

2017

ANNUAL REPORT

GUYANA
DRUG INFORMATION NETWORK



GOVERNMENT OF GUYANA
NATIONAL ANTI-NARCOTICS AGENCY



The Goals of GUYDIN:

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

GUYDIN's Core Functions:

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

The Government of Guyana in recognising the economic and social impact that substance abuse, and the trade of illicit drugs as well as misuse of licit drugs can have on national development, continues to make major commitments with all stakeholders to reduce the adverse effects of this problem on the country.

Guyana through the Task Force on Narcotic Drugs and Illicit Weapons as well as the Crime and Social Observatory, both under the oversight of the Ministry of Public Security have been monitoring drug activities and reporting statistical data via the Guyana Drug Information Network (GUYDIN) to key stakeholders from which, several annual drug reports were published.

In October 2017, the National Anti-Narcotics Agency (NANA) was established as a dedicated semi-autonomous agency to address all drug policy matters including the social and economic cost of the drug problem. Consequently, GUYDIN has since then become an integral part of NANA.

The drug problem is an international one that affects each country in different ways. Nevertheless, counter strategies need to be implemented at all levels if meaningful results are to be achieved at the national, hemispheric and global levels.

M U Atherly
Director
NANA

Based on the review of literature¹, it is well documented that uncontrolled drug use and related criminal activities adversely affect the economic development of the nation since it slows down the influx of international investors and investment while simultaneously impacting negatively on the health of the nation.² This leads to increases in unemployment rates especially in sectors that lays the foundation for a country's development. Increased unemployment then triggers an increase in crime.

Through systemic data collection, NANA will accurately analyse the drug situation in Guyana and be able make evidence-based recommendations that would contribute to the implementation of better informed policies geared towards combatting the illicit trade and abuse of drugs in Guyana.

There is clearly much work to be done by all stakeholders at the national level to tackle the rapidly evolving challenges posed by drugs. This national report and its recommendations therein will offer new perspectives that will guide the revision of present policies and the formulation of evidence-based strategies and programmes. DIN, all participating stakeholders and agencies are commended for their efforts and input from which GUYDIN's Report 2017 has emerged.

¹ https://www.unodc.org/pdf/Alternative%20Development/Drugs_Development.pdf

² https://www.incb.org/documents/Publications/AnnualReports/Thematic_chapters/English/AR_2013_E_Chapter_1.pdf

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This 2017 National Report on the Drug situation in Guyana represents the tireless and collaborative efforts of several stakeholders that reported on activities and adverse events regarding the drug problem in Guyana during the year 2017. We take this opportunity to thank the following agencies for their valuable contribution towards this report on the drug situation in Guyana.

- Ministry of Public Health
- 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
- Food and Drugs Department, Ministry of Public Health
- Georgetown Public Hospital
- New Amsterdam Psychiatric Hospital
- Phoenix Recovery Project

- Salvation Army Men's Social Service
- Social Life Issues
- Just Off the Road

Additionally, the drafting of this national report was funded by the European Union Cooperation Program between Latin America, the Caribbean and the European Union on Drug Policies (COPOLAD) and without their guidance through the country experts, local consultant and group leaders, this national report would not have been realized in such a user-friendly manner for decision and policy makers at a National level.

Finally, I applaud the staff of the National Anti-Narcotics Agency and the Drug Information Network for their dedication to ensuring that the drug problem in Guyana is monitored continuously for the generation of reliable information to draft this report. This 2017 National Report is for policy makers to utilize for the development of evidence-based policies and programmes.

DEDICATION



MR. CLARENCE YOUNG (1959-2017)

This report is dedicated to Mr. Clarence Young, Founder of Phoenix Recovery Project and long-standing member of the Guyana Drug Information Network. Mr Young's work in providing rehabilitation services to persons with substance abuse issues in Guyana is unmatched. The Phoenix Recovery Project is the only rehabilitation center that provides residential services for women with problematic drug use disorders in Guyana. So successful was his inroads in helping drug addicts both young and old, that the programme was in 2011 conferred with one of this country's national awards, the Medal of Service (MS).

Thank you for your service, dedication and commitment to the fight against substance abuse. May your soul rest in peace.

A. EXECUTIVE SUMMARY

The 2017 Drug Information Network report highlights the national effort to address the drug problem by agencies involved in both supply and demand reduction activities. It also provides trend analysis for the past three (3) years to assess how our efforts are progressing yearly.

Drug Demand reduction is a strategic way of addressing the drug problem by focusing on prevention, treatment and rehabilitation. The 2013 study on drug use among students revealed that more than 40% of our teenagers nationwide are not aware of the risks associated with any form of substance use. It is this category of students that our prevention programmes targets to equip our youth with the information and tools necessary to make informed decisions about drugs and its consequences. For the period under review, the Ministry of Public Health, the Ministry of Education and Social Life Issues were involved in a number of drug awareness programmes as a prevention measure. For 2017, these programmes reached over 900 persons and were geared towards improving and increasing access to drug awareness among the youths, training of professionals to address the issue of drug use in schools, communities and other at-risk populations.

An analysis of treatment data for 2017 from the Phoenix Recovery Project and the Salvation Army Men's Social Service found that 39% of the treatment population abused cocaine and its derivatives while marijuana single handily accounts for 33% of the most abuse illicit substance. The majority of persons in treatment are males while just under 10% are females. The data also shows

that 84% of persons in treatment for the period under review used more than one drug while the remaining 16% used only one drug. For 2017, 3,461 drivers were charged for Driving Under the Influence of Alcohol (DUI). This data is an illustration that more sensitization must be done to make persons aware of the dangers of drinking and driving. Looking at treatment data from 2015-2017, there is a noted gradual increase in the number of persons seeking treatment: from 87 persons in 2015 to 106 in 2017.

For 2017, a total of 124 drug seizures occurred among law enforcement agencies. The Guyana Police Force-Narcotics Branch was responsible for 72% of all seizures and CANU was responsible for 28% of seizures for 2017. Overall, marijuana plants were eradicated from a total of 34 acres of land, spanning 20 fields over 15 operations. 204,400 plants were eradicated with a total of 117,531.67 KG of marijuana taken off the market, the substance had an estimated street value of over \$20 Billion Guyana Dollars.

During 2017, about 7,250 pieces of drug evidence was submitted to the Guyana Forensics Science Laboratory for analysis for presence and identification of the types of narcotics from various Police Divisions A to G. These pieces of evidence were a part of 463 drug case investigations. Additionally, regarding the evidence submitted for analysis there was a 99.2% positivity rate for marijuana, 96.7% positivity rate for cocaine, 100% positivity for ecstasy, 100% positivity for methamphetamine and 100% for heroin.

For the year under review, a total of 262 persons were charged with drug possession.

Of this number, 244 (93%) were charged for possession of marijuana and 18 (7%) for possession of cocaine. All charges were made by the Guyana Police Force. Of the 244 persons charged for possession of marijuana, 7 (3%) were females above the age of 18 years. Of the 237 (97%) males that were charged for this crime, 38 (16%) were below the age of 18 years.

For this period, a total of 196 persons were convicted for the possession of narcotics. Of this number, 177 (90%) were convicted for possession of marijuana, while 19 (10%) were convicted for possession of cocaine. In total 39 (18%) juveniles were convicted of this crime. Additionally, of the 177 persons convicted for possession of marijuana, it was noted that 11 (6%) are females, all above the age of 18 and of the 166 males, 38 (23%) were below the age of 18 years.

During this period, a total of 423 persons were charged for the trafficking of narcotics: 29 by CANU and 394 by the Guyana Police Force. Of this number, 370 persons were charged for trafficking marijuana, 52 for trafficking cocaine and 1 for trafficking heroin. In total, 49 women were charged for this crime, with 37 being charged for trafficking marijuana, 11 for cocaine and 1 for heroin. For the same period, 110 persons were convicted for trafficking narcotics. 89 persons were convicted for trafficking

marijuana and 21 for trafficking cocaine. In total, 6 women were convicted for trafficking marijuana while 9 women were convicted for trafficking cocaine.

During 2017, the Center for Latin American Studies on Crime and Violence of the Inter-American Development Bank (IADB) sponsored a study on Inmates in Guyana. In evaluating the results of this study, it was found that the majority of inmates has been exposed to substance use. 6 out of 10 had consumed marijuana at least once in their life, while 7% had consume cocaine or crack and other 6% has consumed pills or ecstasy. Moreover, when we look at the gender distribution of the prison population by the type of offence committed, we see that while of the women made up less than 5% of the prison population, the vast majority was there for drug offences (54%), as compared to men who made up 96% of the prison population, and only 16.9% were incarcerated for drug related offences.

Further, results from a study on Indigenous Women and Children in Guyana conducted by the Ministry of Indigenous Peoples' Affairs in collaboration with the United Nations Children Fund (UNICEF) found that the use of alcohol and drugs has increased overtime in Amerindian villages which are contributors to social issues such as violence particularly in Baramita, Orealla and Waramadong Village.

ABBREVIATION AND ACRONYMS

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

B. NATIONAL CONTEXT AND POLICIES IN THE FIELD

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 is the third smallest independent state with a land mass of about 215,000 square kilometres (83,000 sq. mi) divided into 10 administrative regions and contains 8 established towns or municipalities. Guyana shares cultural ties with the Caribbean region which allows this country to be considered a Caribbean state through the Caribbean Common Market (CARICOM).

Although Guyana is estimated to have a population³ of about 746,955 inhabitants, the majority of the population is concentrated in Georgetown which is the main economic hub or transit point for 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 speaking, 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, which has been attributed to poor education quality, teacher training, and infrastructure.

Guyana has shown a steady economic growth over the years with notable increases being 3.1% in 2015, 3.3% in 2016 and 3.5% in 2017 respectively. Inflation rate rose from 0.8% in 2016 to 2.3% in 2017 causing an increase in consumer prices on the local market. 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.⁴ 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.

The country in recent time was able to discover one of its hidden resources and is now destined to become a member of the world's oil producing nation.



³ <http://www.statisticsguyana.gov.gy/census.html>

⁴ <http://www.statisticsguyana.gov.gy/surveys.html#csurveys>

II. INTRODUCTION

This national report offers an insight into the current drug situation in Guyana as reported to the Guyana Drug Information Network (GUYDIN) who monitors and accumulates data from various stakeholders or supporting agencies within the network. Depending on the type of information, each stakeholder is required to submit their information at different intervals: e.g. weekly, fortnightly, monthly, quarterly, biannually or yearly. This information is then contextualised and presented in a manner geared towards evidence-based decision making to develop policies to support health and security initiatives to combat the drug problem. This report focuses on the status of Drug Demand and Drug Supply situation in the year 2017, in addition to the strategic mechanisms being enforced to alleviate the scourge this problem has on Guyana's national development.

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

In Guyana, while there are limited mechanisms in place to monitor day to day consumption of alcohol, we cannot say the same for tobacco since the Government

through the Ministry of Public Health is making headways toward implementing legislation to clamp down on the use of such⁵. On the other hand, there are policies and systems implemented to monitor and control the use of other illicit drugs such as cannabis and cannabis resin (hashish); as well as cocaine HCL, crack, ecstasy, heroin and methamphetamine.

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

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

This National Report provides a platform for evidential debate on how the drug problem is impacting Guyana with regard to the health of citizens, economic stability, public safety, and national security. Further, it offers opportunities to assess and improve

⁵ The tobacco control Bill was passed in Parliament in 2017 <http://parliament.gov.gy/chamber-business/bill-status/tobacco-control-bill-2017/>

measures adopted to combat the illicit trafficking and use of drugs.

Information and data collected apart from supporting agencies are also sourced from surveys such as the “Drug Use Among Secondary School Students in Guyana, 2013 and a Study of Inmates in Guyana, 2017 among others. Over the years the GUYDIN has been performing situational analysis on Guyana’s drug problem and publishing national drug reports that have been evolving continuously as new information and indicators become available to better monitor and combat the drug issue. The recently established National Anti-Narcotics

1. LEVEL OF IMPACT OF THE DRUG SITUATION IN GUYANA

Over the years, a number of studies have been conducted to assess the impact of the drug situation within our society looking both at the level of use and the resulting socio-economic challenges. Studies such as the National Drug Prevalence Survey, 2016⁶, The Rapid Situational Assessment on Drug Use in Guyana⁷ and the Drug Use Among Secondary school students⁸ along with other studies looking at the relationship between drugs⁹ and crime¹⁰ and socio-economic conditions of vulnerable¹¹ populations in Guyana have all revealed similar findings as it relates to alcohol and marijuana. These two substances are widely used and perception of risk associated with their use is declining. Further, from the school survey, it was found that substance use does have a negative impact on youths who use, with the study finding that there is an association among students

Agency (NANA) will take up the mantle of coordinating all the activities of the GUYDIN so that there is a uniform reporting structure of the network with all stakeholders providing information and data.

With the establishment of the Guyana Forensic Science Laboratory (GFSL) some additional information will be collected regarding the analysis of the types of drugs present on the local market as seized by law enforcement officials in various parts of the country. This information will assist policy makers with developing community specific activities geared towards the reduction of drug use or trafficking.

who use alcohol and marijuana and their academic performance as well as their interpersonal relationships. More so, they also reported higher incidents of sexual assault and thoughts of suicide. Moreover, the study on incarcerated youths found that a high percentage of young offenders have used marijuana as an enabling drug to commit the crime for which they were incarcerated for.

Looking at the impact on the society, substance abuse has resulted in an increasing demand for treatment over the years, with alcohol, marijuana and cocaine being the substances driving this demand. Further, coming out of the national drug prevalence study, over 5% of persons who indicated that they use alcohol and other drugs have admitted to driving while under the influence of these substances posing a serious threat to

⁶ <https://mops.gov.gy/wp-content/uploads/2017/05/Guyana-Household-Drug-Survey-Report-2016.pdf>

⁷ <http://www.cicad.oas.org/oid/pubs/GuyanaQualitativeDrugReport2016.pdf>

⁸ <https://mops.gov.gy/wp-content/uploads/2017/05/drug-use-among-secondary-school-students-in-guyana-1.pdf>

⁹ <http://www.cicad.oas.org/oid/pubs/Final%20Report%20-%20Young%20offenders%20in%20Guyana.pdf>

¹⁰ <https://mops.gov.gy/wp-content/uploads/2018/05/Guyana-Report-13-april-2018.pdf>

¹¹ <https://moipa.gov.gy/wp-content/uploads/2018/05/SitAn-on-Ameridian-Woman-and-Children-Final-web.pdf>

road safety. More so, the Guyana Police force, Traffic Unit have recorded a 4% increase in the number of DUI cases between 2016 and 2017 with over 3,000 persons being charged with a DUI in 2017. Alcohol consumption also plays a prominent role in the perpetuation of inter-personal and intimate partner violence which oftentimes result in the breakdown of the family unit and in the most extreme cases have resulted in murder/suicide¹² among partners.

Finally, drug trafficking is an issue that does have national security implications, with

Guyana being regarded as a transit country for the movement of cocaine originating in Colombia and destined for markets in North America and Europe, law enforcement have had to increase efforts to fortify our seemingly porous borders from organized criminal groups who have utilized every innovative means of smuggling drugs into the county from submersible vessels, to low flying planes to make drops in illicit airstrips¹³ in the forested interior regions of the country. These are the issues for which the NDSMP 2016-2020 was developed to address from a coordinated, inter-agency perspective.

III. LEGAL FRAMEWORK

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

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

The Witness Protection Bill (2017), This bill allows for the protection of informants with

regards to criminal activity including illicit drugs trafficking and abuse.

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

The Maritime Drug Trafficking (Suppression) Act 2003, seeks to suppress and eradicate the illicit trafficking in narcotics at sea. It also “provides for the treatment of foreign vessels



¹² <https://newsroom.gy/2018/08/06/berbice-murder-suicide-police-left-woman-in-house-with-abusive-ex-husband/>

¹³ <http://www.inewsguyana.com/full-investigation-into-colombia-aircraft-illegal-airstrip-discovery-expected-harmon/>

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

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

The Interception of Communication Act of 2008, deals with the legal interception of communication which also includes investigation involving drugs and financial crimes.

The Criminal Procedure (Plea Bargaining and Plea Agreement) Act 2008, permits the police

and agencies to take legal action to facilitate plea-bargaining and plea agreement procedures.

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

Tobacco Control Act 2017, This bill seeks to provide for the adoption and implementation of tobacco control policies in accordance with the World Health Organisation Framework Convention on Tobacco Control which aims to protect present and future generations from the devastating harms of tobacco use and exposure to tobacco smoke.

IV. DRUG POLICY

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

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

Resulting from recommendations in the National Drug Report in 2011, works began on the formulation of a 4 years National Drug Strategy Master plan which was completed in

2013 covering the years 2014-2018. This drug strategy was then reviewed by the Ministry of Public Security in collaboration with key stakeholders including the Ministry of Public Health and the Ministry of Education and resulted in the formulation of the current Drug Strategy Master Plan 2016-2020.

Equally, the 2016-2020 Master Plan brings into focus all national concerns about drug control. It outlines national policies, identifies priorities and assigns responsibility for drug control efforts. In essence, it guides the operational plans of all government departments and other bodies involved in the reduction of demand and supply, control, and all other aspects of the national fight against drug abuse and its associated ills. The



strategies expressed are based on the existing national situation but also takes into account several international treaties and agreements, including those proposed by regional, hemispheric, and global agencies.

Concerning Demand Reduction, the Strategy focuses on public awareness programmes targeting all educational levels, from early childhood to the tertiary level. In formulating these programmes, the developers of the strategy were able to draw from evidence generated from the 2013 Secondary Schools Drug Prevalence Survey funded by the Organization of American States and the Inter-American Drug Abuse Control Commission (OAS-CICAD) which was led by the then Ministry of Home Affairs, now the Ministry of Public Security with the support of the Ministry of Education. The findings of this Project released in September 2015, have set a solid baseline for reliable comparisons on substance use patterns by our youths across the regions and differing social settings. The Master Plan also incorporates programmes directed to parents, community leaders and civic leaders. In addition, the Plan also supports the development of media campaigns, including the use of prominent personalities, to educate young people about

the ills of drug use. The strategy also proposes alternatives to incarceration programmes and calls for the building of additional recreational centres and treatment centres. These initiatives are all focused on preventing substance use and providing support for persons affected by substance use.

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

With regards to Control Measures, the Plan proposes implementing Automated Information Management Systems (AIMS) to control the distribution of pharmaceutical products and prevent the diversion of chemical substances. It targets strengthening the Drug Information Network to carry out research and training activities related to the prevention and control of the illicit traffic of pharmaceutical products and other drugs via the internet. Additionally, Control Measures strongly promotes the investigation and prosecution of money laundering cases.

V. CONCLUSIONS AND RECOMMENDATIONS

The key to success in the fight against the national drug problem is having durable collaborative efforts at all levels which includes operational level; police, health care, rehabilitation along with the legislative arm of the process. The National Drug Strategy Master Plan 2016-2020 is a manifestation of that intent, as it involves the combined efforts of all stakeholders in proceeding

continuously towards a common responsibility. The National Anti- Narcotics Agency is the authority to monitor the drug problem through the support of GUYDIN which publishes annual status reports to the public and policy makers. The policy makers will then use this information to guide policy decision via a coordinated mechanism.

C. DRUG DEMAND

DRUG USE AMONG TARGETED GROUPS

1. Introduction

Demand Reduction focuses on prevention, treatment and rehabilitation. In addition to illicit drugs, it also covers licit drugs such as alcohol and tobacco. This is a significant element of the Master Plan's intent to incorporate specific measures related to promoting a public health approach to drug policy and incorporate all the agencies and stakeholders that have a significant role to play.

The analysis presented in this section and most of the data on the demand side is collected from the stakeholders based on data from drug prevention programmes and treatment centres throughout Guyana which are pooled through the Guyana Drug Information Network (GUYDIN).

2. Drug Use Among Targeted Groups

In the 2013 study involving "Drug Use Among Secondary School Students in Guyana" it was found that an average of 58.1% of the students agreed that the abuse of licit drug is very harmful. On the other hand, regarding the abuse of illicit drugs 58.8% of the students agreed that they have very harmful effects, when combined it was revealed that 58.5% of the students agreed that the abuse of drugs



DRUG DEMAND

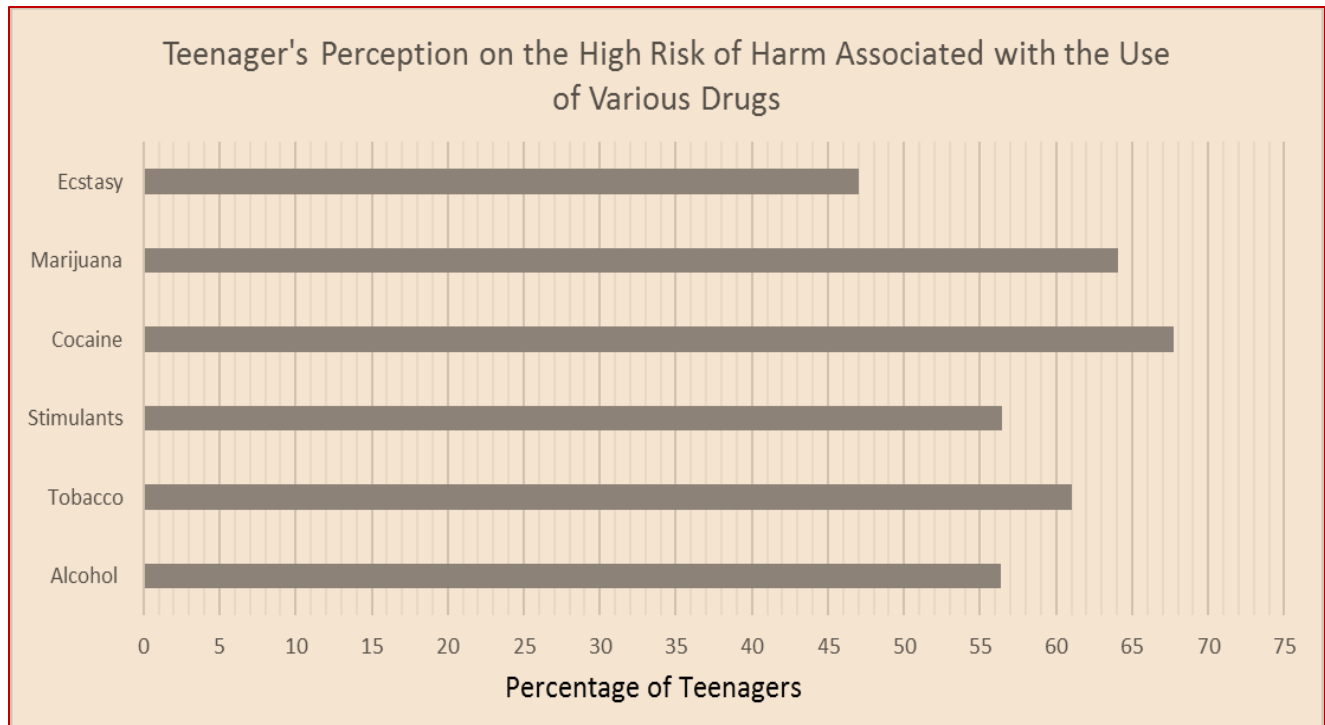
Some of the agencies involved in

this process are as follows:

- Ministry of Public Health (MoPH) and other satellite sites (Prevention and Treatment)
- Drug Demand Reduction Unit - MOPH (Demand and Treatment)
- Phoenix Recovery (Treatment)
- Salvation Army (Treatment)
- Ministry of Education (Prevention)
- Georgetown Public Hospital-Psychiatric Unit (Treatment)

has very harmful effects. It therefore means that more than 40% of our teenagers nationwide are not aware of the risks associated with any form of substance use and it is this category of students that our prevention programmes must be able to target and equip them with the information and tools necessary to make informed decisions about drugs and its consequences.

CHART 1: Perception on Harm Associated with Drug Abuse from 2013 School Survey



From such perception, it can be noted that many students are not aware of New Psychotropic Substances (NPS) being developed along with their harmful effects (e.g. Ecstasy) since their awareness about its harmful effects was below 50% among secondary school students.

3. Conclusion and Recommendations

It is important to note that drug abuse is an international problem. In Guyana, marijuana is the most used and abused substance but most abusers that enters into the treatment programme were found to be abusers of cocaine and its derivatives. Additionally, it was found that persons are not properly educated on the harmful effects of drugs especially the new psychotropic substances (NPS). While education may be one strategic

Overall, various mechanism is being implemented to monitor and control the drug problem in Guyana through the use of additional indicators which will allow a more in-depth and strategic approach in combatting this drug problem.

approach, we still need to consider alternatives to address those already affected by the drug problem and that needs rehabilitation or treatment. At a community level rehabilitation need to be everybody's business since drug abusers requires physical and psychological support.

II. DRUG PREVENTION

1. Introduction

This Master Plan 2016-2020 utilises a balanced approach between public health and public security to ensure that while the safety and security of all citizens is protected against the crimes associated with drug trafficking, that persons affected by drug abuse and misuse can receive treatment, rehabilitation and reintegration services. The Master Plan also has a major focus on drug prevention programmes that are age and gender sensitive in an effort to reduce the demand for drugs in the country.

It is important to note that sustainable programmes need to be developed to combat the growing drug problem. Through a collaborative effort, significant amount of resources is dedicated to restricting the abuse of drugs in Guyana.

2. Policies and Coordination

As indicated, the NDSMP 2016-2020 is used as the guidance document that outlines the strategic objectives that will be rolled out to combat the drug problem in Guyana. In terms of prevention to bring about demand reduction, this drug strategy focuses on public sensitization programmes that will be executed at various educational levels not limited to schools and universities but also programmes directed to parents, community leaders and civic leaders. Prevention messages are also to be developed via a robust media campaign that should be further enhanced by the use of prominent Guyanese personalities that youths emulate to educate them on the ills of drug use.

The Ministries of Public Health and Education are involved in drug prevention activities at various levels to better combat the harsh reality of drug problem in Guyana. These initiatives are routinely reported to the DIN.



The plan also caters for the building of additional recreational centres to provide our youths with healthy alternatives to cope with stress and to promote healthier lifestyles. Further, it supports the establishment of additional public treatment centres to ensure access across the regions by persons affected by substance abuse disorders and it also supports the provision of assistance to established private treatment facilities that have been leading the charge over the years in assisting persons with substance abuse issues. The plan further encourages the use of Employees Assistance Programmes (EAP) by both private and governmental employers to provide support and guidance to persons who are employed but who may also be struggling with being at risk of developing a substance abuse disorder.

3. Prevention Interventions

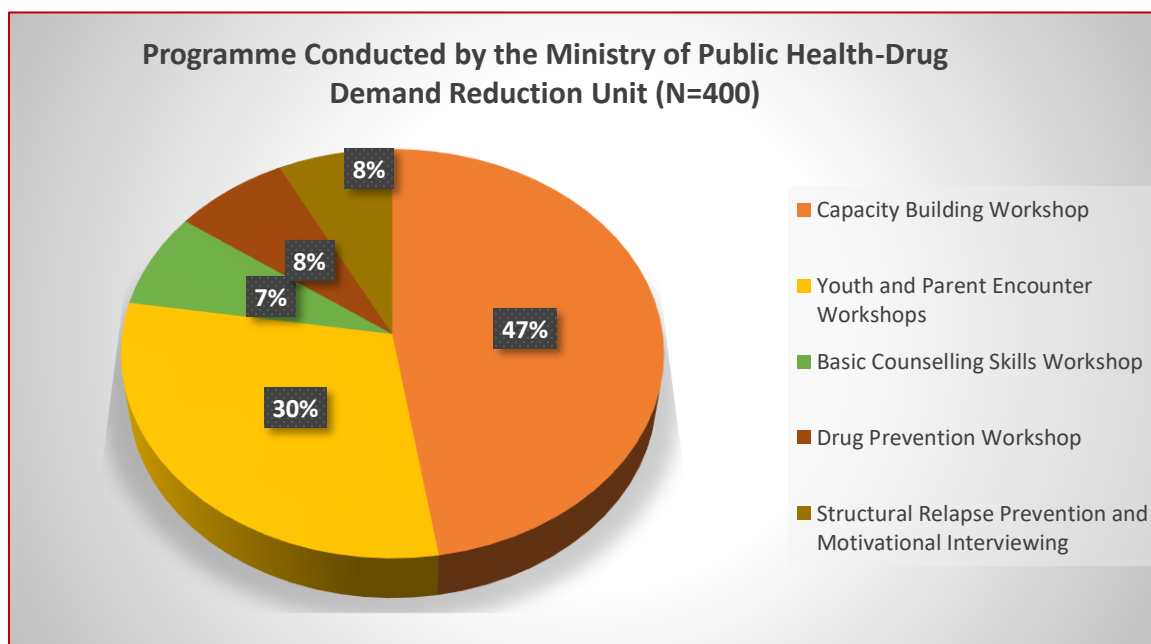
During 2017, several drug prevention programmes and activities were executed that were aligned with the NDSMP 2016-2020. The two main agencies responsible for drug prevention programmes are the Ministry of Education and the Ministry of Public Health who routinely collaborate with stakeholders from other entities or NGOs to execute these sessions. Other key entities responsible for drug prevention in Guyana are: Social life Issues, Just Off the Road, The Phoenix Recovery Project, and the Salvation Army. The Guyana Police Force- Narcotics Branch, the Customs Anti- Narcotic Unit and

the Guyana Prison Service routinely collaborate with these agencies to carry out awareness sessions.

The programmes conducted by the Ministry of Public Health are geared towards capacity building for professionals, sensitization sessions in at-risk populations, the development of counselling skills and other drug prevention workshops.

During 2017, 400 persons received training or participated in workshops organized by the Ministry of Public Health- Drug Demand Reduction Unit, as indicated in chart 2.

CHART 2: Programme Conducted by the Ministry of Public Health Drug Demand Reduction Unit



The Ministry of Education through its Health Promotion Unit routinely conducts school sessions on drug use and its associated health effects on the body for students. The schools that participated in these sessions were

selected by the Department of Education-Region 4.

They also conduct teacher training sessions to make them more aware of drugs and new patterns of use that students may be

engaging in. The sessions also serve to train them on how to deliver the drug awareness component of the Health and Family Life Education (HFLE) Curriculum. The areas of focus of the training include:

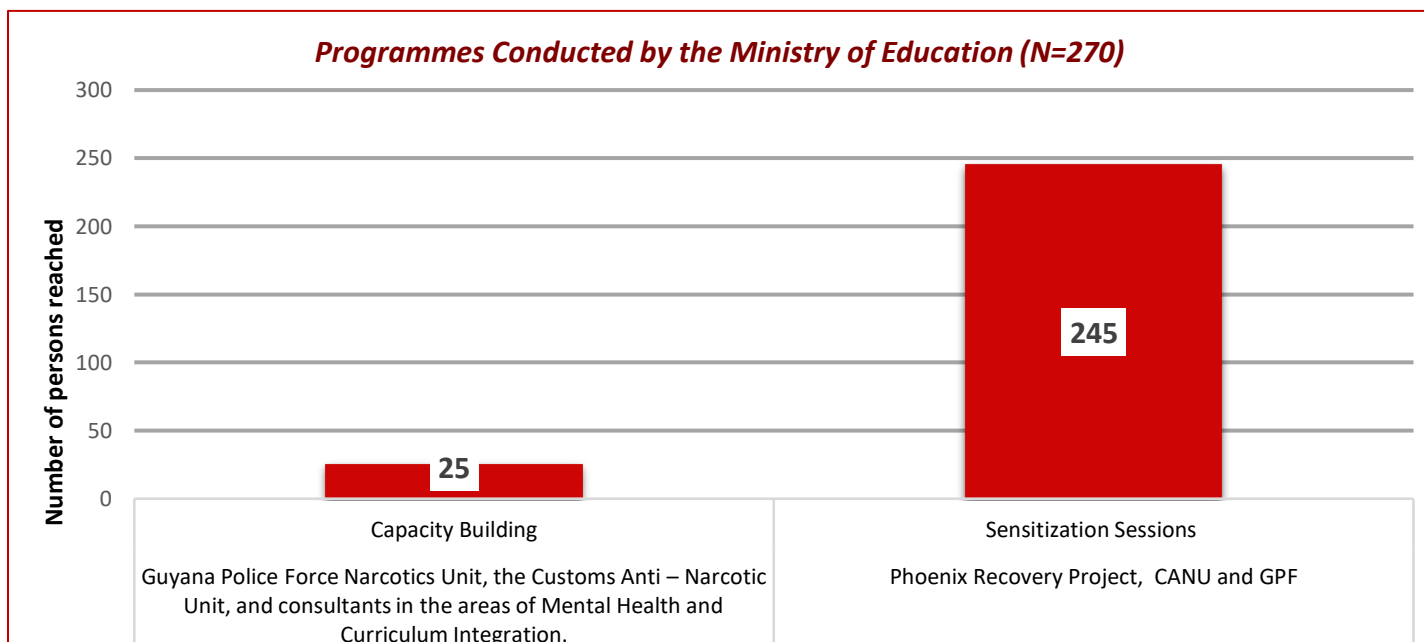
- ❖ Types of Drug- legal and illegal
- ❖ Methods of concealment
- ❖ Conducting random inspections/searchers
- ❖ Drug use and its impact on mental health
- ❖ The legal implication for minors and illicit drugs
- ❖ Curriculum integration practices



Ministry of Education: Session on legal implications of drug use among minors and persons between the ages of 16-25 years

During 2017, 270 persons benefited from these activities organized by the Ministry of Education: 25 persons participated in capacity building exercise and 245 persons participated in sensitization sessions as illustrated in chart 3

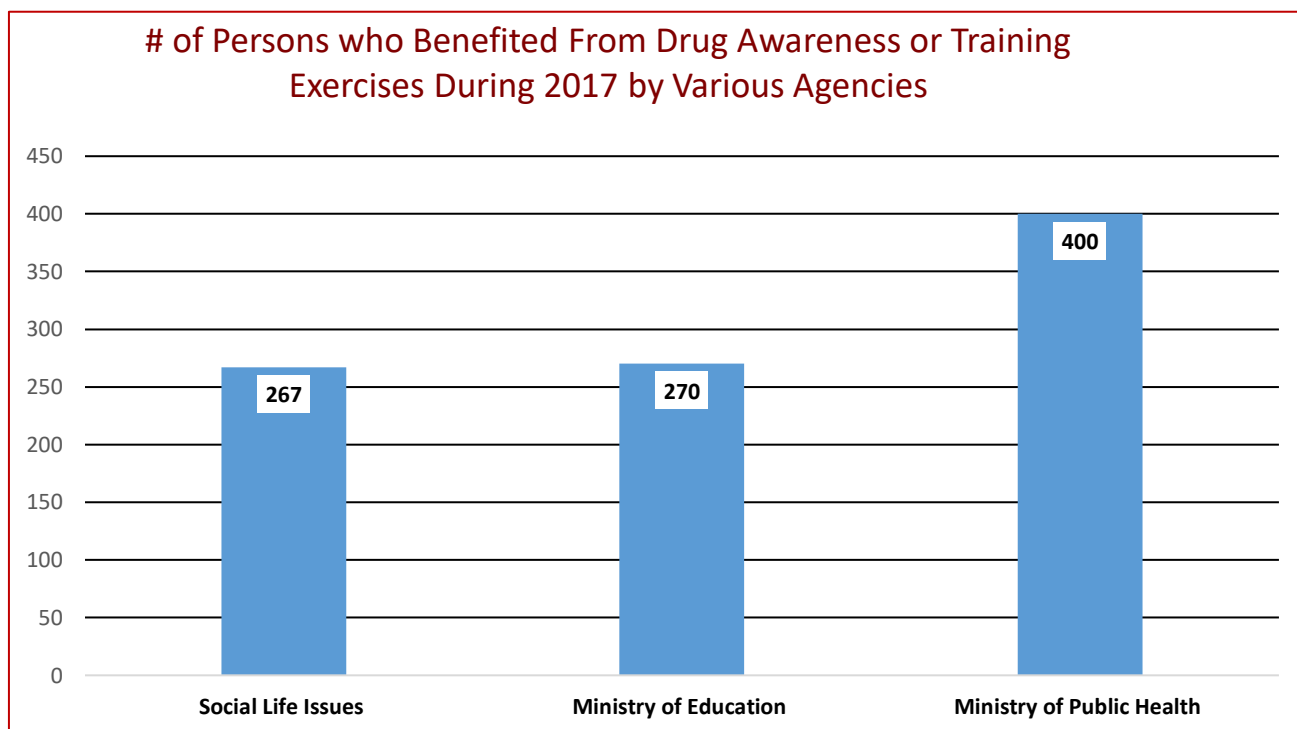
CHART 3: Programme Conducted by the Ministry of Education



Moreover, 267 persons were reached by the sensitization sessions organized by the Non-Governmental Organisation, Social Life issues. In total, 937 persons were reached in drug prevention trainings and awareness

sessions during 2017 by various agencies (CHART 4).

CHART 4: Number of Persons Who Benefitted from Drug Awareness Training for 2017 by Agency



4. Conclusion and Recommendation

Drug prevention in Guyana is carried out primarily by dedicated staff within the Ministries of Public Health and Education. These programmes reach a significant portion of our population. However, it can be noted that due to financial and human resources limitations, these programmes are sometimes carried out in an ad-hoc and sometimes reactive manner.

While the Drug Strategy Master Plan 2016-2020 focuses heavily on improving and increasing access to drug awareness programmes especially targeting youth, many of these initiatives have yet to be fulfilled by the respective line ministries. For the country to make a significant impact on the drug problem, we have to dedicate and invest in the resources: both human and financial to see results.

Recommendations:

- Ministries responsible for demand reduction activities under the drug strategy master plan 2016-2020 should be encouraged to allocate the resources to develop the relevant programmes and projects.
- More prevention specialists need to be trained through structured and certified programmes.
- Develop a peer leaders program in which a cohort of young people are trained as prevention and drug awareness advocates within youth groups and schools across the country to conduct sessions.

- Include the Ministry of the Presidency- President Youth Award Group (PRARD) into the drug prevention network since they carry out initiatives with at-risk youth providing mentorship and

other developmental skills that are essential for reintegration into society.

- Develop prevention programmes to be implemented in the correctional facilities.

III. DRUG TREATMENT

1. Introduction

As part of the demand reduction component of the NDSMP 2016-2020, treatment is a significant element which is intended to incorporate specific measures related to promoting a public health approach to drug policy. This approach gives problematic drug users access to a system of drug treatment, rehabilitation, social reintegration, and recovery services.

Substance addiction is a complex illness characterised by intense, uncontrollable cravings and obsessive drug seeking despite the harmful consequences¹⁴. Understanding that a person's path to addiction varies, there is a wide spectrum of treatment services available and many phases of treatment that must be undergone. According to The National Council on Alcoholism and Drug Dependence Inc. (NCADD)¹⁵: There are four main phases of treatment:

1. *Getting started* (ensuring proper assessment and evaluation of condition and symptoms along with life problems, making treatment choices and developing a plan suitable for the client)



2. *Detoxification* (cleansing all impurities for stopping use)
3. *Active treatment* (determine the placement of the client whether residential, outpatient, therapeutic or medications to aid with illnesses. In addition, 12-step programmes and other self-help or mutual-help group)
4. *Maintaining sobriety*, relapse prevention and after care (outpatient treatment as needed as well as 12-step programmes and other self-help or mutual-help group)

Further, there are many types of treatment services that persons can access based on their needs, according to UNODC the types of treatment settings that exists are:

- *Community-based treatment* (non-residential/outpatient services)
- *Residential treatment* (6 months and 12 months programmes including

¹⁴ <https://teens.drugabuse.gov/national-drug-alcohol-facts-week/drug-addiction-complex-illness-characterized-intense-and-times>

¹⁵ <https://www.ncadd.org/about-addiction/support/what-is-treatment>

detoxification and therapeutic treatment)

- *Institutional treatment* (drug treatment programmes in correctional facilities)

In Guyana, there are currently, two treatment facilities that provides residential treatment services for those who need it, both are NGOs: The Phoenix Recovery Project and The Salvation Army Men's Social Centre. The

2. Policies and Coordination

The main treatment-related objectives of the national drug strategy 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 organisations that provides drug treatment services. These activities are geared towards the following:

- Establishing Treatment centres in every region

3. Organization and Provision of Drug Treatment

In Guyana, the national treatment system revolves around a network of agencies that work together to treat the drug problem. This is done through a number of collaborative activities such as training, workshops, on-site visits and outreach programmes.

Currently, treatment facilities are utilizing a standardized treatment intake form for the collection of substance abuse data. This form was developed by The Inter-American Drug Abuse Control Commission (CICAD) of the Organization of American States (OAS) in 2014.

Phoenix Recovery Project is the only centre that offers treatment services for both males and females with beds for thirty (30) males and ten (10) females.

The Georgetown Public Hospital Corporation-Psychiatric Ward along with the New Amsterdam Psychiatric Hospital also provide outpatient services for persons with substance misuse and more serious cases are referred to one of the private facilities.

- 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 year 2017 some of these activities were achieved while other are still a work in progress.

Some of the agencies involved in this process are:

- Ministry of Public Health and other satellite sites (Prevention and Treatment)
- Drug Demand Reduction Unit - MOPH (Demand and Treatment)
- Phoenix Recovery (Treatment)
- Salvation Army (Treatment)
- Georgetown Public Hospital- Psychiatric Unit
- New Amsterdam Psychiatric Hospital

4. Key Data

The reported prevalence of problematic drug use both for licit and illicit drugs in the Guyanese population is over 40 in every 100,000 persons during the year 2017. This figure is very significant and shows that the most abused “licit drug” is alcohol followed by tobacco while the most “illicit drug” of abuse is marijuana.

For this 2017 report, the data analysed is based on treatment intake from the two NGOs providing treatment services. In the year 2017 a total of 106 persons with problematic drug use disorders visited at least one of the two treatment facilities, out of this number 25 were admitted for alcohol abuse (24%), 35 for Marijuana abuse (33%), 42 for Cocaine and its derivatives (39%), and 4 for other drugs such as abuse of prescription drugs (2%) (Chart 5).

During the period 2015-2017 there were fluctuation among some primary drug of abuse such as alcohol, marijuana and other drugs while the number of persons seeking treatment for cocaine remained consistent. However, there was an overall increase in the total number of persons visiting the

treatment centres for each category of drug over the same time period.



CHART 5: Main Substances of Abuse by Persons Seeking Treatment for 2017

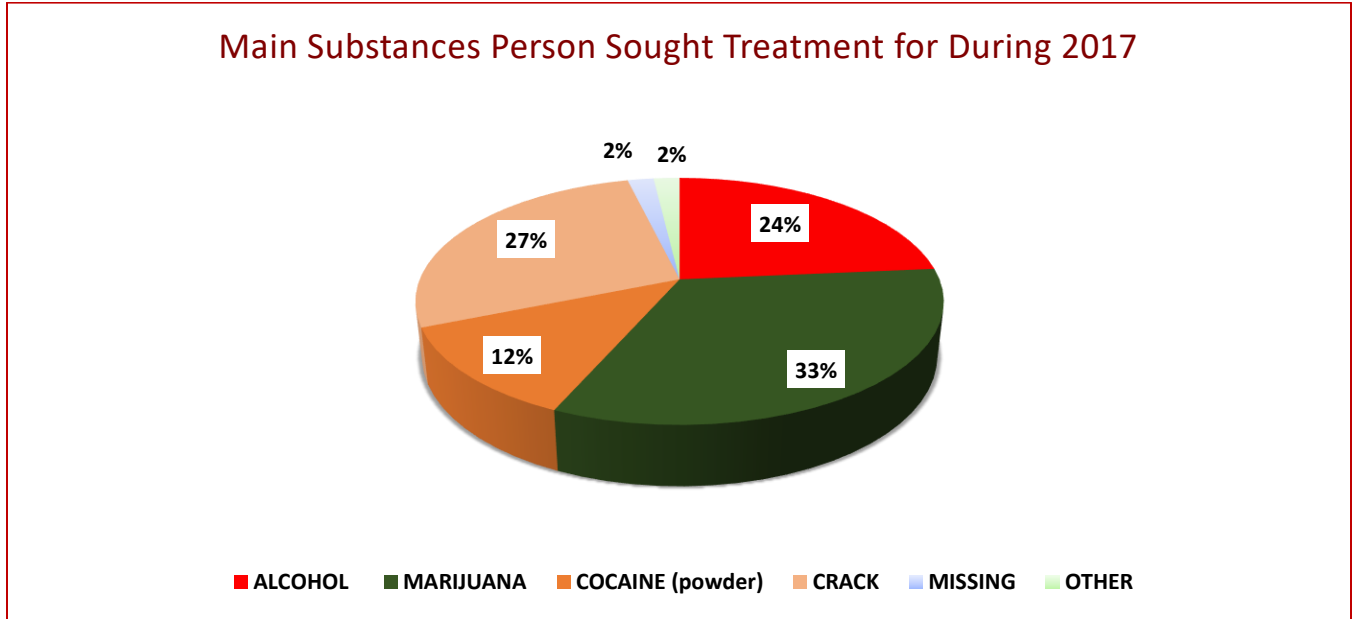
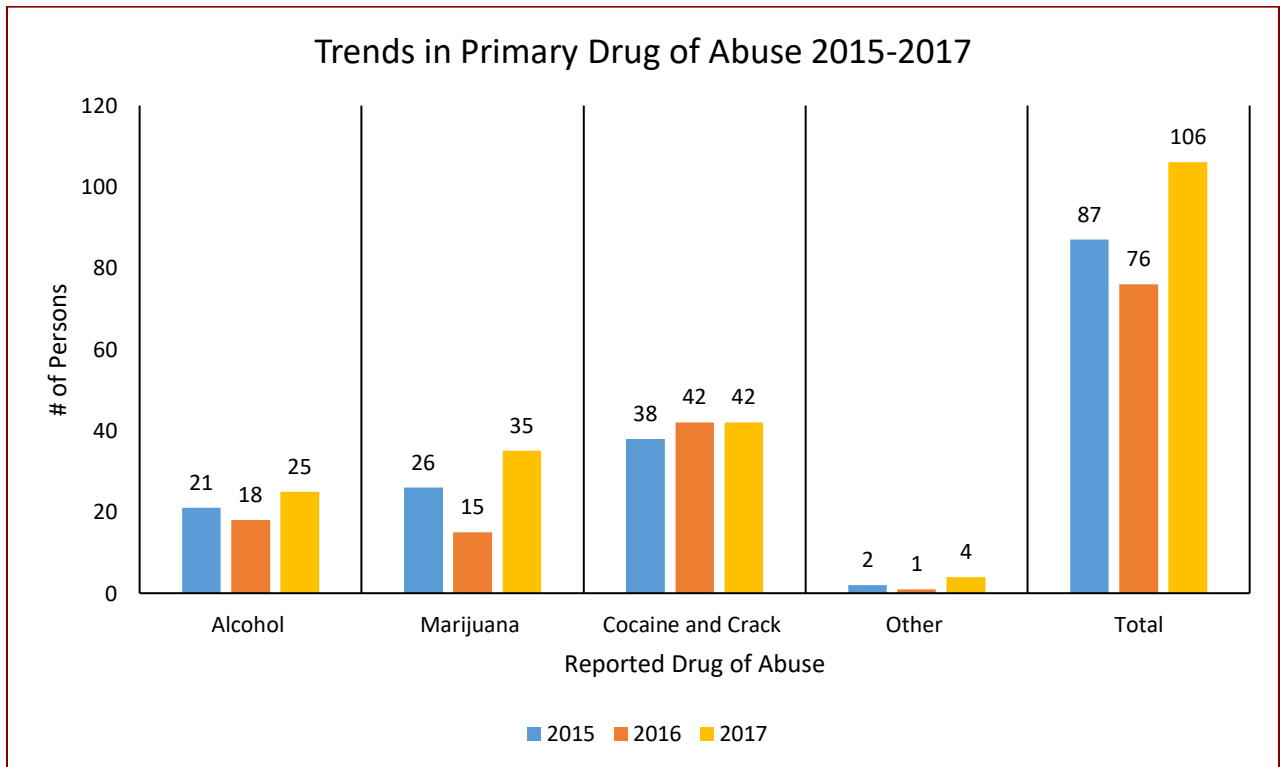


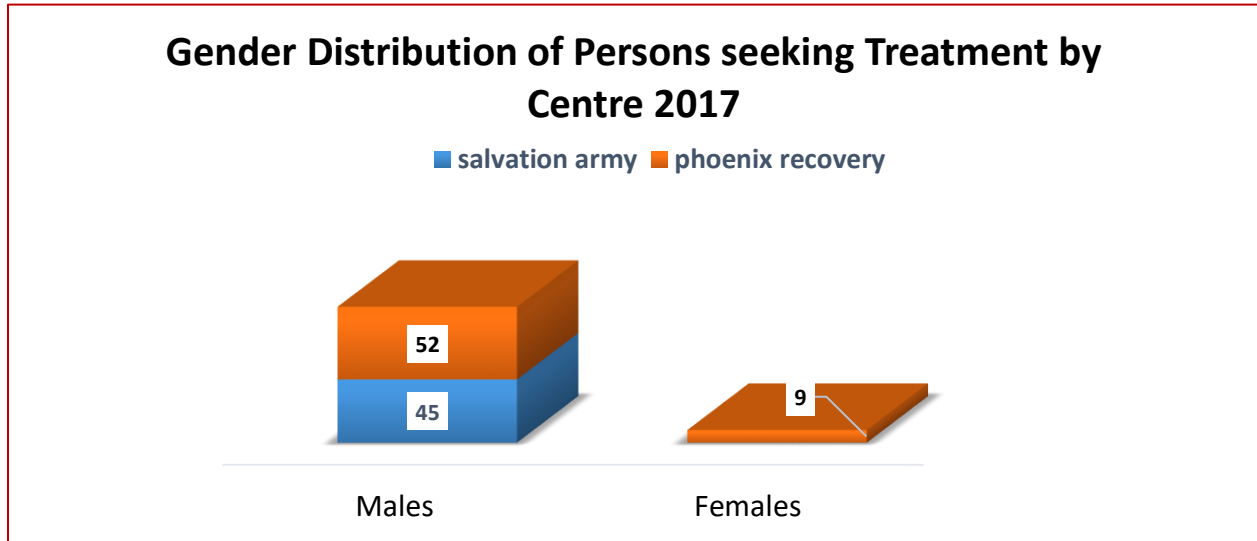
CHART 6: Trends in the Primary Drug of Abuse 2015-2017



Considering that there is only 1 facility that provides treatment services for females, it is anticipated that females will be in the minority of persons seeking treatment for

problematic drug use. As such, during 2017, over 90% clients at treatment facilities were males and the remainder being females.

CHART 7: Gender Distribution of Persons Seeking Treatment by Centre for 2017



Over all, the treatment population was found to be between the ages of 11 to 65 years old with a heavy concentration between the ages of 32 to 47 years old (CHART 8). It was also found that over 50% did not complete their

education up to the secondary level (CHART 9). Many of the persons in treatment for 2017 were not gainfully employed with 10% indicating that they were students (CHART 10).

CHART 8: Age Distribution of Persons on Treatment for 2017

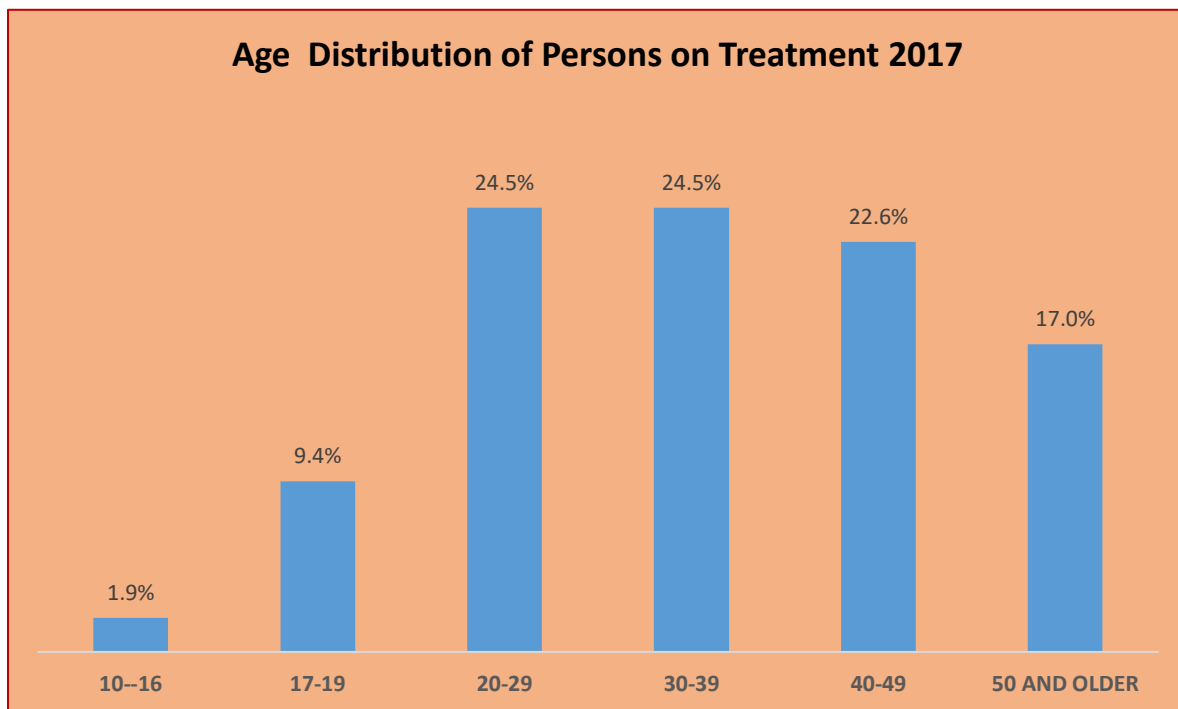


Chart 9: LEVEL OF EDUCATION OF PERSONS SEEKING TREATMENT IN 2017

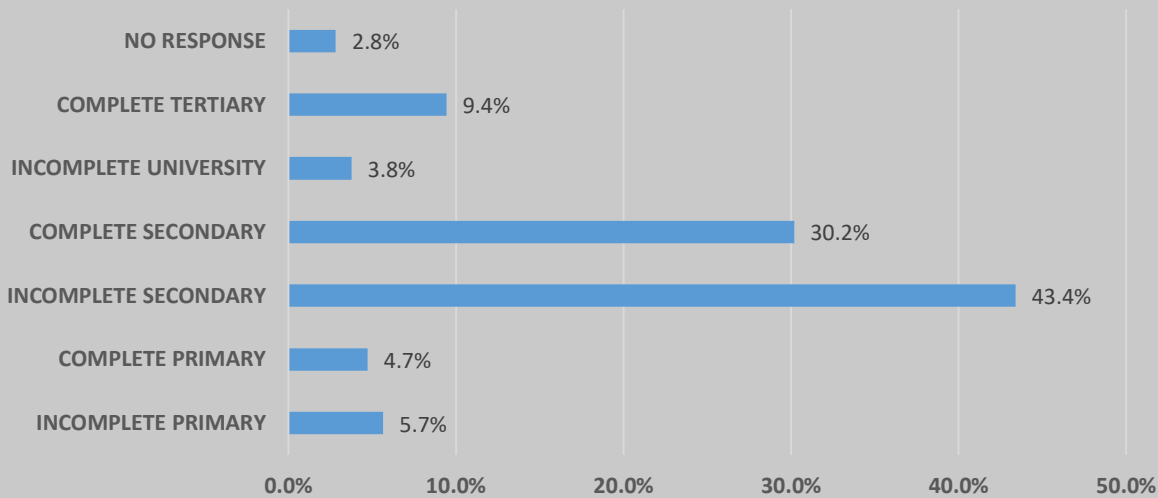
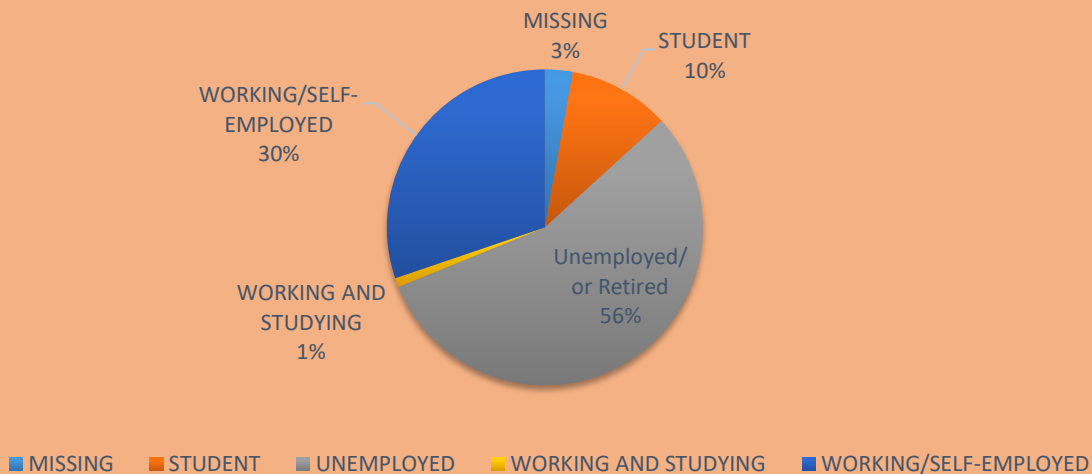


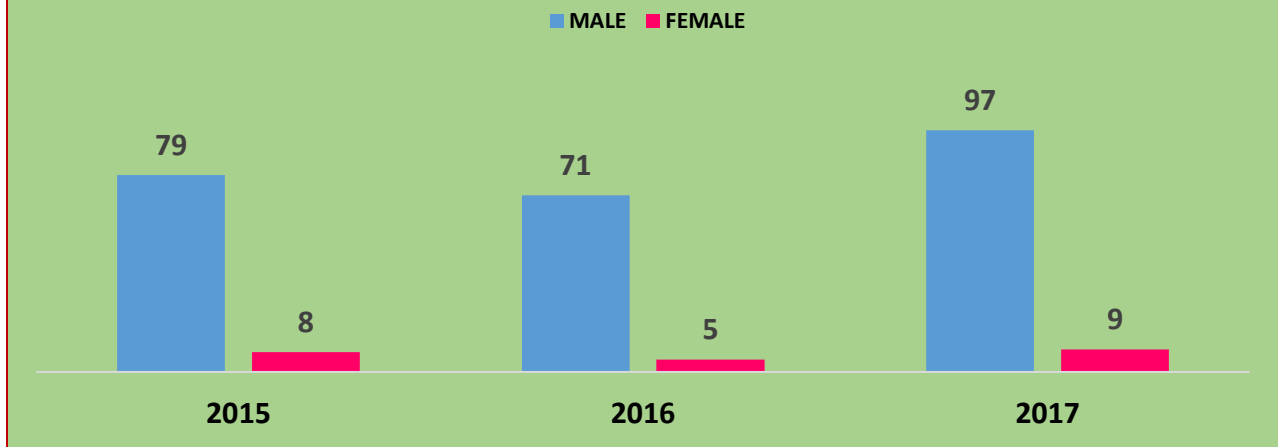
Chart 10: EMPLOYMENT STATUS OF PERSONS ON TREATMENT 2017



Over a three-year period, the trend among the female population of drug abusers appears to be consistent in terms of persons accessing treatment, considering that the only facility that caters to females can only facilitate 10 females at any given time. In most instances, the facility was operating at

maximum capacity for female patients. On the other hand, the male population of problematic drug users fluctuates significantly over the years, declining in 2016 and then showing a sharp increase in 2017 (CHART 11).

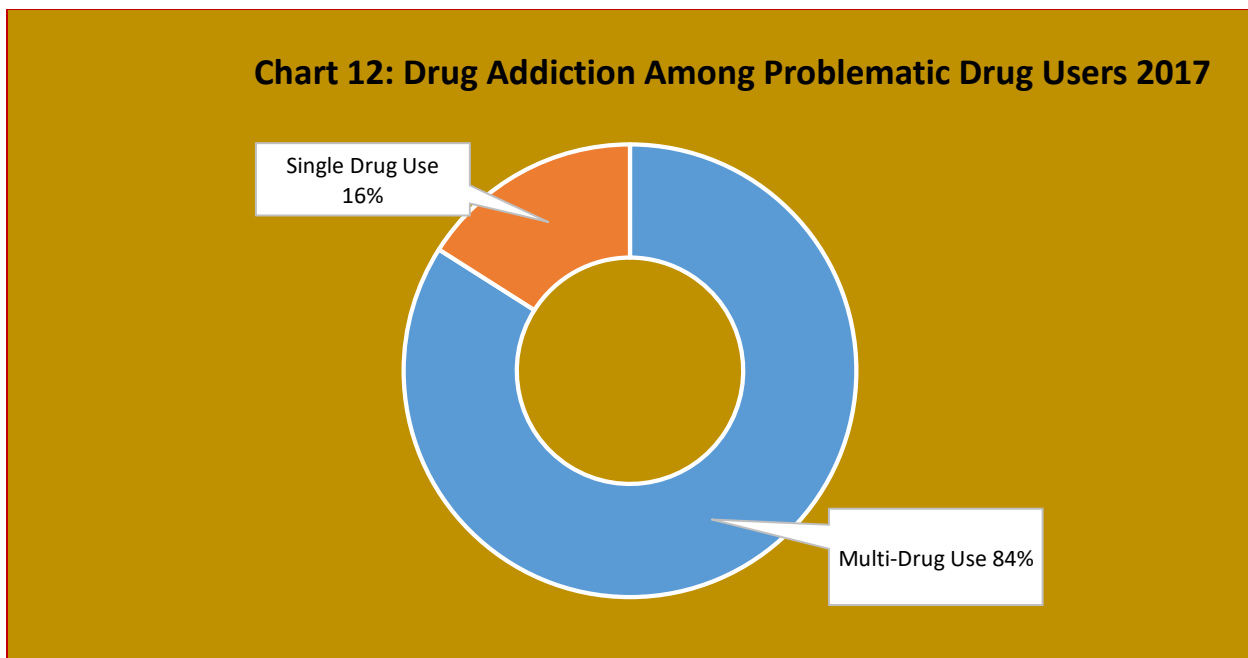
Chart 11: GENDER DISTRIBUTION OF PERSONS SEEKING TREATMENT 2015-2017



Additionally, during the reporting period for 2017, it was observed that 16% of the problematic drug users entering the treatment centres were abusing a single drug while 84% had problems with multiple drugs of abuse. Such a high percentage make it a difficult task to properly treat those individuals (CHART 12).

The data also showed that among the 89 persons found to be multi-drug users, 54% abuse licit drugs such as alcohol and tobacco while 28% abuse illicit drug such as marijuana. Overall, the data shows that persons seek treatment predominately for illicit drug use.

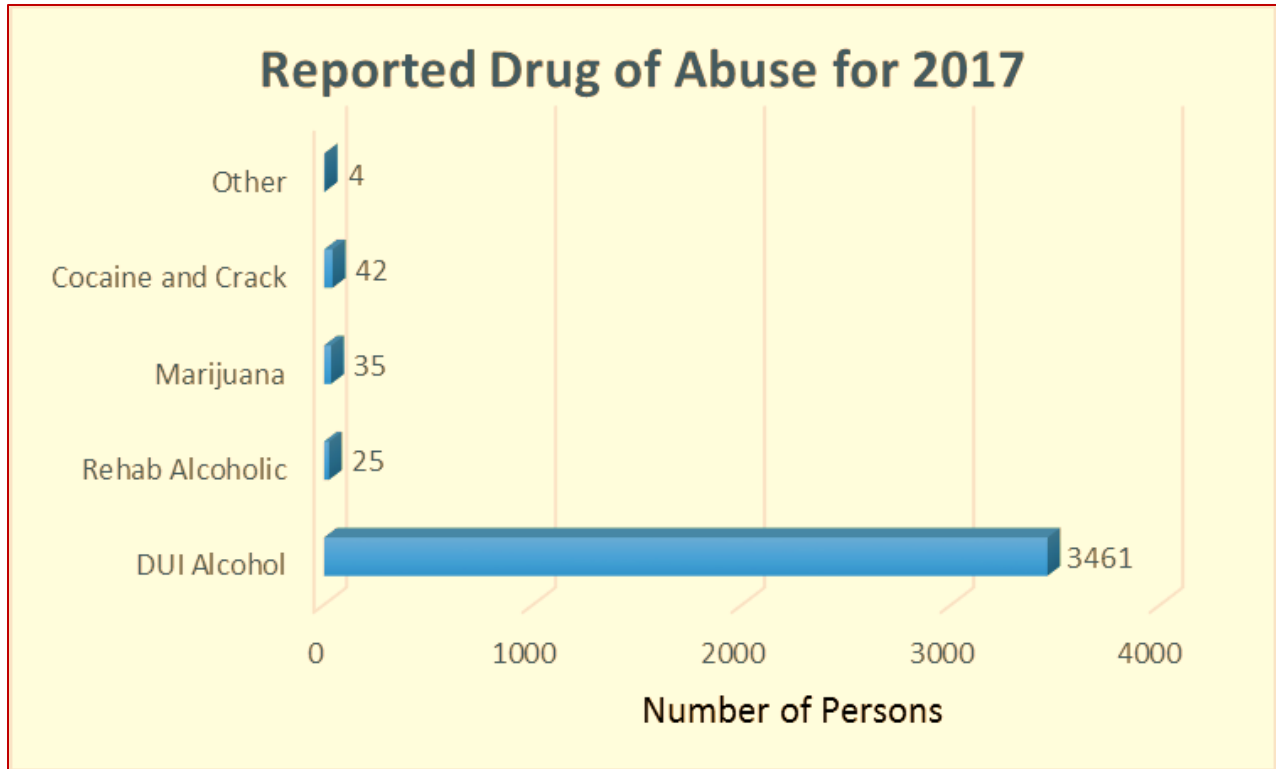
Chart 12: Drug Addiction Among Problematic Drug Users 2017



To understand the demand for treatment more comprehensively, data from the Guyana Police Force- Traffic Unit under the “Operation Safeway” was assessed. This operation is being undertaken to improve

road safety by taking a proactive approach to identify persons driving under the influence and taking them off the roadways, this is done by administering random breathalyser tests and taking them off the roads.

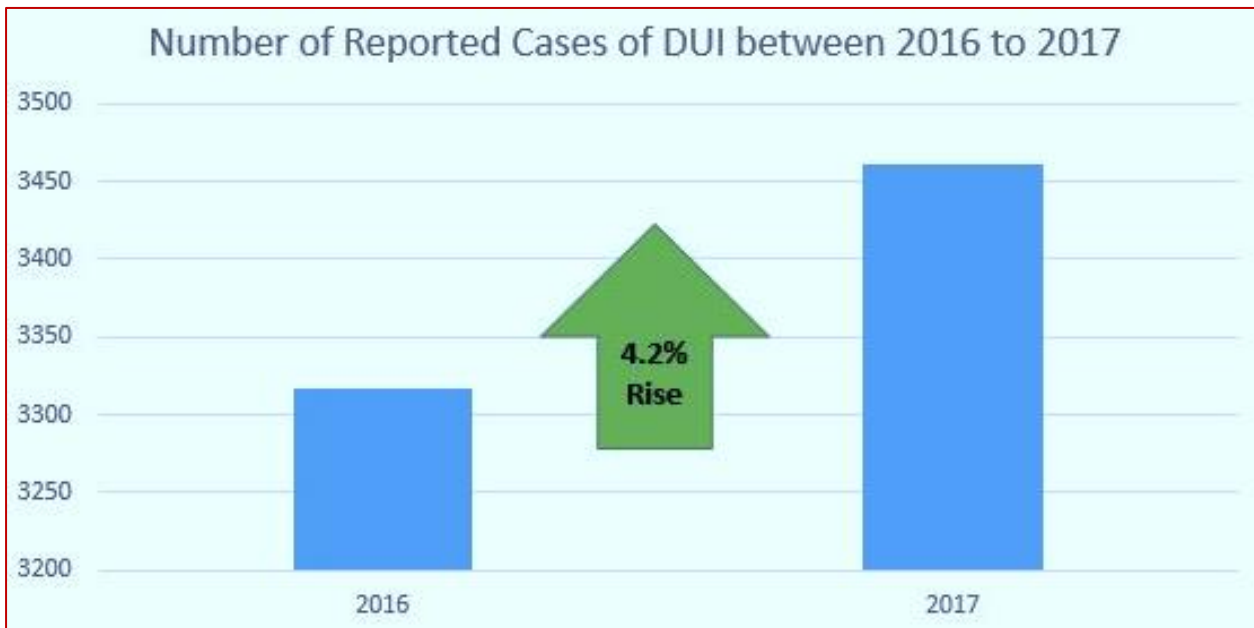
CHART 13: Reported Drug of Abuse for 2017



For 2017, 3,461 drivers were charged for Driving Under the Influence of Alcohol (DUI) (CHART 13). These figures indicate the level of risk persons are exposed to due to alcohol consumption and while some of those

persons may require treatment for problematic use, further assessments will have to be conducted to make that determination.

CHART 14: Number of Reported Cases of DUI Between 2016 to 2017



The chart above (CHART 14) highlights the number of reported DUI cases for 2016 compared to 2017. In 2016 3,317 persons were charged with DUI while in 2017, 3,461 persons were charged with the same offense. This reflects a 4.2% increase in the number of

persons reported to have been driving under the influence of alcohol.

5. Quality Assurance of Drug Treatment Services

Currently, the requirement for an NGO to operate a drug treatment facility in Guyana is to register as a Friendly Society with the Ministry of Social Protection. This registration process would include a visit to the facility by a social worker and other health inspectors to approve the facilities as being up to standard for such operations. However, as it relates to assessments based on the quality of care being offered, there is no monitoring criteria

nor entity established to evaluate the services offered.

It can be noted however, that via the Caribbean Community (CARICOM), there is a manual on Assessing Standards of Care for the Treatment and Rehabilitation of Substance Abusers in the Caribbean¹⁶ that provides guidelines and criteria for the development of programmes to assess standards of care in treatment that all

¹⁶http://www.cicad.oas.org/fortalecimiento_institucional/dtca/dtcc/Documents/CARIBBEAN%20STANDARDS%20OF%20CARE.pdf

CARICOM member states are encouraged to review and adopt in whole or in part based on their local context.

Further, through a collaboration with the Inter-American Drug Abuse Control Commission, Organization of American States (CICAD/OAS), the Ministry of Public Health, has received assistance to train more than 30 professionals in the field of drug treatment.

Given the lack of structured and certified training programmes in this field, this training is timely and will be completed in 2018

6. Conclusions and Recommendations

The provision of comprehensive drug treatment programmes is an essential element for addressing the drug problem in Guyana. The ability to put a person suffering from problematic drug use on the path to recovery is key and critical in the public health approach in demand reduction. Looking at the 2017 data, it is evident that alcohol, marijuana and cocaine are substances with a significant impact on the health and wellbeing of our society.

Alcohol is a substance that is culturally accepted and as such, society does not or cannot identify the significant health risks this substance can cause. The DUI data for 2016 to 2017 indicates an increase in the number of drunk drivers on our roadways that are being intercepted before they can cause harm to themselves or other road users. These persons need to be mandated to enrol into a form of treatment and prevention intervention based on need.

Women in treatment is another area that needs to be addressed, clearly there is a

demand for this service, however with the lack of facilities and trained personnel, females with problematic substance use disorders will not be able to obtain the level of care they need to overcome this issue. Further, given that just under 10% of the treatment population are below the age of 18, an emphasis needs to be placed on provision of treatment service of this population.

Recommendations

- Establish public treatment facilities across Guyana especially in hinterland regions and regions that records a high rates of drug users.
- Provide public treatment facilities that can cater to females and children as these are the populations showing an increased demand for services
- Provide technical and ad-hoc support to all treatment centres
- Develop a standardized system/database to store client information to enable easy access to the clients' charts.
- Develop a unique identifier to differentiate between clients and their identity. This will also aid in avoiding duplication of clients' information charts.
- Establish standards of care for treatment, and certified training for professionals in this field
- Establish a unit within the relevant ministry to oversee the monitoring, evaluation and accrediting of treatment facilities and certification programmes for professionals

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



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



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

D. DRUG SUPPLY

I. INTRODUCTION

This section covers supply reduction which encompasses both local and transnational dimensions.

Domestically, supply reduction covers regulations, enforcement of anti-drug laws, eradication of marijuana cultivation and reducing the availability of cocaine. Accordingly, law enforcement must adjust and adapt to emerging threats and the increasing sophistication of transnational and national criminal groups.

II. POLICIES AND COORDINATION

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

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

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.



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, NANA through the GUYDIN has the responsibility to dissect and analyse the reports submitted.

The main objectives geared towards promoting the reduction in drug supply outlined in the NDSMP 2016-2020.

These include:

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

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

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

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

III. DRUG MARKET

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

¹⁸ Global Financial Integrity

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

Market	Value
<i>Cannabis</i>	\$183 billion to \$278 billion
<i>Cocaine</i>	\$94 billion to 143 billion
<i>Opiates</i>	\$75 billion to \$132 billion
<i>ATS</i>	\$74 billion to \$90 billion
<i>Global Total</i>	\$426 billion to \$652 billion

1. Drug seizures

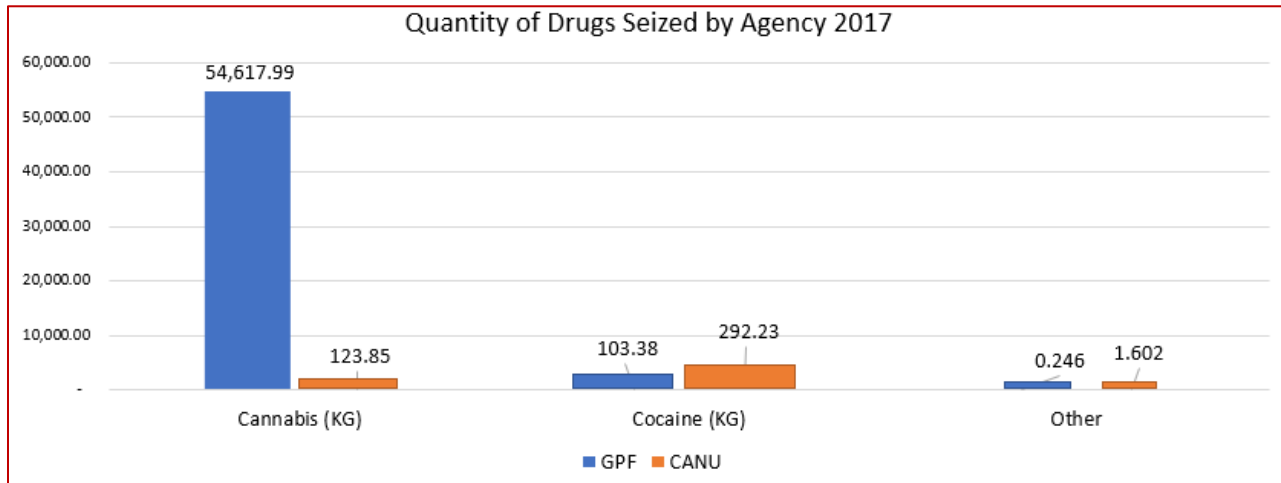
a. Quantities of Drug Seized

There are several law enforcement agencies involved in combatting the drug problem these are: the Guyana Police Force, Narcotics Unit, Customs Anti Narcotic Unit (CANU) and the Guyana Revenue Authority (GRA) specifically under their Drug Enforcement Unit (DEU) and the Container Control Programme (CCP) which is responsible for monitoring sea vessels. 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, the data will be reflected in the overall seizure report for the police and CANU.

In 2017, law enforcement authorities seized a total of 55,139.30KG of narcotics which included substances such 54,741.84 KG of cannabis, 395.61KG of cocaine and 1.85 KG of other substances such as heroin and ecstasy (CHART 16) and have eradicated a total of 117,531.61KG of marijuana plants. Overall, a total of 172, 670.79KG of narcotics were taken off the drug market and over 600 persons have been charged with various drug related offences for the year such as trafficking or for the possession of narcotics.

.... The Guyana Police Force accounts for over 90% of the Drugs seized in Guyana...

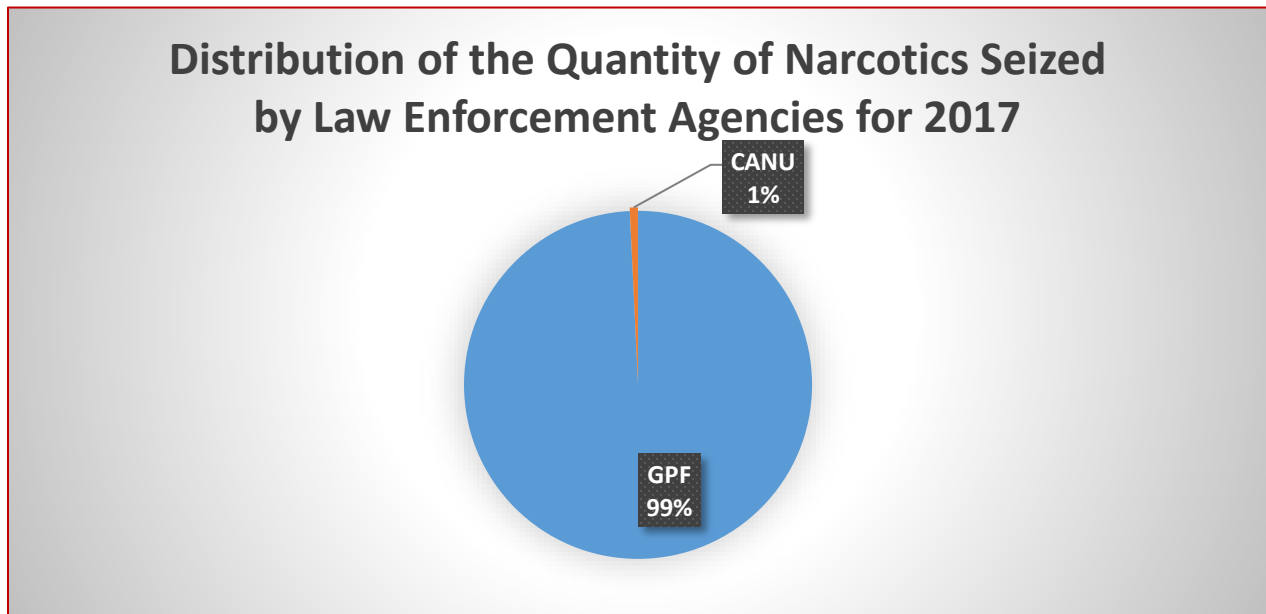
CHART 16: Showing the Quantity of Drugs Seized by Law Enforcement Agencies 2017



The data showed that the Guyana Police Force has seized 99% of the Narcotic Drugs in Guyana while Customs Anti Narcotic Unit has

seized about 1% of drugs for 2017 (CHART 17).

CHART 17: Showing the Distribution of Seizure by Law Enforcement Agency for 2017



b. Number of Seizures by Type of Drugs

For 2017, a total of 124 seizures occurred among law enforcement agencies (CHART 18). Two (2) of these seizures were made at facilities controlled by GRA and subsequently

handed over to the police or CANU. The seizures by GRA- DEU yielded a total of 86.34KG of narcotics: 18.98 KG of Marijuana and 67.34KG of cocaine. The following

analysis is based on annual seizure reports from the Guyana Police Force- Narcotics Unit and Customs Anti-Narcotics Agency (CANU).

The Guyana Police Force-Narcotics Branch was responsible for 72% of all seizures and

CANU was responsible for 28% of seizures for 2017. Combined, the two agencies reported a total of: 63 seizures of cannabis; 57 seizures of cocaine; 1 seizure of heroin, 2 seizures of ecstasy and 1 seizure of hashish. As highlighted in CHART 19 below.

CHART 18: Showing the number of Seizures by Drug and Law Enforcement Agencies for 2017

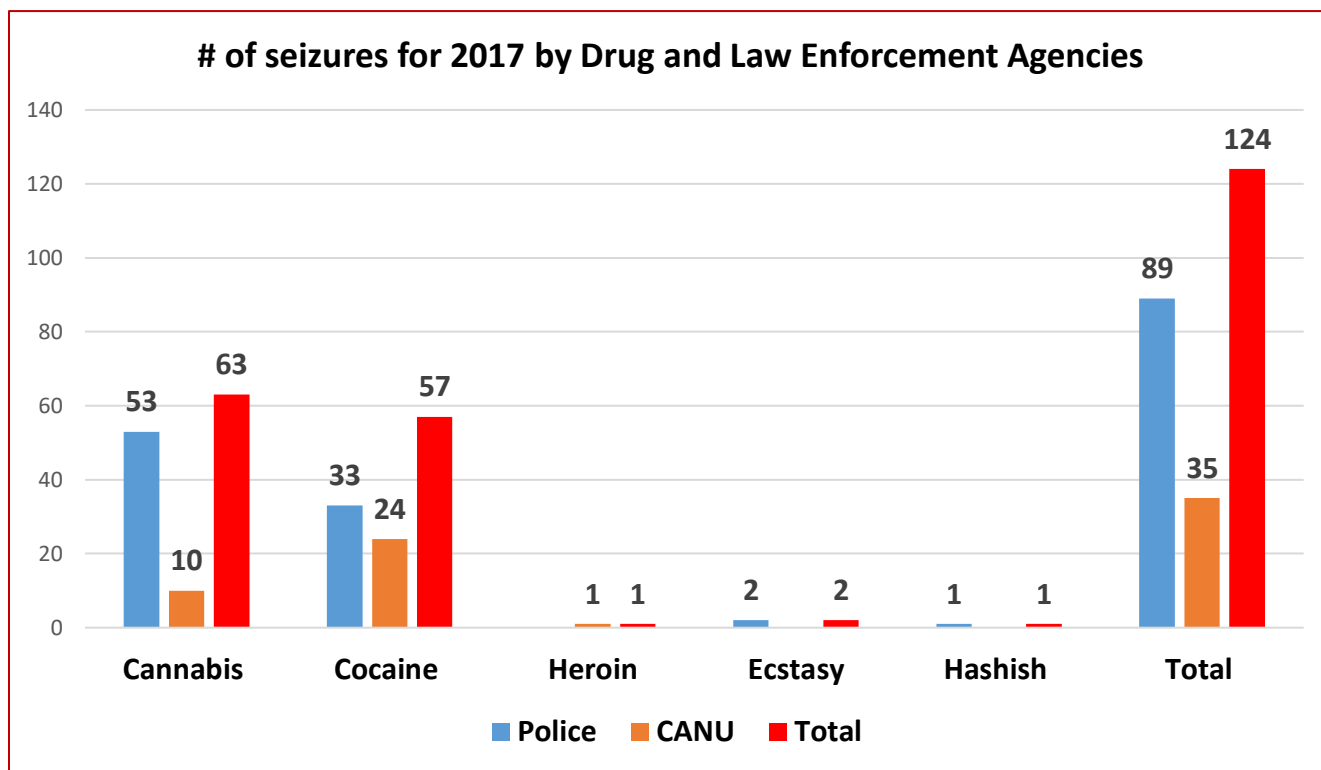
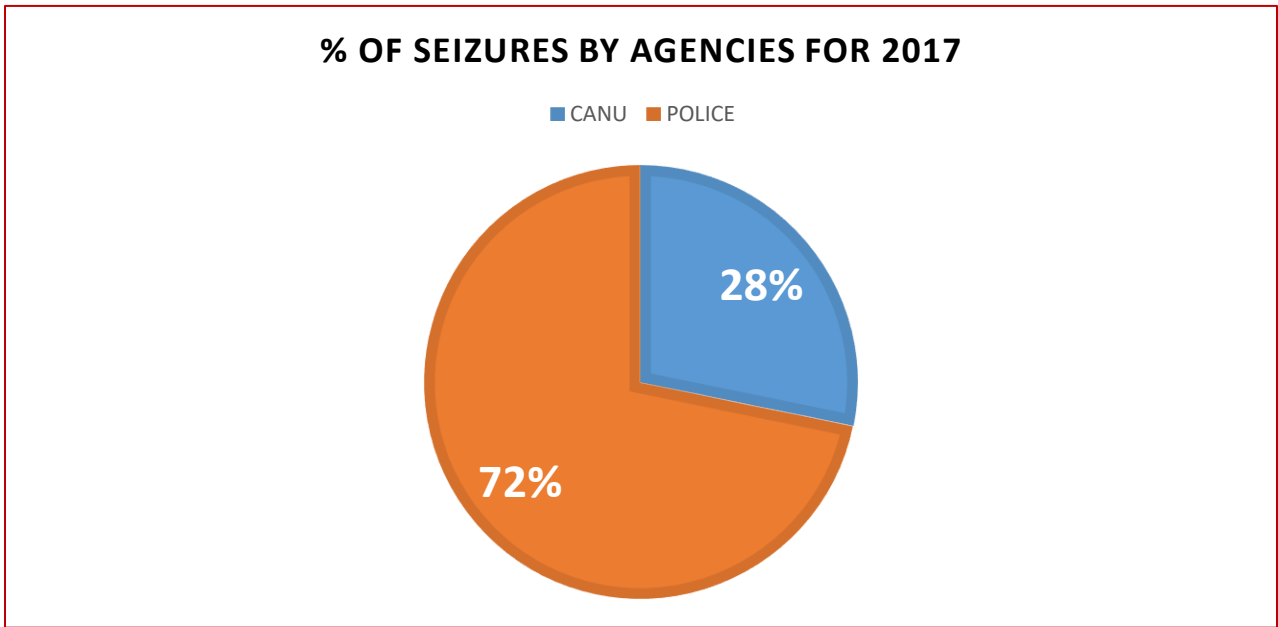


CHART 19: Showing the number of Seizures by Agency for 2017



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

In total 35 seizures were made by CANU for 2017 (CHART 20). This yielded a total of 417.68 KG of narcotics. Of this total: 10 seizures were for cannabis equating to

123.85 KG; 24 seizures were for cocaine totalling 292.23 KG of the drugs seized and 1 seizure was for 1.60 KG of heroin (CHART 21).

CHART 20: Showing the number of Seizures Accomplished by CANU for 2017

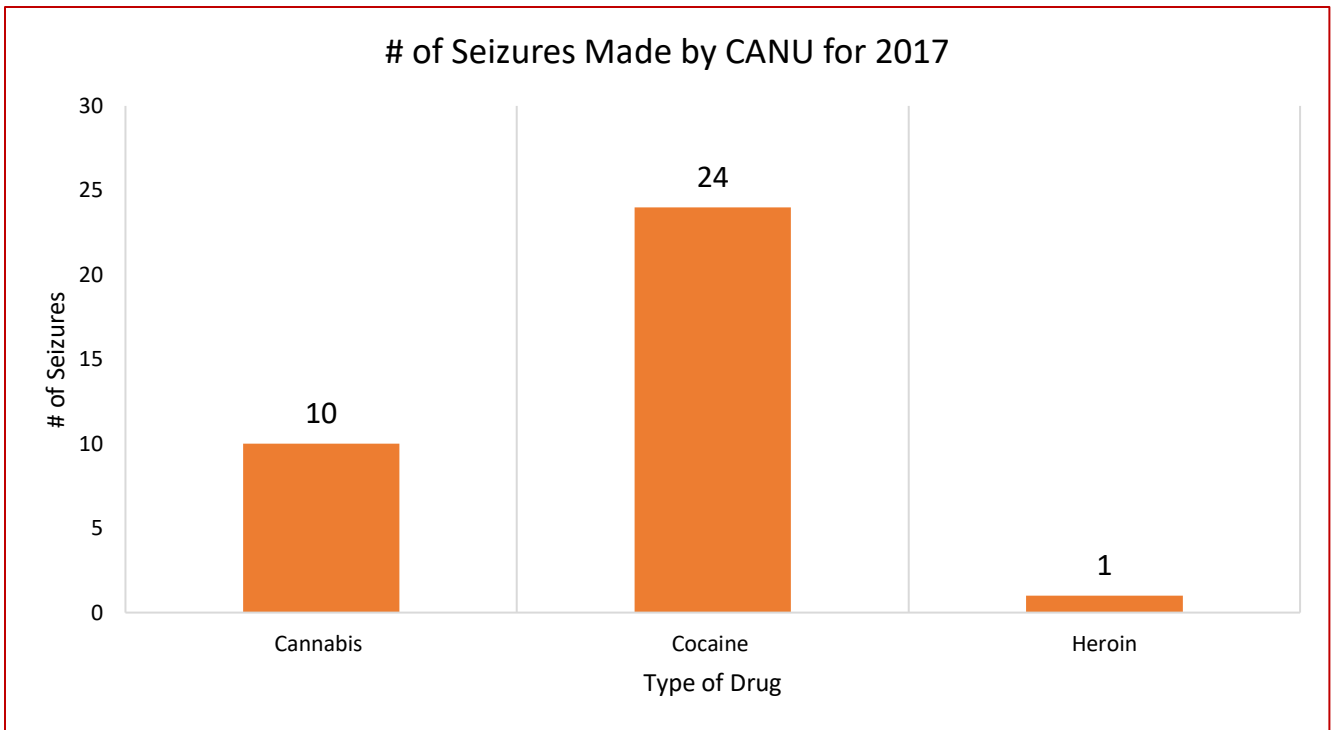
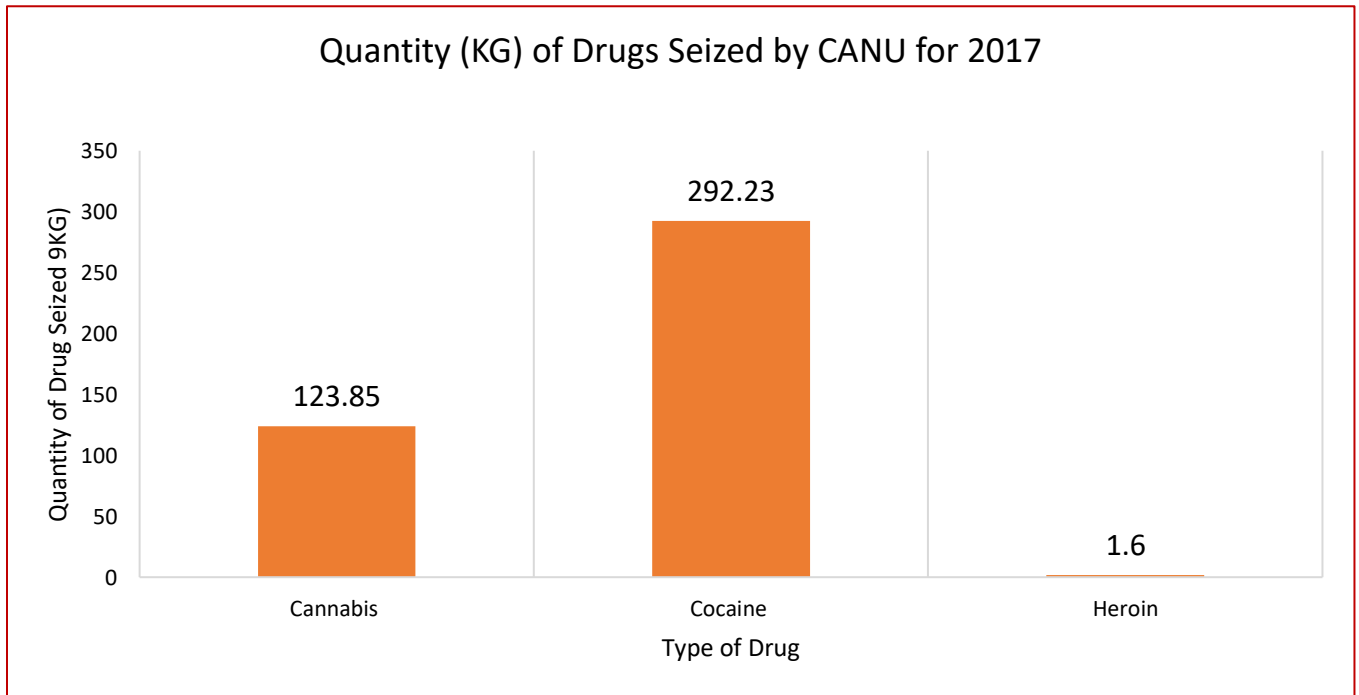


CHART 21: Showing the Quantity of Drugs Seized by CANU for 2017



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

For 2017, the Guyana Police Force-Narcotics Branch made a total of 89 seizures of narcotics (CHART 22), this included: 53 seizures amounting to 54,617.99 KG of

cannabis, 33 seizures totalling 103.38 KG of Cocaine, 2 seizures of ecstasy yielding .216 KG and 1 seizure of .030 KG of hashish (CHART 23).

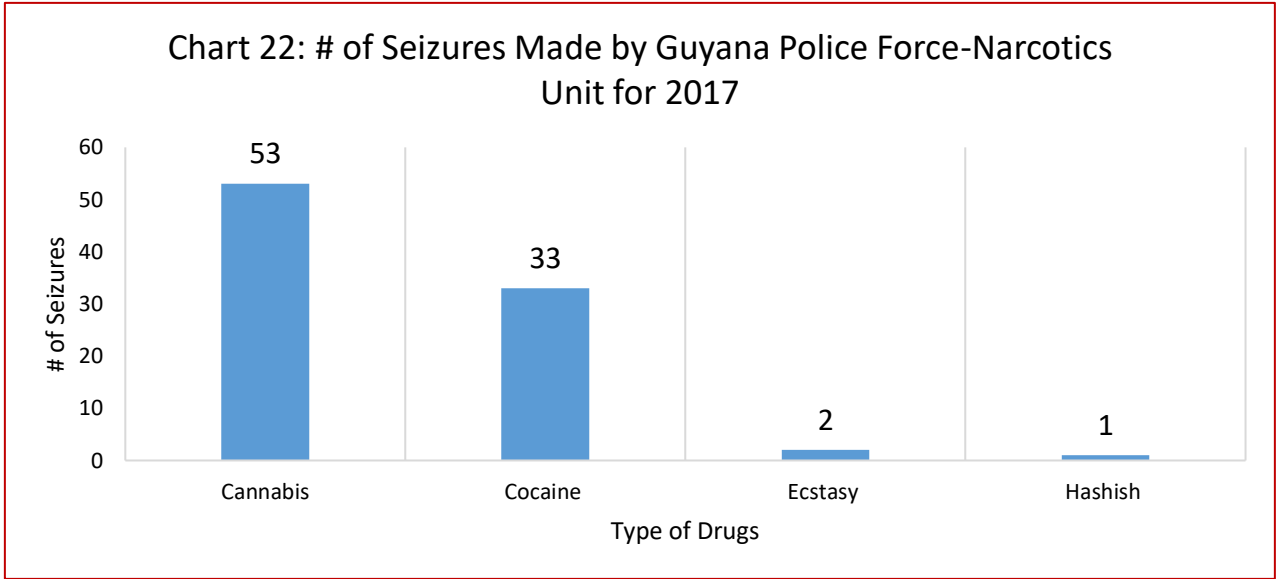
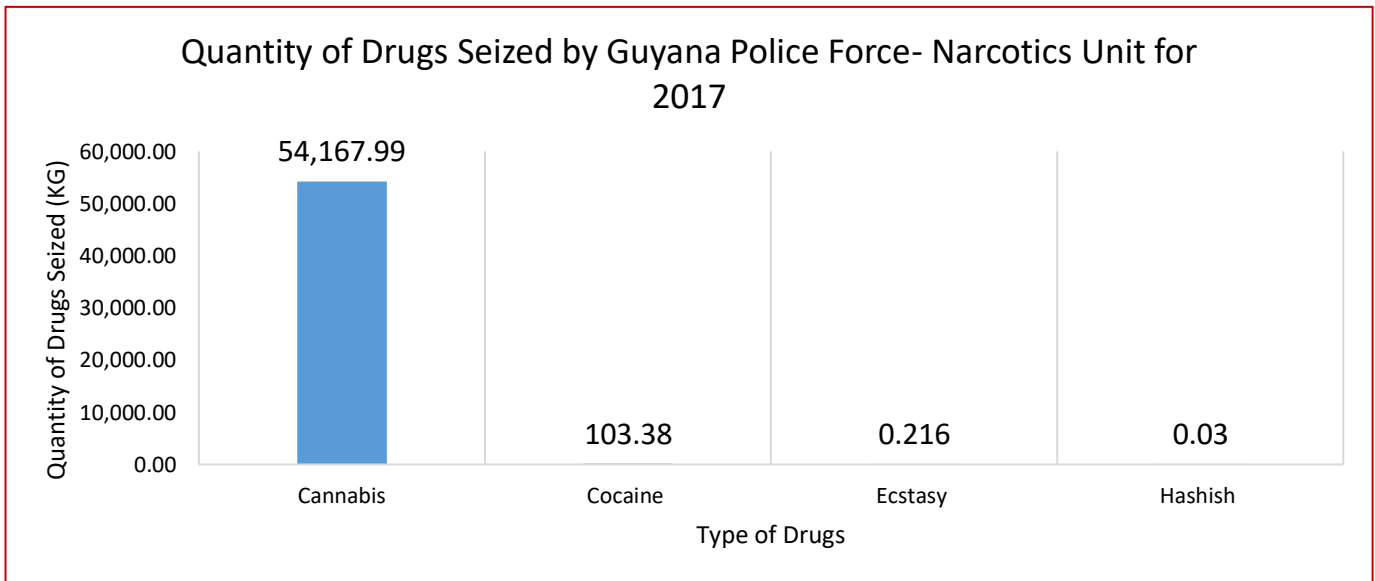


CHART 23: Showing the Quantity of Drugs Seized by GPF – Narcotics Unit for 2017



(III) COMPARATIVE ANALYSIS OF DRUG SEIZURES BETWEEN 2015 AND 2017

In assessing the data from 2015-2017, there is an overall trend in the decline in quantity of drugs seized over the years (CHART 24). The data for 2017 as compared to the previous year 2016 showed a 72% decrease in drug seizure. However, when assessed by type of drug seized over the years, a more dynamic story is to be told. There was a consistency with the ratio of marijuana seized compared to the other drugs such as cocaine and ecstasy. Marijuana is the drug that is most prevalently seized each year, however from 2015-2017, there has been a decline in the quantity of this drug seized (CHART 25). What

is noted, is that there has been a significant increase in the quantity of cannabis plants that have been eradicated over this period as discussed in the next section. Further looking at the quantity of cocaine seized over the three (3) year period, it is noted that this figure fluctuates over the years, with a sharp decrease between 2015-2016 and a slight increase between 2016-2017 (CHARTT 26).

The table and charts below illustrate the trends in drug seizure over the period 2015-2017.

CHART 24: Showing the Quantity of Drugs Seized for 2015 to 2017

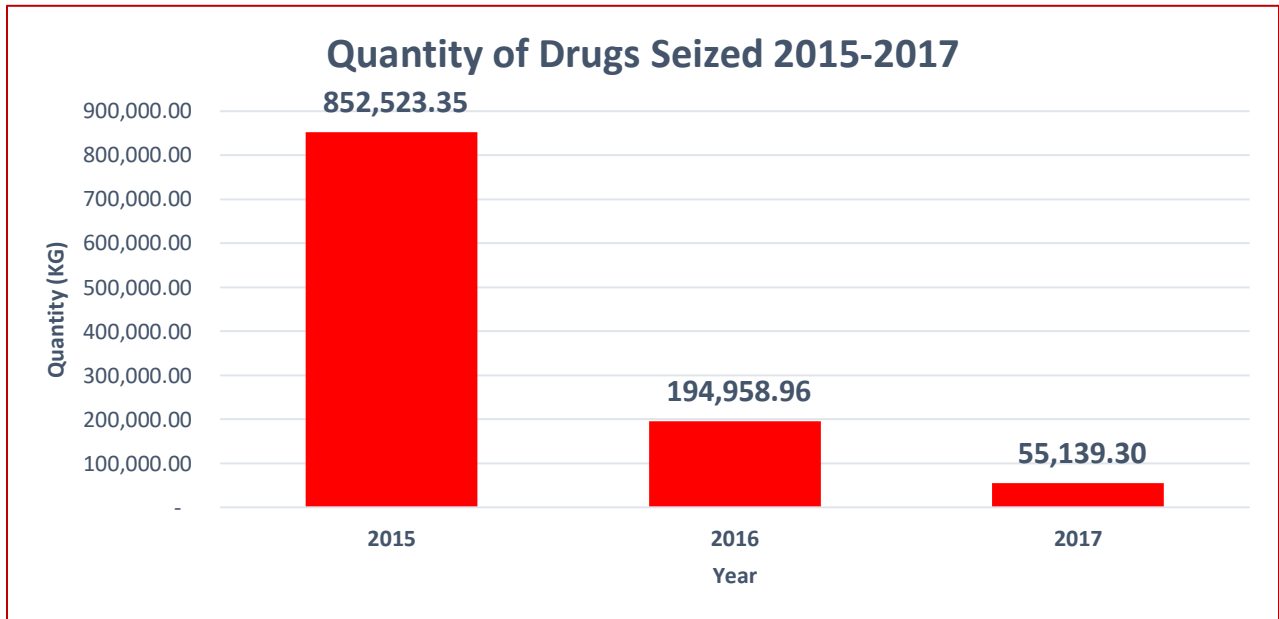


TABLE 2: Showing the Quantity of Drugs Seized for 2015 to 2017

Quantity of Drugs Seized 2015-2017 (KG)				
Types of Drugs	2015	2016	2017	Total 2015-2017
Cannabis	851,390.21	194,707.36	54,741.84	1,100,715.56
Cocaine	1,131.31	249.913	395.61	1,776.84
Crack	1.82	1.15		2.97
Ecstasy		0.41	0.216	0.626
Heroin			1.6	1.6
Hashish		0.126	0.03	0.156
Total	852,523.34	194,958.96	55,139.30	1,102,497.75

CHART 25: Showing the Quantity of Cannabis Seized for 2015 to 2017

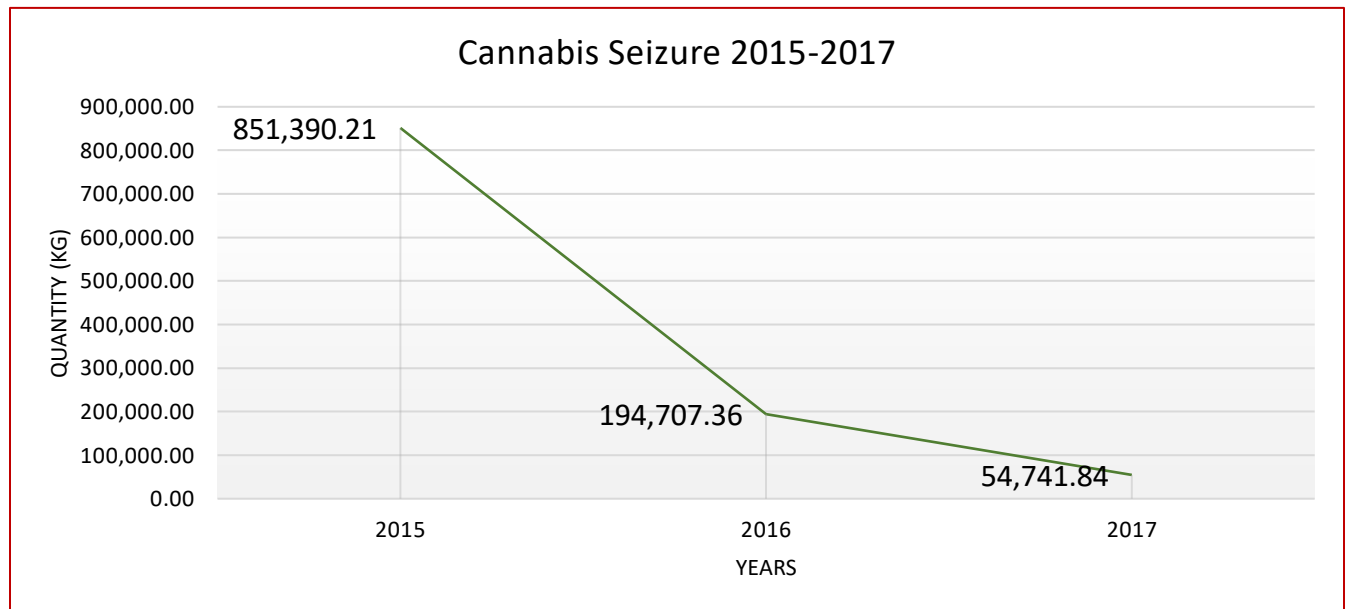
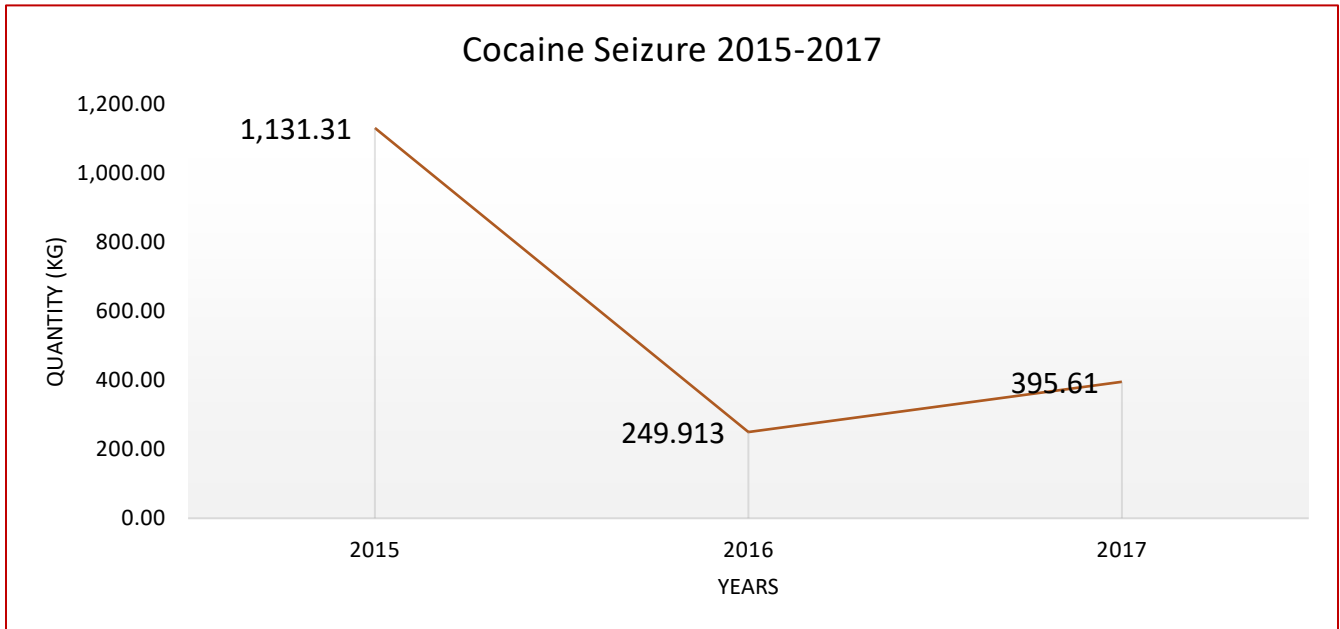


CHART 26: Showing the Quantity of Cocaine Seized for 2015 to 2017



(IV) ERADICATION

The Guyana Police Force- Narcotics Branch is the agency with the responsibility for conducting eradication exercises of cannabis plants and the confiscation of any ammunition, lands and other derivatives of the illegal substance. During 2017, a large portion of cannabis eradication was conducted in the region 10 area along the

Berbice River with about 7 exercises occurring there. Overall, a total of 34 acres of land was eradicated, spanning 20 fields over 15 operations. 204,400 plants were eradicated with a total of 117,531.67 KG of marijuana taken off the market, the substance had an estimated street value of over \$20 Billion Guyana Dollars. Overall, 4 persons were charged for this crime.

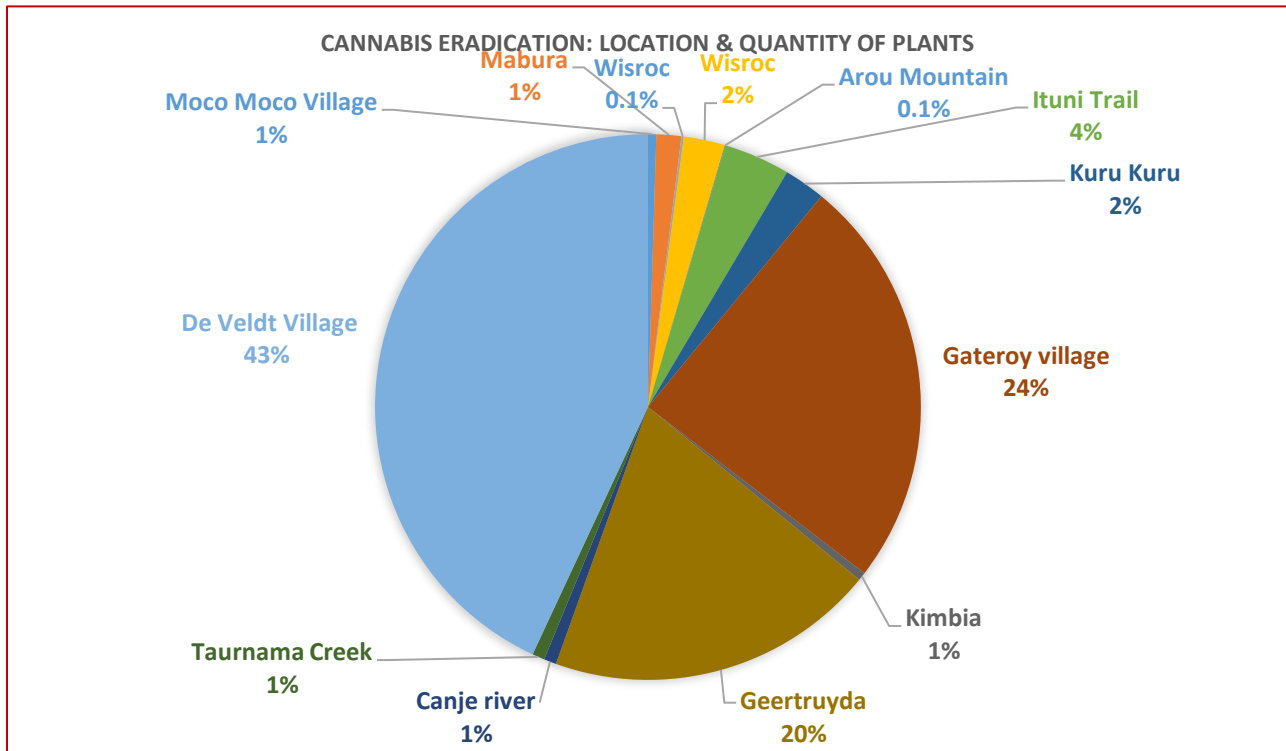
TABLE 3: Showing the Number of Marijuana/Cannabis Eradication Exercise for 2017

No. of operations	No. of Fields	No. of Acres	No. of Plants	Total Weight (KG)	Dried Cannabis (KG)	Street Value	Location	Region
1	1	1	1,000.00	700.00	2.21	\$ 350,000,000.00	Moco Moco Village	9
1	1	1.5	3,000.00	1,500.00	0	\$ 750,000,000.00	Mabura	10
1	1	0.5	300.00	660.00	0	\$ 330,000,000.00	Wisroc	10
1	1	2	5,000.00	11,000.00	0	\$ 5,500,000.00	Wisroc	10
1	1	0.25	70.00	154.00	0	\$ 77,000,000.00	Arou Mountain	7
3	3	5.5	8,030.00	17.67	0	\$ 3,179,880.00	Ituni Trail	6
1	1	4	5,000.00	2,500.00	0	\$ 450,000,000.00	Kuru Kuru	10
1	2	5	50,000.00	35,000.00	100	\$ 6,318,000,000.00	gateroy village	10
1	1	0.5	1,000.00	500.00	0	\$ 90,000,000.00	kimbria	10
1	1	5	40,000.00	20,000.00	30	\$ 3,605,400,000.00	geertruyda	10
1	1	1	1,500.00	750.00	0	\$ 135,000,000.00	canje river	6
1	1	1	1,500.00	750.00	30	\$ 140,400,000.00	taurnama Creek	6
1	5	7	88,000.00	44,000.00	55	\$ 7,929,900,000.00	De Veldt Village	10
15.00	20.00	34.25	204,400.00	117,531.67	217.21	\$ 20,184,379,880.00		

As seen in the table above, most of the eradication exercises occur in Region 10 Upper Demerara, Berbice, followed by Region 6, East Berbice, Corentyne with 1 eradication each occurring in Region 7, Cuyuni-Mazaruni and Region 9 Upper Takutu, Upper Essequibo. The largest Cannabis eradication exercise

occurred in De Velde Village, amounting to 43% of the 2017 total eradication, followed by Gateroy and Geertruyda with 24% and 20% respectively. It must be noted that most of the eradication exercise occurred in villages along the Berbice River.

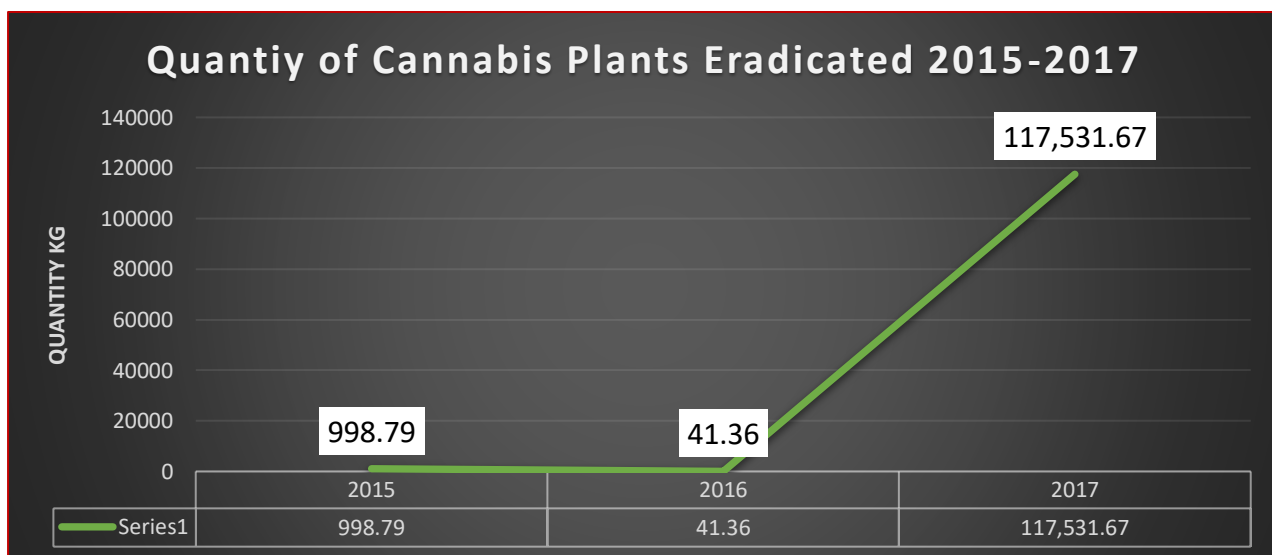
CHART 27: Showing Cannabis Eradication by Location and Quantity of Plants for 2017



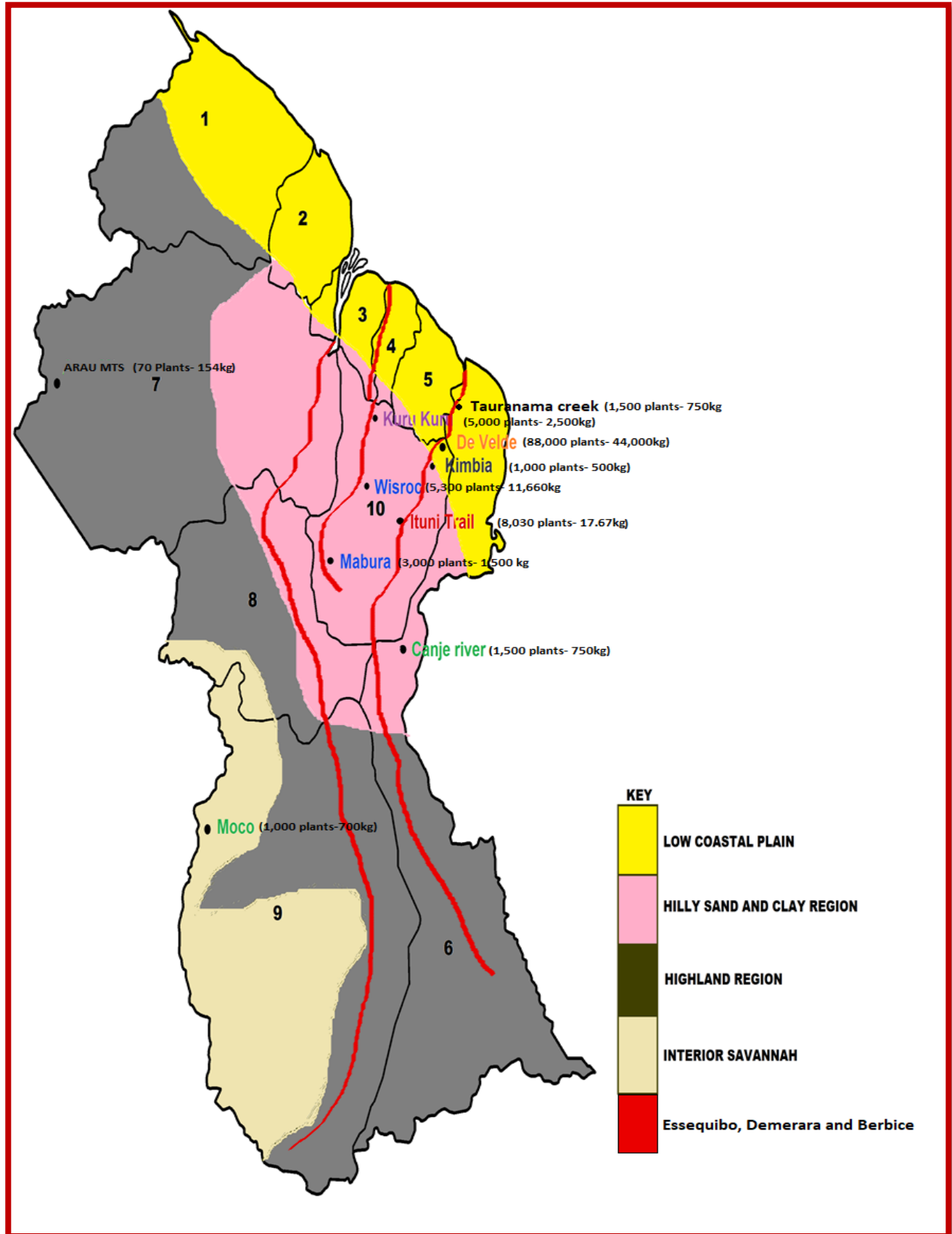
As shown above (CHART 27) most of the cannabis eradication that occurs in Guyana for the year 2017, was along the Hilly sand and Clay Region. This location may be favoured to grow this plant because of the soil type and presumably the ability the disguise the production amongst the terrain.

Comparing the eradication data from 2015-2017, it is noted that there was a 99% increase in the quantity of cannabis plants eradicated for that period. For the period 2016-2017, there was the most significant increase of over 117,000 KG of the drug eradicated.

CHART 28: Showing Trends in the Quantity of Cannabis Plant Eradicated for 2015 to 2017



MAP 1: Showing location of eradication operations for 2017



c. The Origin of the Seized Drugs

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

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

d. Destination of Seized Drugs

Most of the drugs seized in Guyana are not for national consumption but is however destined for international locations such as

e. Analytical Prospective on Drug Crime

In Guyana, a reform of the security sector led to the formation of the Guyana Forensic Science Laboratory that has a mandate to analyse all forensic evidence submitted for police investigation. With this laboratory functioning, some new data for monitoring and research became available for evidence-based decision making at a policy level in Guyana. This includes the analysis of all drug evidence submitted for investigating persons charged for possession, trafficking or cultivation of narcotics. In the year 2017, about 7,250 pieces of drug evidence was submitted for analysis for presence of narcotics and identification of the types

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

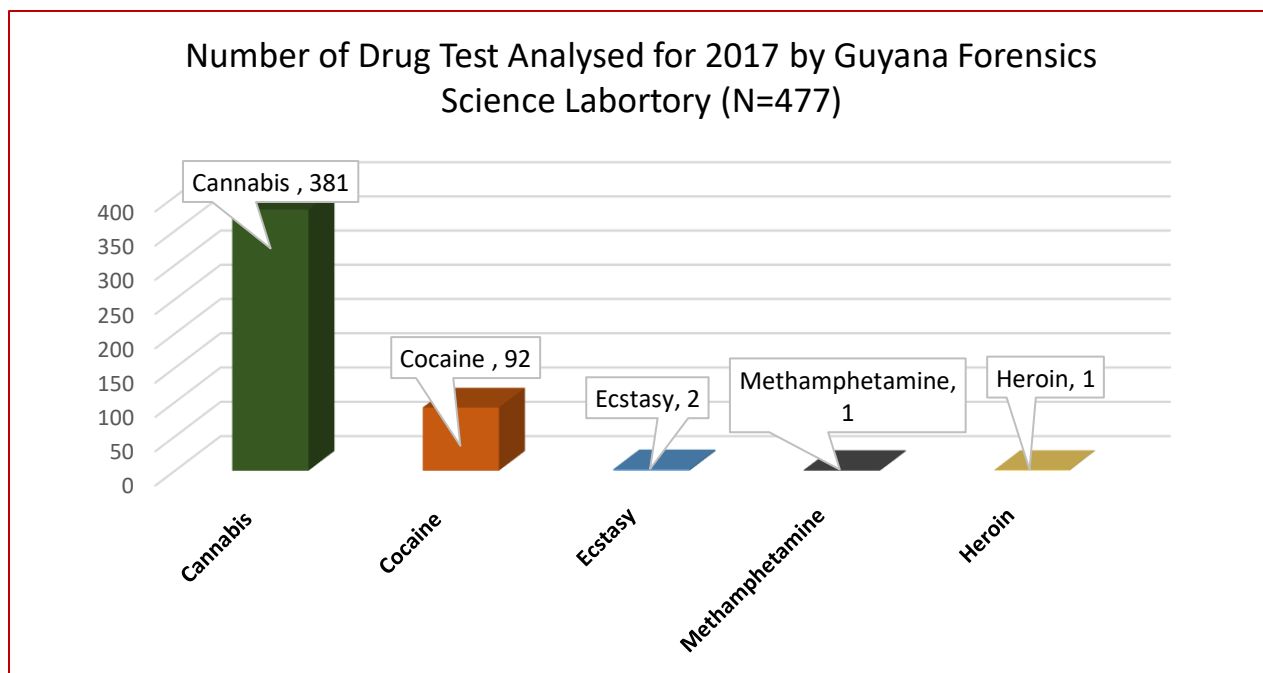
Europe, North America and other Asian countries. This is solely because the market returns, and value are much higher thus a better profit for the sale of drugs.

substances from various Police Divisions A to G.

These pieces of evidence were a part of 463 drug case investigation submitted that had 477 drug test requests with 14 cases having two tests requested for both cocaine and marijuana.

Additionally, regarding the evidence submitted for analysis and the presence of a particular narcotic drug, there was a 99.2% positivity rate for marijuana, 96.7% positivity rate for Cocaine, 100% positivity for Ecstasy, 100% positivity for Methamphetamine and 100% for Heroin.

CHART 29: Showing the Number and Type of Drug Test Analysed by the Forensic Laboratory for 2017



f. Drug Crime Investigative Mapping

Drug test request comes from various police division for investigative purposes these police division are as follows and illustrated in Chart 30:

- A Division – Georgetown and East Bank Demerara
- B Division – Berbice
- C Division - East Coast Demerara
- D Division – West Demerara and East Bank Essequibo
- E Division – Linden and Kwakwani
- F Division – Lethem, Bartica and other Interior Locations

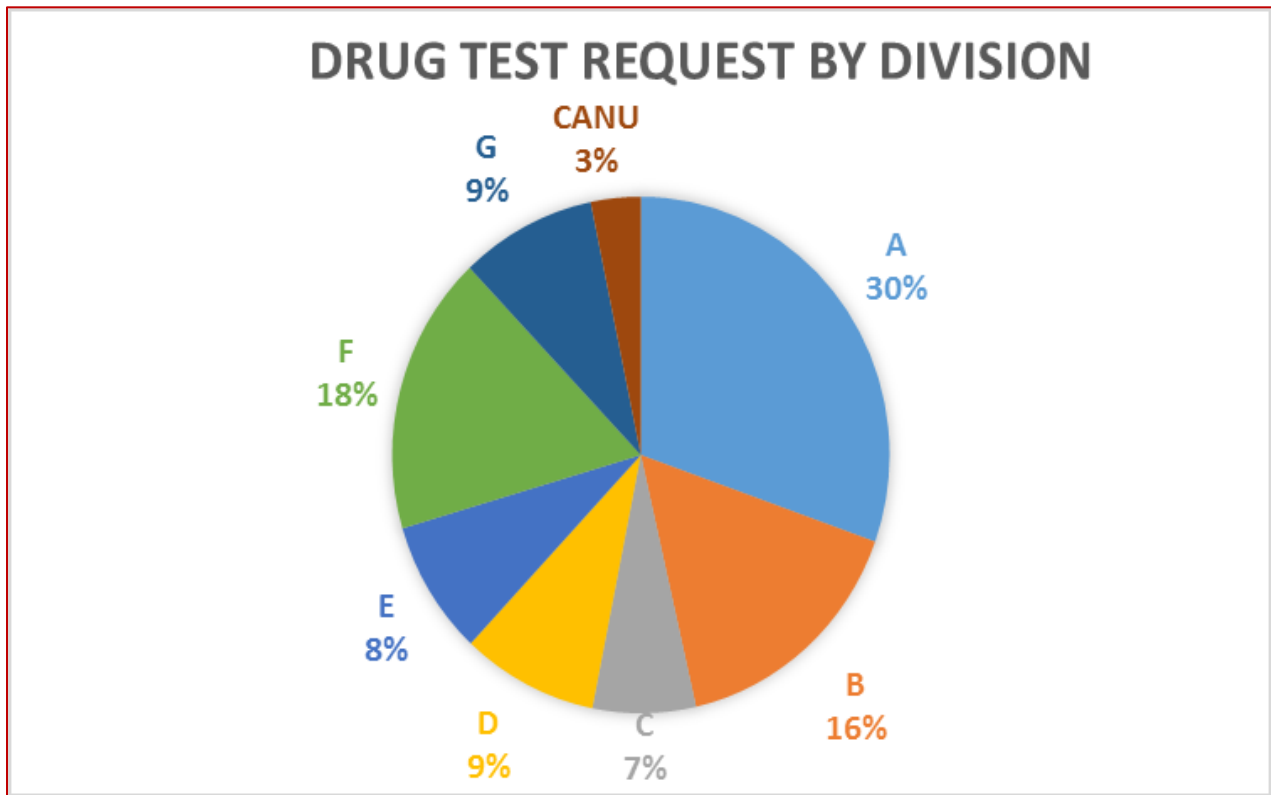
- G Division – Essequibo Coast and Islands

Most of the request for drug analysis comes from the police “A” division (141) followed by police “F” division (81) then “B” division (74) and the others.

However, a point to note about “F” division is that 16% of the request were for cocaine cases while 84% was for marijuana cases.

...Police F Division seems to have a significant number of request for drug analysis as an interior location in 2017....

CHART 30: Showing the Drug Test Request by Police Division



2. Conclusions

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

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

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

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

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

Pictures from Various Drug Seizures and Eradication Exercises for 2017



Cocaine Pellets Swallowed

Cocaine in Lumber



Hammocks soaked in cocaine



Marijuana in Container



Drugs in Seafood



Drugs in various equipment



Drugs in various equipment



Eradication Exercises



IV. DRUG CRIME



1. Charge and Conviction Rate

a. Persons Charged with Drug Possession

A review of law enforcement data for 2017 revealed that a total of 262 persons were charged with drug possession. Of this number, 244 (93%) were charged for possession of marijuana and 18 (7%) for possession of cocaine. All charges were made by the Guyana Police Force (CHART 31).

Of the 244 persons charged for possession of marijuana, 7 (3%) were females above the

age of 18 years. Of the 237 (97%) males that were charged for this crime, 38 (16%) were below the age of 18 years.

In assessing the gender and age of persons charged for the possession of cocaine, it was observed that all 18 persons were males with 1 below the age of 18.

CHART 31: Showing the Number of Persons Charged with Possession of Various Types of Drugs

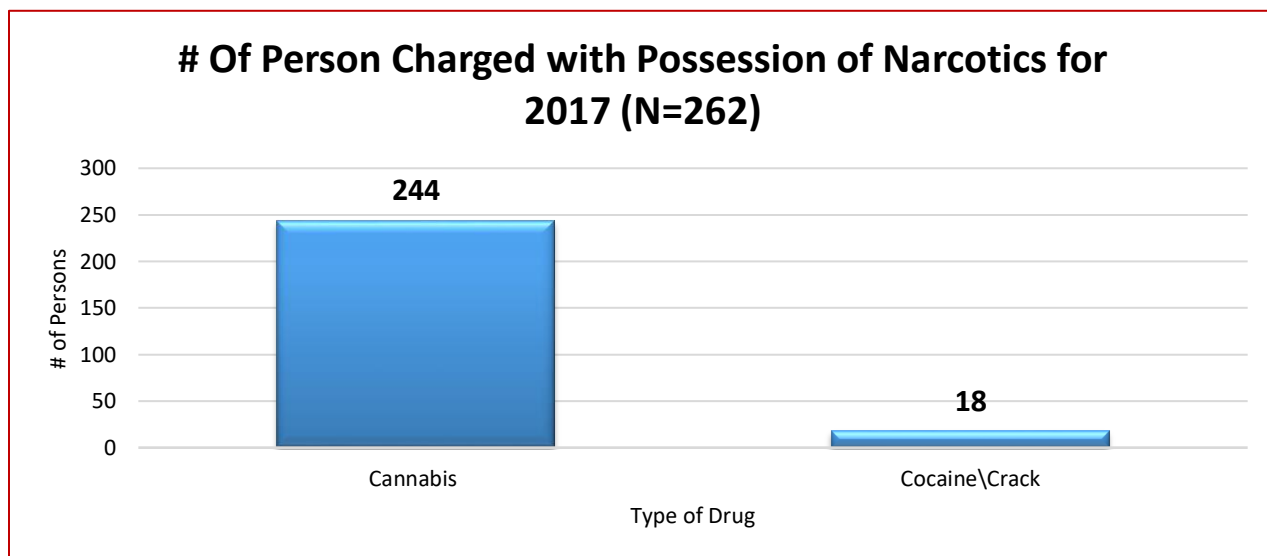


TABLE 4: Showing the Age Distribution of Persons Charged for Possession of Various Types of Drugs for 2017

Type of Drug	Persons Charged						Total
	Male			Female			
	<18 years old	19 to 25 years old	>25 years old	<18 years old	19 to 25 years old	>25 years old	
Marijuana (Cannabis)	38	57	142	0	2	5	244
Cocaine Hydrochloride	1	2	15	0	0	0	18
Total Number of Charges	39	59	157	0	2	5	262

b. Persons Convicted for Drug Possession

Law enforcement data from the police for 2017 indicated that 196 persons were convicted for the possession of narcotics during 2017 (chart 32). Of this number, 177 (90%) were convicted for possession of marijuana, while 19 (10%) were convicted for possession of cocaine. In total 39 (18%) juveniles were convicted of this crime.

Looking at the conviction statistics for the 177 persons in possession of marijuana, it was noted that 11 (6%) are females, all above the age of 18. Of the 166 males, 38 (23%) were below the age of 18 years.

Finally, looking at the conviction data for the 19 persons in possession of cocaine, it was observed that all were males with 1 being below the age of 18 years.

CHART 32: Showing the Number of Persons Convicted for Possession of Various Types of Drugs

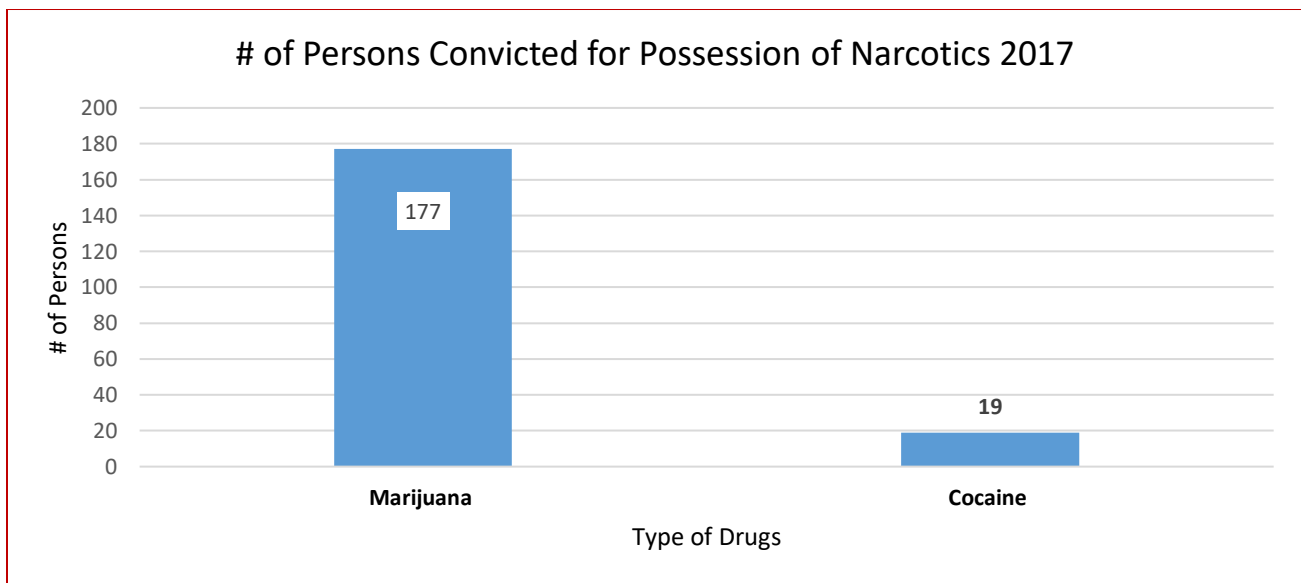


TABLE 5: Showing the Age Distribution of Persons Convicted for Possession of Various Types of Drugs for 2017

Type of Drug	Persons Convicted for Drug Possession by Age and Gender 2017						Total
	Male			Female			
	<18 years old	19 to 25 years old	>25 years old	<18 years old	19 to 25 years old	>25 years old	
Marijuana (Cannabis)	38	53	75	0	6	5	177
Cocaine Hydrochloride	1	2	16	0	0	0	19
Total Number of Convictions	39	55	91	0	6	5	196

c. Persons Charged for Drug Trafficking

The Guyana Police Force and the Customs Anti-Narcotic Unit have the power to arrest

and convict persons found trafficking narcotics. The data for 2017 indicates that

423 persons were charged with drug trafficking; of this number, CANU accounted for 7% of the charges or 29 persons and Police 93% or 394 persons (CHART 33). Further analysis of the data reveals that a total of 370

persons were charged for trafficking in marijuana while 52 persons were charged with trafficking in cocaine and 1 person was charged with trafficking in heroin.

CHART 33: Showing the Number of Persons Charged with Trafficking of Various Types of Drugs

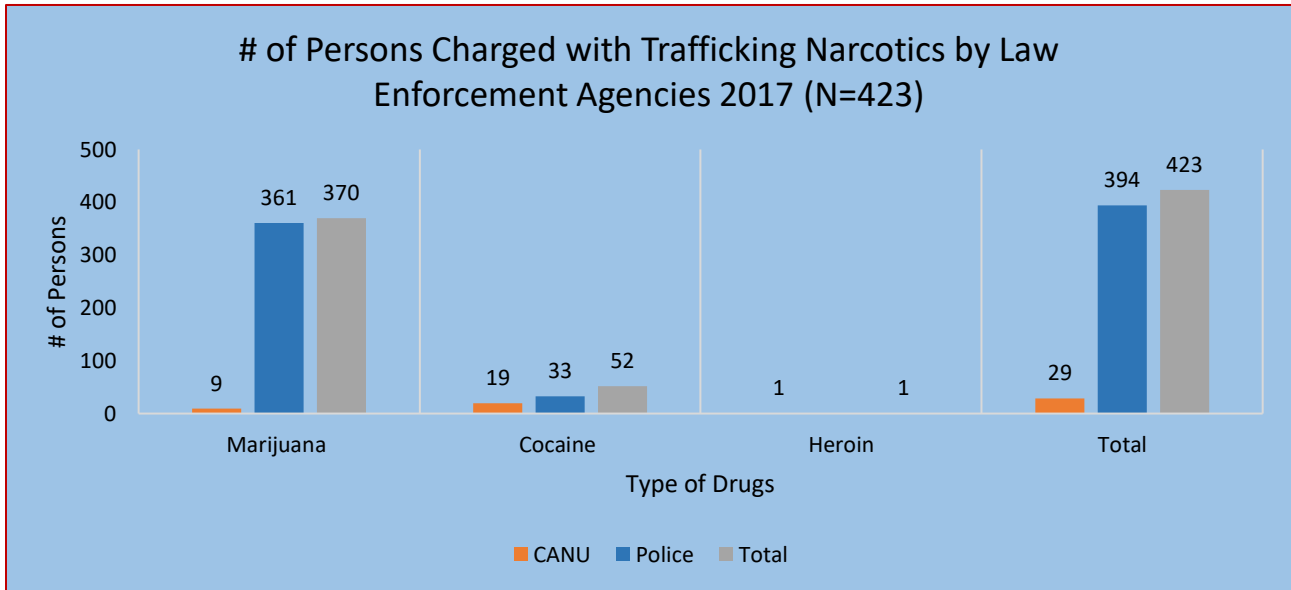
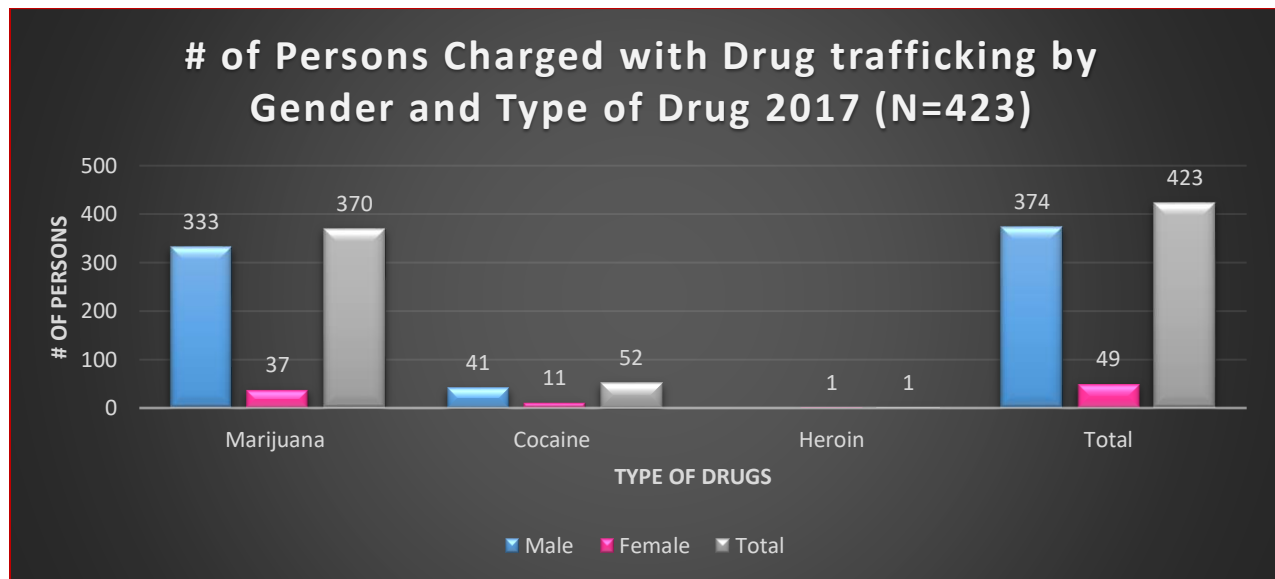


CHART 34: Showing the Number of Persons Charged by Gender for Drug Trafficking in 2017



In assessing the data by gender and age, it was observed that males were predominately charged with this crime as opposed to females: 374 males (88%) compared to 49 females (12%) (CHART35). Of the 374 males charged with this crime: 333 (89%) for trafficking marijuana; and 41 (11%) for trafficking cocaine. Of the 49 females charged with trafficking narcotics: 37 (76%) were charged with trafficking marijuana, 11 (22%) with trafficking cocaine and 1 (2%) with trafficking heroin.

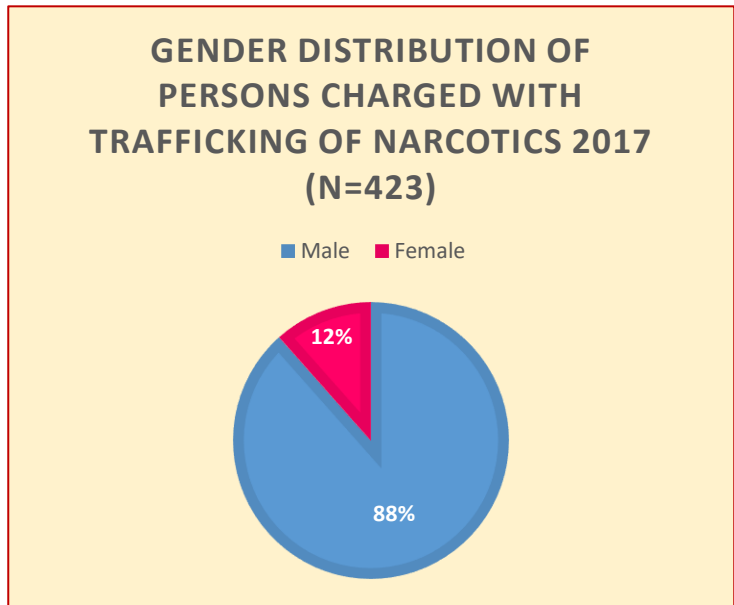
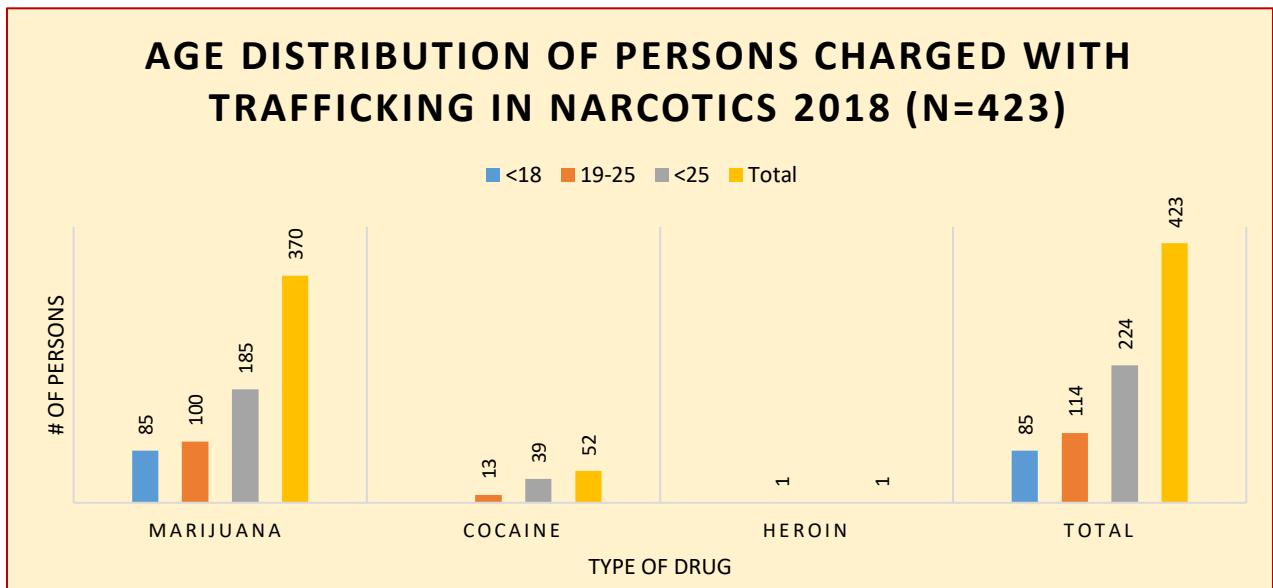


CHART 35: Showing the Gender Distribution of Persons Charged for Trafficking for 2017

Further analysis of the data reveals that of the 423 persons charged with trafficking, 85 persons were under the age of 18 and were all charged with trafficking marijuana. Of those charged with trafficking marijuana, 100 (27%) were between the productive age of

19-25. Moreover, of the 52 persons charged with trafficking cocaine, the majority were older than 25 years; 39 persons (75%). The 1 person charged with trafficking heroin was between the age of 19-25 years old (CHART 36)

CHART 36: Showing the Age Distribution of Persons Charged for Trafficking for 2017



d. Persons Convicted for Drug Trafficking

In assessing the conviction data for 2017 for trafficking in narcotics, it can be observed that a total of 110 persons were convicted, 14 (13%) by CANU and 96 (87%) by the

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

CHART 37: Showing the Distribution of Persons Convicted for Trafficking by Law Enforcement for 2017

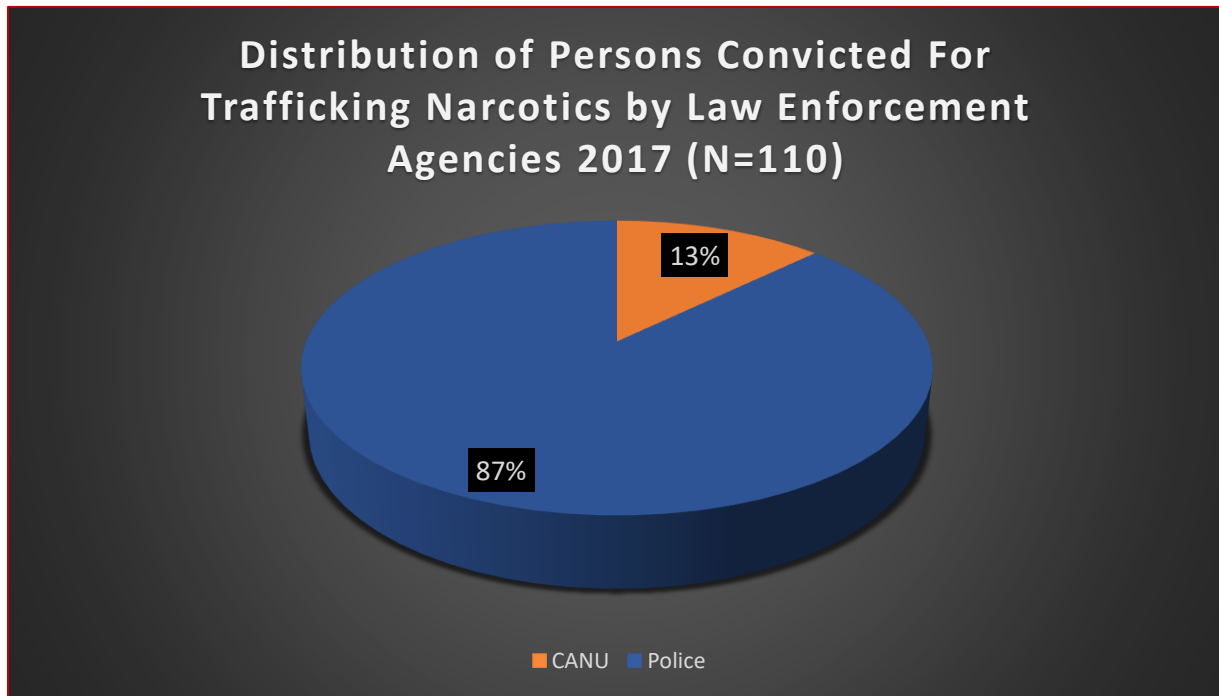
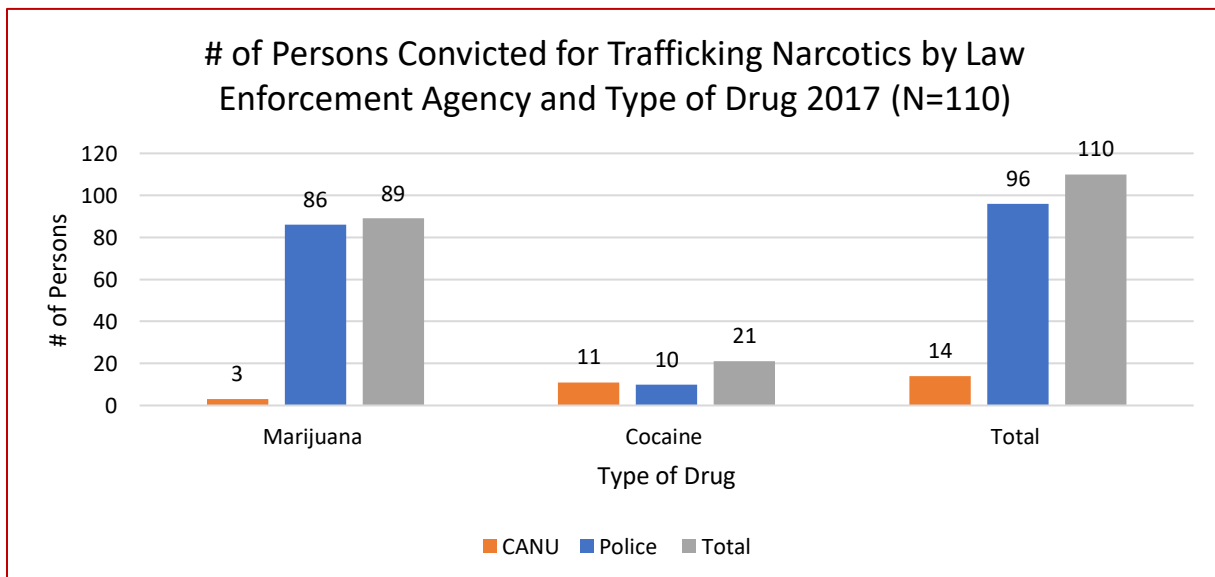


CHART 38: Number of Persons Convicted for Trafficking by Law Enforcement Agency and Drug Type



The data further revealed that 14% of the persons convicted were females and 86% were males (CHART 39). Of the 15 Females convicted for this crime, 6 were convicted for

trafficking marijuana while 9 were convicted for trafficking cocaine. Of the 95 males convicted, 83 were for trafficking marijuana and 12 for trafficking cocaine (CHART 40).

CHART 39: Showing the Distribution of Persons Convicted for Trafficking in 2017

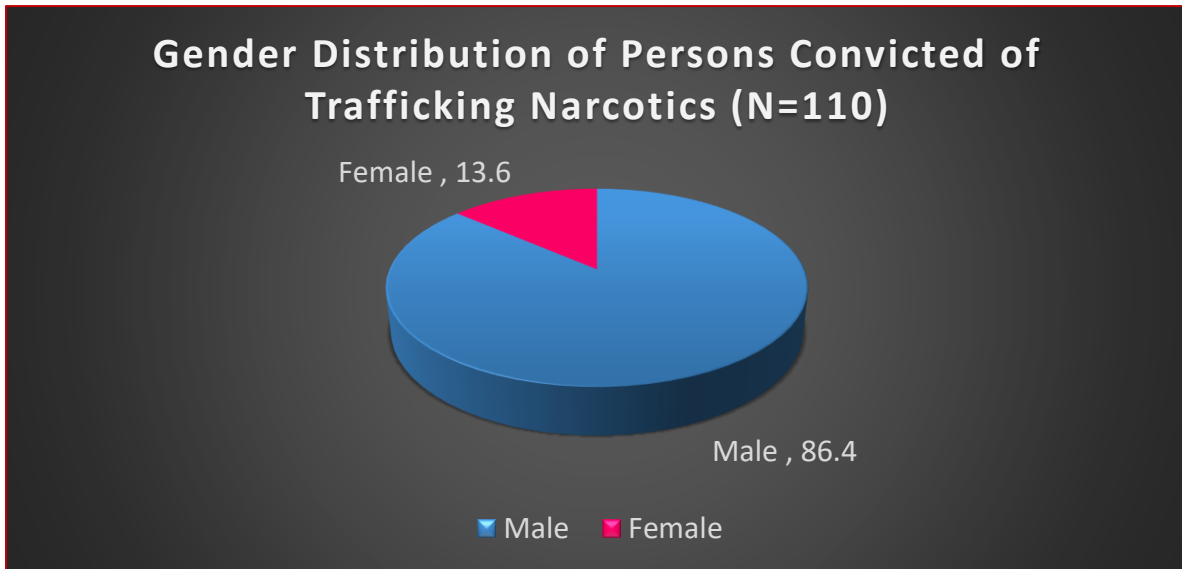
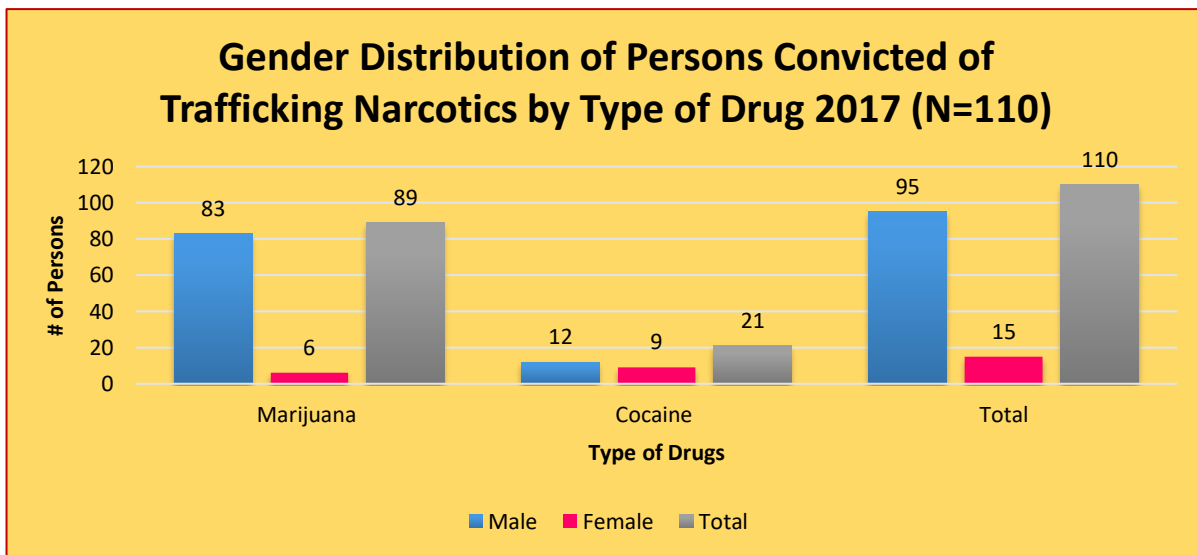


CHART 40: Showing the Distribution of Persons Convicted for Trafficking by Drug Type in 2017



Finally, the data for 2017 indicates that the majority of persons convicted for trafficking narcotics were older than 25 years old: 67 persons, with 18 persons convicted for

trafficking cocaine and 49 for trafficking marijuana. Further, of the 89 persons convicted of trafficking marijuana, 4 were under the age of 18 years Old (CHART 41).

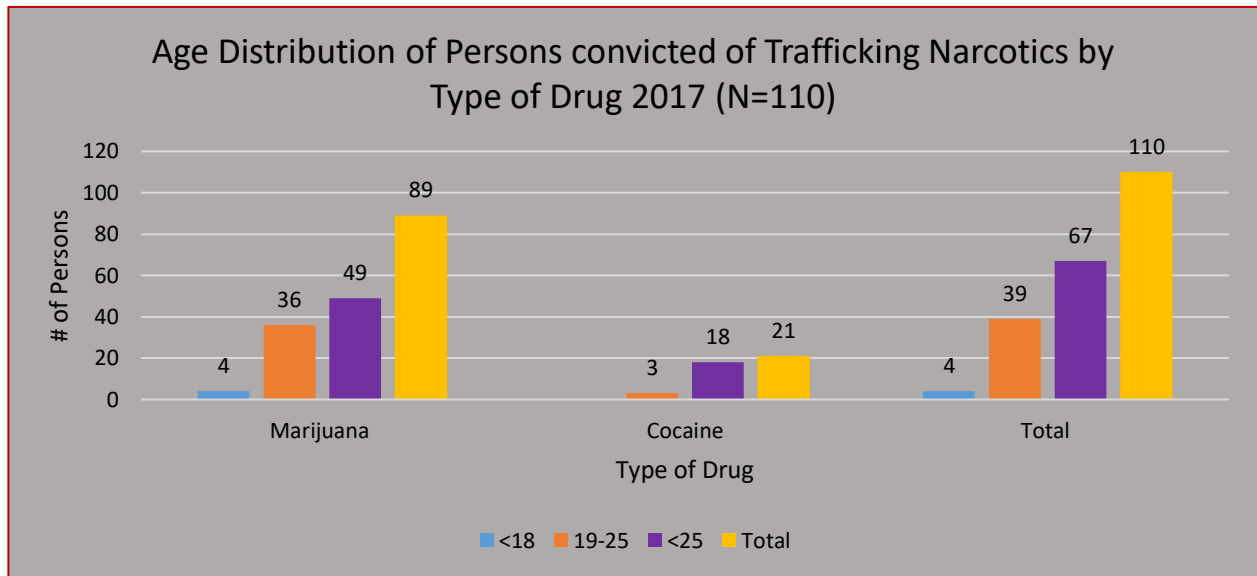


CHART 41: Showing the Age Distribution of Persons Convicted for Trafficking by Drug Type in 2017

e. Comparative Analysis of Drug Crimes 2015-2017

In assessing the prosecution data for drug crimes for the period 2015-2017, it was observed that overall, marijuana is the drug that most persons are prosecuted for. Further, while there was an overall decline in prosecution for the period, 2015-2017; 439 persons charged in 2015 compared to 423 persons in 2017(CHART 42). when the period

2016-2017 is observed, there is an 11% increase in prosecutions. However, the data for convictions in trafficking in narcotics have remained consistent over the three (3) year period: in 2015 there were 112 convictions; 2016, 111 convictions and in 2017, 110 convictions for this crime.

CHART 42: Showing the Number of Persons Charged for Trafficking by Drug Type 2015 - 2017

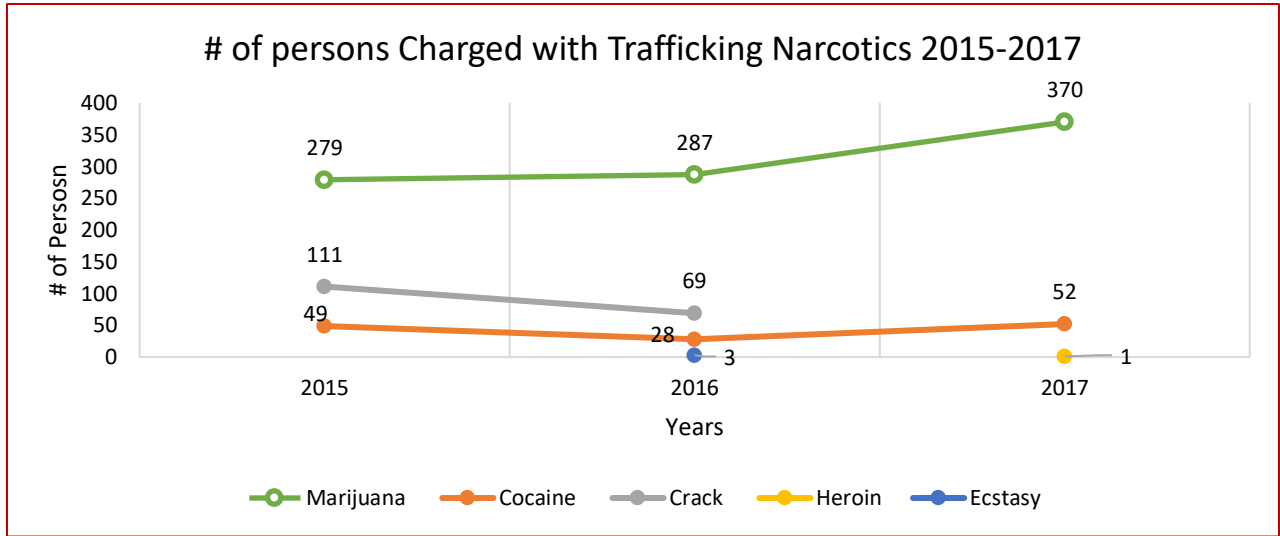
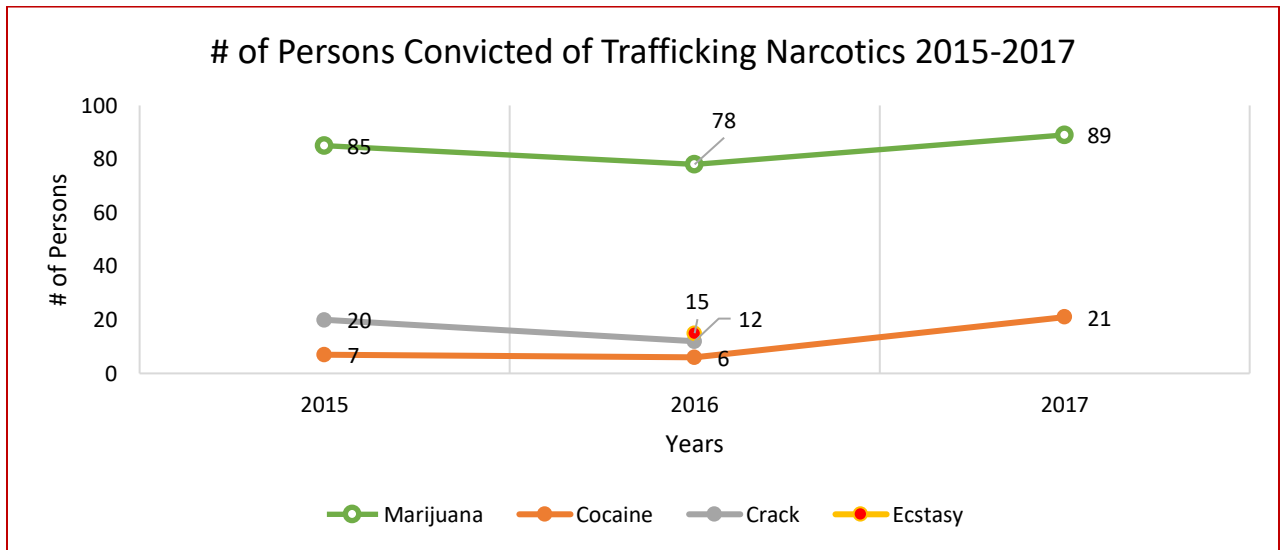


CHART 43: Showing the Number of Persons Convicted for Trafficking by Drug Type 2015 - 2017



Looking at the data for 2016-2017, for possession of narcotics, it is noted that there was a 6% increase in the number of persons charged and a 18% increase in the number of persons convicted (CHARTS 44 and 45).

CHART 44: Showing the Number of Persons Charged for Possession of Narcotics 2015 - 2017

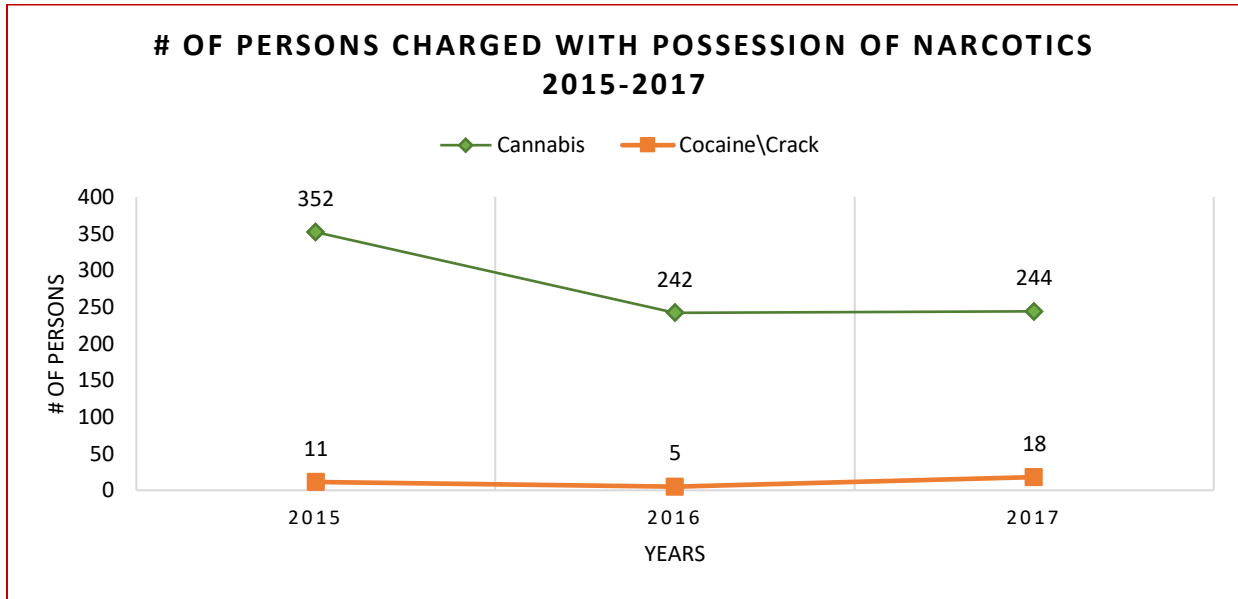
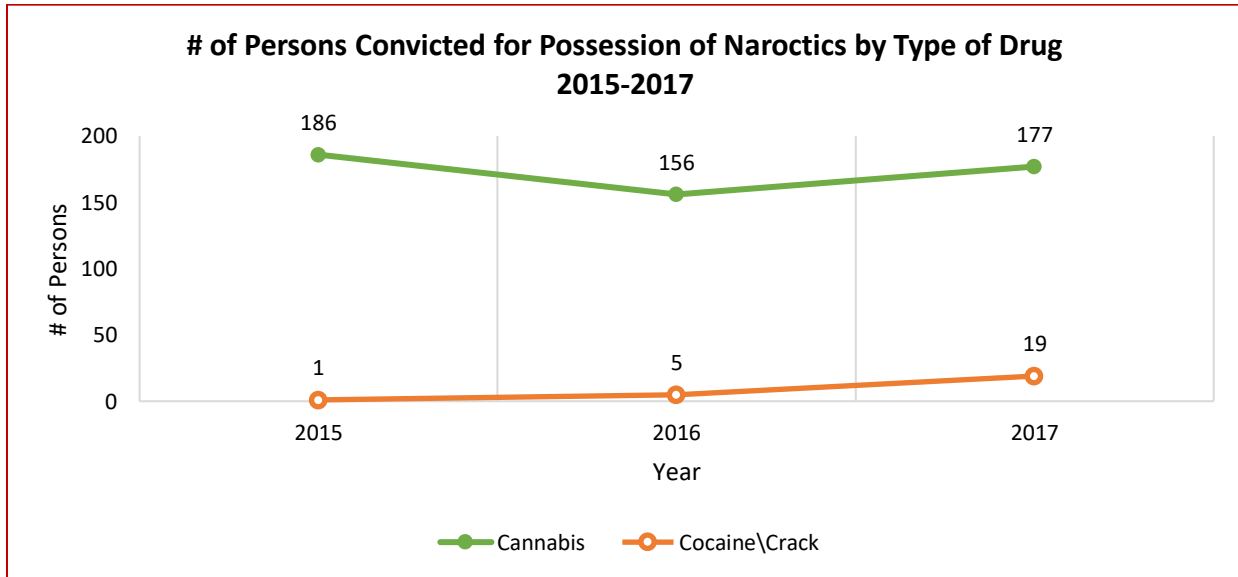


CHART 45: Showing the Number of Persons Convicted for Possession of Narcotics 2015 - 2017



Based on the type of offence it must be noted that most persons were charged for trafficking. However, the conviction rate was higher for those convicted of possession of illicit drugs as oppose to trafficking in

narcotics between 2016-2017 as depicted in the graphs below. It must be noted that some the convictions for 2017, were based on cases that have be in the courts from previous years.

CHART 46 and 47: Showing the Number of Persons Charged and Convicted for Narcotics 2016 - 2017

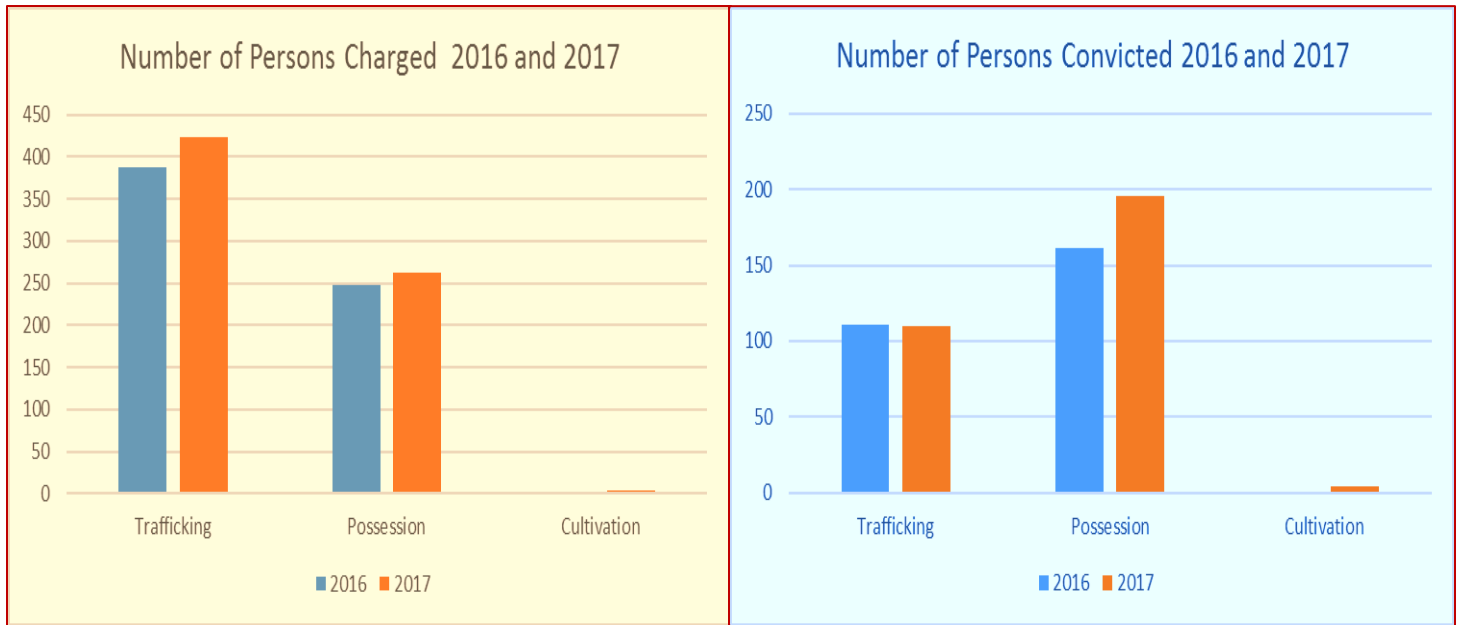
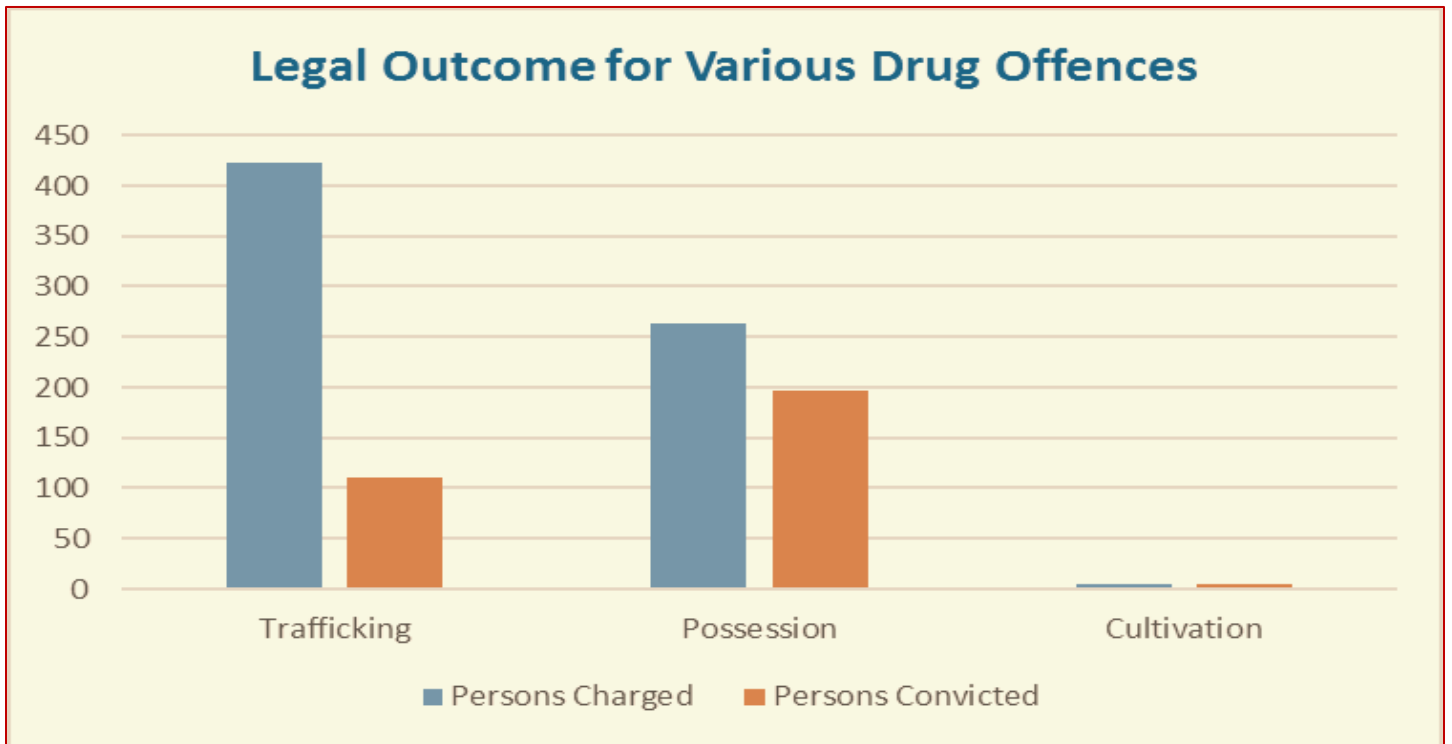


CHART 48: Showing the Legal Outcome for Various Drug Offences for 2017



2. Applied Punishments

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

Under the “Narcotic Drugs and Psychotropic Substance (Control) Act. Chapter 35:11, Part 2 Sections 4, 5 and 8¹⁹ there are penalties enforced by law enforcement and the judiciary.

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

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

Section 5 (1) States: Any person who **Traffics** in any narcotic or in any substance represented or held out by him to be a narcotic, or who has in his possession any narcotic, or any substance represented or

held out by him to be a narcotic, for the purpose of trafficking, shall be liable –

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

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

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

Shall be liable –

- (i) On summary conviction to a fine of not less than fifteen thousand

¹⁹http://www.cicad.oas.org/fortalecimiento_institucional/legislations/PDF/GY/narcotic_drugs_and_psychotropic_substances_act.pdf

- (ii) dollars nor more than thirty thousand dollars, together with imprisonment for not less than three years nor more than five years; or
- (iii) On conviction on indictment to a fine of not less than thirty

thousand dollars or three times the market value of the prohibited plant, whichever is the greater, together with imprisonment for not less than five years nor more than ten years.

For the year 2017, there has been a total of 292 convictions by the Guyana Police Force for cultivation, drug trafficking (96) and drug possession (196), however, the data discussed below is based on assessment of applied punishments for 111 convictions²⁰.

As illustrated persons convicted have received various punishments as specified in law ranging from 6 months to 5 years' imprisonment. Along with many of the applied punishment fines are applied totalling 3X the value of the narcotic, the person (s) were charged with. The most served punishment for 2017 was 3 years' imprisonment with fine. This punishment was handed down to 47 persons convicted of possession and trafficking of various narcotics. This was followed by 32 persons who received fines and community service for their crime. This punishment was mostly allotted to persons convicted of possession of narcotics (30 persons).

The harshest punishments for drug crime in 2017, were primarily allocated to persons

convicted of trafficking in narcotics. This was 5 years' imprisonment with fine and 4 years imprisonment with fine. For 2017, the data indicates that the 1 person convicted with cultivation was sentenced to 3 years' imprisonment with fine. Notably possession of narcotics had the highest conviction rate at 69%, with fine and community service given out to 30 persons and followed by 3 years' imprisonment given out to 27 persons. While trafficking accounted for 29% of total convictions with the most applied punishment being 3 years' imprisonment with fine. Based on the numerical presentation, it can be said that the law enforcement agencies must exert more effort in identifying the persons responsible for the cultivation of cannabis, so they can be prosecuted for this crime as it is currently low when compared to the figures for the number of eradications carried out in 2017.

²⁰ Assessment is only based on 111 convictions as per records received from the Guyana Police Force- Narcotics Branch for the year 2017

Table 6: APPLIED PUNISHMENTS FOR NARCOTICS CONVICTIONS, 2017 ²¹

OFFENCES	6 months	18 months	1 year imprisonment with fine	Community Service	Fine with community service	2 years imprisonment with fine	3 years imprisonment with fine	4 years imprisonment with fine	5 years imprisonment with fine	Total
Cultivation							1			1
Possession of Narcotics	3	4	4	6	30	3	27			77
Trafficking of Narcotics	1		2		2	1	19	5	3	33
Total	4	4	6	6	32	4	47	5	3	111

3. Other Offenses Related to Drug Use

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

The Financial Intelligence Unit (FIU) is the agency tasked with receiving, analysing and disseminating information on suspicious transaction reports (STRs) and other information relating to money laundering, terrorist financing or the proceeds of crime. It was established in 2009 and operates within

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

During 2014, the agency received over 370 STRs involving over 300 subjects. While there is no indication as to how many of these reports are linked to drug trafficking, it is hoped that in subsequent reports, there will be an indication as to the proportion of the STRs that are linked to this crime. After a case is investigated by FIU, it is handed over to the Special Organized Crime Unit (SOCU) for further action such as arrest and or seizures.

²¹ While the police had a total of 296 convictions for 2017, data was only available on the punishments applied to 111 cases.

²² FIU: <http://fiu.gov.gy/home.html>

4. Conclusions and Recommendations

While it is noted that the Law enforcement authorities are tirelessly working to intercept the supply of drugs, a greater effort needs to be placed in rural or interior locations, as shown in the data for 2017, the F Division had the second highest request for drug test based on seizures which was about 17%. During 2017, a total of 395.6 KG of cocaine was seized, which reflects an increase of about 36% when compared to seizures in 2016. Moreover, there has been a significant increase in the number of marijuana plants that have been eradicated during 2017. The eradication has resulted in over 117,000 KG of the drug taken off the market. This is compared to just over 40KG of the drug being eradicated in 2016. Other substances seized during 2017 included, .216 KG of ecstasy, 1.6 KG of Heroin and .03 KG of hashish.

Further, a total of 262 persons were charged for drug possession, of this number, 244 (93%) was for marijuana and 18 (7%) was for cocaine. In total, 196 were convicted for this crime, 177 (90%) of whom was for marijuana and 19 (10%) was for cocaine.

For 2017, 423 persons were charged for drug trafficking. 370, for marijuana and 53 for cocaine. In total, 110 persons were convicted for drug trafficking, 89 (81%) for marijuana and 21 (19%) for cocaine.

Recommendations for addressing supply reduction are:

- Increase the manpower of the Guyana police Force- Narcotics Branch and strengthening their capacity to analyse

trends in drug trade to target their interventions.

- Increase the budget of the Guyana Police Force- Narcotics Branch to carry out daily operations.
- Provide access to training opportunities for all law enforcement agencies in the area of capacity building, and intelligence gathering with an aim of reducing the transshipment of drugs through Guyana.
- Funding should be invested in enhancing officers' competency in the field specifically, documentation and following SOPs for seizure and arrest, interviewing and interrogation techniques, investigative skills, land surveying, bomb dismantling etc.
- Based on the drug strategy, bilateral relationships should be built with Venezuela, Brazil, Suriname and Colombia with an aim of further reducing the transshipment of drugs into Guyana through the sharing of information and mutual assistance.
- It is recommended that measures be put in place to revise the sentencing guidelines for possession of small quantities of marijuana, placing an emphasis on public health and the diversion from incarceration of non-violent offenders. This will allow law enforcement agencies to focus their attention and resources on higher level and violent offences.

E. RESEARCH

I. Study on Indigenous Women and Children in Guyana

RESEARCH

In 2017²³, the Government of Guyana, through the Ministry of Indigenous Peoples' Affairs in collaboration with the United Nations Children Fund (UNICEF), conducted a study to assess gaps and social issues faced by women and children living in the indigenous communities. The study was carried out in a multi-method approach which includes: interviews, focus groups and field observations in twelve (12) indigenous villages and four (4) regional/sub-district administrative towns, in nine (9) regions of the country.

The study found that among other issues, within the indigenous communities, the use of alcohol and drugs has increased overtime which are contributors to social issues such as violence particularly in Baramita, Orealla and Waramadong Village. Evidently, the culture is that alcohol use occurs every day

as a lifestyle. In the study, it highlighted the use of these substances by pregnant women which is a risky health issue. Another pertinent point is the age of onset for drug use is at a very young age for indigenous girls and boys. During interviews it was stated "Children between the ages of 11yrs and 13yrs in Region 1 mentioned that relatives have given them traditional drinks such as casere or piwari". The indigenous communities are vulnerable due to a lack of policy and regulation to handle the situation. Even the policing groups are faced with challenges: "groups are generally poorly trained and some lack the equipment that can help them in patrolling and addressing cases in the community". The respect for the Toshao and the policing group have diminished more so among the young people. Significance of authority needs to be restored to aid in the drug fight.

²³ <https://moipa.gov.gy/wp-content/uploads/2018/05/SitAn-on-Ameridian-Woman-and-Children-Final-web.pdf>

Hinterland Activities

“Drugs such as marijuana and cocaine are also being consumed and that is creating disturbances in the life of the village. In Santa Rosa, for example, an informant mentioned seeing a lot of abuse of cocaine in the community. In River’s View another person said that more and more young people are smoking at nights. In Paramakatoi, drug consumption was identified as the main problem related to adolescents and youth in the community. There is also anecdotal evidence that marijuana is being planted in many indigenous villages, facilitating consumption and generating a new problem related to drug trafficking”.

II. Study of Inmates in Guyana

During 2017, the Centre for Latin American Studies on Crime and Violence of the Inter-American Development Bank (IADB) sponsored a study on Inmates²⁴ in Guyana to capture information about the life of inmates, prior to entering prison and while incarcerated. This information is being used to inform policy decisions about the criminal justice system. The study focuses on the following:

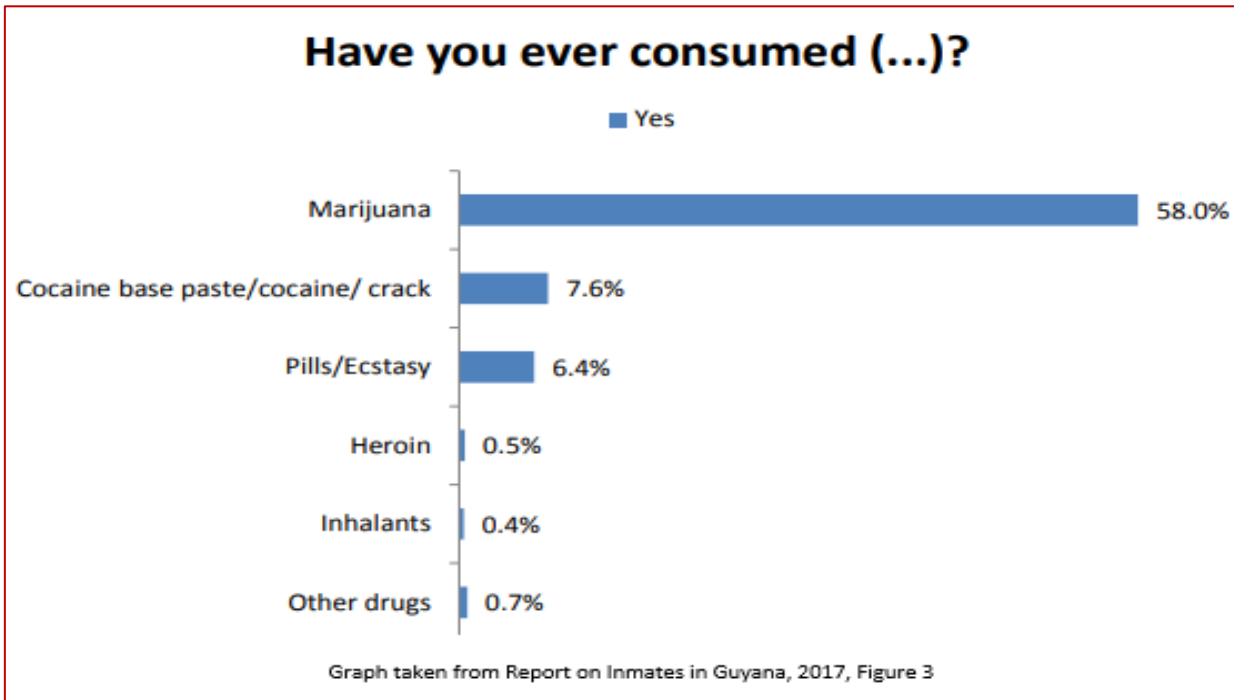
- The socio-demographic characteristics of the inmates
- The crimes committed
- The legal process
- The conditions in the prison.

748 inmates were interviewed spanning the male and female prisoners who were either on remand or were serving a sentence for an offence. Of key importance, the study assessed the role that drugs played in the execution of the crime and the number of crimes that were drug related leading to imprisonment.

In evaluating the results of this study, it was found that the majority of inmates has been exposed to substance. 6 out of 10 had consumed marijuana at least once in their life, while 7% had consume cocaine or crack and other 6% has consumed pills or ecstasy.

²⁴ <https://mops.gov.gy/wp-content/uploads/2018/05/Guyana-Report-13-april-2018.pdf>

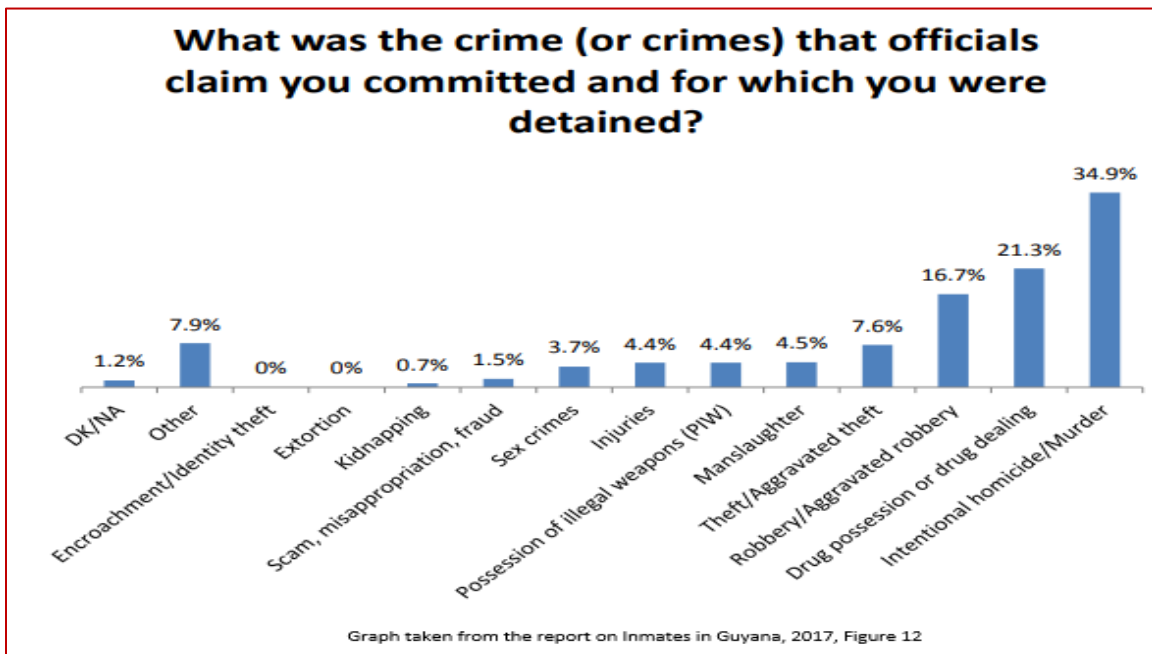
Chart 49: Showing the Percentage of Prisoners Who Utilize Narcotics At least Once



Further, it revealed that drug related offences were the 2nd leading cause of incarceration,

with 21.3% of inmates overall being in prison for drug possession or dealing.

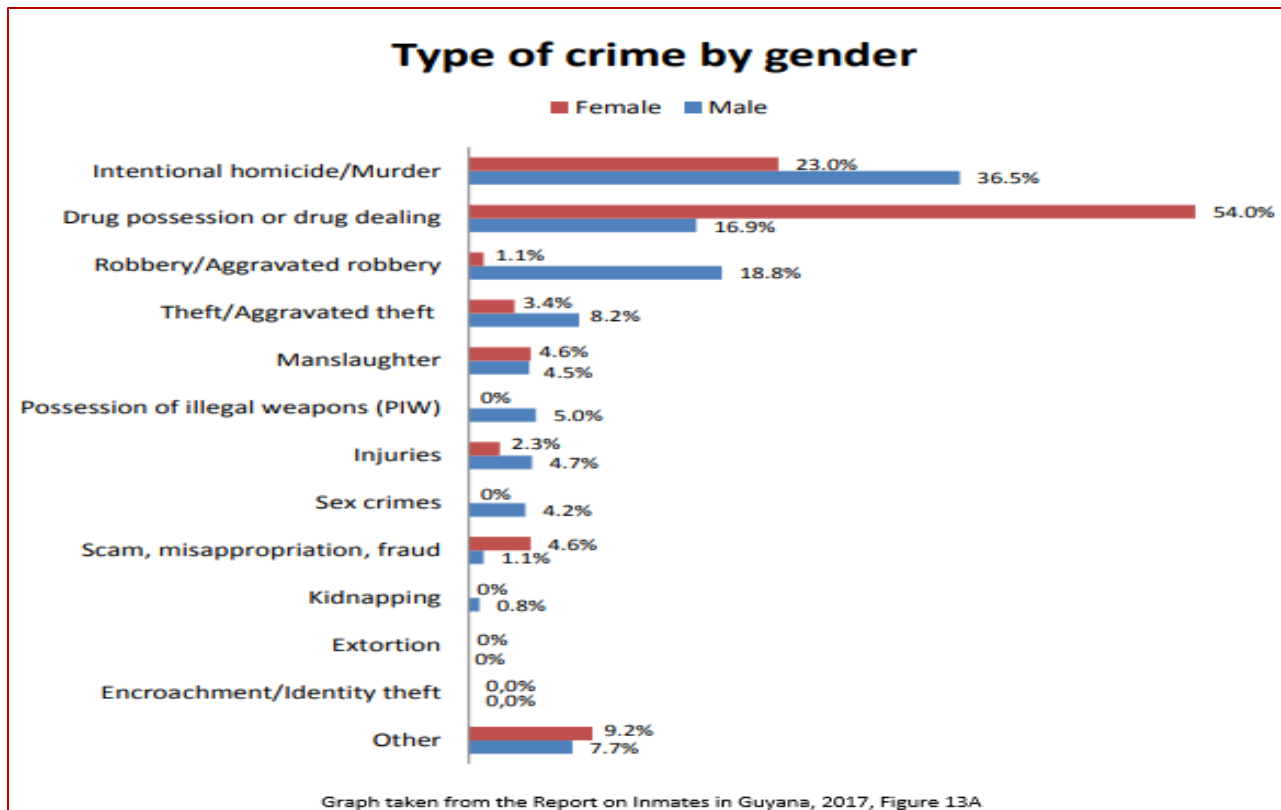
Chart 50: Showing the Percentage of Crime Committed by Prisoners during 2017 Survey



Moreover, when we look at the gender distribution of the prison population by the type of offence committed, we see that while of the women made less than 5% of the prison population, the vast majority was

there for drug offences (54%), as compared to men who made up 96% of the prison population, and only 16.9% were incarcerated for drug related offences.

CHART 51: Showing the Percentage of the Type of Crime by Gender during 2017 Prison Survey.



These findings are very significant as it highlights that women are more likely to be low level actors in the drug trade for activities such as trafficking, or that women are more likely to be caught transporting or selling drugs than men.

The study further looked at the commission of a felony and violent crimes and the use of alcohol and drugs prior to the act and found that alcohol and drugs were used at least 6 hours prior to the act in about a quarter of each case.

Finally, the study also asked inmates about the use of drugs or the presence of drugs in the prison and found that marijuana was used by more than three quarters of the drug using population during the month prior to the study and more than 30% had consumed alcohol.

When asked about access to drugs while in prison however, less than 10% states that it was easy to access drugs while in prison. Further, just under 30% of inmates indicated that drugs are brought into the prison by a prison staff (28%).

III. CONCLUSIONS

In assessing the studies, it is evident that alcohol and other drug use does play a significant role in the lives of populations in risky situations. Therefore, prevention, treatment and rehabilitation along with reintegration services needs to be heavily targeted in these populations. In addition, specific interventions need to be developed for the communities in the Hinterland regions that are culture, age and gender sensitive as men, women and children are all affected or impacted by substance use. Looking at the prison population, it is evident that prevention and treatment programmes

needs to be integrated into the prison programmes for inmates. Moreover, from the data and new reports, a greater investment is needed to fortify the security of prisons to prevent alcohol and other drugs as well as other contraband from entering the facility. A greater emphasis needs to be placed on the investigation and disciplining of prisons officers who may be facilitating this activity.

Finally, there is a need for more research to be conducted on drug use and its consequences in our society, as some vital studies referenced in this report and used to make policy decisions are several years old.

F. INTERNATIONAL COOPERATION

I. Caribbean Basin Security Initiative (CBSI)²⁵

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

- I. Substantially Reduce Illicit Trafficking through 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:



**INTERNATIONAL
COOPERATION**

²⁵ CBSI: <https://www.state.gov/p/wha/rt/cbsi/>

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)

During 2017, law enforcement agencies have benefited from six (6) training programmes with 71 personnel trained in the following programmes:

Table 7: Showing Training Activities under the CBSI Programme

TRAINING	AGENCY	# OF PERSONS TRAINED
Carrier Liaison Training Programme (CPL) in Guyana	Guyana Police Force Guyana Revenue Authority Customs Anti-Narcotics Unit	50
Extortion Training Course in El Salvador	Guyana Police Force Guyana Revenue Authority	6
Law Enforcement Leadership and Development Programme in El Salvador	Guyana Police Force Office of the Director of Public Prosecutors	6
Mock Prison Riot Training at the West Virginia Corrections Training Foundation	Guyana Police Force	4
Tactical Safety and Planning Training Course - El Salvador	Guyana Police Force	3
Investigation and Prosecution of Intellectual Property Crimes Seminar in Barbados	Guyana Police Force	2
Total		71

II. Inter-American Drug Abuse Control Commission (CICAD)²⁶

The Inter-American Drug Abuse Control Commission (CICAD) is the Western Hemisphere's policy forum for addressing the drug problem. CICAD, through its Inter-American Observatory on Drugs (OID) continues to provide technical assistance to Guyana to improve the collection and analysis of drug-related data

During 2017, the following assistance was received:

²⁶ CICAD: http://cicad.oas.org/main/default_eng.asp

Table 8: Showing Initiatives by CICAD, 2017

INITIATIVES	RESULTS
Implementation of a Standardized Drug Treatment Intake Form at two (2) treatment facilities	106 forms evaluated
Funding and Technical Assistance: Guyana Household Drug Prevalence Survey	National Report Published ²⁷
Training: Regional Seminar on Drug treatment and Drug Information Networks in the Caribbean	5 persons trained

III. UNODC- Container Control Programme²⁸

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-boarder 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.²⁹

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.

IV. Cooperation Program between Latin America, the Caribbean and the European Union on Drug Policies (COPOLAD)³⁰

COPOLAD is a cooperation programme funded by the European Commission. The Programme is implemented between Latin American and Caribbean States (CELAC) and the European Union (EU) countries, helping to forge drug policies which are supported by

objective monitoring instruments and based on reliable and effective strategies. COPOLAD II operates under four thematic areas:

²⁷ <https://mops.gov.gy/wp-content/uploads/2017/05/Guyana-Household-Drug-Survey-Report-2016.pdf>

²⁸ https://www.unodc.org/documents/Container-control-programme/17-08688_CCP_AR2017_eBook.pdf

²⁹ <https://www.unodc.org/unodc/en/drug-trafficking/container-control-programme.html>

³⁰ <http://copolad.eu/en>

Thematic Area	Activities Guyana has Participation
Consolidation of National Drug Observatories	Strengthening the Capacity of NDOs for the Elaboration of National Drug Reports
Capacity Building in Drug Demand Reduction	Implementation of quality and evidence-based criteria in DDR Services and Programs
Capacity Building in Drug Supply Reduction	
Political Dialogue and Consolidation of the EU-CELAC Coordination and Cooperation Mechanism on Drugs	Guyana is a member of the Permanent Council and have participated in all the Annual meetings

G. SUMMARY OF RECOMMENDATIONS

DEMAND	SUPPLY
Ministries responsible for demand reduction activities under the drug strategy master plan 2016-2020 should be encourages to allocate the resources to develop the relevant programmes and projects.	Ministries responsible for supply reduction activities under the drug strategy master plan 2016-2020 should be encourages to allocate the resources to develop the relevant programmes and projects.
Develop a structured and certified Drug Prevention Training course for the generation of professionals in the field annually	Increase the manpower of the Guyana police Force-Narcotics Branch and strengthening their capacity to analyse trends in drug trade to target their interventions.
Develop a peer leaders program in which a cohort of young people are trained as prevention and drug awareness advocates within youth groups and schools across the country to conduct session.	Increase the budget of the Guyana Police Force-Narcotics Branch to carry out daily operations.
Include the Ministry of the Presidency- President Youth Award Group (PRARD) into the drug prevention network since they carry out initiatives with at-risk youth providing mentorship and other developmental skills that are essential for reintegration into society.	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.
Develop prevention programmes to be implemented in the correctional facilities.	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.
Establish public treatment facilities across Guyana especially in hinterland regions and regions that records a high rates of drug users.	Based on the drug strategy, bilateral relationships should be built with Venezuela, Brazil, Suriname and Colombia with an aim of further reducing the transshipment of drugs into Guyana through the sharing of information and mutual assistance.
Provide public treatment facilities that can cater to females and children as these are the populations showing an increased demand for services	It is recommended that measures be put in place to revise the sentencing guidelines for possession of small quantities of marijuana, placing an emphasis on public health and the diversion from incarceration of non-violent offenders.
Provide technical and ad-hoc support to all treatment centres	
Develop a standardized system/database to store client information to enable easy access to the clients' charts.	
Establish standards of care for treatment, and certified training for professionals in this field	
Establish a unit within the relevant ministry to oversee the monitoring, evaluation and accrediting of treatment facilities and certification programmes for professionals	

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IV. LIST OF FULL REFERENCES OF LAWS IN ORIGINAL LANGUAGE

- Laws of Guyana - <http://mola.gov.gy/information/laws-of-guyana>



NATIONAL ANTI-NARCOTICS AGENCY

GUYANA DRUG INFORMATION NETWORK

125 PARADE AND BARRACK STREETS
KINGSTON GEORGETOWN, GUYANA

TEL: 226-4443

WEBSITE: www.nana.gov.gy/home.html

EMAIL: info@nana.gov.gy