Analysis for Guyana Report was completed with the intention of establishing Guyana's capacity for collecting information on drug abuse. The INRA was used as a mechanism to create an inventory of potential data sources to the drug information network.

In preliminary meetings to the setting up of the DIN, all concerned institutions expressed their support and their willingness to contribute to a centralized database. The examination of data sources, through the INRA, revealed that there is a poorly developed infrastructure for data collection activities in targeted institutions. It was found that data collection activities at agency level needs improvement. Some institutions compile their data manually whilst others have partially computerized systems. Providing data entry software and training in data entry and analysis would be helpful to ensure the easy access to data and will ultimately lead to the improvement of data collection at agency level.

On the 21st August, 2009, the first meeting of the Guyana Drug Information Network was called to order at the DIN Secretariat, Ministry of Home Affairs. The preliminary epidemiological network currently consists of:

-Treatment Facilities

Drug Demand Reduction Programme, Ministry of Health

Phoenix Recovery Project

Salvation Army Men's Social Service

-Law Enforcement Agencies

Ministry of Home Affairs

CANU

Prisons

Guyana Defence Force

Food and Drug Department, Ministry of Health

-Psychiatric Facilities

Georgetown Public Hospital Corporation

The National Drug Information Network was established with the aim of sharing intelligence and initiating the central collection, analysis and dissemination of drug related data. The main action plan emerging from the meeting is the reporting of data by all participating agencies on a quarterly basis to the Ministry of Home Affairs for collation and analysis. Further, the Ministry of Home Affairs is accountable for the preparation, presentation and dissemination of annual Drug Information Network Reports.

Participating agencies also pointed out drug related information that they would require from other organizations to enhance the performance of their agencies. Below is a tabular representation of data resources and needs of prominent participating agencies:

Table 1.1: Data Sources and Needs of The Ministry of Home Affairs

AGENCY	MINISTRY OF HOME AFFAIRS
Nature of Data Collected	<ol style="list-style-type: none"> 1. Quantity and Number of Drug Seizures 2. Seizures of Precursors, Chemicals and other raw materials 3. Seizures of equipment, money and real estate 4. Production areas eradicated 5. Age group, Occupation and nationality of Persons Arrested
Data Collection Tools & Techniques	<ol style="list-style-type: none"> 1. CICAD's Uniform Statistical System on Control of the Supply Area (CICDAT) and Multilateral Evaluation Mechanism (MEM) 2. Formats provided by International Narcotics Control Board (INCB) 3. The United Nations Office on Drugs and Crime (UNODC) Annual Report Questionnaire
Medium of Data Dissemination	Reports
Frequency of Data Dissemination	Quarterly and Annually

Agencies that information is shared with	Not stated
Information needed by agency	Not Identified

Table 1.2: Data Sources and Needs of The Customs Anti- Narcotic Unit

AGENCY	CUSTOMS ANTI NARCOTIC UNIT
Nature of Data Collected	<ol style="list-style-type: none"> 1. Persons Arrested 2. Drug Seizures (Amount and Type) 3. Convictions
Data Collection Tools & Techniques	<ol style="list-style-type: none"> 1. Personal Data Form 2. Property Book 3. Occurrence Book
Medium of Data Dissemination	Letters
Frequency of Data Dissemination	Weekly and Monthly
Agencies that information is shared with	<ol style="list-style-type: none"> 1. Guyana Police Force 2. Guyana Defence Force 3. Guyana Revenue Authority (Customs)
Information needed by agency	<ol style="list-style-type: none"> 1. Financial Status of individuals being investigated (Source: Financial Intelligence Unit) 2. Export Data- Items exported, amount, cost and destination (Source: Guyana

	Revenue Authority, Customs and Trade Administration)
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Table 1.3: Data Sources and Needs of The Guyana Defence Force

AGENCY	GUYANA DEFENCE FORCE
Nature of Data Collected	<ol style="list-style-type: none"> 1. Marijuana Cultivation 2. Narcotic Trafficking by Aircraft and Overland with special emphasis on borders.
Data Collection Tools & Techniques	Covert and Overt Intelligence gathering
Medium of Data Dissemination	Not Stated
Frequency of data dissemination	Weekly
Agencies that information is shared with	<ol style="list-style-type: none"> 1. Guyana Police Force (SB) 2. Guyana Police Force (CID) 3. CANU
Information needed by agency	Not Identified

Table 1.4: Data Sources and Needs of The Guyana Police Force

AGENCY	GUYANA POLICE FORCE
Nature of Data Collected	<ol style="list-style-type: none"> 1. Drug Seizures 2. Persons Charged 3. Persons Convicted

Data Collection Tools & Techniques	<ol style="list-style-type: none"> 1. By interviews 2. Records made in the course of police operations
Medium of Data Dissemination	Not stated
Frequency of Data Dissemination	Weekly, monthly, quarterly and annually
Agencies that information is shared with	<ol style="list-style-type: none"> 1. Local Law Enforcement 2. Interpol 3. Drug Enforcement Agency 4. Serious Organised Crime Agency (UK) 5. Royal Canadian Mounted police
Information needed by agency	<ol style="list-style-type: none"> 1. Information on Drug Seizures and Arrests (Source: CANU)

Table 1.5: Data Sources and Needs of The Ministry of Health

AGENCY	MINISTRY OF HEALTH
Nature of Data Collected	<ol style="list-style-type: none"> 1. Drug Treatment Admissions 2. Disease Conditions 3. Cause of Death
Data Collection Tools & Techniques	<ol style="list-style-type: none"> 1. Questionnaires on admission to treatment centres

	<ol style="list-style-type: none"> 2. Progress forms relating to Substance Abuse 3. Patient Records 4. Standardised Surveillance Forms 5. Registration of Death (Death Forms)
Medium of Data Dissemination	Reports, Internet, News Letter, Statistical Bulletin
Frequency of Data Dissemination	Annually
Agencies that information is shared with	Not stated
Information needed by agency	<ol style="list-style-type: none"> 1. Number of Persons Arrested for Drug Related Offences (Source: Ministry of Home Affairs) 2. Types of Drugs Seized (Source: Ministry of Home Affairs) 3. Current number of persons tested with breathalyzer apparatus (Source: Ministry of Home Affairs) 4. Current number of persons tested positive for consuming illegal quantity of alcohol (Source: Ministry of Home Affairs) 5. Current number of persons

	<p>prosecuted based on positive breathalyzer results (Source: Ministry of Home Affairs)</p> <p>6. Current number of inmates per prison (Prison Services)</p> <p>7. Current number inmates held for drug related offences per prison (Prison Service)</p> <p>8. Current number of inmates with Tuberculosis, HIV/ AIDS, other STI/STDs (Prison Service)</p> <p>9. Number of domestic violence cases related to substance abuse within the last 10 years (Source: Human Service)</p> <p>10. Number of murder/ suicide cases related to substance abuse within the last 10 years (Source: Human Services)</p> <p>11. Number of Children found selling cigarettes, alcohol, illicit drugs (Source: Human Services)</p>
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Table 1.6: Data Sources and Needs of The Salvation Army’s Men Social Service

AGENCY	THE SALVATION ARMY MEN’S SOCIAL SERVICE
Nature of data Collected	Treatment Admissions
Data Collection Tools & Techniques	Questionnaire on admission to Treatment Centre
Medium of Data Dissemination	None
Frequency of data dissemination	-
Agencies that information is shared with	None
Information needed by agency	Not Identified

Table 1.7: Data Sources and Needs of The Phoenix Recovery Project

AGENCY	PHOENIX RECOVERY PROJECT
Nature of Data Collected	Treatment Admissions
Data Collection Tools & Techniques	Questionnaire on Admission to Treatment Centre
Medium of Data Dissemination	Not stated
Frequency of Data Dissemination	Annually
Agencies that information is shared with	<ol style="list-style-type: none"> 1. Ministry of Home Affairs 2. Ministry of Health, Health Sciences Drug Education Unit
Information needed by agency	<ol style="list-style-type: none"> 1. Number of Persons Arrested for Drug Related Offences (Source:

	<p>Ministry of Home Affairs)</p> <p>2. Guidance on Drug Policies (Source: Ministry of Health)</p> <p>3. Findings Relating to Drug Surveys (Source: Ministry of Health)</p> <p>4. Information on Clientele (Source: Salvation Army)</p> <p>5. Best Practices (Source: Salvation Army)</p>
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Table 1.8: Data Sources and Needs of The Food and Drug Department, Ministry of Health

AGENCY	FOOD AND DRUG DEPARTMENT, MINISTRY OF HEALTH
Nature of Data Collected	Importation and Distribution of Narcotic Drug and Psychotropic Substances for Medical Use
Data Collection Tools & Techniques	Submission of Transactions relating to importation and distribution by importers
Medium of Data Dissemination	Reports
Frequency of Data Dissemination	Quarterly and Annually
Agencies that information is shared with	<p>1. Ministry of Home Affairs</p> <p>2. International Narcotic Control</p>

	Board
Information needed by agency	<ol style="list-style-type: none"> 1. Information sharing on security and protection (Source: Guyana Police Force) 2. Import Control Regulation (Source: Customs and Trade Administration) 3. Networking and Information Sharing with Customs Anti Narcotic Unit

1.2.1 Constraints of the Guyana Drug Information Network

The Drug Information Network is not fully operational. Therefore, constraints cannot be precisely identified. However, a few constraints are anticipated. These include:

1. Under staffing at some participating agencies, thus creating difficulty for the preparation of reports
2. Personnel within certain agencies not properly trained in the use of statistical software

Additionally, the characteristics of some data sources may have a negative impact on the transmission of information to the Drug Information Network. These include:

Treatment Data

1. Private treatment data is not collated centrally
2. No standardized data collection form used in Treatment facilities

General Hospital Data

1. Drug related cases are not systematically documented within the present hospital system

Mortality Data

1. No record keeping system for drug related deaths
2. No toxicology unit to carry out examinations

Psychiatric Data

1. Unsystematic recordings of diagnosis of comorbid conditions for patients attending clinic
2. Psychiatric Information is not centrally collated

Law Enforcement Data

1. Most agencies that are intended to contribute to the Drug information Network have no computerized system or underdeveloped computerised systems

2. INFORMATION ON DRUG TRENDS

In Guyana, information on the scale of drug use is obtainable through surveys and existing data sources.

Guyana holds a significant amount of data on drug use, however much of the data is not collated and analysed. However, the Law Enforcement Sector of Guyana has established mechanisms for the capturing of data and present annual and quarterly reports to CICAD,

United Nations Office on Drugs and Crime (UNODC) and International Narcotics Control Board (INCB).

2.1 Survey Data

Information on the magnitude of drug consumption in Guyana is offered through the following surveys:

- The Guyana School survey 2002
- The Guyana School Survey 2007
- The Global School Health Survey 2004
- The Guyana Youth Tobacco Survey 2004
- Behavioural Surveillance Survey 2003

2.1.1 School Surveys

The Government of Guyana with the aid of CICAD/OAS have successfully completed two surveys that provide needed information on the prevalence and patterns of drug use amongst secondary school students. These are the Guyana School Survey 2002 and the Guyana School Survey 2007. The school survey instrument, SIDUC, was developed by CICAD/OAS to monitor the use of drugs among high school students with the aim of improving the understanding of the patterns and causes of drug abuse. These studies have indicated that drug use has become a common practice among secondary school students.

The Global School Health Survey 2004 also offers information on the prevalence of alcohol and other drug use amongst school children ages 13-15.

The Guyana Youth Tobacco Survey (GYTS) is yet another school based survey that was conducted in 2004 and includes data on prevalence of cigarette and other tobacco use.

2.1.1.1 The Guyana School Survey 2002

In the 2002 School Survey a two-stage cluster sample design was used in the selection of schools, classes and students. The target population was students in Forms 2, 4 and 6 (Grade 8, 9, and 10 respectively) of senior and junior secondary schools, community high schools and the secondary departments of primary schools in Georgetown and the Demerara-Mahaica Region commonly known as Region 4. A total of 3729 students were enrolled in the 37 schools selected and out of this total 2869 students responded to the questionnaire. There was specific focus on lifetime (defined as those who have ever used a drug), annual (use of a drug within the last 12 months) and current (use of a within the past month or 30 days) use of cigarettes, alcohol, tranquilizers, stimulants, solvents, inhalants, marijuana, hallucinogens, heroin, opium, cocaine powder, crack cocaine and ecstasy. Displayed below is a table showcasing the results of the 2002 School Survey.

Table 2.1: Consumption Patterns, 2002 School Survey: Comparison of Substance Use

Rates: Lifetime, Annual and Current

Type of Drug	Lifetime Prevalence (Percentage)			Annual Prevalence (Percentage)	Current Use (Percentage)		
	Male	Female	Total	Total	Male	Female	Total
Tobacco	27.1	17.1	21.9	4.7	21.3	1.3	1.6
Alcohol	64.2	56.1	59.7	33.5	19.4	14.6	16.8
Tranquillizers/Sedatives / Depressants	5.3	7.1	6.3	3.1	0.9	1.8	1.4
Stimulants	2.1	2.0	2.0	0.7	0.5	0.3	0.4
Solvents/ Inhalants	7.8	6.2	6.9	3.5	1.6	1.8	1.7
Marijuana	9.5	4.5	6.8	3.5	2.7	1.1	1.8
Other Cannabis Type	-	-	-	0.3	0.2	0.1	0.2
Cocaine HCL	0.5	0.8	0.7	0.3	0.1	0.2	0.1
Crack	0.4	0.6	0.5	0.2	0.1	0.1	0.1
MDMA Ecstasy	1.2	0.6	0.9	0.5	0.2	0.4	0.3
Hallucinogens	0.8	0.1	0.9	-	-	-	-
Heroin	0.9	0.6	0.7	0.3	0.2	0.3	0.2
Morphine	1.2	1.8	1.5	1.0	0.2	0.6	0.4
Opium	0.5	0.6	0.5	0.1	0.0	0.3	0.1
Other Drugs	25.9	23.0	24.3	15.3	7.8	9.6	8.8

2.1.1.2 The Guyana School Survey 2007

In the 2007 survey, the target population was secondary school students in Forms 2, 4 and 5 (Grade 8, 10, and 11 respectively). The sampling process was a two-stage design that firstly selected schools from an official list and secondly selected school grades or classrooms. Every student in the sampled classroom was eligible for selection. The total enrolment data was 3250 students, of which 2469 students responded, giving a response rate of 76 %.

The questionnaire used was a skip-pattern type with mostly closed-ended responses. The self-administered questionnaire was designed to gather information on the age of first use, and the lifetime, annual and current prevalence of drug use by secondary school students.

The chart below reveals the results of the 2007 School Survey:

Table 2.2: Consumption Patterns, 2007 School Survey: Comparison of Substance Use Rates: Lifetime, Annual and Current

Type of Drug	Lifetime Prevalence			Annual Prevalence			Current Use		
	(Percentage)			(Percentage)			(Percentage)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Cigarettes	24.4	13.3	17.6	8.8	4.6	6.3	6.1	2.9	4.2
Alcohol	68.5	57.0	61.6	56.0	43.6	48.5	43.9	34.5	38.2
Tranquillizers	7.7	5.4	6.3	5.6	2.7	3.8	-	-	-
Stimulants	9.5	5.6	7.2	6.6	3.3	4.6	4.3	1.9	2.7
Solvents/ Inhalants	25.7	19.2	21.7	13.4	8.7	10.5	8.6	5.9	6.9

Marijuana	17.2	7.0	11.0	9.8	4.2	6.4	6.0	2.3	3.7
Cocaine	5.9	2.9	4.1	4.3	1.8	2.8	3.0	0.9	1.8
Crack	6.2	2.6	4.0	4.1	2.1	2.8	2.6	1.1	1.7
Ecstasy	6.0	2.5	3.9	4.5	1.6	2.7	3.2	1.0	1.9
Other Drugs	8.9	5.8	7.0	7.3	3.4	4.9	4.7	1.9	3.1
Any Illegal Drug	39.2	24.6	30.3	21.9	12.0	15.1	15.2	7.7	10.6

2.1.1. 3 Global School Health Survey (GSHS) 2004

The GSHS was developed by the World Health Organization (WHO) in collaboration with United Nations' UNICEF, UNESCO, and UNAIDS; and with technical assistance from CDC. The 2004 Guyana GSHS measured alcohol and other drug use; sexual behaviors that contribute to HIV infection, other STI, and unintended pregnancy; unintentional injuries and violence; hygiene; dietary behaviors and overweight; physical activity; tobacco use; mental health; and protective factors.

The 2004 Guyana GSHS was a school-based survey of students in forms 2, 3, and 4. A two-stage cluster sample design was used to produce data representative of all students in forms 2, 3, and 4 in Guyana. At the first stage, schools were selected with probability proportional to enrollment size. At the second stage, classes were randomly selected and all students in selected classes were eligible to participate. The school response rate was 100%, the student response rate was 80%, and the overall response rate was 80%. A total of 1,212 students participated in the Guyana GSHS. Students self-reported their responses to each question on

a computer scannable answer sheet. Presented are the findings of the GSHS relevant to this report:

Table 2.3: Consumption Patterns, Global School Health Survey, 2004: Comparison of Substance Use Rates: Total and Boys vs. Girls

ALCOHOL AND OTHER DRUG USE			
Results for students aged 13-15 years	Total	Boys	Girls
Percentage of students who had at least one drink containing alcohol on one or more days during the past 30 days	35.5 ± 4.3	46.9 ± 5.8	25.9 ± 4.5
Percentage of students who drank so much alcohol that they were really drunk one or more times during their life	28.3 ± 3.6	40.2 ± 4.6	17.6 ± 3.8
Percentage of students who had a hang-over, felt sick, got into trouble with family or friends, missed school, or got into fights, as a result of drinking alcohol one or more times during their life	17.4 ± 3.6	21.9 ± 4.4	13.3 ± 3.7
Percentage of students who used drugs one or more times during their life	11.7 ± 2.8	17.7 ± 4.5	5.9 ± 2.5
TOBACCO USE			
Results for students aged 13-15 years	Total	Boys	Girls
Percentage of students who smoked cigarettes on one or more days during the past 30 days	7.4 ± 1.7	11.8 ± 2.9	3.7 ± 1.5
Percentage of students who used any other form of	8.2 ± 2.8	12.6 ± 3.2	4.3 ± 2.9

tobacco on one or more days during the past 30 days			
Percentage of students who reported people smoking in their presence on one or more days during the past 7 days	64.3 ± 3.4	67.6 ± 5.6	61.8 ± 3.8

2.1.1. 4 Guyana Youth Tobacco Survey 2004

The Guyana GYTS is a school based survey that was conducted in 2004 and includes data on prevalence of cigarette and other tobacco use as well as information on five determinants of tobacco use: access/ availability and price, environmental tobacco smoke exposure (ETS), cessation, media and advertising, and school curriculum.

The GYTS targeted students in form II, form III and form IV. A two- stage cluster sample design was used to produce representative data for all of Guyana. At the first stage, schools were selected with probability proportional to enrollment size. At the second stage, classes were randomly selected and all students in selected classes were eligible to participate. The school response rate was 100%, and the overall response rate was 78.6%. A total of 1230 students participated in the Guyana GYTS.

Table 2.4: Guyana Youth Tobacco Survey, 2004: Prevalence of Cigarette and other tobacco use: Determinants of Tobacco Use: Total and Boys vs. Girls

Prevalence
32.1% of students had ever smoked cigarettes (Boy = 40.0%, Girl = 22.5%)
18.0% currently use any tobacco product (Boy = 21.0%, Girl = 14.1%)

11.1% currently smoke cigarettes (Boy = 14.3%, Girl = 7.5%)
8.9% currently use other tobacco products (Boy = 10.1%, Girl = 7.4%)
11.3% of never smokers are likely to initiate smoking next year
Knowledge and Attitudes
32.1% think boys and 20.0% think girls who smoke have more friends
11.0% think boys and 9.1% think girls who smoke look more attractive
Access and Availability- Current Smokers
43.7% usually smoke at home
35.2% buy cigarettes in a store
* who bought cigarettes in a store were NOT refused purchase because of their age
Environmental Tobacco Control
33.7% live in homes where others smoke in their presence
60.2% are around others who smoke in places outside their home
71.4% think smoking should be banned from public places
65.8% think smoke from others is harmful to them
34.0% have one or more parents who smoke
5.3% have most or all friends who smoke
Cessation- Current Smokers
70.5% want to stop smoking
71.8% tried to stop smoking during the past year
78.5% have ever received help to stop smoking
Media and Advertising

78.2% saw anti- smoking media messages, in the past 30 days
71.6% saw pro- cigarette ads on billboards, in the past 30 days
70.7% saw pro- cigarette ads in newspapers or magazines, in the past 30 days
15.4% have an object with cigarette brand logo
14.0% were offered free cigarettes by a tobacco company representative
School
50.1% had been taught in class, during the past year, about the dangers of smoking
33.8% had discussed in class, during the past year, reasons why people their age smoke
50.3% had been taught in class, during the past year, the effects of tobacco use

* denotes cell size less than 35

2.1.2 General Population Survey

The Behavioural Surveillance Survey was executed to provide information on behavioural trends that influence HIV transmission in target groups; however, this survey as a matter of course accumulated valuable information on the extent of drug use amongst vulnerable populations in Guyana.

2.1.2.1 Behavioural Surveillance Survey 2003

To understand the dynamics of HIV transmission in Guyana, in 2003 the Ministry of Health commissioned a series of Behavioural Surveillance Surveys (BSS) among youths both in and out of school, employees of the Guyana Sugar Corporation (GUYSUCO), members of the uniformed services, men who have sex with men (MSM), and female sex workers (FSW).

Using probability sampling, the study team recruited more than 5,000 study participants from the various target populations. Given the diverse nature of the populations, the team applied different sampling techniques to each; some populations required more than one sampling technique.

The table below shows the number of persons, the sampling method and the regions from which the target group recruited participants,.

Table 2.5: Sampling Methodology: Behavioural Surveillance Survey, 2003

Target group	Characteristics of sample	Type of sampling	Sample size
In-school males	Persons 15 to 19 years old attending public and private schools in regions 1, 2, 3, 4, 5, 6, 9 and 10	Multi-stage cluster sampling	1,211
Out-of-school youth	Persons 15 to 24 years living in regions 3, 4, 6 and 10	Multi-stage cluster sampling	1,482
Employees of the sugar industry	Employees of GUYSUCO	<i>Office staff:</i> stratified random	1,332

	working in regions 3, 4, 5 and 6	sampling <i>Field staff:</i> systematic sampling	
MSM	MSM living in region 4	Time location sampling	331
FSW	Females who exchange sex for money in regions 4, 6 and 10	Time location sampling	450
Members of the uniformed services	Serving members of the Guyana Police Force (GPF) and the Guyana Defence Force (GDF)	<i>GPF</i> : cluster sampling <i>GDF</i> : systematic sampling	625
Total			5,431

Trained interviewers used structured, pre-tested questionnaires to collect data from survey participants.

Relevant findings from this report can be seen in table below:

Table 2.6: Drug Use by Vulnerable groups, Behavioural Surveillance Survey, 2003

	Previous alcohol use (%)	Marijuana use (%)	Cocaine Use (%)	Heroin use (%)
Out of school Youth	59	10.1	0.7	1.1
In- school Youth	54	7.2	0.4	0.2
Employees of Guysuco	81	15	2.3	0
Female Sex Workers	60.2	37	8.2	0.2
Men who have sex with men	91	60	13.3	0.6
Members of uniformed Service	81	11.5	2.3	0

2.2 Existing Data Sources

2.2.1 Treatment Data

Guyana's Drug Treatment and Rehabilitation sector is currently comprised of both inpatient and outpatient facilities:

1. Government Outpatient Treatment Facilities:
 - a. Treatment and Rehabilitation Centre, Georgetown Public Hospital Corporation, Region # 4
 - b. New Amsterdam Hospital, Region # 6
 - c. Smythfield Drop-in Centre, Region # 6
 - d. Mibicuri Cottage Hospital, Region # 6
 - e. Skeldon Hospital, Region # 6
2. Non- Governmental Inpatient Treatment Facilities:
 - a. Salvation Army Men's Social Service , Region # 4
 - b. Phoenix Recovery Project, Region # 4

Both private and public drug treatment facilities target adult women and men. However, only public facilities treat children and adolescents. The Ministry of Health also offers drug treatment services through the National Psychiatric Hospital and the Georgetown Public Hospital Psychiatric Ward.

Guyana has not established any guidelines or regulations on standards of care for drug abuse treatment. The Ministry of Health keeps a national registry of treatment services and programs offered in Guyana. Likewise, the country does not have instruments for accrediting

treatment services and programs, nor does it provide training or refresher courses for treatment personnel in their specialties.

2.2.2 Law Enforcement Data

In Guyana, agencies that report to the Ministry of Home Affairs include:

- Customs Anti- Narcotic Unit
- Guyana Police Force
- Guyana Prisons Service

The following agencies also contribute to drug law enforcement data:

- Guyana Defence Force
- Food and Drug Department, Ministry of Health

Existing mechanisms to collect data from law enforcement institutions are:

- CICAD's Uniform Statistical System on Control of the Supply Area (CICDAT) and Multilateral Evaluation Mechanism (MEM)
- Formats provided by International Narcotics Control Board (INCB)
- The United Nations Office on Drugs and Crime (UNODC) Annual Report Questionnaire

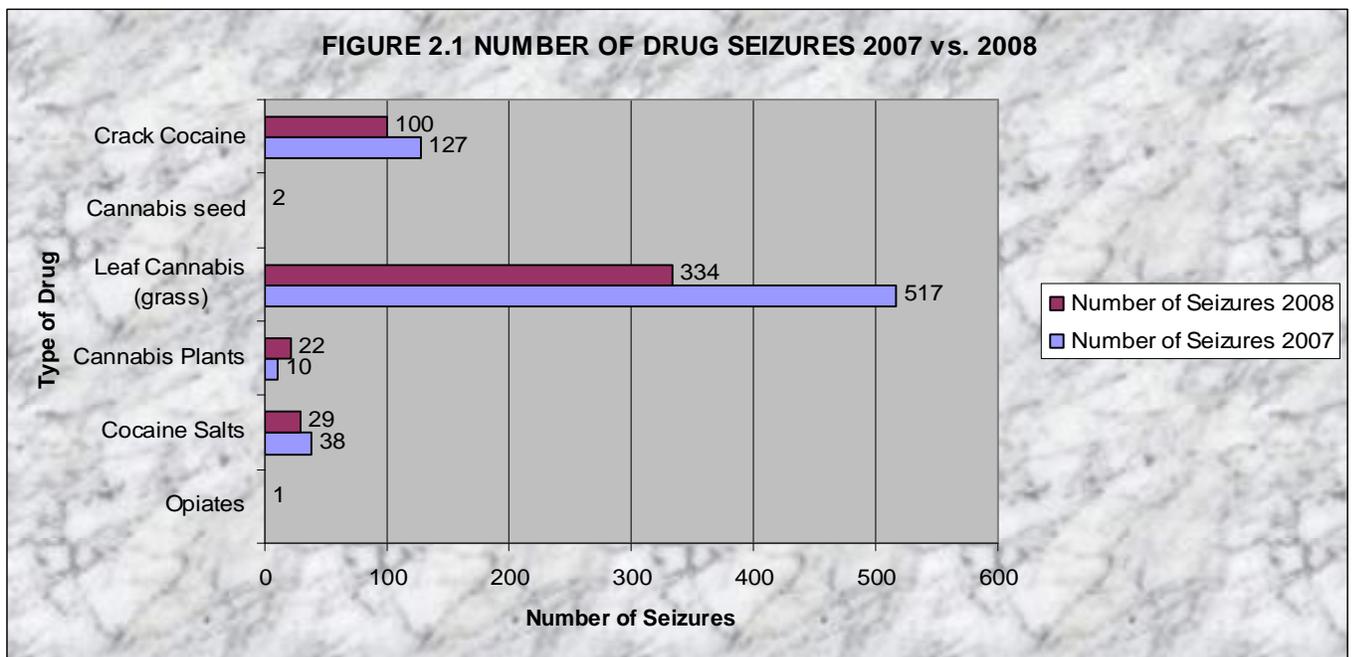
Operational information exchange and collaboration among the national authorities responsible for controlling illicit drug trafficking are facilitated through interagency committees and/ or joint forces operations. These include:

- The National Security Committee, where Heads of the Guyana Police Force, Guyana Defence Force, Customs Anti- Narcotics Unit and other authorities meet and discuss matters of national security.

- Task Force on Illicit Drugs and Fire- Arms
- Joint Operations of Drug Interdiction involving the Guyana Police Force and CANU

2.2.2.1 Arrests and Seizure Data

The following data is available with regard to the number of seizures by law enforcement agencies, for the period 2007 and 2008.



The data shows that there has been an overall decrease in the number of drug seizures between the period of 2007 to 2008 with the exception of cannabis plants.

Analyzing the data on the amounts of drugs seized, one can conclude that the amounts per seizure in the year 2008 are larger.

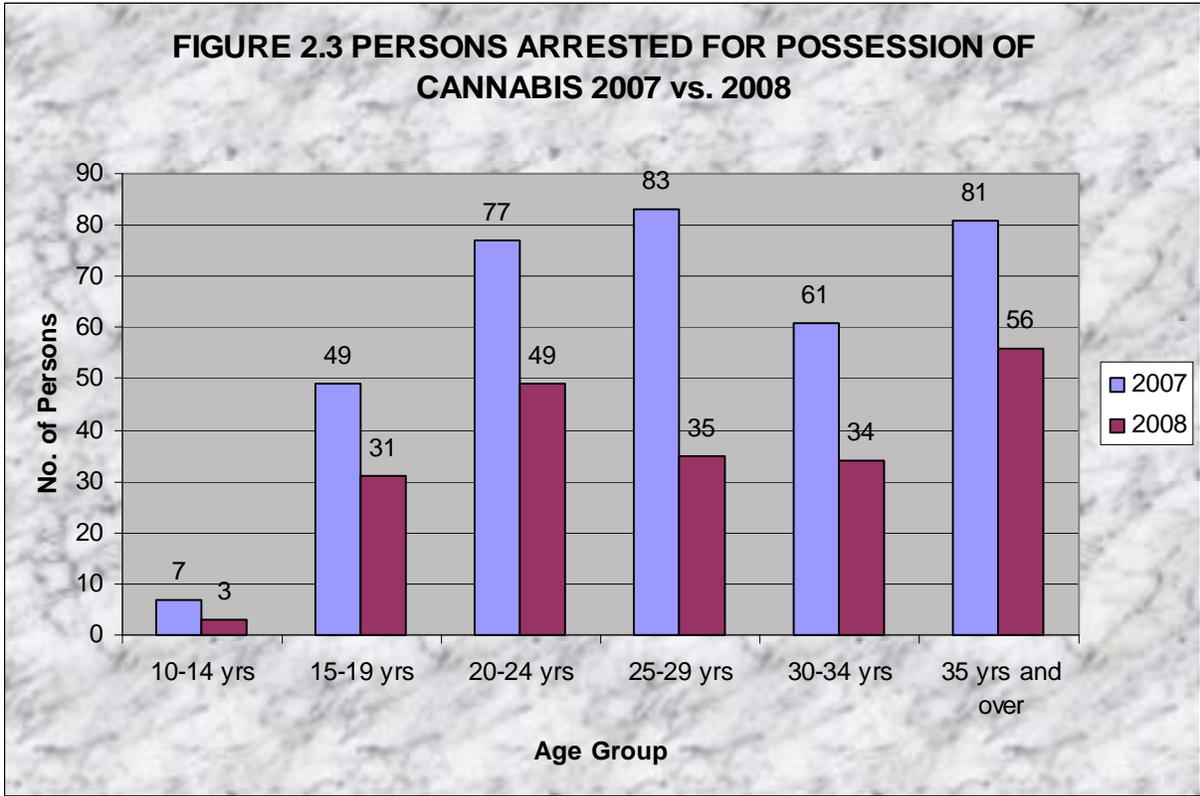
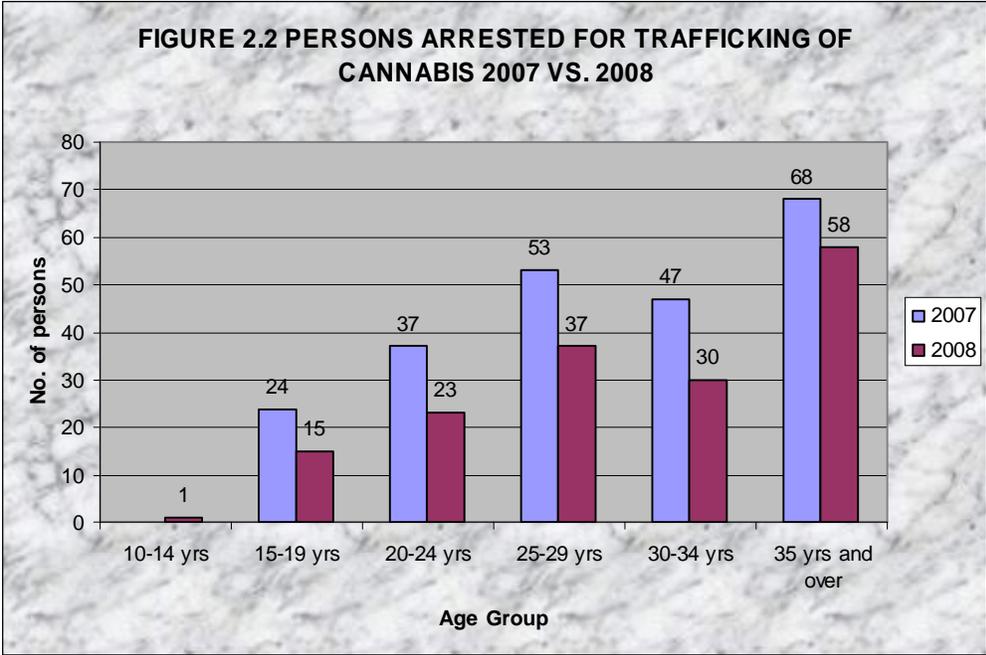
Table 2.7: Quantity of Drugs Seized: 2007 vs. 2008

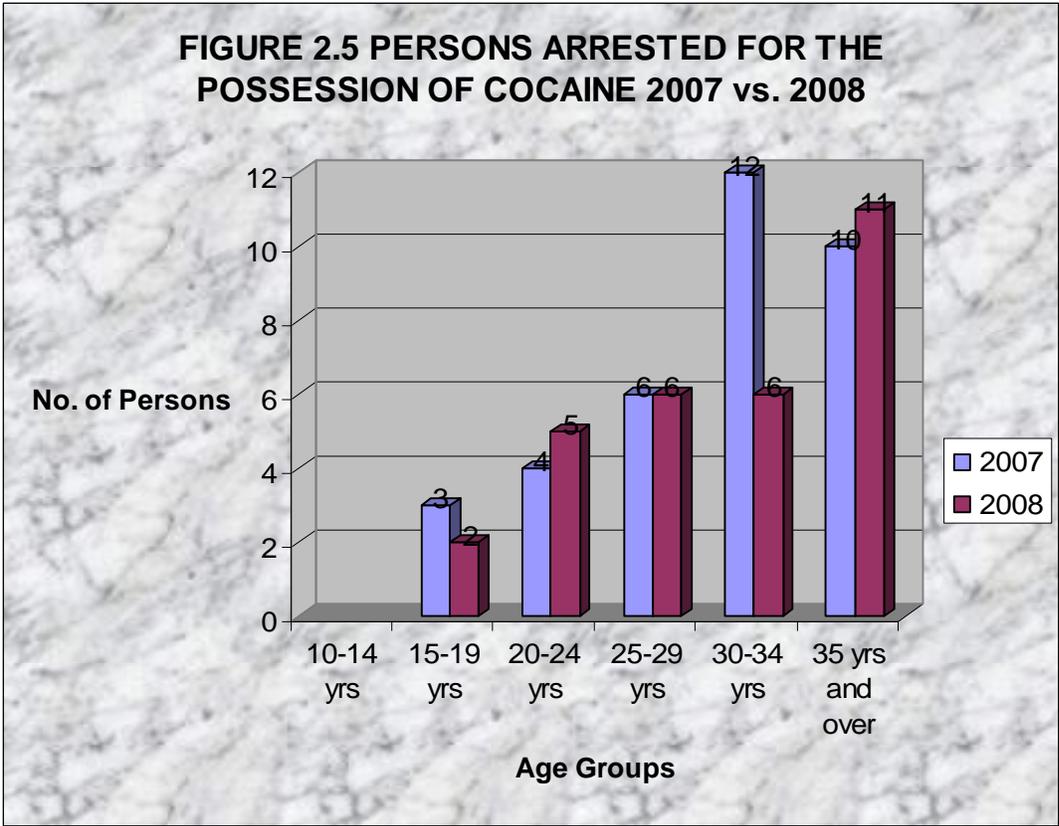
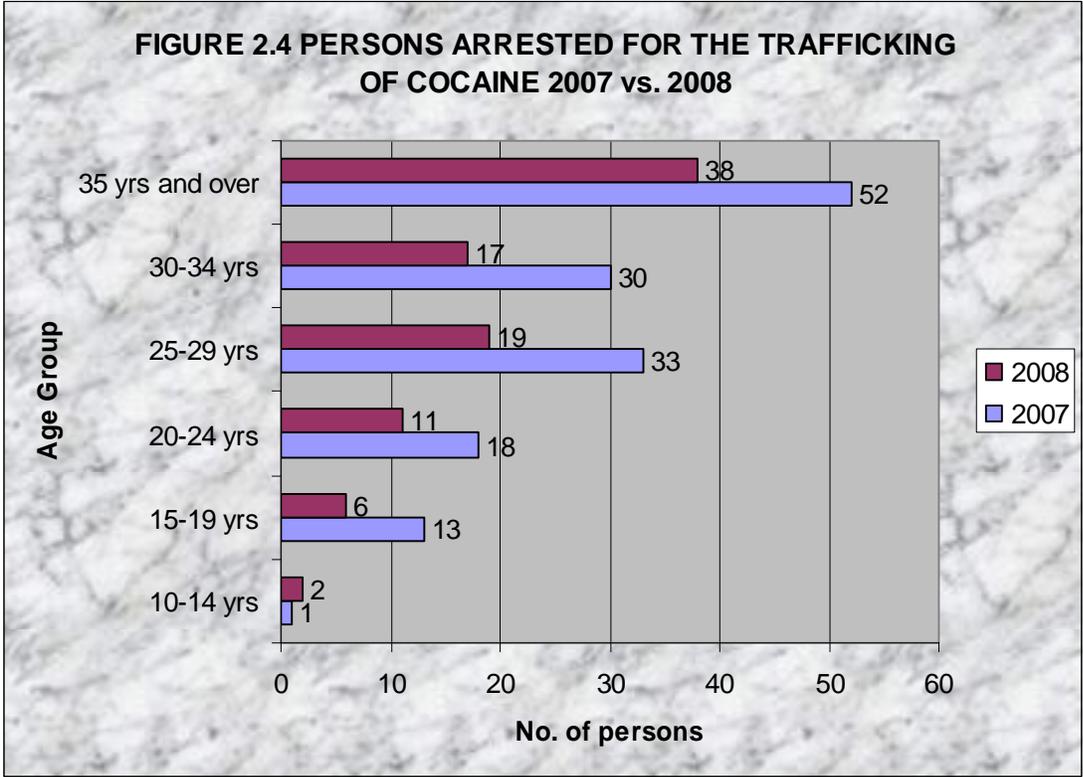
Drug	Quantity of Drugs Seized 2007		Quantity of Drugs Seized 2008	
	Kilograms	Grams	Kilograms	Grams
Opiates				112
Cocaine Salts	183	32	47	665
Cannabis Plants	21510	609	33,709	860
Leaf Cannabis (grass)	702	117	1,239	570
Cannabis seed			3	
Crack Cocaine	5	589		927

The laws of Guyana do not permit for possession of drugs for personal use. There are no regulations that establish exceptions within the definition of the offense of possession for personal use. No judgments have been issued in Guyana that found lawful the possession for personal use. There are no alternative sentencing measures when a person is charged with or convicted of illicit drug possession for personal use.

Guyana has not developed specialized training courses or briefings for law enforcement, security, customs officers, prosecutors or the judiciary to address illicit drug trafficking.

The following information is available regarding the trafficking and possession of cannabis and cocaine, 2007 vs. 2008:





The above data proposes that there has been a decrease in the number of persons arrested for the possession and trafficking of cocaine and marijuana.

Data available in Guyana concerning Drug Seizures and Arrests suggests that there is a decline of drug related criminal activity in Guyana.

2.2.2.2 Prison Data

The Guyana Prison Service (GPS) is a national prison system. The GPS has the responsibility of custody and retraining of prisoners committed to the Prison and to engage in economic and other social programmes supportive to the National Objectives.

The system currently has five prisons spread over various parts of the country:

- Timehri Prisons, Region # 4
- Mazaruni Prisons, Region # 7
- Georgetown, Region # 4
- Berbice Male and Female Prison, Region # 6
- Lusignan Prison, Region # 4

Guyana reports the following data for persons formally charged with and convicted of illicit drug possession and trafficking:

Table 2.8: Number of Convicted Prisoners by Drug Related Crime and Sex: 2007

Type of Crime	Total		Male		Female	
	No.	%	No.	%	No.	%
Possession of Cocaine	20	1.30	20	1.35	-	-
Possession of Cannabis	63	4.08	61	4.12	2	3.13
Possession of Smoking Utensils	37	2.40	37	2.50	-	-
Trafficking of Cocaine	51	3.31	40	2.70	11	17.19
Trafficking of Cannabis	86	5.57	75	5.07	11	17.19

% - percentage of prison population

Table 2.9: Number of Convicted Prisoners by Drug Related Crime and Age group: 2007

Type of Crime	Total	Age Group						
		16-24	25-34	35-44	45-54	55-64	65+	DK/NS
Possession of Cocaine	20	1	8	7	3	-	-	1
Possession of Cannabis	63	24	17	19	3	-	-	-
Possession of Smoking Utensils	37	7	10	15	5	-	-	-
Trafficking of Cocaine	51	7	16	21	5	1	1	-
Trafficking of Cannabis	86	20	29	23	10	2	1	1
Total	257	59	80	85	26	3	2	2

Table 2.10: Narcotics Returns for the year 2008

	Trafficking in Narcotics	Possession of Narcotics	Total
Grams	Amount of Cases	Amount of Cases	
½ - 5	7	21	28
6-10	5	6	11
11-15	-	2	2
16-20	5	1	6
26-30	2	-	2
31-45	5	1	6
46-55	1	-	1
56-65	3	-	3
66-75	1	1	2
86-95	1	-	1
105-150	3	-	3
150-200	2	-	2
200-300	2	1	3
300-500	1	1	2
500-100 & Above	10	-	10
Without Figures	1	2	3
Total	49	36	85

Currently, the Ministry of Health with the support of Phoenix Recovery Project offers drug rehabilitation programmes in the form of Structured Relapse Prevention (SRP) and Support Group Meetings to inmates of four (4) of the five (5) prison facilities. These rehabilitative programmes are hosted at the Georgetown Prison, New Amsterdam Prison (Female and Male Prisons), Timehri Prison and Lusignan Prison on a weekly basis. The SRP programme and support group meetings commenced in October, 2008. The table below reveals the total amount of beneficiaries of the SRP programme and Support Group meetings from the period October, 2008 to December, 2008.

Table 2.11: Structured Relapse Prevention Prisons Programme: Client Intake Oct- Dec, 2008

STRUCTURED RELAPSE PREVENTION PROGRAMME PRISONS, 2008				
	<i>ATTENDANCE</i>			
	<i>October</i>	<i>November</i>	<i>December</i>	<i>Total Inmates enrolled in the SRP Programme</i>
TIMEHRI PRISON				
Structured Relapse Prevention				20 convicted
Support Group		20	18	
GEORGETOWN PRISON				
Structured Relapse Prevention		15	15	41 remanded, 7 convicted
Support Group		41	38	
BERBICE (FEMALE)				
Structured Relapse Prevention		14	14	14 convicted
Support Group	13	14	14	
BERBICE (MALE)				
Structured Relapse Prevention				17 convicted
Support Group		16	17	
LUSIGNAN				
Structured Relapse Prevention				27 convicted, 1 remanded
Support Group		23	28	

2.2.2.3 Controlled Pharmaceutical Products and Chemical Substances Data

The Narcotic Drugs and Psychotropic Substances (Control) Act of 1988 is the legislative instrument in place for the control of chemical substances. There is a mechanism in place to monitor and prevent the diversion of controlled chemical substances applicable to health professionals. In this regard, the Food and Drugs Division of the Ministry of Health is responsible for two of the components included in this mechanism: control of import/export and inspections. The Customs and Trade Administration share responsibility for the import and export of controlled chemical substances. Guyana does not have an automated formation management system in place to facilitate the control of pharmaceutical products. At present, The Food and Drug Department and the Customs and Trade Administration do not engage in information exchange.

2.2.3 Prevention Data

The Ministry of Health is seeking to address the issue of substance use and dependency by targeting various groups through national awareness, education and behaviour change communication programmes like 'Edutainment'.

Edutainment (also referred to as educational entertainment or entertainment-education) is a form of entertainment designed to primarily educate as well as to amuse. Edutainment typically seeks to instruct or socialize its audience by embedding lessons in some familiar form of entertainment. Subject matters are creatively expressed and discussed, such as drug addiction, alcohol abuse and its inevitable association with family disruptions, peer pressure,

health issues, culture and much more. The Ministry of Health conducts edutainment through the mediums of television, radio and schools.

Schools Anti- Drug Edutainment Programme is designed and executed by the Ministry of Health in collaboration with the Phoenix Recovery Project. The Schools Anti- Drug Edutainment Programme commenced in January, 2008. The 2008 reports revealed that 10,076 students benefited from the initiative. However, it is important to note that the effectiveness of edutainment programmes have not been evaluated.

Table 2.12: Student Beneficiaries of the Schools Anti- Drug Edutainment Programme: Jan- Dec 2008

SCHOOL TERM	BENEFICIARIES
Term 1 (January- June, 2008)	3,226 students
Term 2 (April- July, 2008)	1,952 students
Term 3 (September- December, 2008)	4,898 students
Total Beneficiaries	10,076 students

2.3 Qualitative Data

Presently, there are no qualitative researches examining the enormity of drug use in Guyana.

2.4 Overview of Drug Situation and trends

Guyana's National Drug Strategy Master Plan 2005- 2010, provides for actions in the areas of demand reduction, supply reduction, development programs related to the prevention or reduction of illicit crop cultivation, drug production or trafficking, control measures, money laundering, program evaluation and external technical and financial assistance.

Guyana's drug problem saw a very slow development through the 1960s and 1970s with a more noticeable increase in marijuana use in the 1980s. Prior to this period, as a colony, the country's Legislators did recognize that illicit drugs were likely to be a serious problem and enacted laws under the Dangerous Drugs Ordinance 1953, which spelt out penalties for persons who "imported or bring into or exported from the colony any resin obtained from the plant Cannabis Sativa. There were other related offences under the Ordinance dealing with possession, cultivation, selling or dealing in the cannabis plant.

As the drug problem became more pronounced, Guyana ratified the 1988 UN Convention against illicit trafficking in narcotic drugs and the Parliament of Guyana promulgated the Narcotic Drugs and Psychotropic Substances (Control) Act. This Act was amended in 1989, 1991 and 1999.

To date, Guyana has ratified the following international conventions:

- The Inter-American Convention against Corruption, 1996 (November 12, 2000).
- The United Nations Single Convention on Narcotic Drugs, 1961, as amended by the 1972 Protocol (acceded on July 15, 2002).

- The United Nations Convention on Psychotropic Substances, 1971 (May 4, 1977).
- The United Nations Convention on the Law of the Sea, 1982 (November 16, 1993).
- The United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988 (acceded on March 19, 1993).
- The United Nations Convention against Transnational Organized Crime, 2000, and the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children (acceded on September 14, 2004).
- The Inter- American Convention on Mutual Assistance in Criminal Matters (1992)
- The Inter- American Convention Against Illicit Manufacturing of and Trafficking in Fire- Arms, Ammunition and explosives and other related materials (CIFTA)

Guyana also accedes to the following protocols of the United Nations Convention against Transactional Organised Crime, 2000:

- The Protocol against the Illicit Manufacturing of and Trafficking, Firearms, Their parts and components and Ammunition
- The Protocol against Smuggling of Migrants by Land, Sea and Air

Further, Guyana complies with the United Nations Convention Against Corruption, 2003.

Guyana's geographical location ideally presents an advantage for the cultivation of marijuana and the cross border trafficking of cocaine and other illicit drugs.

From the early 1990s, the Caribbean region has increasingly come under threat from the narco-traffickers with the expansion and diversification of their activities into the islands and territories of the Caribbean and South America.

CARICOM Heads of Government have committed themselves to strengthening their coordination through a number of mechanisms such as the Regional Task Force on Crime and Security, the Regional Anti-Drug Unit and the establishment of National Commissions on Law Order and improved networking between law enforcement agencies within the region.

Drug Trafficking Linkages have been clearly established between Guyana and several countries within the Caribbean, South and North America and Europe. Information at hand suggests that cocaine transits Guyana from bordering countries using non-commercial air and sea transport, mostly smuggled into the country by small outboard engine powered boats, which hug the Atlantic Coast to enter the country. Light aircraft are also used from that source to make air-drops into the rivers, from where the drug is retrieved by operatives on the ground.

It has been internationally recognised that some of the drugs destined for countries, which represent large consumer markets, now remain for domestic use in the countries where production occurs or in the case of Guyana, points of transshipment.

Areas of Drug Abuse concentration have been found to be in the six Municipalities. It is in these areas that the greatest number of users, traffickers and dealers can be found, undoubtedly as a result of population size and the lifestyle of affluence associated with these communities.

3. FUTURE DIRECTIONS

3.1 Policy areas for future development

- Develop and Implement an integrated system to collect, analyse, maintain and disseminate drug- related statistics.
- Continue to establish and improve the DIN to facilitate the exchange of data and strengthened coordination among National Authorities responsible for the anti- drug effort in Guyana.
- Invite additional Stakeholders to participate in the Drug Information Network
- Implement recommendations emerging from the Information, Needs and Resources Analysis for Guyana Report, 2009
- Establish minimum standards of care for the treatment of drug dependency
- Develop a system for accreditation of drug treatment facilities

3.2 Identification of needs in order to address policy areas

Priority areas for future development are identified and should be followed-up for further improvement of the network. It is essential that a steering committee be established to oversee the development of the network and to undertake the administration of the network, coordination of data collection, data analysis and data dissemination. The oversight committee should schedule at least bi-annual network meetings. The following are the areas of main concern:

Drug Information Network

- Establishment of a central data system that would be informed by each agency/institution on a regular basis. A central data collection point, such as the Ministry of Home Affairs, should also be established. The Ministry of Home Affairs should take the responsibility of reporting gathered data.
- Development of reporting forms for participating organizations
- The acquisition of relevant software at agency level
- Training of officers in data analysis

Treatment and Prevention

- The promotion of a standardised form to be used in all treatment and rehabilitation institutions, both private and public, that are consistent with regional reporting mechanisms.
- Training of officers in the use of standardised forms
- The Provision of Drug and Alcohol Counseling Courses to social workers and counselors working in the drug field
- Establish minimum standards of care for the treatment of drug dependency
- Develop a system for accreditation of drug treatment facilities

Law Enforcement

- Implement an automated information management system to facilitate the control of pharmaceutical substances

General Hospital and Mortality

- Establishment of a systematic means of documenting patients treated for drug related problems at private and public hospitals
- Establishment of toxicology departments at Government Lab Facilities to correctly ascertain drug related deaths

Psychiatric Services

- Systematic recordings of diagnosis of comorbid conditions for patients attending psychiatric hospital and clinic

Training and Education

- Develop an inventory of training needs in drug prevention and drug control organizations.
- Develop an inventory of available training possibilities on national and regional level
- Train drug control personnel, Narco-Intelligence Unit and the Task Force
- Train personnel involved in drug abuse treatment and prevention

Data and Research

- Develop inventory of needed data
- Develop inventory of surveys needed
- Execute researches to aid in informed decision making

4. CONCLUSION AND RECOMMENDATIONS

Drug information systems provide a multi-disciplinary platform for the sharing and discussion of drug consumption data and greatly enhance the capacity to develop data collection and the accurate interpretation of trends. They also provide a bridge to guide policy and the implementation of demand reduction activities.

Guyana has reflected progress in the area of supply reduction and the organization of significant treatment coverage. However, data collection on drug related issues in Guyana is still in its infancy and is therefore under- developed. Needs earlier outlined in this document must be fulfilled for the drug information system of Guyana to become fully operational.

The increase in transit and the presence of drugs in the country constitute the basis for the need to develop and strengthen the communication between all agencies working in this area.

In conclusion, the following is recommended for the improvement of the Guyana Drug Information Network:

- Develop and apply an integrated system for the collection, analysis, and maintenance of statistics and documents.
- Implement specialised training for personnel involved in drug abuse prevention.
- Conduct research on the use of drugs in the general population
- Evaluate prevention programs.
- Establish minimum standards of care for the treatment of drug dependency
- Develop a system for accreditation of drug treatment facilities

ANNEX 1- LIST OF CONTRIBUTING AGENCIES

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Georgetown Public Hospital Corporation	Mr. Michael Khan 226-1835	Ms. Narika Bassoodeo 227-1950/226-4823 neribass@yahoo.com
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Guyana Police Force	Assistant Commissioner- Mr. Seelall Persaud 225-3650	Assistant Commissioner- Mr. Seelall Persaud 225-3650
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Ministry of Health	Dr. Marcia Paltoo 223-7355	Ms. Nicole Piggott 226-8448 nicolep282@yahoo.com
Ministry of Home Affairs	Mr. Joseph Quamina 227-4712 Mr. Clement Henry 226-9633 623-2170 clement_henry7@yahoo.co.uk	Ms. Sudha Joshi 225-8006 sudhafuz@hotmail.com Ms. Carollene Singh 664-3897 650-7922 leza_singh@yahoo.com
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