



# Guyana Household Drug Survey, 2016

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# Survey Objectives

- ▶ Determine the prevalence of psychoactive substance use;
- ▶ Determine the prevalence of psychoactive substance use on the basis of socio-demographic characteristics;
- ▶ Detect patterns of use of the various substances;
- ▶ Describe aspects related to the use of substances: exposure to supply and use, risk perception, exposure to talks or courses on prevention, among others of interest.
- ▶ Determine attitudes towards marijuana legislation and its impact on the society.

# Sample

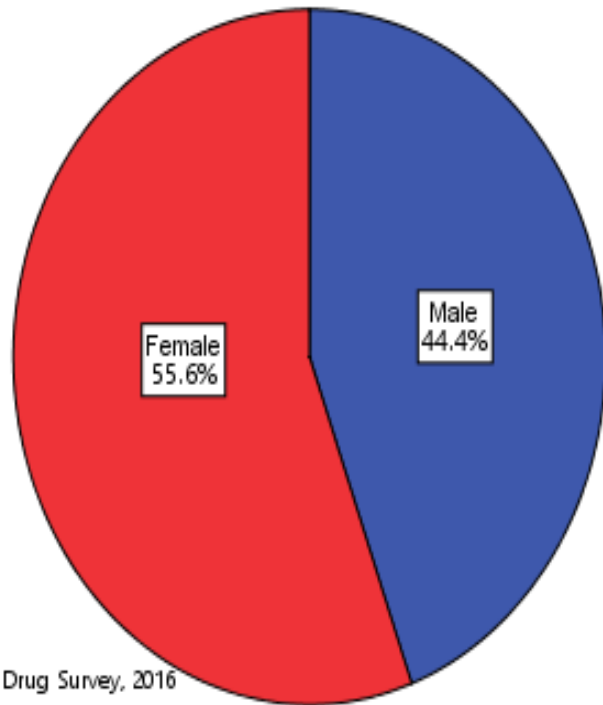
- ▶ Sample Frame: 12-65 years old; male and female; and currently residing in the country
- ▶ Random selection of sample;
- ▶ A total of 2,367 interviews were completed.
- ▶ The response rate for the survey was 95.4 per cent.

# Regional Distribution of the Sample

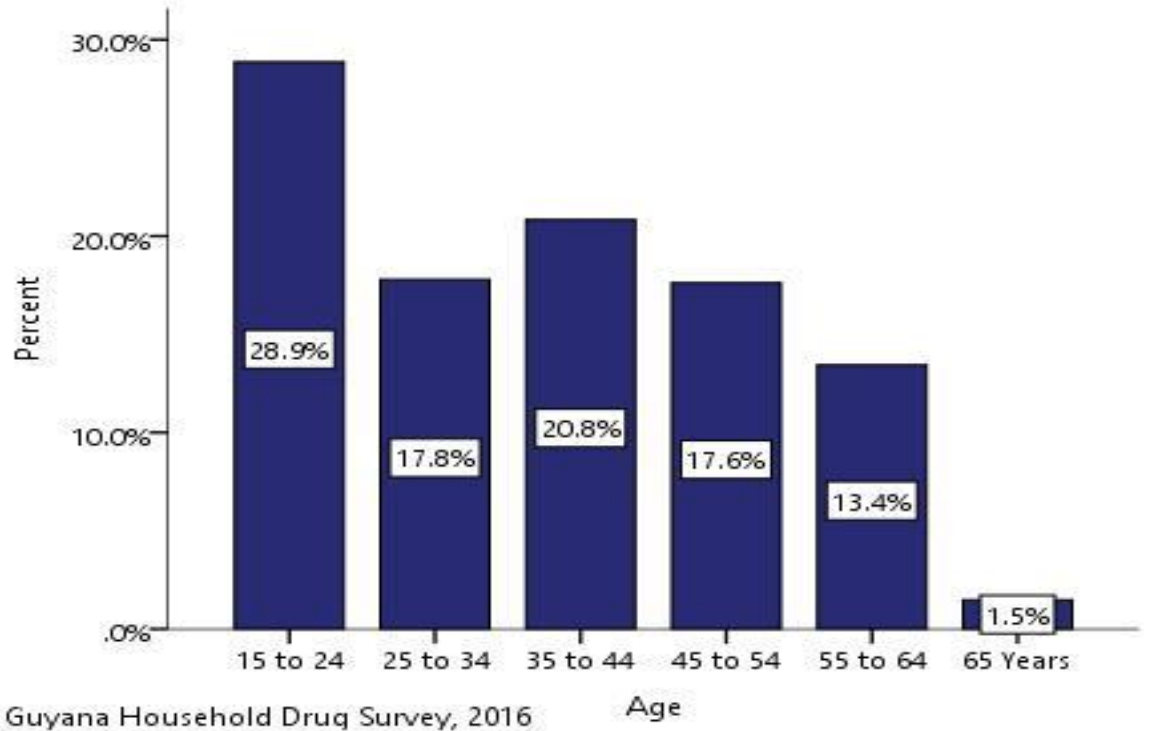
<b>Region</b>	<b># of Respondents</b>	<b>per cent</b>
Region 1 - Barima Waini	99	4.2
Region 2 - Pomeroon-Supenaam	129	5.4
Region 3 - Essequibo Islands-West Demerara	285	12.0
Region 4 - Demerara- Mahaica	1015	42.9
Region 5 - Mahaica-Berbice	165	7.0
Region 6 - East Berbice – Corentyne	367	15.5
Region 7 - Cuyuni-Mazaruni	50	2.1
Region 8 - Potaro-Siparuni	48	2.0
Region 9 - Upper Takutu- Upper Essequibo	79	3.3
Region 10 - Upper Demerara-Upper Berbice	130	5.5
Total	2367	100.0

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# Sample Distribution by Sex & Age

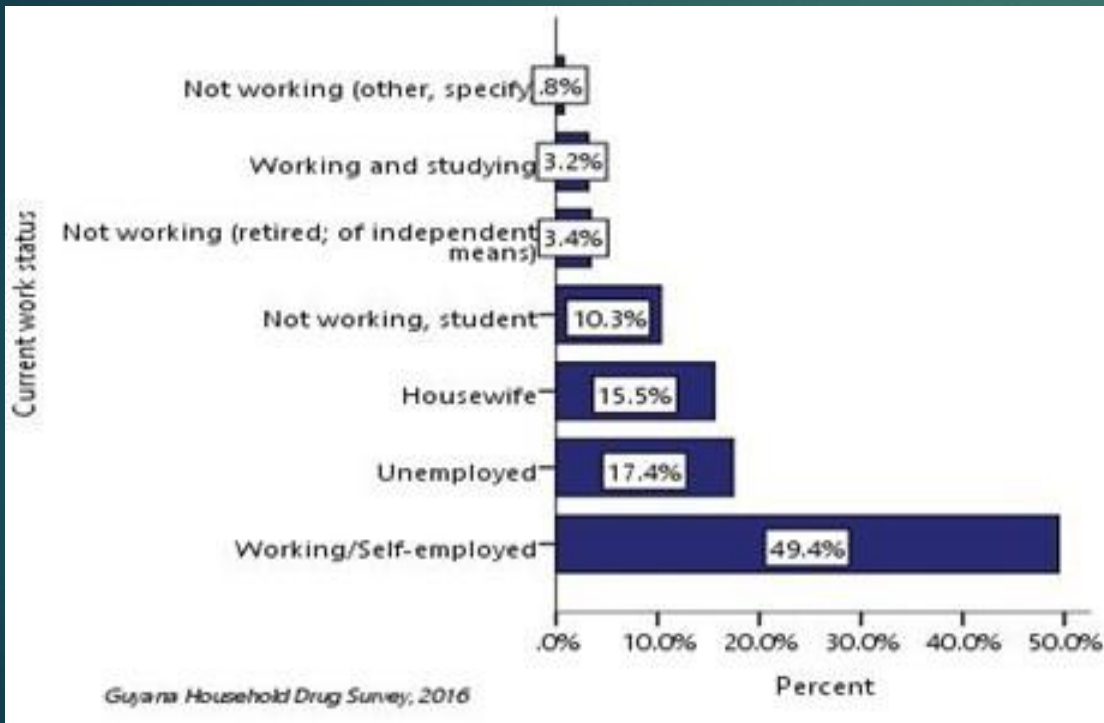


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# Sample Distribution by Employment Status & Education Level



Education Level	# of Respondents	Percent
0. No response	5	.2
1. Never attended school	37	1.6
2. Incomplete Primary	126	5.3
3. Complete Primary	450	19.0
4. Incomplete Secondary	605	25.6
5. Complete Secondary	903	38.1
6. Incomplete University/Tertiary	69	2.9
7. Complete University/Tertiary	149	6.3
8. Vocational	22	.9
9. Don't know	1	.0
Total	2367	100.0

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# Perception of Risk of Harm

Being drunk was considered to be the most harmful – even more than smoking cocaine or marijuana

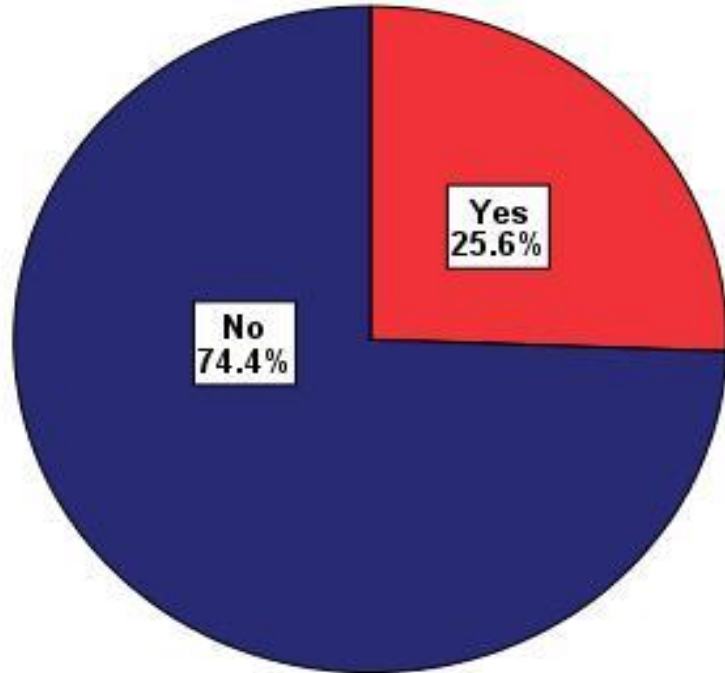
- ▶ **79.1 per cent of respondents perceived being drunk as 'high risk';**
- ▶ **76.5 per cent considered using cocaine often as high risk;**
- ▶ **75.1 per cent viewed smoking cigarettes often as high risk;**
- ▶ **71.9 per cent regarded smoking marijuana often as high risk;**
- ▶ **13.1 per cent perceived smoking marijuana sometimes as no risk.**

Type of Drug	Easy	Difficult	Couldn't access	Don't know
<i>Marijuana</i>	40.9%	11.3%	11.5%	36.3%
<i>Cocaine</i>	19.8%	17.9%	15.4%	46.8%
<i>Ecstasy</i>	9.1%	16.4%	16.4%	58.2%
<i>Crack Cocaine</i>	10.0%	16.8%	16.7%	56.6%

## Perception of Ease of access to illegal drugs

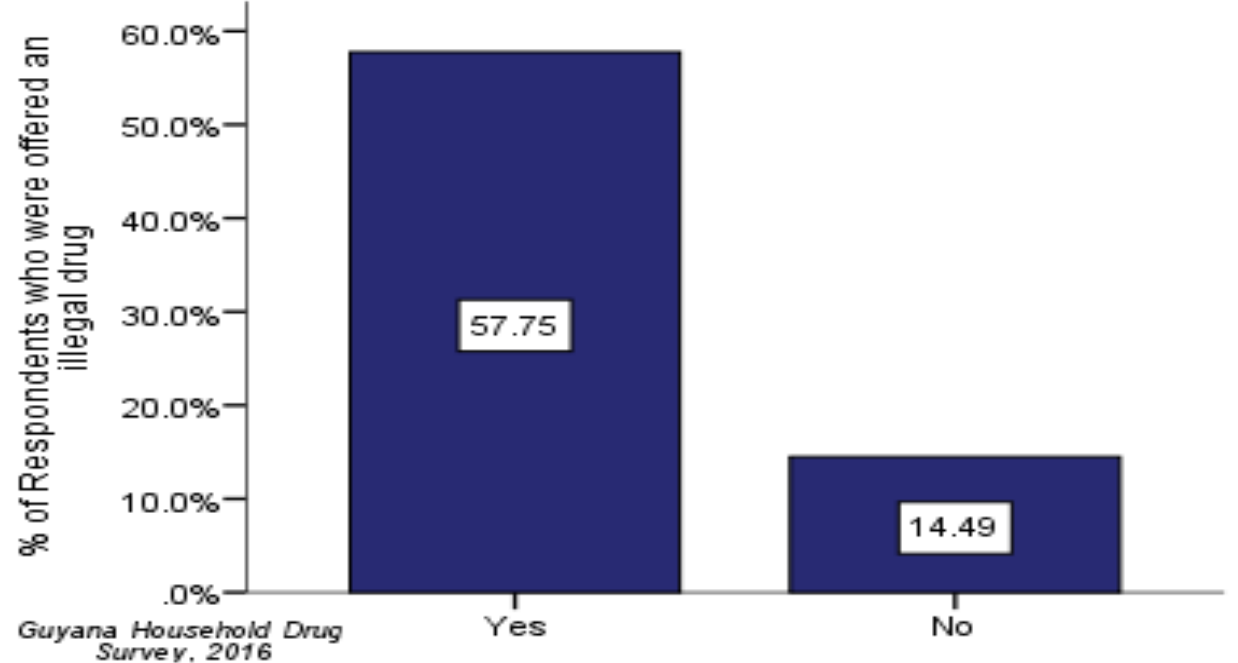
Marijuana is the easiest illegal drug to obtain as reported by 40.9 per cent of respondent





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Respondents Reporting Having a Chance to Use an Illegal Drug



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Do you have friends or family members who take illegal drugs such as marijuana or cocaine?

Percentage of respondents who were offered an illegal drug by Respondents with family or friends who use illegal drugs

- Respondents who had family or friends who took drugs were approximately four times more likely to be offered an illegal drug.

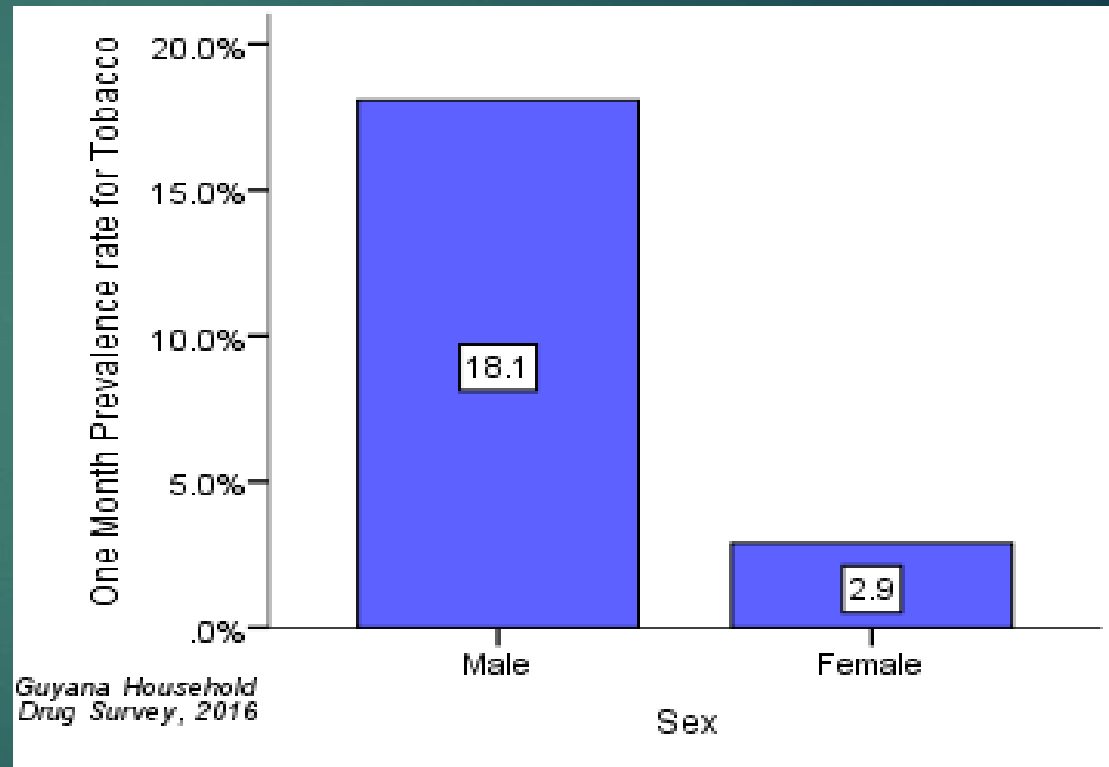
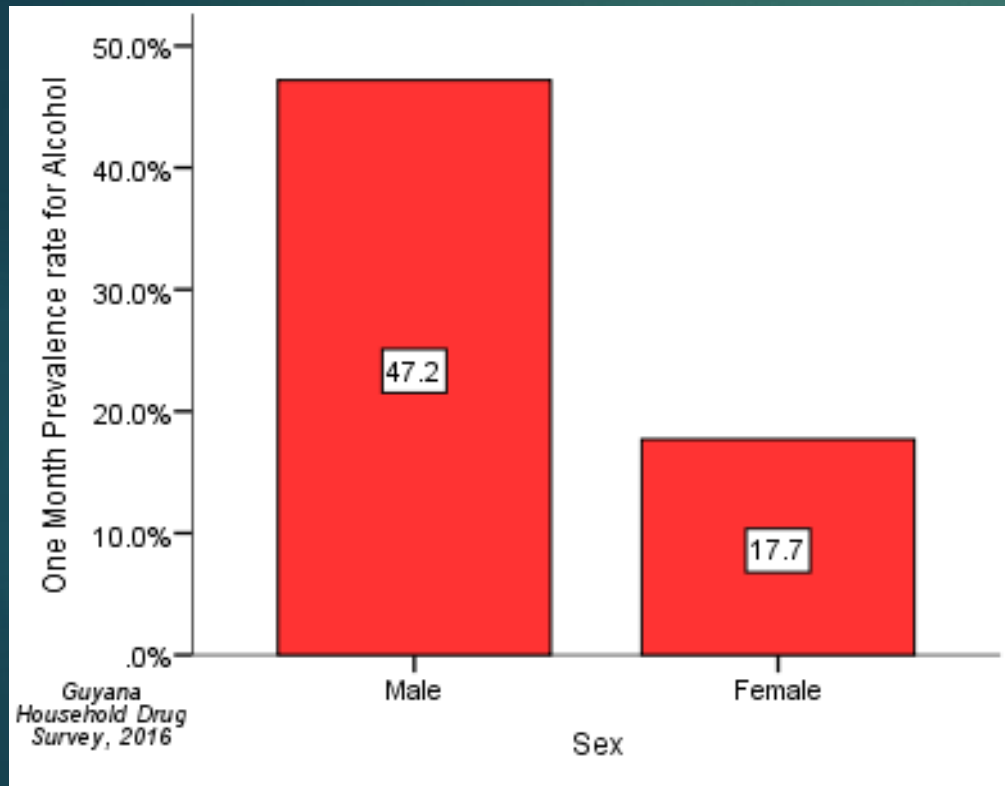
Type of Substance	Age of First Use (years)
Tobacco	17.7
Alcohol	18.7
Marijuana	18.9
Cocaine	22.6
Crack	19.8
Ecstasy	23.8

Average Age of First Use

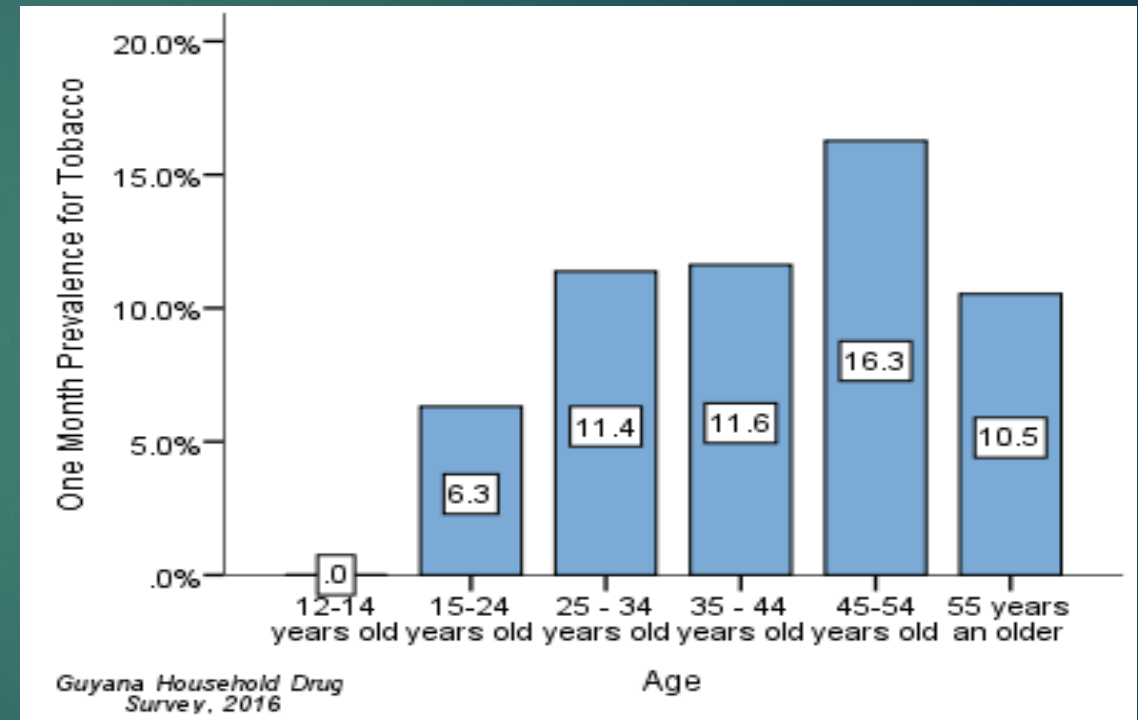
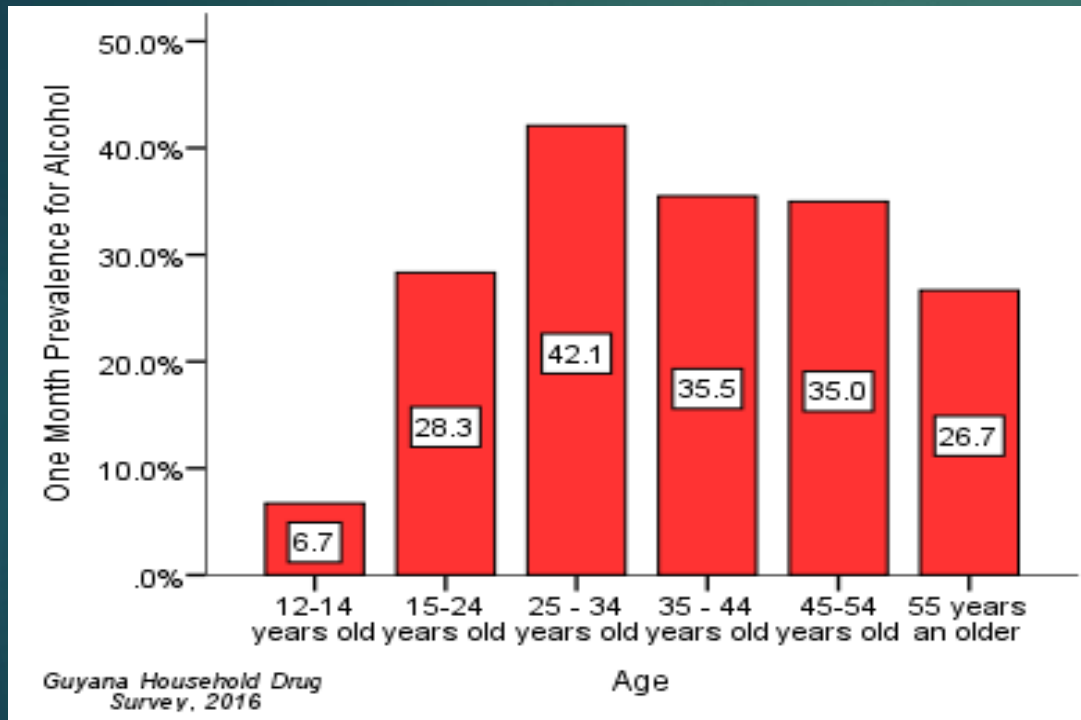
# Prevalence Rates for Substance Use

Type of Substance	Lifetime Prevalence	Past Year Prevalence	Past Month Prevalence
Tobacco	26.2%	12.5%	10.5%
Alcohol	67.2%	46.2%	32.5%
Marijuana	9.8%	4.6%	3.3%
Cocaine	0.7%		
Crack	0.3%		
MDMA (Ecstasy, Molly, Adam, X-TC)	0.17		

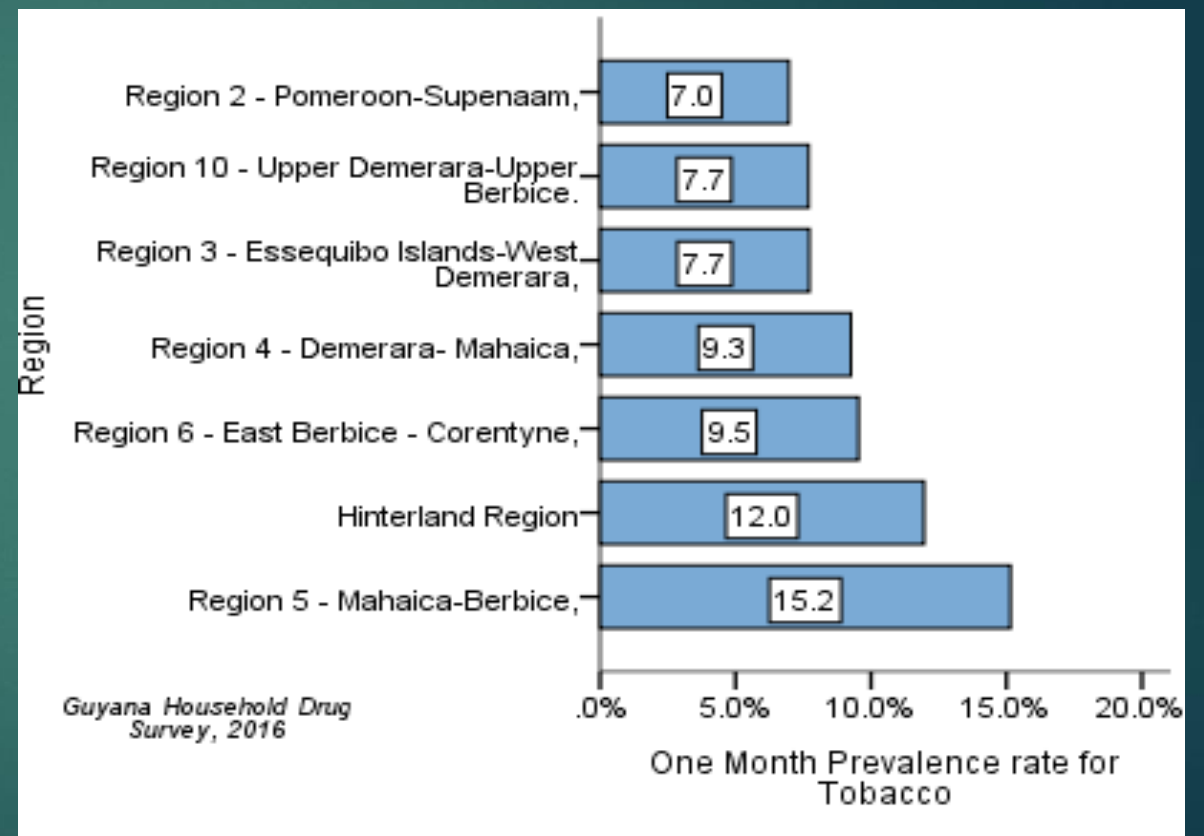
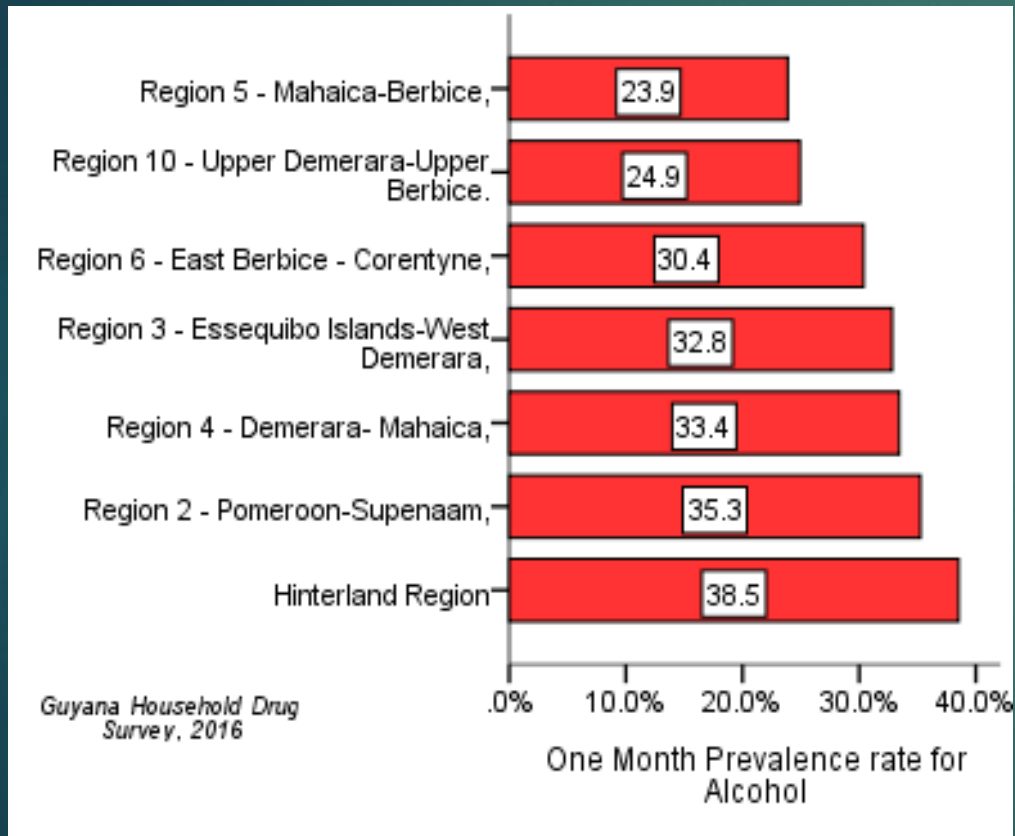
# Alcohol & Tobacco Use by Sex



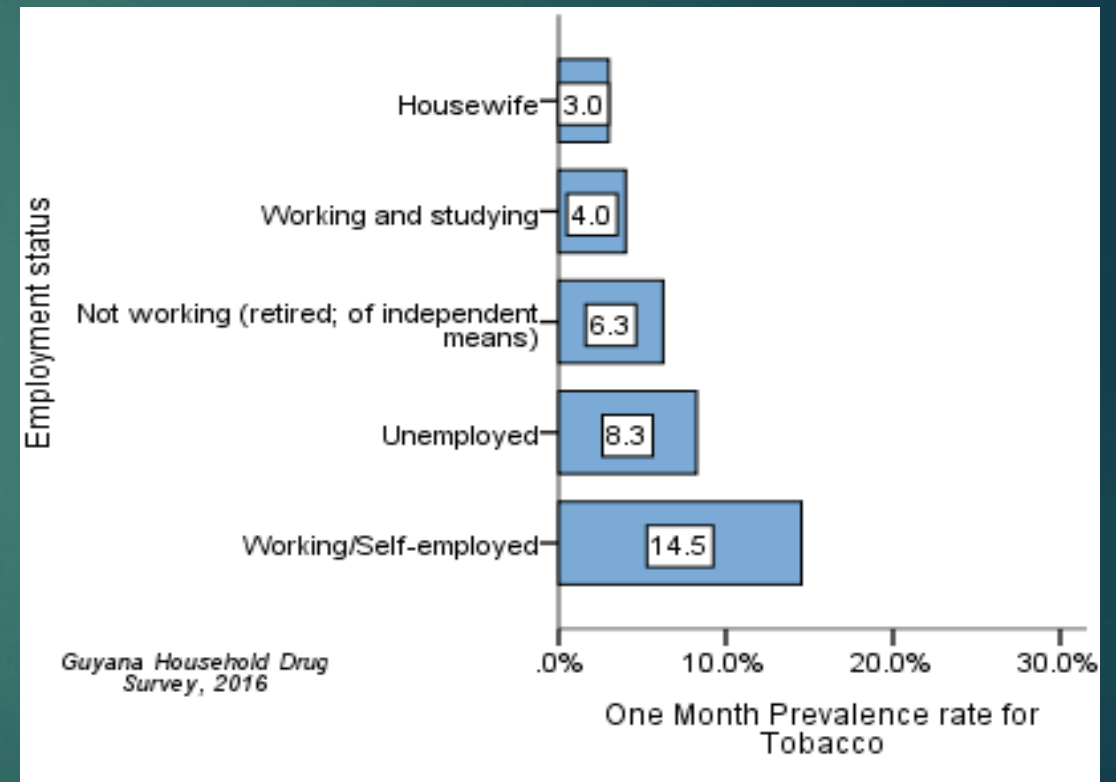
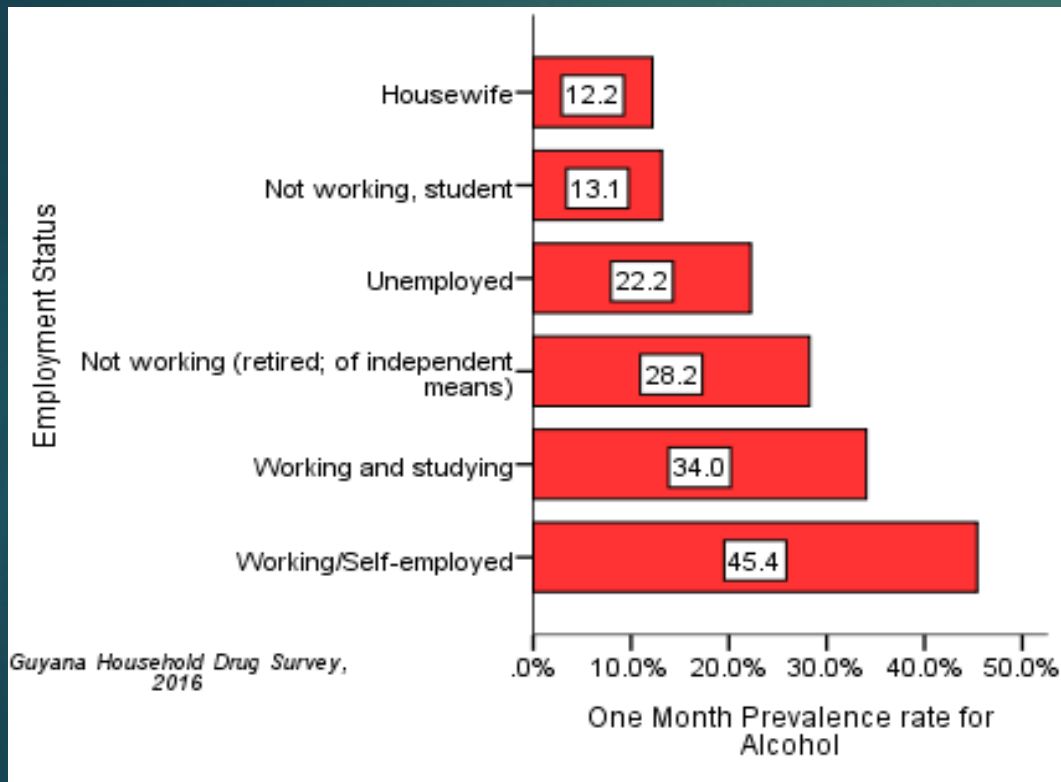
# Alcohol & Tobacco Use Age



# Alcohol & Tobacco Use by Region Respondents Reside



# Alcohol & Tobacco Use by Employment Status



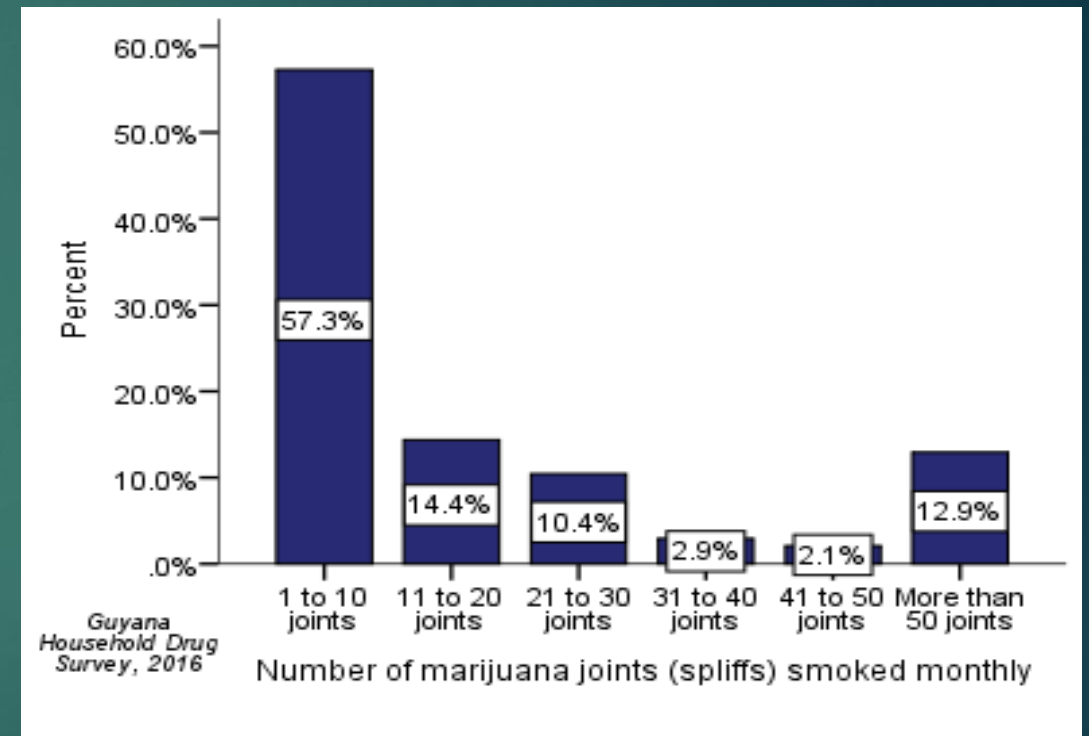
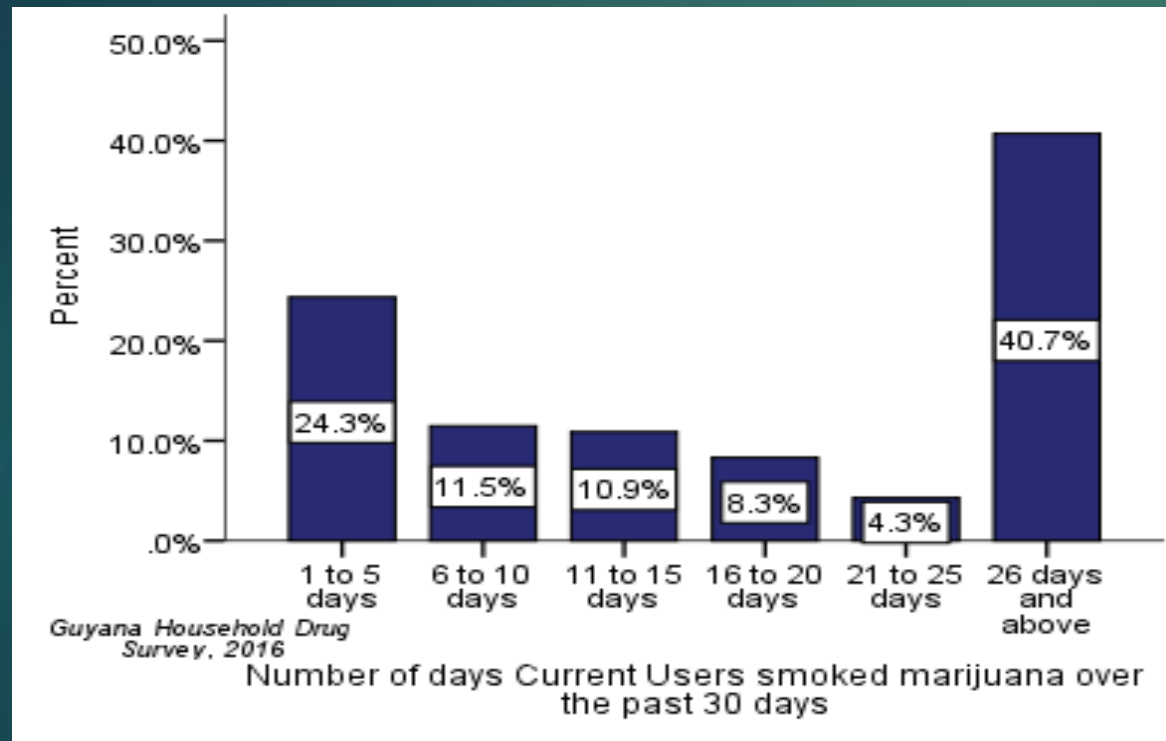
# Problem Use of Alcohol

- ▶ Binge drinking among male current users -- 64.2%; and
- ▶ Binge drinking among female current users -- 46.3%.
- ▶ Alcohol Use Disorders Identification Test (AUDIT)

Audit Score	Risk Level	Number of Respondents	Percentage Annual Us
0 to 7	Low risk	745	68.0%
8 to 15	Risky or hazardous level (Moderate risk of harm may include some respondents already experiencing harm)	234	21.4%
16 to 19	High risk or harmful level (Drinking that will eventually result in harm, if not already doing so. May be dependent)	53	4.8%
20 or more	High Risk (Definite harm, also likely to be alcohol dependent)	63	5.8%



# Frequency of Marijuana Use 30 days prior to the Survey



# How Respondents Accessed Marijuana

	Number of Respondents	Per cent
No response	1	.5
You bought it	85	34.3
You got it for free or shared someone else's	147	59.0
You grew it yourself	7	2.7
Other, specify	5	2.2
Don't know	3	1.3
Total	248	100.0

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	Number of Respondents	Per cent
No response	2	2.8
Inside a public building (store, restaurant)	7	9.5
Inside a home, apartment or dorm	15	20.8
Outside in a public area (parking or open	33	46.7
Some other place	13	18.6
Don't know	1	1.6
Total	72	100.0

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# The Cannabis Abuse Screening Test (CAST): Scores for Annual Users

CAST Score	Number of Respondents	Percentage of Respondents	Risk Assessment
0-2	21	19.2%	No Risk of Problem Use
3-6	32	29.2%	Low Risk of Problem Use
7 or more	55	51.6%	High Risk of Problem Use

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# Percentage of Respondents who used Alcohol and/or Drugs who received Treatment or felt the need for treatment (N=1,615)

Questionnaire Items	Percentage of Respondents who used drugs or alcohol (N=1,615)
Received treatment for alcohol and/or drugs	1.8%
Received treatment for alcohol or drugs in the past 12 months	0.7%
Felt I needed help or treatment of some kind to reduce or stop drinking alcohol or taking drug in the past 12 months	3.2%

# Reason why Respondents did not access help or treatment (N=52; Multiple Response Set)

	Percentage of Respondents who felt the need for treatment
I am not ready to stop using	29.7
I don't know where to get treatment	29.7
I could not afford the treatment	10.0
No transportation, too far away	9.6
I could not find the type of treatment that I wanted	8.7
Treatment might have a negative effect on my job	4.4
Other	3.9
Treatment might cause neighbours to have a negative opinion of me	2.2
Treatment not covered on health care plan	1.7

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# Respondents' views of various drugs related issues

	<b>% of Respondents</b>
<i>Drug use has increased in Guyana in the past few years</i>	<b>66.5%</b>
<i>Drug use will get worse in the coming years</i>	46.7%
<i>The drug issue is among the core concern of the government</i>	<b>56.4%</b>
<i>Do not know of any drug awareness or prevention programmes in their neighbourhoods</i>	<b>92%</b>
<i>Respondents do not know the name of the country's drug control/prevention</i>	<b>89.4%</b>



# Summary Report Qualitative Assessment

# Profile of Respondents

		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

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
<b>Total</b>	<b>32</b>



# Reasons supplied for Drug use

- ▶ seeking to be sociable,
- ▶ building confidence,
- ▶ 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.

- 
- ▶ “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.”
  - ▶ “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.”
  - ▶ “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.”
  - ▶ “Seeing as I is a senior smoker I know where to go.”

- ▶ 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.
- ▶ 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.
- ▶ On the whole drugs is 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].

# Recommendations

- ▶ **Prevention efforts need to be targeted and evidence based** and should be conducted in multiple settings including schools, worksite, and in communities.
- ▶ **Leadership is pivotal to prevention efforts.** An agency/department must be identified to lead on drug education, awareness, and prevention programmes. This will contribute to sustained efforts, targeted programmes, and efficient use of resources. Good leadership will also contribute to acquiring technical expertise, securing the right partnerships, and mobilising financial resources for programme implementation.
- ▶ Epidemiology and surveillance provide a robust foundation for prevention services. Thus, the need for ongoing, systematic collection, analysis, and interpretation of drug use and treatment data cannot be overemphasised.

- ▶ There is need for regular sensitisation on the harmful effects of licit and illicit drug use.
- ▶ Prevention messages should be appropriate for different age ranges and to the needs of individual drug users and should provide alternatives to drug use.
- ▶ Experts in the field of drug prevention should try to develop and instrument so that individuals can self-evaluate problematic drug use.
- ▶ Drug addiction should be given greater priority in health promotion and disease prevention programmes .
- ▶ 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.

- ▶ Creation of more recreational centres and spaces for individuals appropriate to the various stages in the life-cycle.
- ▶ Expansion in job training and economic insertion activities.
- ▶ Create and implement mentorship programmes for youths coming from communities and households that display risk factors for illicit drug use.
- ▶ 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.