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MULTILATERAL EVALUATION MECHANISM (MEM)

*Evaluation Report on Drug Policies:
Measures of Prevention, Treatment, and
Recovery Support*

Guyana

Inter-American Drug Abuse Control Commission (CICAD)
Secretariat for Multidimensional Security (SMS)

2021



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**Evaluation Report on Drug Policies:
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EIGHTH EVALUATION ROUND

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PREFACE

The Multilateral Evaluation Mechanism (MEM), established by a mandate from the Second Summit of the Americas (Santiago, Chile - 1998), is a unique multilateral evaluation tool designed to measure the progress made and challenges faced by the member states of the Organization of American States (OAS) in implementing the Hemispheric Plan of Action on Drugs of the OAS Hemispheric Drug Strategy, currently in force.

The Inter-American Drug Abuse Control Commission (CICAD) of the Secretariat for Multidimensional Security (SMS) is the OAS specialized agency in charge of implementing this Mechanism.

The current MEM round is based on the objectives of the Hemispheric Plan of Action on Drugs 2021-2025 of the Hemispheric Drug Strategy 2020 and their respective priority actions. These documents take into account the recommendations of the outcome document of the United Nations General Assembly Special Session on the World Drug Problem (UNGASS 2016) and the United Nations 2030 Agenda on Sustainable Development, as well as cross-cutting issues, such as the gender perspective and human rights, cultural context, and social inclusion approaches, among others.

Seven evaluation rounds have been completed from 1998 to 2019 and, during 2020, the MEM Intergovernmental Working Group (IWG), composed of member state delegates, agreed on a new methodology for the eighth round, consisting of annual thematic evaluations with the support of independent technical consultants, as follows: 2021 – Measures for Prevention, Treatment, and Recovery Support; 2022 – Measures to Control and Counter the Illicit Cultivation, Production, Trafficking, and Distribution of Drugs, and to Address their Causes and Consequences; 2023 – Institutional Strengthening; Research, Information, Monitoring, and Evaluation; International Cooperation; and 2024 – Comprehensive Evaluation based on updated information from all thematic areas.

MEM evaluations are carried out based on information provided by the member states' National Coordinating Entities (NCEs), which is analyzed by the MEM Governmental Expert Group (GEG), composed of experts designated by the countries, who do not participate in their own country's evaluation, thus ensuring the transparency and impartiality of the process. The GEG is always supported by the group of independent technical consultants and the MEM Unit. The eighth round represents a more rigorous evaluation process, in which countries are requested to provide valid means of verification to support the information submitted and ensure compliance of each priority action.

Specifically, the GEG's work for the thematic assessment for the area of "Measures for Prevention, Treatment, and Recovery Support" was conducted during 2021, and covers the 2019 to 2021 period (unless otherwise specified). This work was adapted to the COVID-19 pandemic with the use of technology and virtual tools, as well as taking it into consideration in the evaluation assessments.

Finally, it should be noted that one of the main purposes of MEM evaluation reports is to serve as a useful diagnostic tool to identify opportunities for improvement in drug policies and strategies, both at the national and regional levels.

OBJECTIVE
1

ESTABLISH COMPREHENSIVE AND INTEGRATED DRUG DEMAND REDUCTION POLICIES WITH A PUBLIC HEALTH FOCUS, THAT ARE EVIDENCE-BASED, MULTIDISCIPLINARY, MULTISECTORAL, RESPECTFUL OF HUMAN RIGHTS, THAT CONSIDER THE GENDER PERSPECTIVE AND COMMUNITY¹, AND TAKE INTO ACCOUNT THE GUIDELINES AND/OR RECOMMENDATIONS OF SPECIALIZED INTERNATIONAL AND/OR REGIONAL ORGANIZATIONS.

Priority Action 1.1: Establish and/or update evidence-based programs in the areas of health promotion, prevention, early intervention, treatment, care, rehabilitation, social integration, and recovery and related support services, as well as initiatives and measures aimed at minimizing the adverse public health and social consequences of drug abuse, taking into account gender, age, community, and cultural context, and establish budgetary mechanisms for such programs.

Guyana has drug demand reduction policies that include programs in the areas of health promotion, prevention, early intervention, treatment, care, rehabilitation, recovery, social integration and other initiatives or measures to minimize adverse public health and social consequences.

Area	Policies / Programs
Health promotion	Guyana National Drug Strategy Master Plan 2016 - 2020
Prevention	
Early intervention	
Treatment	
Care	
Rehabilitation	
Social integration	
Recovery	

These programs include the gender, age, community, and cultural context approaches.

Priority Action 1.2: Develop, strengthen, and/or implement, as appropriate, coordination mechanisms for collecting, analyzing, and disseminating information on drug use prevention, treatment, rehabilitation, recovery, and social reintegration service availability, utilization, and outcomes, for the general public and different target populations, with support, as needed, from civil society, academic and research institutions, as appropriate.

Guyana develops, strengthens, and implements coordination mechanisms for the collection, analysis, and dissemination of and access to information on drug use prevention, treatment, rehabilitation, recovery, and social reintegration services.

¹Community includes ethnicity, among others.

Priority Action 1.3: Carry out impact, process, and outcome evaluations of demand reduction programs.

Guyana has monitoring instruments for demand reduction programs, but has not carried out impact, process, or outcome evaluations of its drug demand reduction programs.

Priority Action 1.4: Develop and/or implement, as appropriate, coordination mechanisms with civil society, academic and research institutions, and other stakeholders to support the development and implementation of demand reduction programs.

Guyana develops and implements coordination mechanisms to support the development and implementation of demand reduction programs, allowing for the participation of and coordination with civil society and other stakeholders.

Priority Action 1.5: Promote national prevention, treatment, care, recovery, rehabilitation, and social integration measures and programs, with a comprehensive and balanced drug demand reduction approach and, in that regard, promote nationally recognized standards by member states on drug use preventions and/or the “International Standards on Drug Use Prevention,” and the “International Standards for the Treatment of Drug Use Disorders,” both developed jointly by the World Health Organization (WHO) and United Nations Office on Drugs and Crime (UNODC).

Guyana promotes national prevention, treatment, care, recovery, rehabilitation, and social integration measures and programs, with a comprehensive and balanced drug demand reduction approach and, in that regard, promote nationally recognized standards by member states on drug use preventions, the “International Standards on Drug Use Prevention,” and the “International Standards for the Treatment of Drug Use Disorders,” both developed jointly by WHO and UNODC.

OBJECTIVE
2

ESTABLISH OR STRENGTHEN AN INTEGRATED SYSTEM OF EVIDENCE-BASED UNIVERSAL, SELECTIVE, AND INDICATED DRUG USE PREVENTION PROGRAMS THAT PRIORITIZE AT-RISK POPULATIONS,² AS WELL AS ENVIRONMENTAL PREVENTION, THAT INCORPORATE A HUMAN RIGHTS, GENDER, AGE, AND MULTICULTURAL PERSPECTIVE.

Priority Action 2.1: Develop and implement evidence-based drug use prevention strategies and/or programs in the school, family, work, and community settings.

Priority Action 2.4: Implement selective prevention programs aimed at at-risk populations, in particular at children, adolescents, youth, and women.

Priority Action 2.5: Develop and strengthen indicated prevention programs aimed at individuals at increased risk of developing substance use disorders.

Guyana implements the following prevention strategies and programs:

Population group	Estimated Coverage		Strategy / Program	Type of program
	Target population	Coverage rate		
School children and university students:				
• Elementary/primary	300	85%	Parent youth encounter	Universal
• Junior high & high school (secondary school)	600	67%	- Health and Family Life Education Program (HFLE) - Substance use prevention program	Selective Universal
• University/tertiary education	300	33%	-	Selective
Street Population:				
• Boys/girls	150	80%	Champion for Change	Universal
• Youths	300	73%	Youth Empowerment Services	Universal
• Adults	300	66%	Cadet training in Drug Prevention	Universal
Gender:				
• Women	180	55%	Drug Prevention	Universal
• Men	200	75%	Drug Prevention	Universal
Community	100	40%	Community outreach	Universal
Indigenous people	25	80%	Drug prevention	Selective
Incarcerated individuals	50	36%	Drug prevention	Selective

The country does not develop indicated prevention strategies or programs, nor does it implement

²At-risk populations may include: women, children, adolescents, LGBTIQ+ persons, people who use drugs, prison population, indigenous groups, migrants, homeless individuals, and other socially disadvantaged groups.

specific programs for the following population groups: pre-school students; family; LGBTQ+; migrants and refugees; or individuals in the workplace.

Priority Action 2.2: Develop and strengthen situational assessments to identify specific needs, risk, and protective factors of each target population of drug use prevention programs.

Guyana has not carried out or strengthened situational assessments to identify specific needs, risk, or protective factors of each target population of drug use prevention programs.

Priority Action 2.3: Promote the exchange of research findings, experiences, and best practices to improve the effectiveness of prevention programs, taking into consideration the “International Standards on Drug Use Prevention,” developed jointly by the World Health Organization (WHO) and United Nations Office on Drugs and Crime (UNODC).

Guyana promotes the exchange of research findings, experiences, and best practices to improve the effectiveness of prevention programs, taking into consideration the “International Standards on Drug Use Prevention,” developed jointly by the WHO and UNODC.

OBJECTIVE

3

ESTABLISH AND STRENGTHEN, AS APPROPRIATE, NATIONAL CARE, TREATMENT, REHABILITATION, RECOVERY, AND SOCIAL INTEGRATION SYSTEMS FOR PEOPLE WHO USE DRUGS, THAT ARE INTEGRATED WITH HEALTH SYSTEMS, AND THAT RESPECT HUMAN RIGHTS, AND OFFER GENDER-SPECIFIC SERVICES, AND THAT, TO THE EXTENT POSSIBLE, ARE DESIGNED AND ADMINISTERED IN ACCORDANCE WITH INTERNATIONALLY ACCEPTED QUALITY STANDARDS.

Priority Action 3.1: Implement and strengthen comprehensive and inclusive care, treatment, rehabilitation, recovery, and social integration programs and services in the public health care network, and/or social protection, taking into account the “International Standards on Treatment of Drug Use Disorders” and the Technical Guide for countries to set targets for universal access to HIV prevention, treatment, and care for injecting drug users, issued by the World Health Organization (WHO), the United Nations Office on Drugs and Crime (UNODC), and the Joint United Nations Program on HIV/AIDS (UNAIDS).

Guyana has the following comprehensive and inclusive care, treatment, rehabilitation, recovery, and social integration programs and services in the public health care and social protection network: early intervention (brief intervention, counselling), diverse treatment modalities, dual pathology (co-morbidity) and social integration and services related to recovery support. However, the country does not have programs or services for crisis intervention.

These programs and services take into account gender in the following manner:

- Early Intervention & Diverse treatment – available to males and females (Phoenix Recovery Project).
- The Salvation Army caters for males of all races, sexual identities, religion, and ages.
- All patient care services offered at the public health facilities in Guyana cater for the general population. For example, both male and female. However, at the salvation army, the treatment and rehabilitation program caters for boys and men only.
- All programs are age & gender appropriate taking into account the biological and psychological makeup of the individual.

The country’s programs and services do not take account of the “International Standards for the Treatment of Drug Use Disorders” of the WHO and UNODC.

Guyana does not take into account the use of the “Technical Guide for countries to set targets for universal access to HIV prevention, treatment, and care for injecting drug users,” issued by WHO, UNODC, and UNAIDS, to establish goals in relation to universal access to prevention, treatment, and care of HIV infection.

Priority Action 3.2: Monitor and evaluate the results of care, treatment, rehabilitation, recovery, and social integration programs and comprehensive public and private facilities, taking into account the gender perspective, age, and cultural context, as appropriate.

Guyana implements mechanisms to continuously monitor and evaluate the results of care, treatment, rehabilitation, recovery, and social integration programs and comprehensive public and private facilities.

These mechanisms take into account the gender and human rights approaches, age, and cultural context during the evaluation and monitoring of care, treatment, rehabilitation, recovery, and social integration programs and comprehensive public and private facilities as follows:

- Treatment – available both males and females, ages 17 and over, no discrimination (Phoenix Recovery Project).
- For the Ministry of Education, there is a protocol on how to how to appropriately treat with drug use among minors. This protocol provides guidance to teachers, school administrators, welfare officers, among others, on both the legal and illegal pathways to be followed taken when dealing with students who are found in possession of drugs in the school. The protocol caters for all minors in the school system and it is there to guarantee the protection of human rights for children.

Priority Action 3.3: Promote measures to protect the rights of persons in treatment.

Guyana does not have mechanisms in place to protect the rights of people in treatment programs and services.

Priority Action 3.4: Promote and offer alternative means for providing early intervention, care, treatment, rehabilitation, recovery, and social integration services for criminal offenders who use drugs, as an alternative to criminal prosecution and/or imprisonment.

Guyana has alternatives of early intervention, care, treatment, rehabilitation, recovery, and social integration services for criminal offenders who use drugs, which consist of treatment versus incarceration for minor non-violent offences.

Priority Action 3.5: Establish early intervention, care, treatment, rehabilitation, recovery, and social integration programs for incarcerated individuals.

Guyana does not offer early intervention, care, treatment, rehabilitation, recovery, or social integration programs for incarcerated individuals who use drugs.

Priority Action 3.6: Design and implement cooperation mechanisms with social and community actors that provide social and community support services in order to contribute to social integration of people who use drugs, particularly at-risk populations, in an ongoing, sustainable, and recovery-oriented manner.

Guyana implements the following cooperation mechanisms with social and community actors that provide social and community support services, which contribute to the social integration of people who use drugs:

Organizations	Programs
Phoenix Recovery Project	Treatment (Males and Females)
Salvation Army	Treatment (Males)

Priority Action 3.7: Promote regional and international cooperation and share best practices in increasing access to and availability of evidence-based treatment and recovery services, including access to naloxone and other medicines used in the treatment of substance use disorder.

Guyana does not promote regional or international cooperation or share best practices in increasing access to and availability of evidence-based treatment or recovery services, including access to naloxone or other medicines used in the treatment of substance use disorders.

Priority Action 3.8: Promote measures to address the stigma and social marginalization associated with substance use disorders, which may deter individuals from seeking, accessing, and/or completing demand reduction services.

Guyana does not promote measures to address the stigma or social marginalization associated with substance use disorders.

OBJECTIVE
4
FOSTER ONGOING TRAINING AND CERTIFICATION OF PREVENTION, TREATMENT, AND REHABILITATION SERVICE PROVIDERS.

Priority Action 4.1: Implement ongoing competency-based training mechanisms, in collaboration with academic institutions and other specialized organizations.

Guyana implements ongoing competence-based training in the areas of prevention, treatment, and rehabilitation, offered by the Ministry of Education and the National Anti-Narcotics Agency (NANA).

The country participates in the following prevention and treatment training programs offered by specialized international organizations:

International organizations	Training programs	Name of program	Approaches taken into account
CICAD-OAS	Prevention	Caribbean youth forum on Drug prevention	Gender, human rights and public health
The Caribbean Community (CARICOM)	Treatment	Adolescent treatment training	Public Health
Cooperation Program between Latin America, the Caribbean and the European Union on Drugs Policies (COPOLAD)	Prevention	Peer Educators Drug Prevention training	Gender, human rights and public health
COPOLAD	Prevention	Planning in Drug Demand Reduction	Public Health

Priority Action 4.2: Develop and utilize criteria for certification of drug use prevention, treatment, rehabilitation, and social integration service providers that recognize tiered (e.g. basic, intermediate, and advanced) levels and/or specialized competencies (e.g. Co-occurring substance use and mental health disorder credentials).

Guyana certifies personnel working on prevention, treatment, rehabilitation, and social integration services, as follows:

Services	Level of certification	Organization/institution responsible for certification
Prevention	Certificate	COPOLAD CICAD-OAS
Treatment	Advanced certificate	Ministry of Public Health (MOPH) CICAD-OAS
Rehabilitation	Certificate	COPOLAD
Social integration	Certificate	COPOLAD

Priority Action 4.3: Conduct a situational assessment to identify training needs of prevention, early intervention, care, treatment, rehabilitation, recovery, and social integration service providers.

Guyana has carried out situational assessments to identify the training needs of personnel working in prevention and rehabilitation programs. However, the country has not carried out these assessments for personnel working in early intervention, care, treatment, recovery, or social integration programs.

Priority Action 4.4: Develop specialized programs in response to training needs identified by the situational assessment.

Guyana does not develop specialized programs in response to training needs identified by situational assessments.

OBJECTIVE**5****ESTABLISH AND/OR STRENGTHEN GOVERNMENT INSTITUTIONAL CAPACITIES TO REGULATE, ENABLE, ACCREDIT, AND SUPERVISE PREVENTION PROGRAMS AND CARE, TREATMENT, REHABILITATION, AND REINTEGRATION SERVICES.**

Priority Action 5.1: Establish and implement regulatory measures that include quality criteria for the accreditation of prevention programs and care and treatment services.

Guyana does not have regulatory measures for accrediting prevention programs.

The country does not have an accreditation process for care or treatment services.

Guyana uses CICAD's Indispensable Criteria for the opening and operating of drug use disorders treatment centers.

Priority Action 5.2: Establish supervisory mechanisms to ensure that prevention programs and public and private treatment services meet the standards of international quality criteria recognized by the member states.

Guyana has supervisory mechanisms in place to ensure that the standards of international quality criteria of prevention services are met. In this regard, the Ministries of education and health both have Units that are responsible for the development and implementation of prevention-based programs that address drug use among the population. For the Ministry of Health, the target population would be national and for the Ministry of Education the target population is minors. The Guyana Drug Information Network has oversight responsibility to ensure that program implementation of drug related prevention programs is conducted in accordance with international quality as stipulated by organizations such as CICAD/OAS, UNODC, and PAHO/WHO, among others.

It should be noted that both the Ministry of Education and Health are duly represented on this committee.

Guyana does not have supervisory mechanisms to ensure that the standards of international quality criteria of the public or private treatment or rehabilitation services are met.

Priority Action 5.3: Assessment, at the national, regional, and local levels, of the needs and supply of primary care, treatment, and reintegration services.

Guyana conducted an assessment at the national level to determine the needs regarding primary care, treatment, and reintegration services during the evaluation period.

The results of the assessment indicate that there is no civil protection plan. There are no available

written treatment protocols for substance use disorders for some of the facilities, no performance monitoring program for the clinical staff, and no formal agreement to link the services to existing NGOs or other social sectors. Some of the recommendations are: develop and implement clear normative guidance for treatment and care for people with substance use disorders; develop and standardize evidence-based treatment protocols with emphasis at the outpatient facilities; and strengthen the health information system of the public health facilities.

The results of the assessment conducted by the Ministry of Education and the United Nations Children's Fund (UNICEF) sought to establish what support services existed for minors who are in conflict with the law, specifically regarding drug use. The findings revealed that there are general programs available to treat with persons who are struggling with drug related issues, however, there were none that approached this issue from the perspective of minors. The Map of Juvenile Drug Referral and other related services, highlighted that “there were no specific referral pathways for such students between the Ministry of Education and Health.” As such, after a series of consultations with governmental and non-governmental stakeholders, a protocol for drug use among minors was developed collaboratively between the Ministry of Education and UNICEF.

EVALUATIVE SUMMARY

Objective 1

Establish comprehensive and integrated drug demand reduction policies with a public health focus, that are evidence-based, multidisciplinary, multisectoral, respectful of human rights, that consider the gender perspective, community and take into account the guidelines and/or recommendations of specialized international and/or regional organizations.

CICAD notes that Guyana has drug demand reduction policies that include programs in the areas of health promotion, prevention, early intervention, treatment, care, rehabilitation, recovery and social integration. CICAD observes that these programs include the gender, age, community, and cultural context approaches. CICAD also notes that Guyana develops, strengthens, and implements coordination mechanisms for collecting, analyzing, disseminating, and accessing information on prevention, treatment, rehabilitation, recovery and social reintegration services. In addition, CICAD notes that Guyana has monitoring instruments for drug demand reduction programs, but has not conducted impact, process, or outcome evaluations of its drug demand reduction programs. CICAD also notes with satisfaction that Guyana develops and implements coordination mechanisms to support the development and implementation of drug demand reduction programs with the participation of and coordination with civil society and other stakeholders. On the other hand, Guyana does not promote national prevention, treatment, care, recovery, rehabilitation, or social integration measures and programs, with a comprehensive and balanced drug demand reduction approach. However, it does not promote national standards recognized by member states, the "International Standards on Drug Use Prevention", or the "International Standards on Treatment of Drug Use Disorders," both developed jointly by WHO and UNODC.

Objective 2

Establish or strengthen an integrated system of evidence-based universal, selective, and indicated drug use prevention programs that prioritize at-risk populations, as well as environmental prevention, that incorporate a human rights, gender, age, and multicultural perspective.

CICAD notes that Guyana carries out drug use prevention programs in various population groups. However, CICAD views with concern that the country's programs do not specifically cover other important population groups, nor does the country develop indicated prevention strategies or programs. CICAD observes that Guyana has not carried out or strengthened situational assessments to identify the specific needs, risk, or protective factors of each target population for drug use prevention programs. On the other hand, CICAD recognizes that the country promotes the exchange of research findings, experiences, or best practices to improve the effectiveness of prevention programs, taking into consideration the "International Standards on Drug Use Prevention", developed jointly by WHO and UNODC.

Objective 3

Establish and strengthen, as appropriate, national care, treatment, rehabilitation, recovery, and social integration systems for people who use drugs, that are integrated with health systems, and that respect human rights, and offer gender-specific services, and that, to the extent possible, are designed and administered in accordance with internationally accepted quality standards.

CICAD notes that Guyana has comprehensive and inclusive care, treatment, rehabilitation, recovery, and social integration programs and services in the public health and/or social protection network, which take into consideration gender approaches. However, these programs and services do not include crisis interventions. CICAD also notes that the country does not take into account the "International Standards for the Treatment of Drug Use Disorders" of WHO and UNODC, nor the use of the "Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users", issued by WHO, UNODC, and UNAIDS, to set targets for universal access to HIV prevention, treatment, and care. However, CICAD observes that Guyana implements mechanisms to continuously monitor and evaluate the results of care, treatment, rehabilitation, recovery, and social integration programs and comprehensive public and private facilities. The mechanisms implemented by the country in this regard take into account the inclusion of human rights, age, and cultural context approaches. On the other hand, CICAD notes with concern that the country does not have mechanisms in place to protect the rights of persons in treatment programs and services. In addition, CICAD notes with satisfaction that the country has alternative early intervention, care, treatment, rehabilitation, recovery, and social integration services for criminal offenders who use drugs. Nevertheless, CICAD notes with concern that Guyana does not offer early intervention, care, treatment, rehabilitation, recovery, and social integration programs for incarcerated individuals who use drugs. In addition, CICAD observes that the country implements cooperation mechanisms with social and community actors that provide social and community support services that contribute to the social integration of people who use drugs. However, CICAD views with concern that Guyana does not promote regional or international cooperation or share best practices to increase access and availability of evidence-based treatment and recovery services, including access to naloxone and other medications used in the treatment of substance use disorders. Additionally, CICAD views with concern that Guyana does not promote measures to address the stigma and social marginalization associated with substance use disorders.

Objective 4

Foster ongoing training and certification of prevention, treatment, and rehabilitation service providers.

CICAD notes that Guyana implements ongoing competency-based training in the areas of prevention, treatment and rehabilitation. CICAD also notes that the country participates in

prevention and treatment training programs offered by specialized international organizations. In addition, CICAD views with satisfaction that Guyana certifies personnel working in prevention, treatment, rehabilitation, and social integration services. Moreover, CICAD notes that Guyana has conducted situational assessments during the 2019-2021 period to identify training needs for personnel working in prevention, early intervention, care, treatment, rehabilitation, recovery, and social integration programs, but the country has not developed specialized programs in response to training needs identified by a situational assessment.

Objective 5

Establish and/or strengthen government institutional capacities to regulate, enable, accredit, and supervise prevention programs and care, treatment, rehabilitation, and reintegration services.

CICAD notes that Guyana does not have regulatory measures in place to accredit prevention programs or care or treatment services. However, the country uses CICAD's Indispensable Criteria for the opening and operation of drug use disorder treatment centers. CICAD also notes that the country has supervisory mechanisms to ensure compliance with international quality standards in prevention programs; however, Guyana does not have such mechanisms for public and private treatment and rehabilitation services. On the other hand, CICAD notes with satisfaction that Guyana has conducted an assessment at the national level to determine the needs for care, treatment, or reintegration services during the evaluation period.



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