

## **An address at Launch of Secondary School Survey**

Mr Chairman Mr Atherley, OAS Representative, Mr Dormeus; UGiroux, CICAD Representatives Mr Clarke, and Ms Barry; friends all

I want to immediately thank the OAS and the Inter American Drug Abuse Commission for their fine work in sponsoring this 2013 Survey of Drug Use among Secondary School Students in Guyana. I understand that they did a first one since 2002 and another in 2007.

Drug use among secondary schools students across the country is a most welcoming piece of information any country should want. These cold, hard facts about the state of our children as it relates to their use of licit and illicit drugs whilst attending schools tells a worrying story. Behind these dramatic statistics too we will come to know what we have become, and what we can do about it.

I have been fortunate to get a sneak preview as it were of the Survey. And if I may plead with Barry for his permission, and use my Ministerial privilege to state some of these findings, I feel disheartened when I read in the Survey that the average age of first time use of marijuana is 12.8 years, for cocaine is 12.1 years and for stimulants 11.7 years! Or to read that the survey showed that 52 % of the students admitted consuming alcohol at least once in their lifetime; 31% stating that they drank in the last 12 months; with 16% saying they had consumed alcohol in the last 30 days. Of this latter 16 %, 4.9 % it appears are binge drinkers! Troubling indeed to hear of all Caribbean countries, as it relates to binge drinking in schools, Guyana is with the highest rate. This drug use also reveal that these users are more wont to skip schools several times per month, are at the lower end of performance levels, get into arguments and fights more often, and had problems with family and close friends. A number of them also reported that they often or almost always thought about suicide.

My intention here is not to create a moral panic, but in all honesty these statistics paint a picture which shames us all. It is an outrage! And we must do something about it. Like renewing the war on drugs...licit and illicit! We need a Strategy!

### **Our Drug Strategy**

Though I can say with some certainty that a final strategy has not been worked out as yet, the aims of the present Government's National Drug Strategy will be to reduce the use of drugs in the community and minimize the harm that they cause to individual users and the community at large. We will be mimic men and will seek to not reinvent the wheel when we know much that is right and proper already exists. So our Strategy will involve what the experts have talked about so extensively namely a multi-pronged strategy aimed at:

- Reducing demand
- Reducing supply
- Reducing drug-related harm
- Providing treatment options
- Developing a skilled workforce to respond to drug use.

### *Demand Reduction*

The objective is to reduce demand through the promotion of opportunities, settings, and values that foster resilience and reduce the use of drugs and the risks of drug use. Specific aims are to:

- Prevent and/or delay drug use
- Increase community awareness and education of drug-related harm, and increase community capacity to participate in informed debate about drugs and drug policy options;
- Promote accessible positive alternatives to drug use that are acceptable, attractive, and meaningful to especially students and young people by paying more attention to and provisioning more for sports, recreation, music and culture;
- Foster a community supportive of the family and positive parenting;
- Promote school and community environments safe from drug use and related harm; and in the process building healthy and safe communities.

### *Supply reduction*

Through interventions to reduce availability and supply, the aims here are to:

- Stabilize and ultimately reduce street-level dealing in drugs;
- Effectively disrupt illicit drug production, supply, and distribution networks at local, national ,and international levels with the help of Regional and International enforcement bodies;
- Streamline the work of CANU and Police units which will deal with enforcement in the area of drugs.

### *Treatment*

Through providing treatment, the aims here will be to:

- Increase capacity to provide the full range of treatment options for illicit drug users. We certainly will do with a lot of international help here
- Increase capacity to provide support to the families of drug users and to include them in treatment where appropriate

- Maintain an illicit drug-treatment system with strong links to mainstream health and welfare systems
- Increase capacity in the treatment system, including the capacity to respond to emerging drug problems and institute new services that are integrated with other services (including mental health).

### *Reducing drug-related harm*

Here the aims are to:

- Reduce the harm for individuals who use drugs, their families, and the community, in particular;
- decrease drug-related overdose deaths, illnesses, and injuries;
- decrease the spread of infectious diseases through injecting drug use (IDU) and unsafe sexual practices as a result of intoxication;
- decrease the incidence of drug-related crime;
- give law enforcement an increased capacity to contribute to the reduction of harm caused by illicit drugs.

### *Workforce development*

Through workforce development, the aims are to:

- further develop the capacity to attract and retain an effective workforce in health, welfare, education, and law enforcement sectors;
- a health, education, and law enforcement workforce educated in the principles that support the reduction of harm caused by illicit drug use;
- highly skilled law enforcement investigators who can be deployed flexibly;
- a skilled and supported health promotion workforce familiar with evidence-based health promotion and the antecedents of drug use;
- increase capacity to attract and retain a highly skilled and specialist drug and alcohol workforce in the wider health system.

One other measure that I have observed and find appealing out of Australia and which has gained prominence there in recent years is that of the “drug court”. The essential features of a drug court are that it:

- deals with a specified class of offenders
- integrates drug treatment services within a criminal justice case processing system
- uses a non-adversarial approach
- provides a comprehensive treatment and supervisions program

It may just be my legal upbringing and such an inbuilt bias for the Courts to come up with answers. It may very well not work here in Guyana. But the Courts represent only one tool in the State’s repertoire of responses of what appears to be an intractable social and legal problem.

In addition, the strategy will aim to undertake research to improve intervention and control as well as monitoring drug trends. It will be very comprehensive and inter-ministerially directed....Ministries of Education, Social Protection, Health and Public Security must join hands in this effort.

Finally, there is a complex social dynamic about the issues surrounding drug use here in Guyana. And so too will be the response of the State to licit and illicit drugs in particular. The problem is not a simple one of consumption, production, and supply of prohibited substances. A major issue is the effect of psychoactive drugs on peoples' behavior in ways that make them a danger to others. Although the relationship between drug use and antisocial behavior is not direct, it is clear that it is closely associated with damaging effects....from violence outside of pubs and clubs to dangerous driving on our roads. Nor is the harm limited to victims, since many drugs also have serious health consequences for users. For these reasons, any consideration of drug use necessarily crosses the boundaries between criminal justice, health and welfare, and education. Responding to drug use and abuse means an adoption of holistic and multifaceted approaches.

That's our fresh approach to lick this scourge!

Thank you very much.