

**Implementing a Standardized Data Collection System for Drug and Alcohol Treatment Agencies in the Caribbean May 19-20, 2015  
Castries, St. Lucia**



**GUYANA:**

**Experience implementing the CICAD standardized intake form, from sensitizing the treatment facilities about the project, data collection, data entry and transmitting the information to CICAD**

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## Ministry of Home Affairs



- The Ministry of Home Affairs has the responsibility of implementing CICAD's standardized intake form in all treatment facilities.
- And as such the project is being carried out by the Guyana Drug Information Network (GuyDIN) a network that is based in the Crime and Social Observatory and Statistical Unit of the Ministry.

## Salvation Army



Intake form

## Phoenix Recovery Project



Intake form

## Treatment facilities

- Salvation Army [Residential, NGO] (intake form implemented)
- Phoenix Recovery Project [Residential, NGO] (intake form implemented)
- Ministry of Health outpatient rehabilitation facility-Georgetown Public Hospital (GPHC) (intake form to be implemented)
- New Amsterdam Hospital, Region # 6(intake form to be implemented)

## Steps: from sensitization to transmitting to CICAD

### Sensitization

- **Training seminar** – CICAD’s training seminar on “Implementing a Standardised Data Collection System for Drug and Alcohol Treatment Agencies in the Caribbean”, February 12-13, 2014, Georgetown, Guyana. Those treatment facilities where the form was implemented also participated at the training seminar. Thus they benefited from first-hand knowledge on implementing the standardised system.
- **Further training June 2014** – Staff of the Crime and Social Observatory visited treatment centres and carried out further training (Salvation Army and Phoenix Recovery Project) and conducted further training.
- **DIN meeting July, 2014** – further sensitization was done at the July DIN meeting in addition to distributing a copy of Hard –copy of the Standard Treatment Form (EPI)

## Data collection, data entry transmitting the information to CICAD - DIN, Treatment Centre, DIN, CICAD

- **October 2014** - Treatment centres complete intake form (hard copy) and submit to the Ministry (DIN).
- The data collected is analysed and entered into the EPI by a personnel at the Ministry for transmission to CICAD
- **January 2015** - Intake form first submitted to CICAD on treatment centre 2014 data.

### CICAD's feedback

- **February 2015** – Received feedback from CICAD
- **Strength:** the conduct of regular DIN meetings; February, March, May 2015
- **Weakness:** the leaving of trained personnel

## How information on drug treatment is gathered and utilized; results from any evaluations carried out

### • 2013 Survey of Drug use Among Secondary School Students: Guyana Results

- A 2013 Survey of Drug use Among Secondary School Students was conducted by the Ministry of Home Affairs; 19 public schools and 9 private schools made up the sample; 1266 students from the public schools and 446 students from private schools filled out the questionnaire.
- The questionnaire used was the Inter- American Uniform Drug Use Data System Survey (SIDUC) developed by CICAD.

### Results

#### Cigarette

- The one-year incidence rate for cigarette use was reduced from 4.8 per cent in 2007 to 4.1 per cent in 2013. Trend analysis with regard to cigarette use revealed that all prevalence rates for cigarette use declined in 2013 when compared to the 2007 survey.
- The lifetime prevalence rate declined from 17.8 per cent in 2007 to 16.8 per cent in 2013.
- 2013- The lifetime prevalence rate for private schools was 23.0 per cent; this is higher than the life-time prevalence rate for public schools which returned a rate 16.3 per cent.
- The average age of first time use of cigarettes increased marginally from 11.5 years in 2007 to 11.7 in 2013.

## 2013 Survey of Drug use Among Secondary School Students: Guyana Results

- **Alcohol**

- For alcohol, the one-year incidence rate dropped from 37.7 per cent in 2007 to 27.2 per cent in 2013.
- Comparative analysis of the 2007 and 2013 survey results revealed that prevalence rates declined for use of alcoholic drinks.
- The lifetime prevalence rate dipped from 62.0 per cent in 2007 to 52.2 per cent in 2013.
- 2013 - The male life-time prevalence rate for alcohol use was 57.2 per cent while the female rate was 49.1 per cent.
- The average age of first use of alcohol increased marginally from 12.2 years in 2007 to 12.5 years in 2013.
- Private schools showed a significantly higher life-time prevalence rate for alcohol use than public schools. The life time prevalence rate for private schools was 61.8 per cent, while the life-time prevalence rate for public schools was 51.4 per cent.

## 2013 Survey of Drug use Among Secondary School Students: Guyana Results

- **Marijuana**
- With regards to marijuana, the one-year incidence declined from 4.5 per cent per cent in 2007 to 3.1 per cent in 2013.
- The life-time prevalence for marijuana was 6.6 per cent in 2013 compared to 11.2 per cent in the 2007.
- 2013 - The male life-time prevalence rate of marijuana was 9.9 per cent and the female rate was 4.5 per cent. The average age of first time use of marijuana declined from 13.3 years in 2007 to 12.8 years in 2013.
- The life-time prevalence rate for marijuana use was higher in Georgetown when compared to the rest of the country. The life time prevalence rate for students attending schools in Georgetown was 8.0 per cent, while the life-time prevalence rate for schools outside of Georgetown was 6.1 per cent.
- Private schools showed a significantly higher life-time prevalence rate for marijuana use than public schools. The life time prevalence rate for private schools was 16.4 per cent, while the life-time prevalence rate for public schools was 5.8 per cent.
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## 2013 Survey of Drug use Among Secondary School Students: Guyana Results

- **Cocaine**

- Turning to cocaine use, - 1.4 per cent of the students used cocaine at least once in their lifetime; while annual prevalence rate for cocaine was 1.0 per cent and one-month prevalence rate was 0.7 per cent.
- Comparatively, in 2007 life-time prevalence rate was 4.1 per cent; one-year prevalence rate was 2.7 per cent; and one-month prevalence rate was 1.7 per cent.
- The life-time prevalence rate for cocaine use was higher in areas outside of Georgetown. The life time prevalence rate for students attending schools in Georgetown was 0.6 per cent, while the life-time prevalence rate for schools outside of Georgetown was 1.7 per cent.
- Further, private schools showed higher life-time prevalence rate for cocaine use than public schools. The life time prevalence rate for private schools was 3.4 per cent, while the life-time prevalence rate for public schools was 1.3 per cent.

## 2013 Survey of Drug use Among Secondary School Students: Guyana Results

## Findings

- Among the findings were marginal increases in the average age of first time use for tobacco, alcohol, crack and ecstasy when the 2013 results are compared with the 2007 results. However, the survey revealed that students were using marijuana and cocaine at a marginally lower age when the two survey results are compared.
- Prevalence rates for the main licit and illicit drugs declined when the 2013 survey is compared with 2007. All prevalence rates for tobacco, alcohol, marijuana, cocaine and crack use declined in 2013 when compared to the results of the 2007 survey.
- Males generally showed greater prevalence rates and higher risks to drug use. Students at private school showed higher prevalence rates when compared to their counterparts in public schools.
- Incidence rates were also reduced when comparative analysis was conducted on the 2007 survey results and the 2013 survey results. Incidence rates for tobacco, alcohol, marijuana, cocaine, crack and ecstasy all dropped in 2013.
- Survey results also revealed that Marijuana appeared to be the most accessible of the illicit drugs in the opinion of students.
- While there appears to be substantial peer support against marijuana use still more effort is needed in this area. Efforts at the peer group should be focused at getting youths to practice healthy lifestyles including avoiding the use of drugs and encouraging their friends to do so.

## How information on drug treatment is gathered and utilized

## National Drug Strategy Master Plan (NDSMP) 2014 – 2018

- The Plan proposes using a media campaign, including using prominent personalities, to educate young people against the use of drugs.
  - The plan calls for the building of more recreational centres and more treatment centres. It encourages the use of Employees Assistance Programmes (EAP) by both private and governmental employers.
  - It addresses the reduction of the consumption of alcoholic beverages and the use of tobacco products.
- Government undertakes to:
  - Revisit, design and implement curricula for substance abuse for Grades, 1, 2, 3, 4, 5, 6, focusing on reduction of risk factors and the strengthening of protective factors.
  - Train teacher teachers to deliver substance abuse curricula; including, including holding workshops in substance abuse at the tertiary level.
  - Train individuals in counselling young people not to use drugs and other substances.
  - Encourage Civil Society to assist with programmes which will discourage and prevent young people from getting involved with drugs.

## National Drug Strategy Master Plan (NDSMP) 2014 – 2018

- Government will work with partners to educate persons to reduce the amount of alcohol consumed by: Intensifying the campaign through the adoption of legislation to reduce using “excessive” amounts of alcohol.
- Introduce measures to penalize unlicensed alcoholic businesses by legislation
- Strengthening the current campaign to discourage tobacco smoking, including consideration for further restriction on tobacco advertising.

## National Drug Strategy Master Plan (NDSMP) 2014 – 2018

- Government undertakes to work with NGO’s, faith based organizations and other stakeholders to:
- Establish treatment centres in each region;
- Establish more residential facilities for adolescents, women and men;
- Provide professional support for the maintenance of treatment and rehabilitation centres.
- Give stronger support to the Men’s Social Centre operated by the Salvation Army; Provide financial and technical expertise.
- Give stronger support to the Phoenix Recovery Project; provide financial and technical expertise

**DAY 1**

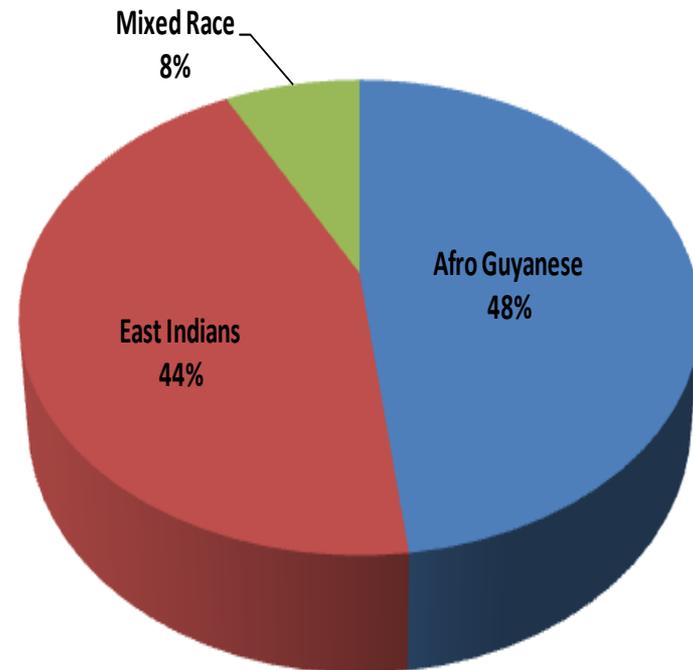
# Types of treatment being offered in Guyana

- **Treatment facilities**
- Salvation Army [Residential, NGO] (intake form implemented)
- Phoenix Recovery Project [Residential, NGO] (intake form implemented)
- Ministry of Health outpatient rehabilitation facility- Georgetown Public Hospital (GPHC) (intake form to be implemented)
- New Amsterdam Hospital, Region # 6(intake form to be implemented)

## Salvation Army Men's Social Centre

- In 2014, Salvation Army treated Fifty-two (52) males for substance abuse addiction

*Distribution of Persons Treated by Ethnicity, Salvation Army Substance Abuse by Type of Drugs, Jan. 1 to Dec. 31, 2014*



## Ministry of Health – GPHC

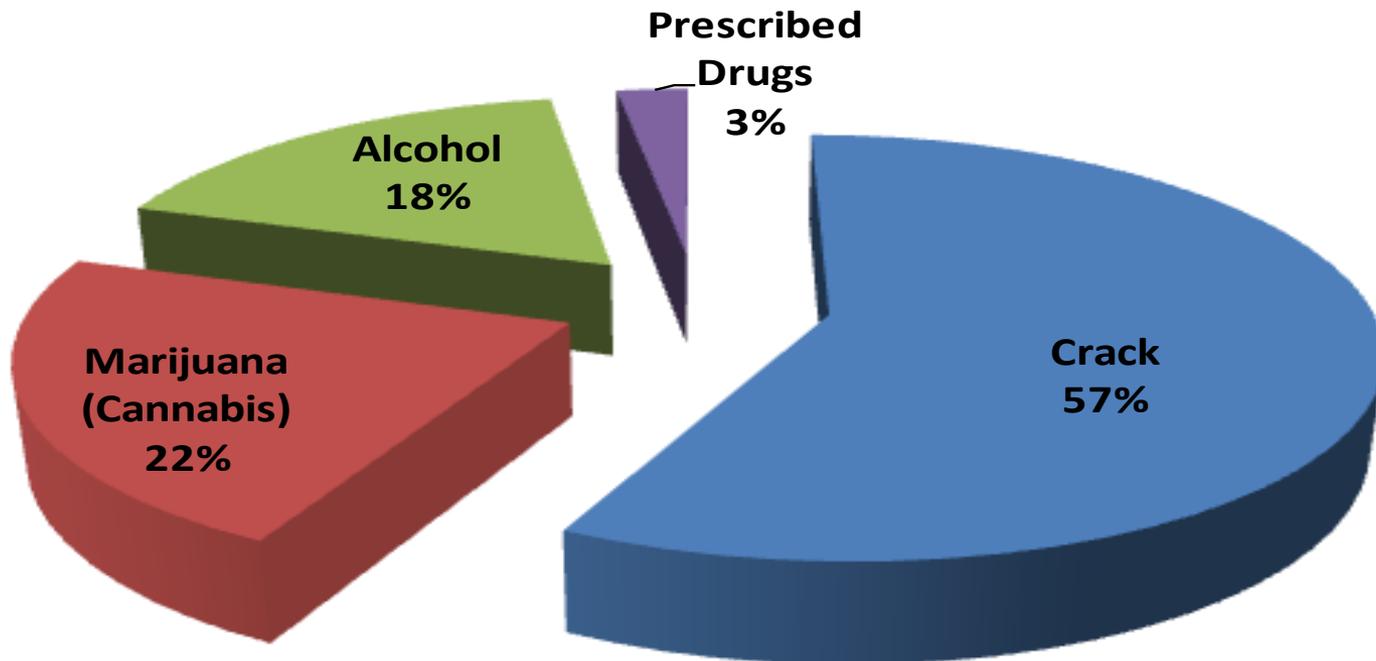
- The Ministry of Health outpatient rehabilitation facility-Georgetown Public Hospital (GPHC) treated ninety-three (93) persons. Of this number, ninety (90) or 97 per cent of the persons treated were males and three (3) or 3 per cent were females.

## Number of Persons Treated for Alcohol and drug related problems, Jan. 1 to Dec. 31, 2014 (GPHC)

Type of Drug	# of cases attending specialised treatment facilities officially for problems derived from the consumption of alcohol and other drugs during the years						# of Cases Treated
	Male			Female			
	≤ 18 years old	19-25 years old	> 25 years old	≤ 18 years old	19-25 years old	> 25 years old	
Alcohol	1	6	37	0	0	3	47
Tobacco	0	3	18	0	0	0	21
Marijuana (Cannabis)	1	6	11	0	0	0	18
Crack	1	1	5	0	0	0	7
Inhalants	0	0	0	0	0	0	0
Amphetamines	0	0	0	0	0	0	0
<b>Total # of Cases Treated</b>	<b>3</b>	<b>16</b>	<b>71</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>93</b>

# Phoenix Recovery Project

*Distribution of Persons Treated by Phoenix Recovery Project Substance Abuse by Type of Drugs, Jan. 1 to Dec. 31, 2014*



**The end**