



Rapid Situation Assessment of Drug Use in Guyana



Ministry of Public Security

Guyana Drug Information Network

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Executive Summary

This assignment was undertaken to provide qualitative assessment of the use of illegal drugs in Guyana and to make recommendations for policies and programmes in keeping with the mandate of the Ministry of Public Security, Task Force on Narcotics and Illicit Weapons. The purpose of the current study is to examine experiences, attitudes, perceptions, patterns, and effects of drug consumption among persons in the 12-49 years' age category in Guyana. The undermentioned are the key objectives of the study:

1. To understand drug consumption patterns among 12-49 year olds in Guyana.
2. To explore and understand the factors that lead people to drug use.
3. To garner information on the characteristics of illicit drug users.
4. To examine attitudes and perceptions of Guyanese ages 12-49 toward drug use.
5. To enquire into the dynamics of how people access illicit drugs.
6. To investigate what type of behaviours are consequent to drug consumption.
7. To examine attitudes and perceptions of drug prevention and rehabilitation services.

Key informants for the study were recruited through snowball sampling (chain-referral technique). Study participants were current substance users. Inclusion criteria were: aged 15–49 years and having used an illegal substance during the past 6 months. During interviews information on the age, gender and current occupation of participants were recorded and monitored to ensure that sufficient individuals were recruited to the groups to permit subgroup analyses. Information was gathered via a semi-structured interviewer-administered instrument developed specifically for the study. In addition to general information on the key informant, the instrument focused on his/her perceptions and experiences with drug use and its consequences. The interviews were conducted between February and May 2016 in both rural and urban areas.

In garnering information for the assessment on illegal drug use thirty-two persons were first interviewed. Of the thirty-two (32) persons interviewed six (6) were professionals (journalists, academics, senior government official etc.), five (5) were skilled workers, four (4) were labourers, three (3) were university students, two (2) were unemployed persons, two (2) clerks,

and one (1) each in the categories: fisherman (working on sea), technician, miner, housewife/home maker, Businessman, sex worker, and ex-offender.

The main types of drugs that interviewees admitted to using were marijuana, hashish, ecstasy (MDMA, Molly), cocaine, and crack. The view coming from key informants was that it was relatively easy to access marijuana. They presented a number of reasons why they commenced using drugs or why they are currently using drugs. These reasons included: seeking to be sociable, building confidence, helping them to concentrate, enhancing excitement and energy at parties, improving sexual experiences, relieving stress, wanting to fit in with a peer group, family influencing them in that direction, and curing ailments.

Surprisingly, respondents seldom reported any ill effects of their drug use. On the contrary many highlighted what they considered as desired effects of drug use, in particular marijuana use.

Two non-governmental organizations offer rehabilitation services, viz.: Phoenix Recovery Project and the Salvation Army Men's Centre. The Georgetown Public Hospital round-off the main treatment centres for rehabilitating drug users. According to information from the Drug Information Network (Ministry of Public Security 2015), a total of two hundred and five (205) persons were treated for substance abuse. Researchers were also informed that joint awareness sessions for students and parents were conducted at a number of secondary schools.

The respondent associated with a treatment centre pointed out that treatment centres face three main challenges: financial resources to scale up interventions and treatment; lack of trained specialized human resources; and capacity to monitor persons on treatment to assess progress toward rehabilitation. One thing that has gone right for treatment centre is that government has allocated financial resources annually to support treatment centres.

From the law enforcement standpoint two agencies Customs Anti-Narcotics Units (CANU) and the Guyana Police Force are the responsible agencies. In 2015 law enforcement agencies charged 363 persons for drug possession. An overwhelming majority were charged with marijuana possession (97%).

The following recommendations were proposed to curb illicit drug use:

There is need for regular sensitisation on the harmful effects of licit and illicit drug use. The materials developed should cover both the desired effects and the serious consequences associated with drug use. Prevention messages should be appropriate for different age ranges and the needs of individual drug users and should provide alternatives to drug use.

Experts in the field of drug prevention should try to develop an instrument so that individuals can self-evaluate problematic drug use.

1. Drug addiction should be given greater priority in health promotion and disease prevention programmes such as what is currently being given to diseases such as HIV/AIDS.
2. Continued training of persons who have shown an interest in the field of treatment and prevention and the establishment of more treatment and rehab centres across the country.
3. Creation of more recreational centres and spaces for individuals appropriate to the various stages in the life-cycle.
4. Expansion in job training and economic insertion activities.
5. Create and implement mentorship programmes for youths coming from communities and households that display risk factors for illicit drug use.
6. Parental involvement is critical in preventing youths from drug use. Parents should constantly practice drug free lifestyles and the benefits of this type of drug free lifestyle. Media campaigns targeted at the youth should also address the role of parents in drug use prevention.

1.0 Background

This Rapid Situation Assessment of drug use in Guyana was undertaken to provide up-to-date information about the phenomenon in Guyana and to make recommendations for policies and programmes in keeping with the mandate of the Ministry of Public Security and the Task Force on Narcotics and Illicit Weapons. The primary focus of this study is on the use of illegal drugs. Quantitative studies on drug use have been conducted within this territory with focus on both the school, and general population as well as the treatment population.

The word ‘drugs’ in this study refers to psychoactive substances. The World Health Organization defines psychoactive substances as “substances that, when taken in or administered into one's system, affect mental processes, e.g. cognition or affect.”¹ It means therefore that psychoactive drugs impact the way we think and feel.

The Cooperative Republic of Guyana, which occupies a total landmass of approximately 215,000 square kilometres, is located on the north-eastern coast of the continent of South America. Guyana is bordered by Suriname to the east, Venezuela to the west, and Brazil to the south. The country’s population according to the Guyana Population and Housing Census 2012 is 746,955 persons. Females comprise 50.2 per cent of the population and males 49.8 per cent.

The 2016 International Narcotics Control Strategy Report claims that Guyana is a transit country for cocaine destined for the United States, Canada, the Caribbean, Europe, and West Africa. Cocaine originating in Colombia is smuggled to Venezuela and onward to Guyana by sea or air. Smugglers also transit land borders with Brazil, Venezuela, and Suriname. Cocaine is often concealed in legitimate commodities and smuggled via commercial maritime vessels, air transport, human couriers, or various postal methods. Traffickers are attracted by the country’s poorly monitored ports, remote airstrips, intricate river networks, porous land borders, and weak security sector capacity.

¹ World Health Organization. Online
http://www.who.int/substance_abuse/terminology/psychoactive_substances/en/

A revised National Drug Strategy Master Plan was completed in the month of September 2016. A key aspect of the new Plan is the establishment of a National Anti-Narcotics Agency (NANA). This agency is intended to strengthen the coordination between other institutions involved in combating illicit drug trafficking such as the Customs Anti-Narcotics Unit (CANU), the Guyana Revenue Authority (GRA) and the Guyana Police Force (GPF).

In Guyana, the need to better understand the drug phenomenon has prompted the implementation of both a study in the general population using a quantitative research design and sampling and this rapid assessment using a qualitative research design.

1.1 Purpose and Objective

The purpose of the current study is to examine experiences, attitudes, perceptions, patterns, and effects of drug consumption among individuals ranging from 12-49 years old age. The following are the key objectives of the study:

1. To understand drug consumption patterns among 12-49 year olds in Guyana.
2. To explore and understand the factors that lead people to drug use.
3. To garner information on the characteristics of illicit drug users.
4. To examine attitudes and perceptions of Guyanese ages 12-49 toward drug use.
5. To enquire into the dynamics of how people access illicit drugs.
6. To investigate what type of behaviours that are consequent on drug consumption.
7. To examine attitudes and perceptions of drug prevention and rehabilitation services.

1.2 Research Design

Rapid assessment of the situation is an approach to studying a particular problem that involves focusing on the characteristics of the problem, the population groups affected, key settings and contexts, risks, and consequences. Rapid assessment of the situation is also useful in identifying existing resources and opportunities to address the problem area. Rapid assessment studies are generally qualitative in nature.

1.2.1 Recruitment of Key Informant

Key informants for the study were recruited through chain-referral technique. This involved the researcher contacting an individual connected with the population of interest and getting introduced by this individual to other members of the population. Interviews were conducted by the lead researcher and one trained research assistant.

1.2.3 Study participants

Study participants were current substance users. Inclusion criteria were: aged 12–49 years and have used an illegal substance during the past 6 months. During interviews, information on the age, gender and current occupation of participants were recorded and monitored to ensure that sufficient individuals were recruited to the groups to ensure sufficient diversity in study participants. If an imbalance was observed in one of these variables, researchers deliberately targeted participants with specific characteristics to redress this imbalance.

1.2.4 Data Collection Instrument

Information was gathered using semi-structured interviewer-administered instrument developed specifically for the study (Appendices 1). In addition to general information on key informants the instrument focused on his/her perceptions and experiences with drug use and consequences. The interviews were conducted between February and May 2016 in both rural and urban areas. Interviews were conducted with institutional personnel involved in drug use prevention efforts (Appendix 2 and Appendix 3). Follow up interviews were conducted with specific individuals on the use and effects of ecstasy. Interviews were audiotaped with the interviewee's consent and in other cases the researchers wrote the responses when consent for recording was not given.

2.0 Profile of Key Informants involved in Illegal Drug Use

In garnering information for the assessment on illegal drug use thirty-two persons were first interviewed. Three other persons attached to institutions involved in drug prevention and control were also interviewed. Of the thirty-two (32) interviewed six (6) were professionals (journalists, academics, senior government official etc.), five (5) were skilled workers, four (4) were labourers, three (3) were university students, two (2) were unemployed persons, two (2) clerks, and one (1) each in the categories: fisherman (working on sea), technician, miner, housewife/home maker, Businessman, sex worker, and ex-offender (table 1).

Table 1: Profile of Key Informant

Description of Key Informant	Number of Key Informant
Professional	6
Skilled Worker	5
Labourer	4
University Student	3
Street Dweller	3
Unemployed	2
Clerk	2
Working on Sea	1
Technician	1
Miner	1
House wife	1
Business man	1
Sex Worker	1
Ex Offender	1
Total	32

With regards to sex of key informants, 23 males were interviewed along with nine (9) females. Disaggregating by age, 16 persons were interviewed from the 15-24 years' age category (11

males and 5 females); nine (9) persons were interviewed from the 25-34 years' age category (6 males and 3 females); three persons were interviewed from the 35-44 years' age category (2 males and 1 female); and four (4) males were interviewed from the 45 years' and over age category (table 2).

Table 2: Description of key Informant by Sex and Age Group

		Sex		Total
		Male	Female	
Age	Age 15-24 Years	11	5	16
	Age 25-34 Years	6	3	9
	Age 35-44 Years	2	1	3
	Age 45 years and over	4	0	4
Total		23	9	32

Describing the group of key informants by their employment status yielded the following results (see figure 1):

- 21 were employed
- 8 were currently unemployed
- 2 were full time students
- 1 Home Maker

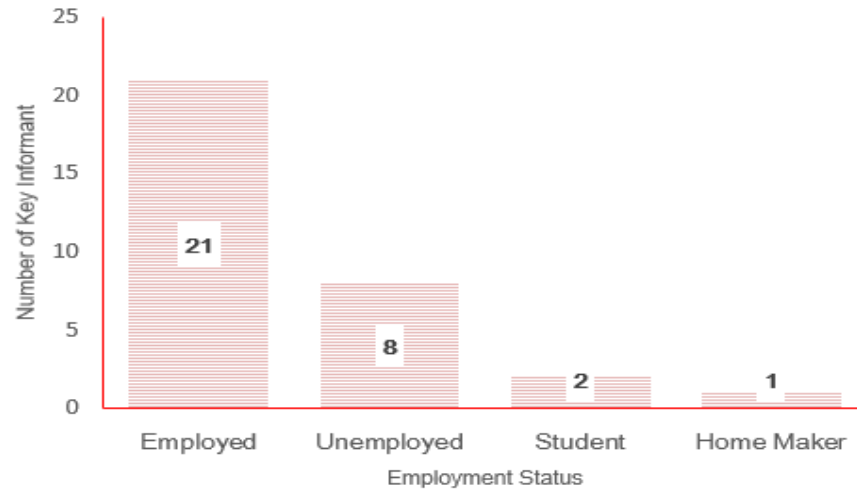


Figure 1: Key Informant by Employment Status

Next, reviewing the key informants by education levels yielded the following results (figure 2):

- 5 of the key informants had primary or less than primary education
- 6 of the key informants did not complete secondary school
- 10 of the key informants completed secondary school
- 1 of the key informants started but did not complete university
- 2 of the key informants completed programmes at technical institutions
- 5 of the key informants completed university programmes
- 3 were attending university

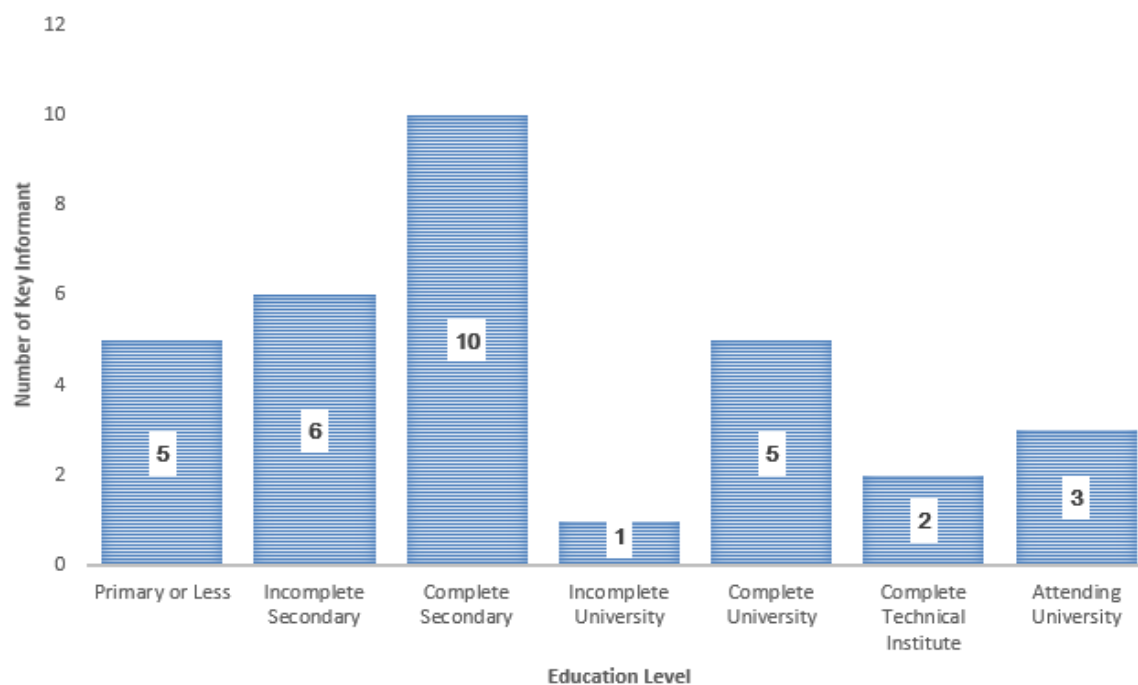


Figure 2: Key informant by Education Levels

What is evident from the profile of key informants is that illicit drug use spans all educational levels, employment status, gender (even though it was easier to recruit male drug users for interviews), and age group.

3.0 Types of Illegal Drugs Used

The main types of drugs that interviewees admitted to using were marijuana, hashish, ecstasy (MDMA, Molly), cocaine, and crack. All the persons interviewed reporting using marijuana. The majority of the key informant reported only using a single illicit drug, marijuana. One interviewee actually purported in a self-vindicating manner: “Only and strictly marijuana cause it’s an herb.” Another revealed “I use no other drugs but marijuana.”

The interviewees confirm the view that marijuana is the most commonly used illicit drug in Guyana. Based on feedback from the interviews, marijuana use is relatively significant among young people. However, there is a feeling among number of young people interviewed that marijuana use is not risky.

At least three of the key informant did not consider marijuana as a dangerous drug. One contended “I’m not a drug user but I’m a marijuana user;” while another said “Yes I use marijuana but I don’t think it’s a drug;” and a third said “I’m a natural herbalist.” A fourth informant was more explanatory:

“It’s a natural herb; when you do smoke marijuana it does give you different effects. For me It gives me a sense of freedom, when I smoke marijuana I feel like I’m free but I’m not a constant user just an occasional user.”

The main method in using marijuana was by smoking. However, some informants, particularly females, reported using marijuana in cakes/brownies. The use of marijuana cakes was associated with parties and social gatherings (‘lime’) particularly among employed and well-off informants. Marijuana use in cakes appears to be a trend that is expanding as youths share their experiences with others. According to reports a number of non-users are encouraged to try out marijuana cakes, since it is perceived as being less dangerous.

Only three of the respondents reported poly drug use. Combination drug use involved marijuana and cocaine and marijuana and ecstasy. The intention as explained by informants: “is to get a better feel.” In instances marijuana was the first drug that the user tried. In fact, those reporting poly drug use were using marijuana several years before attempting combination drug use.

While as stated before that marijuana was the drug of choice for most users, some used cocaine or ecstasy or other drugs when they are available. Two of the key informant reported graduating from marijuana to cocaine. It appears that once drug use becomes a habit users are substituting their drug of choice with other available drugs when for some reasons they have difficulties accessing their drug of choice.

Most the informants reported starting drug use before age 17. The general age is around 13- to 16 years old for starting drug use. However, one respondent reported that he commenced drug use as early as age 11. One informant said he started using marijuana at age 6 to treat an allergy and is still using the drug. In most cases early drug use was associated with having family and/or friends who were involved in drug taking.

Access to illegal drugs was another issue considered in the study. The view coming from informants was that it was relatively easy to access marijuana. One respondent stated: "It's not difficult it's like buying a sweet drink and it is very prevalent in the community." Another respondent put it this way: "Not difficult, very easy, it's like buying candy from a store." Two other respondents shed more details on the issue. The first point to being perceived as being part of the 'drug subculture', being able to use correct 'street lingo', and having knowledge of the network to access the illegal substance. His remarks were:

In this area and particular in this country the accessibility of marijuana is pretty easy to get once you know what you doing and if you know to "mump and stroke" and get your twang on you can get marijuana easily.

As expected it was much easier for habitual users to access the network of drug suppliers because of their knowledge of who the providers were. One habitual user puts it this way: "Seeing as I is a senior smoker I know where to go."

While an overwhelming majority of the respondents reported infrequent and recreational drug use, there were reports of daily illegal drug use. Daily drug use was more associated with

unemployed respondents. Respondents that were more involved in work or study did not report daily illegal drug use.

4.0 Factors Influencing Drug Use

In this section we document the factors influencing drug use as reported by key informants. Based on the information garnered from the interviews a number of influences were unearthed. Interviewees stated that dealing with boredom due to the absence of gainful activity, stress and anxiety, experimentation and curiosity, self-medication, peer pressure, seeking to enhance the thrill effect during recreational activities including parties and sex, and to concentrate were the main reasons why they used an illegal drug.

Some respondents claimed that they turned to drugs owing to a combination of boredom, friends who use illegal substances and stressors in the environment. As one interviewee reported:

“Remember now I live in a place where I have to smoke and I would use weed [marijuana] to meditate. I don’t have anything to do and I am around persons that smoking so I got to smoke.”

Another stated: “It [marijuana] is to take a lot of stress off of your head and most of the ghetto youths don’t have anything to do, it’s just something they go and do when the day come. Because remember now you don’t have anything to do on the road during the day.”

As reflected in the statements quoted above drug use was somewhat linked to respondents being unemployed and the associated stressors. Drawing from the discussion with respondents it seems that not having a job leads to boredom and drug use. The link appears to be that individuals feeling that they, having nothing to do or those lacking in purpose to fill the day turned to drugs to create pleasure, excitement or calm their nerves owing to the stress of being unemployed.

One key informant who reported drug use pointed out that idleness was the main reason for drug use among youths and the solution for the drug use problem involved employment and proper role models.

They [youths] are constantly telling you they have nothing to do and there’s no job prospects and things like that. Leadership, they have no mentor, if you go into [name of community] enough of them youth men want a work, if things work out for me I’ll take some of them to the bush

(interior to work) and take them off of the streets. People got to reach out to them because they feel as if their abandon.

Respondents also reported that stress and anxiety as issues related to their drug use. As pointed out by one of the interviewees: “It [marijuana] makes you feel nice it helps to overpower any form of anxiety. “Another interviewee related: “Like I said you know it helps me to relax and ease the stress.” Two respondents were more descriptive claiming: “I like the stress relief. You could get a lot on your head and everything coming to your head at one time. It’s just a substance I use to relax, that’s one way I see it.” Another said: “Marijuana makes you feel calm, relaxed, it takes away everyday stress at the end of the day you know there’s something that can make you relaxed and forget about the stresses of today. Plus you don’t see any bad effects about it, you would hear many things about it but you have no evidence that it effects your health so you feel more safe using it.”

The term ‘stress’ here refers to processes involving perception, appraisal, and response to harmful, threatening, or challenging events or stimuli (Levine 2005). From the discussion with key informant it appears that drug use was a key ingredient in their adaptive processes to stressors in their society. One of the respondents made it clear that “I have to be high to survive in this place.” Stress from domestic situation also led to drug use as reported by two respondents. One informant highlighted: “I use it [marijuana] to keep me calm and stable; you know from home problems.” Another respondent related: “Because of the parents and their disrespectful living, lawlessness and not having respect for each other behind doors.”

Experimentation owing to curiosity was another reason indicated by informants for their initial drug use. As explained by one of the respondents, he first used drugs because he was curious and wanted to try it out to see how it feels. Two other respondents stated that they wanted to get the feeling they heard their friends mention about drug use. “I wanted to use it [ecstasy] with my partner because I hear that it does mek the sex good.” One young lady reported that she was curious after her boyfriend recommended marijuana use for improving sexual experience and bonding. Marijuana and ecstasy were the drugs popular among all respondents reporting use of drugs before sex.

Another reason posited for drug use was for medicinal purposes. One of the informants told us that “it’s a medicinal drug you see.” One respondent said that he used drugs to deal with allergies. Another felt that marijuana was useful because of “allergies, asthma and all kind of things.” The feeling was that marijuana in particular was a remedy for some medical conditions. One respondent explains “Well basically marijuana takes care of me, keeps my health up and keeps sick away from me.”

Social environment and peer pressure were issues that were also identified with respondents’ drug use. The twin influence of home environment and peer group pressure is summed up in a statement by a young man as to why his friends are using drugs: “Because most of them want to fit in with their other friends and the others would see it from home and like it.” Other respondents supported the view that peer group pressure and the home environment influenced drug use. Two such statements coming from informants are restated below:

“Peer pressure would play a big role because of your friends around doing it [using drugs] and [if] you don’t there is possibility you can be put out of the group.”

“[We] does use drugs because the elders are using it, family members or friends somebody using it so the influence is from there. Because that’s how I start using it I saw my big brother use to smoke, my uncle use to smoke marijuana so that’s how I get into it.”

Many of the respondents said they used drugs to increase the excitement or thrill during parties. One respondent bluntly told us: “I think it’s [marijuana] mostly for recreational uses that are a form of leisure.” Informants related that it was a deliberate choice they made to pursue this high. One informant stated “We had we lil celebration and we bake some brownies so we can get an extra nice.” A female respondent said that, “I don’t use ecstasy steady but my friends do use it when deh get these raves- like wild party. I prefer to use it with my partner... you know, so we can have some extra fun.”

Another female respondent explained that though not a frequent user of drugs she uses it recreationally.

It's a form of leisure for me; no it doesn't take me away from my troubles. But if I'm hanging out or having fun and I decide that I want to go a bit over the edge or just to feel a bit freer I would take few pulls of a marijuana joint.

Respondents also reported using marijuana to help them concentrate or focus especially when they have important activities. One respondent reported: "weed [marijuana] does make me focus and keep me pon meh levels." Another respondent said that "I would smoke a joint if I got something like an interview where I have to remember and speak with confidence."

The use of marijuana as a confidence booster was echoed by another informant where he claimed that marijuana gave him confidence do things he felt he could not do. He related to us that: For me I would use it to feel nice and different well when I use drugs I would get high and I don't feel like myself, I would feel more confident and that I can do anything.

One of the informant mentioned that drug use contributed to him developing a social circle of brothers and friends which he did not have before commencing drug use. He intimated that using drugs made him very sociable. Below we capture his unique way of saying it: "That's the only reasons why my friends are brothers because we smoke weed together if I didn't smoke weed I wouldn't have brothers or friends. I'm antisocial like that."

An interesting and functional use of drugs was reported by a sex worker interviewed. She explained: "I use drugs to numb so that I do my line of work, all these faces, in my line of work." She continued: "It's not that I have an addiction for drugs but it's something we have to do; it's not easy in our line of work every night you have to see a different face so we need the drugs to cope."

In this young lady's case there is a clear interdependence between drug use and sex work. In this case it appears that she was trying to disconnect emotionally in having to deal with multiple unattached sexual partners.

In sum, respondents present a number of reasons why they commenced using drugs or why they are currently using drugs. These reasons include: seeking to be sociable, building confidence, helping them to concentrate, enhancing excitement and energy at parties, improve sexual experiences, relieving stress, wanting to fit in with peer groups, family influencing them in that direction, and curing ailment.

5.0 The Consequences of Drug Use

Surprisingly respondents seldom reported any ill effects of their drug use. On the contrary many highlighted what they considered as desired effects of drug use, in particular marijuana use.

A narrative of major significance came from a young man who was a drug addict for more than ten years. He explained that he started using marijuana but he later started mixing marijuana with other substances to get a “better high.” His explanation is instructive:

“Me bena use weed fus, then it nah mek meh feel so nice then meh hear you can mix da weed. So meh start fuh use cocaine with da weed and da mek me feel high, nice nah.” The young then related the tale of addiction and powerlessness to stop using the drug. Tearfully he informed the interviewer that: “I don’t like how dis thing does get meh lookin, look at me, I does shame to deh round people. I wish I could cum aff dis thing but banna [man] it hard fuh stop. If I could get treatment I gon love dat, but meh nah get money fuh duh.” He sorrowfully explained that without a steady job he had to beg to maintain his habit. “I does beg and park one one car and suh for a lil raise [money]” he explained. “Budday [friend] if you know anybody that can help, me glad.”

One female respondent reported that twice she was sexually assaulted during a drug use episode. She explained that in one instance she was able to resist the perpetrator but in the other she was powerless to resist. Here experiences are captured by the term ‘drug facilitated sexual assault’, which occurs when alcohol or drugs are used to compromise an individual's ability to consent to sexual activity. At present in Guyana there is no estimate of the prevalence of drug-facilitated sexual assault. However, reports indicate that alcohol, ecstasy, and marijuana are most often used in drug facilitated assault. These substances make it easier for a perpetrator to commit sexual assault because they inhibit an individual’s ability to resist undesired sexual advances.

Some of the usual symptoms reported by respondents included: dizziness, headaches, excessive hunger, and memory loss. A female respondent “...well the ecstasy now it gives you headaches the next morning and you tend to forget things that happen the day before.” Moreover, two of the respondents reported hospitalisation of a friend after using marijuana cakes.

Respondents in the majority felt that there was nothing to worry about since they were not addicts and in their opinion marijuana use had no major negative consequence on them. This was based on the notion that marijuana was a natural substance and not a harmful drug. A male respondent stated that: “It [marijuana] hasn’t changed me in any way it keeps me calmer and focused on what I want to be in the future.”

In the same manner most of the users felt that they did not need treatment for their drug use. As one respondent reported: “Well you only seek treatment when you feel something wrong with you, I don’t feel marijuana does anything bad to me it’s a part of my everyday lifestyle like how food and sleep is you know.”

It was apparent that some respondents refused to admit the reality of their problematic use of drugs. In psychology this type of behaviour is referred to as denial. Psychologists also describe a type of defence mechanism where people subconsciously reject aspects of reality that they are not comfortable with. It is not unusual for drug users to deny the reality of their drug use. Individuals in denial often say that they don’t have a problem and see no negative consequences of their drug use. They are often blinded by what they consider as the positive effects of their drug use and thus do not recognise and accept the bad consequences (Linton 2010, 17).

Based on the conversation with some respondents, there was evidence that some respondents were able to bracket off aspects of their reality. The following responses provide evidence of this: “I told you I’m not a heavy smoker. I just do it to ease my mind. I don’t need no help I can control myself at any time as long as I get nice money in life I would ease up smoking and smoking wouldn’t kill you so.”

No I said when I get big I would stop smoke marijuana but right now how the pace is going I can’t stop smoking. I never had any chance to seek help.

While most of the respondents did not report any negative consequences of their drug use, they however, expressed concerns over problematic drug use of a family or friend. One respondent stated that: “I smoke marijuana but only about two – three times per month... I have used ecstasy

on two occasions, just half a pill though, and the only problem is that I would oversleep. But my brother he is an addict, he needs help.”

Another respondent noticed the destructive path of drugs on other friends but didn't see the same happening to him. “On the whole drugs is the cause a lot of things cause its drugs. I know a lot of people who start smoking weed now smoking cocaine and they become a “junkie”. But I would still give them a “bly” (help). Yes they would first start with cigarettes, then weed and if you're not getting that is cocaine.... Well they had a thing called ‘Afghanistan’ that they found in foreign and they brought it here and trip out some people [mental health illness].”

In sum, while the majority of respondents did not report negative consequences of drug use, there were reports of hospitalisation, headaches, dizziness, excessive hunger, and sexual assault. Respondents were able to identify the problematic drug use in their friends and family.

6.0 Institutional Response to Illegal Drug Use in Guyana

In garnering information on the institutional framework for the prevention of illegal drug use, three individuals attached to two government institutions and a private treatment centre were interviewed. The overwhelming feeling is that significantly more must be done in the area of sensitisation and treatment.

The Guyana National Council for Drug Education, Rehabilitation, and Treatment, within the Ministry of Public Health, is the single government body responsible for addressing drug prevention. Two non-governmental organizations offer rehabilitation services, viz.: Phoenix Recovery Project and the Salvation Army Men's Centre. The Georgetown Public Hospital round-off the main treatment centres for rehabilitating drug users.

According to information from the Drug Information Network (Ministry of Public Security 2015), a total of two hundred and five (205) persons were treated for substance abuse. One hundred and seventy-one (171) or 83 per cent of the persons treated for substance abuse addictions were males and thirty-four (34) or seventeen (17) per cent were females. Key informants revealed that 16 per cent of all persons treated for substance abuse were below 18 years old, 17 per cent were in the 18 to 25 age category, and 67 per cent were over 25 years old. Further, 40 per cent of those treated were in relation to alcohol abuse, 25 per cent for marijuana, 17 per cent for tobacco, and 17 per cent for crack/cocaine.

Researchers were also informed that joint awareness sessions for students and parents were conducted at a number of secondary schools. Schools were specifically targeted as a result of reports of high prevalence of risky behavioural practices among students, which included substance abuse. The main training themes included:

- Drug types and classification
- Mental health
- Addiction
- Identification
- Treatment programmes for children

- Referral protocols

The respondent associated with a treatment centre pointed out that treatment centres face three main challenges: financial resources to scale up interventions and treatment; lack of trained specialized human resources; and capacity to monitor persons on treatment to assess progress toward rehabilitation. One thing that has gone right for treatment centre is that government has allocated financial resources annually to support treatment centres.

From the law enforcement standpoint two agencies Customs Anti-Narcotics Units (CANU) and the Guyana Police Force are the responsible agencies. In 2015 law enforcement agencies charged 363 persons for drug possession. An overwhelming majority were charged with marijuana possession (97%). It was also reported that school age children found possessing an illegal drug were not charged but referred to counselling services.

7.0 Conclusion and Recommendations

In concluding the study some key findings stand out. Marijuana is the most prominent illicit drug used in Guyana; a significant amount of the persons using drugs had close friends and family members involved in illicit drug taking habits; ecstasy is slowly becoming a desired illicit drug to enhance experiences during recreational activities, particularly among females; and in every instance where respondents reported using a dangerous illicit drug, they had used marijuana before taking that drug. Respondents had limited or no knowledge of the long term consequences of drug use.

The following recommendations were proposed to curb illicit drug use:

1. There is need for regular sensitisation on the harmful effects of licit and illicit drug use. The materials developed should cover both the desired effects and the serious consequences associated with drug use. Prevention messages should be appropriate for different age ranges and the needs of individual drug users and should provide alternatives to drug use.
2. Experts in the field of drug prevention should try to develop an instrument so that individuals can self-evaluate problematic drug use.
3. Drug addiction should be given greater priority in health promotion and disease prevention programmes such as what is currently being given to diseases such as HIV/AIDS.
4. Continued training of persons who have shown an interest in the field of treatment and prevention and the establishment of more treatment and rehab centres across the country.
5. Creation of more recreational centres and spaces for individuals appropriate to the various stages in the life-cycle.
6. Expansion in job training and economic insertion activities.
7. Create and implement mentorship programmes for youths coming from communities and households that display risk factors for illicit drug use.
8. Parental involvement is critical in preventing youths from drug use. Parents should constantly practice drug free lifestyles and the benefits of this type of drug free lifestyle. Media campaigns targeted at the youth should also address the role of parents in drug use prevention.

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