

Saint Lucia

Evaluation of Progress in Drug Control 2005-2006

MEM

Multilateral Evaluation Mechanism



Organization of American States - OAS
Inter-American Drug Abuse Control Commission - CICAD



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**ORGANIZATION OF AMERICAN STATES (OAS)
Inter-American Drug Abuse Control Commission (CICAD)**

**Multilateral Evaluation Mechanism (MEM)
Governmental Expert Group (GEG)**

SAINT LUCIA

**EVALUATION OF PROGRESS IN DRUG CONTROL
2005–2006**



CICAD wishes to thank the following national institutions of St. Lucia which provided information for this MEM national Fourth Round report:

- The Substance Abuse Advisory Council
- The Substance Abuse Advisory Council Secretariat
- Ministry of External Affairs
- Bordelais Correctional Facility
- Turning Point Rehab Centre
- Chief Medical Officer
- Drug Unit of the Royal St. Lucia Police Force
- Chief Pharmacist
- Financial Intelligence Authority



PREFACE

The Multilateral Evaluation Mechanism (MEM) is a diagnostic tool designed by all 34 member states of the Organization of American States (OAS) to periodically carry out comprehensive, multilateral evaluations of the progress of actions taken by member states and by the hemisphere as a whole, in dealing with the drug problem. The Inter-American Drug Abuse Control Commission (CICAD), an OAS specialized agency, implemented this Mechanism in 1998, pursuant to a mandate from the Second Summit of the Americas held in Santiago, Chile in 1998.

The MEM is not only an evaluation instrument, but has also become a vehicle for disseminating information on the progress achieved by individual and collective efforts of OAS member state governments, catalyzing hemispheric cooperation, promoting dialogue among member state government authorities and precisely channeling assistance to areas requiring greater attention by optimizing resources. The MEM process itself is assessed by the Intergovernmental Working Group (IWG), comprised of delegations from the 34 member states, which meets before the onset of each MEM evaluation round to review and improve all operational aspects of the mechanism, including the indicators of the evaluation questionnaire.

National evaluation reports are drafted by experts from each member state, with experts not working on their own country's report, guaranteeing the transparent multilateral nature of the MEM. Each chapter is based on countries' responses to a questionnaire of indicators covering the main thematic areas of institution building, demand reduction, supply reduction and control measures as well as subsequent comments and updated information provided by the government-appointed coordinating entities.

This report covers the full country evaluation for the MEM Fourth Round evaluation period 2005–2006. The follow-up report on the implementation progress of recommendations assigned to Saint Lucia will be published in June 2009. All MEM reports can be accessed through the following webpage: www.cicad.oas.org.



INTRODUCTION

St. Lucia, the second largest of the Windward Islands, has a total area of 616 km² and 158 km of coastline; it is located at 13 53N, 60 68W. The island has a population of 168,458 (2006) which is primarily of African and mixed African-European descent with a small segment of East Indian and European descent. The literacy rate is 90%. English is the official language; however, the majority of the population speaks the local Creole dialect patois. St. Lucia is a parliamentary democracy and a member of the Commonwealth. The head of state is Queen Elizabeth II, represented by a governor general, appointed by the Queen as her representative. The actual power in St. Lucia lies with the prime minister and the cabinet, usually representing the majority party in parliament. St. Lucia is divided into 11 administrative regions. The country has a GDP per capita (PPP: Purchasing Power Party) of US\$4,800 and an inflation rate of 2.9% (2005). St. Lucia's exports total US\$82 million annually, relying on the principal exports of bananas, clothing, cocoa, vegetables, fruits, and coconut oil.

I. INSTITUTIONAL STRENGTHENING

A. National Anti-Drug Strategy

St. Lucia's National Anti-Drug Plan expired in February 2005. The country does not provide any information regarding a new plan.

The Substance Abuse Advisory Council, established in 1988, is the country's national anti-drug authority. The Council has a secretariat established in 1999 and is located within the Ministry of Health, Human Services, Family Affairs and Gender Relations. This council is responsible for coordinating activities in the following areas: demand reduction, supply reduction, control measures, institutional cooperation, and program evaluation. The Council has a legal basis and the Substance Abuse Advisory Council Secretariat is the central technical office.

The national anti-drug authority has an annual budget independent from other government agencies. The sources of the budget are government allocation, self financing, civil society contributions, and international cooperation. The approved budget for the national authority in 2006 was US\$107,507. In 2004 the approved budget was US\$97,376, and it increased in 2005 to US\$99,998.00. The country reports that the budget for the national authority is inadequate because it does not allow for the Secretariat to implement all the activities necessary to fulfill its mandate.

CICAD is concerned that the country has not developed a new anti-drug plan as recommended in the Third Evaluation Round, 2003–2004.

RECOMMENDATION:

1. **DEVELOP AND IMPLEMENT A NEW ANTI-DRUG PLAN, A RECOMMENDATION REITERATED FROM THE THIRD EVALUATION ROUND, 2003–2004.**

B. International Conventions

St. Lucia has signed and ratified the following international conventions:

- Inter-American Convention against Illicit Manufacturing of and Trafficking in Firearms, Ammunition, Explosives and Other Related Materials (CIFTA), 1997 (23 January 2003).
- Inter-American Convention Against Corruption, 1996 (23 January 2003).



- United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988 (21 August 1995).
- United Nations Convention of the Law of the Sea, 1982 (27 March 1985).
- United Nations Convention on Psychotropic Substances, 1971 (16 January 2003).
- United Nations Single Convention on Narcotic Drugs, 1961 as amended by the 1972 Protocol (5 July 1991).

Saint Lucia has signed but not ratified the United Nations Convention against Transnational Organized Crime (2000). St. Lucia has not signed or ratified the United Nations Convention on Mutual Assistance in Criminal Matters (1992) or the United Nations Convention against Corruption 2003, nor has the country signed the three Protocols to the United Nations Convention against Transnational Organized Crime: Protocol against Smuggling of Migrants by Land, Sea, and Air; Protocol to Prevent, Suppress, and Punish Trafficking in Persons, Especially Women and Children; and the Protocol against the Illicit Manufacturing of and Trafficking in Firearms, Their Parts and Components and Ammunition.

CICAD recognizes the efforts of the country in signing the United Nations Convention against Transnational Organized Crime (2000). While this effort is noted, CICAD observes with concern that St. Lucia has not ratified the United Nations Convention on Mutual Assistance in Criminal Matters (1992), the United Nations Convention against Corruption 2003 and the United Nations Convention against Transnational Organized Crime and its three Protocols.

RECOMMENDATIONS:

2. ACCEDE TO THE INTER-AMERICAN CONVENTION ON MUTUAL ASSISTANCE IN CRIMINAL MATTERS, A RECOMMENDATION REITERATED FROM THE FIRST EVALUATION ROUND, 1999–2000.
3. ACCEDE TO THE UNITED NATIONS CONVENTION AGAINST TRANSNATIONAL ORGANIZED CRIME AND ITS THREE PROTOCOLS, A RECOMMENDATION REITERATED FROM THE SECOND EVALUATION ROUND, 2001–2002:
 - A) PROTOCOL AGAINST THE SMUGGLING OF MIGRANTS BY LAND, SEA AND AIR;
 - B) PROTOCOL TO PREVENT, SUPPRESS AND PUNISH TRAFFICKING IN PERSONS, SPECIALLY WOMEN AND CHILDREN;
 - C) PROTOCOL AGAINST ILLICIT MANUFACTURING OF AND TRAFFICKING IN FIREARMS, THEIR PARTS AND COMPONENTS AND AMMUNITION.
4. ACCEDE TO THE UNITED NATIONS CONVENTION AGAINST CORRUPTION, 2003.

C. National Information System

St. Lucia reports that it does not have a centralized office at the national level that organizes, compiles, and coordinates drug-related statistics and other drug-related information. Drug-related statistics and other drug-related information are collected by specialized institutions according to their own requirements and mandates.



The country does report drug related statistics to the International Narcotics Control Board, but does not report to the United Nations Office on Drugs and Crime Annual Report Questionnaire. St. Lucia does not have organized collections of drug-related documents.

Regarding the impediments in collecting, organizing, analyzing, and utilizing drug related statistics and other drug related information, the country identifies the lack of a centralized collection system of information.

Materials related to the drug issue are distributed via libraries; schools, universities, and research institutions; press and media; targeted e-mail or fax service; and publications and reports by the national drug authority and other government agencies, as well as leaflets, pamphlets, posters, and oral presentations. St. Lucia also distributes information on prevention, treatment, and rehabilitation programs.

St. Lucia does not have a help line, information desk or similar service that provides drug-related information to the general public. The country also does not have a budget to disseminate information related to the drug problem.

CICAD notes that St. Lucia does not have a centralized office at the national level that organizes, compiles, and coordinates drug-related statistics and other drug related information.

RECOMMENDATION:

5. **DEVELOP A CENTRALIZED OFFICE TO COLLECT, ANALYZE, AND MAINTAIN INFORMATION ON ILLICIT DRUGS INCLUDING STATISTICS ON THE MAGNITUDE OF DRUG CONSUMPTION IN THE COUNTRY, A RECOMMENDATION REITERATED FROM THE FIRST EVALUATION ROUND, 1999–2000.**

II. DEMAND REDUCTION

A. Prevention

St. Lucia is not implementing drug abuse prevention programs that target key populations.

In 2006, a CICAD-funded workshop on the Fundamentals of Evaluating Substance Abuse Prevention Programmes was offered to staff of the Drug Council and Rehabilitation Centre. Two participants took part in this course. In 2005 and 2006, a course conducted by the Caribbean Institute on Alcoholism and other Drug Problems (CARIAD) was offered to Treatment Centre staff. In 2005 there was one participant and in 2006 there were two participants.

The Sir Arthur Lewis Community College offers undergraduate courses with content on prevention and treatment in the following disciplines: psychology, nursing school, social work, and sociology. These courses do not meet the national demand for professional training in prevention and treatment.

CICAD is concerned that St. Lucia does not have drug abuse prevention programs that target key populations, such as primary and secondary school children. CICAD is concerned that drug demand reduction is given limited attention by national authorities and therefore urges the country to accelerate its efforts in this pivotal area of drug control.



RECOMMENDATIONS:

6. DEVELOP AND IMPLEMENT DRUG ABUSE PREVENTION PROGRAMS THAT TARGET PRIMARY AND SECONDARY SCHOOL CHILDREN, FOLLOWING **CICAD HEMISPHERIC GUIDELINES ON SCHOOL-BASED PREVENTION**, A RECOMMENDATION REITERATED IN THE **THIRD EVALUATION ROUND, 2003–2004**.
7. OFFER SPECIALIZED TRAINING COURSES IN DRUG PREVENTION, TREATMENT AND RESEARCH FOR PROFESSIONALS IN ORDER TO STRENGTHEN THE COUNTRY'S DEMAND REDUCTION ACTIVITIES.

B. Treatment

St. Lucia has not established guidelines or regulations on standards of care for drug abuse treatment nor does it have instruments for accrediting treatment services and programs. The country keeps a national registry of treatment services and programs, maintained by the Substance Abuse Advisory Council and the Ministry of Health. Drug treatment personnel do not receive ongoing training or refresher courses.

The following drug treatment modalities are available: ambulatory outpatient (1) and residential inpatient (1). These drug treatment services are public and offered to the adult population of both genders. Treatment services include a network for early detection, outreach and referral cases (3), detoxification (1), treatment and rehabilitation (1), aftercare (1), and brief interventions (2). These services are provided at the national level. There are four self-help groups offered at the regional/provincial level. Regarding treatment centers or programs geared specifically towards specific populations, adolescents receive no dedicated service as they are treated as inpatients on the same ward as adults.

St. Lucia reports that, regarding treatment programs geared specifically towards inmates, 99% of prisoners abort treatment. One ward of the treatment (inpatient) unit is geared towards women. Adolescent offenders receive one brief intervention at the juvenile detention center.

In 2004, there were 49 admissions, and in 2005, there were 32 admissions to the country's drug abuse treatment program. In 2006, there were no admissions because the country's one drug treatment program center was closed for renovation.

CICAD notes with concern that St. Lucia does not have minimum standards of care for drug treatment centers. CICAD observes that the country does not have treatment programs geared towards specific populations, such as adolescents, and is concerned about the high percentage of prisoners who abort treatment.

CICAD encourages St. Lucia to fulfill its commitment in reviewing drug treatment services.

RECOMMENDATIONS:

8. ESTABLISH **MINIMUM STANDARDS OF CARE FOR PERSONS SEEKING TREATMENT FOR DRUG ABUSE**, A RECOMMENDATION REITERATED FROM THE **THIRD EVALUATION ROUND, 2003–2004**.
9. PROVIDE TRAINING FOR PROFESSIONALS WORKING IN THE AREA OF DRUG ABUSE TREATMENT, A RECOMMENDATION REITERATED IN THE **THIRD EVALUATION ROUND, 2003–2004**.



C. Statistics on Consumption

During 2005, St. Lucia carried out the Survey of Drug Use among Secondary School Students.

**Prevalence of drug use among Secondary School Students
Secondary School Survey, 2005
13, 15 and 17 years old**

Type of drug	Lifetime (percentage)			Last 12 months (percentage)			Last 30 days (percentage)		
	M	F	Total	M	F	Total	M	F	Total
Alcohol	89.8	87.1	88.2	80.1	75.4	77.3	68.7	60.4	63.8
Tobacco	35.8	22.4	27.9	14.6	9.0	11.3	7.1	5.0	5.8
Solvents & Inhalants	10.1	9.5	9.7	5.2	6.0	5.7	2.8	3.6	3.3
Marijuana	33.7	19.9	25.5	21.4	12.3	15.9	12.4	6.5	8.8
Cocaine HCL	1.9	1.2	1.5	1.1	0.6	0.8	0.7	0.4	0.5
Tranquilizers/Sedatives/ Depressants	5.0	8.7	7.2	2.5	5.7	4.4	1.7	3.7	2.9
Stimulants	5.9	6.2	6.0	3.4	3.9	3.7	2.3	2.1	2.2

**Incidence of Drug Use among Secondary School Students
Secondary School Survey, 2005
13, 15 and 17 years old**

Type of drug	Last 12 months (percentage)			Last 30 days (percentage)		
	M	F	Total Population	M	F	Total Population
Alcohol	12.5	8.3	9.9	5.0	2.4	3.3
Tobacco	70.6	65.6	67.6	58.0	46.9	51.7
Solvents or inhalants	3.6	3.6	3.6	1.9	2.5	2.3
Marijuana	12.9	8.8	10.4	5.2	3.1	3.9
Basuco, coca paste	1.3	0.5	0.8	1.2	0.4	0.7
Cocaine HCL	0.5	0.3	0.4	0.2	0.1	0.1
Tranquilizers/Sedatives/ Depressants	1.5	4.7	3.4	1.2	2.5	2.0
Stimulants	2.7	2.8	2.7	1.5	1.7	1.6
Other drugs	8.2	6.7	7.3	4.7	3.5	4.0
Any illicit drug	18.9	13.2	15.3	9.1	5.8	7.0

The country reports that it does have an estimate of the number or percentage of youths that perceive drug use as being harmful.



**Percentage of youths that perceive drug use as being harmful to their health and well-being
Secondary School Students, 13–17 years old, 2005**

Category	% of those surveyed who believe that persons who carry out the following activities are at a moderate or great risk (or who think that it is quite harmful or very harmful):
Occasionally smoke cigarettes	69.5
Often smoke cigarettes	90.4
Often drink alcoholic drinks	77.7
Get drunk	82.8
Occasionally take non-prescribed tranquilizers/stimulants	72.9
Often take non-prescribed tranquilizers/stimulants	78.7
Occasionally inhale solvents	64.0
Often inhale solvents	77.4
Occasionally smoke marijuana	68.5
Often smoke marijuana	84.6
Occasionally take cocaine or crack	87.6
Often take cocaine or crack	89.2
Occasionally use coca paste	40.7
Often use coca paste	46.8
Occasionally take ecstasy	57.4
Often take ecstasy	65.1

During 2004–2006, St. Lucia reports that no new drugs or new patterns of administration of drugs have been reported. St. Lucia reports that patterns of use remain confined to alcohol, marijuana, crack, and polydrug use.

St. Lucia has not established guidelines at the national or at the state/provincial level on prevention activities connected with alcohol-related accidents.

CICAD commends the country's effort in undertaking the following surveys: Survey of Secondary School Students (2005), and access to patient registers of treatment centers in the country (2006).

CICAD is concerned that, although the survey reports significant use of alcohol, the country has not established guidelines on the prevention of alcohol-related accidents.

III. SUPPLY REDUCTION

A. Drug Production

St. Lucia does not have a system to detect and quantify the total area of illicit crops. Marijuana plants grown indoors have not been detected in St. Lucia. The country reports that one small crack laboratory was dismantled in 2004. No illicit laboratories of synthetic drugs have been found in St. Lucia.



CICAD is concerned that St. Lucia did not provide sufficient information to allow for an adequate evaluation in the area of drug production. CICAD notes that while St. Lucia has not reported the areas of marijuana cultivation, it believes it important for the country to continue to monitor areas susceptible to use for illicit crop cultivation.

B. Control of Pharmaceutical Products

St. Lucia has laws in place for the control of pharmaceutical products. The Pharmacy Act was enacted on November 8, 2003, but the Pharmacy Regulations have yet to be enacted. The country does not have a mechanism to monitor and prevent the diversion of pharmaceutical products. The Pharmacy Council, the Office of the Chief Pharmacist, and the Central Procurement Office of the Chief Medical Officer are the competent authorities responsible for coordinating activities related to the control of pharmaceutical products. The country also reports that all pharmaceutical products that contain substances listed in international conventions are controlled by the country.

Narcotics and psychotropic substances are included in the mechanism for the control of pharmaceutical products. In the commercial sector, this mechanism regulates the following areas: import/export control, license control, monitoring, distribution, administrative sanctions, registry of licensees, and registry of quantities of pharmaceutical products sold. For the health care sector, areas that are regulated by the mechanism are: license control, monitoring, distribution, and the monitoring of prescriptions. The country does not have a system to compile information on administrative and regulatory activities and sanctions.

Training for procurement staff on the management and supply of drugs is offered, and these training courses satisfy the demand for training in the country. The country reports that the major impediments and problems encountered by national entities in the control of pharmaceutical products are the absence of a drug inspector on staff, that monitoring is not currently networked with other institutions (e.g. hospitals and health centers), and that the private sector is virtually unregulated.

St. Lucia has penal and civil sanctions for the diversion of pharmaceutical products. The country observes that fines or sanctions do not specifically address pharmaceutical products.

During the years 2004–2006, St. Lucia reports that there were no seizures involving pharmaceutical products.

St. Lucia reports that it has not identified nor does it have a regulations or legislation in place to control the sale and distribution of pharmaceutical products over the Internet. The country does not have outreach or education in place regarding the sale of pharmaceutical products over the Internet.

CICAD is concerned about the lack of regulation in the private sector for pharmaceutical products. CICAD notes with concern that St. Lucia does not have a mechanism to monitor and prevent the diversion of pharmaceutical products. In addition, the country reports that it does not have a system to compile information on administrative and regulatory activities and sanctions. CICAD also observes that there is no drug inspector on staff and monitoring is not networked.

CICAD notes that the country does not have regulations or specific mechanisms in place to prevent and control the illicit traffic of pharmaceutical products and other drugs sold via the Internet.



RECOMMENDATIONS:

10. ESTABLISH REGULATIONS TO MONITOR AND PREVENT DIVERSION OF PHARMACEUTICAL PRODUCTS, INCLUDING CONTROLS FOR THE PRIVATE SECTOR.
11. ESTABLISH A DRUG INSPECTORATE TO MONITOR AND REGULATE THE USE AND DISTRIBUTION OF PHARMACEUTICAL PRODUCTS, A RECOMMENDATION REITERATED FROM THE THIRD EVALUATION ROUND, 2003–2004.
12. CARRY OUT RESEARCH AND TRAINING ACTIVITIES RELATED TO THE PREVENTION AND CONTROL OF THE ILLICIT TRAFFIC OF PHARMACEUTICAL PRODUCTS AND OTHER DRUGS VIA THE INTERNET, WHICH WILL ENABLE THE COUNTRY TO IDENTIFY ITS REGULATORY AND OPERATIVE NEEDS.

C. Control of Chemical Substances

St. Lucia does not have laws and regulations in place for the control of chemical substances. The country has an internal mechanism in place to monitor and prevent the diversion of chemical products. This mechanism covers the areas of license control, import/export control, and inspections. The responsible entity for the control of the diversion of chemical substances in the areas of license control and import/export control is Central Procurement. St. Lucia controls all the substances listed in international conventions.

St. Lucia does not offer training courses to administrative, police, and customs officials on the control of diversion of chemical substances. The country has automated information management systems in place to facilitate the secure and efficient handling of chemical substances. These systems are only available at Central Procurement. The country reports that the major impediment in the implementation to the internal mechanism for controlling the diversion of chemical substances is that the mechanism is not networked with other institutions. St. Lucia reports that training for health professionals in this area is needed.

St. Lucia reports that it imposes penal sanctions for the diversion of controlled chemical substances. There were 35 penal sanctions imposed in 2004, 55 in 2005, and 30 in 2006.

The country reports that it does not export or handle in-transit controlled chemical substances. St. Lucia reports that it imports chemical substances, and that the use of pre-export notifications would be beneficial to St. Lucia. Between 2004–2006, the country did not receive any pre-export notifications.

St. Lucia does not provide any information regarding the quantity of controlled chemical substances seized and disposed of during the years 2004–2006.

CICAD notes with concern that St. Lucia does not have laws and regulations in place for the control of chemical substances. CICAD also notes that there are no specialized training courses for law enforcement and other professionals in the area of diversion of chemical substances.

CICAD observes St. Lucia's interest in participating in the pre-export notifications system and therefore encourages the country to initiate the necessary action with the International Narcotics Control Board (INCB) to participate in this system.



RECOMMENDATIONS:

13. ESTABLISH REGULATIONS ACCORDING TO CHAPTER XII OF THE UNITED NATIONS CONVENTION AGAINST ILLICIT TRAFFIC IN NARCOTIC DRUGS AND PSYCHOTROPIC SUBSTANCES (1988) FOR THE CONTROL OF CHEMICAL SUBSTANCES, A RECOMMENDATION REITERATED FROM THE FIRST EVALUATION ROUND, 1999–2000.
14. PROVIDE APPROPRIATE TRAINING FOR LAW ENFORCEMENT AND OTHER PROFESSIONALS IN THE AREA OF DIVERSION OF CHEMICAL SUBSTANCES.

IV. CONTROL MEASURES

St. Lucia reports that during the years 2004–2006 the following seizures of illicit drugs were made:

Illicit drugs seized 2004–2006

Illicit Drug	Number of seizures			Quantities seized		
	2004	2005	2006*	2004	2005	2006*
Cocaine	56	84	39	107.16 Kg	1,229.80 Kg	55.45 Kg
Cannabis	3	01	01	45.50 Kg	2.00 Kg	47.00 Kg
Total	59	85	40	152.66 Kg	1,231.80 Kg	102.45 Kg

* 2006 data is partial

CICAD is concerned that St. Lucia did not provide sufficient information to allow for an adequate evaluation in the area of illicit drug trafficking. Furthermore, CICAD is concerned that the country did not provide any information regarding control of firearms, ammunition, explosives and other related materials, or money laundering, and urges the country to provide the requested information in accordance with its commitment to the Multilateral Evaluation Mechanism (MEM) process.



CONCLUSIONS

In the period under review, CICAD is concerned that the country has not developed a new National Anti-Drug Plan with the necessary budgetary allocations. While some international conventions have been acceded to, there are still Conventions that have not been signed or ratified by the member state.

CICAD notes that the country has no coordinated system for the collection of drug-related statistics, and does not have drug abuse prevention programs targeting key populations such as primary and secondary school students. This is an indication to CICAD that the national authority pays limited attention to the issues/areas of Drug Demand Reduction.

St. Lucia has no minimum standards of care for drug abuse treatment, and CICAD has observed that there is no treatment geared towards specific populations, such as adolescents. Of concern to CICAD is the high percentage of prisoners who abort treatment.

With regard to supply reduction, CICAD notes that the country has no system to quantify the total area of illicit crops, nor are there mechanisms in place to monitor and prevent the diversion of pharmaceutical and chemical substances. In addition, the country does not have regulatory or specific mechanisms in place to prevent and control the illicit traffic of pharmaceutical products and other drugs via the Internet.

CICAD is concerned that St. Lucia did not provide any information in the areas of illicit drug trafficking, control of firearms, and money laundering. CICAD is also concerned that the country has not submitted updated information for the year 2006 in any of the areas evaluated by the MEM. Therefore, CICAD is unable to properly evaluate the progress in drug control in St. Lucia over the years 2005–2006.



SUMMARY OF RECOMMENDATIONS

The following recommendations are assigned to St. Lucia in order to assist the country in strengthening its policies to combat the problem of drugs and related activities and increase multilateral cooperation in the Hemisphere:

INSTITUTIONAL STRENGTHENING:

1. DEVELOP AND IMPLEMENT A NEW **ANTI-DRUG PLAN**, A RECOMMENDATION REITERATED FROM THE **THIRD EVALUATION ROUND, 2003–2004**.
2. ACCEDE TO THE **INTER-AMERICAN CONVENTION ON MUTUAL ASSISTANCE IN CRIMINAL MATTERS**, A RECOMMENDATION REITERATED FROM THE **FIRST EVALUATION ROUND, 1999–2000**.
3. ACCEDE TO THE **UNITED NATIONS CONVENTION AGAINST TRANSNATIONAL ORGANIZED CRIME AND ITS THREE PROTOCOLS**, A RECOMMENDATION REITERATED FROM THE **SECOND EVALUATION ROUND, 2001–2002**:
 - A) **PROTOCOL AGAINST THE SMUGGLING OF MIGRANTS BY LAND, SEA AND AIR**;
 - B) **PROTOCOL TO PREVENT, SUPPRESS AND PUNISH TRAFFICKING IN PERSONS, SPECIALLY WOMEN AND CHILDREN**;
 - C) **PROTOCOL AGAINST ILLICIT MANUFACTURING OF AND TRAFFICKING IN FIREARMS, THEIR PARTS AND COMPONENTS AND AMMUNITION**.
4. ACCEDE TO THE **UNITED NATIONS CONVENTION AGAINST CORRUPTION, 2003**.
5. DEVELOP A CENTRALIZED OFFICE TO COLLECT, ANALYZE, AND MAINTAIN INFORMATION ON ILLICIT DRUGS, INCLUDING STATISTICS ON THE MAGNITUDE OF DRUG CONSUMPTION IN THE COUNTRY, A RECOMMENDATION REITERATED FROM THE **FIRST EVALUATION ROUND, 1999–2000**.

DEMAND REDUCTION:

6. DEVELOP AND IMPLEMENT DRUG ABUSE PREVENTION PROGRAMS THAT TARGET PRIMARY AND SECONDARY SCHOOL CHILDREN, FOLLOWING **CICAD HEMISPHERIC GUIDELINES ON SCHOOL-BASED PREVENTION**, A RECOMMENDATION REITERATED IN THE **THIRD EVALUATION ROUND, 2003–2004**.
7. OFFER SPECIALIZED TRAINING COURSES IN DRUG PREVENTION, TREATMENT AND RESEARCH FOR PROFESSIONALS IN ORDER TO STRENGTHEN THE COUNTRY'S DEMAND REDUCTION ACTIVITIES.
8. ESTABLISH **MINIMUM STANDARDS OF CARE** FOR PERSONS SEEKING TREATMENT FOR DRUG ABUSE, A RECOMMENDATION REITERATED FROM THE **THIRD EVALUATION ROUND, 2003–2004**.
9. PROVIDE TRAINING FOR PROFESSIONALS WORKING IN THE AREA OF DRUG ABUSE TREATMENT, A RECOMMENDATION REITERATED IN THE **THIRD EVALUATION ROUND, 2003–2004**.

**SUPPLY REDUCTION:**

10. ESTABLISH REGULATIONS TO MONITOR AND PREVENT DIVERSION OF PHARMACEUTICAL PRODUCTS, INCLUDING CONTROLS FOR THE PRIVATE SECTOR.
11. ESTABLISH A DRUG INSPECTORATE TO MONITOR AND REGULATE THE USE AND DISTRIBUTION OF PHARMACEUTICAL PRODUCTS, A RECOMMENDATION REITERATED FROM THE THIRD EVALUATION ROUND, 2003–2004.
12. CARRY OUT RESEARCH AND TRAINING ACTIVITIES RELATED TO THE PREVENTION AND CONTROL OF THE ILLICIT TRAFFIC OF PHARMACEUTICAL PRODUCTS AND OTHER DRUGS VIA THE INTERNET, WHICH WILL ENABLE THE COUNTRY TO IDENTIFY ITS REGULATORY AND OPERATIVE NEEDS.
13. ESTABLISH REGULATIONS ACCORDING TO CHAPTER XII OF THE UNITED NATIONS CONVENTION AGAINST ILLICIT TRAFFIC IN NARCOTIC DRUGS AND PSYCHOTROPIC SUBSTANCES (1988) FOR THE CONTROL OF CHEMICAL SUBSTANCES, A RECOMMENDATION REITERATED FROM THE FIRST EVALUATION ROUND, 1999–2000.
14. PROVIDE APPROPRIATE TRAINING FOR LAW ENFORCEMENT AND OTHER PROFESSIONALS IN THE AREA OF DIVERSION OF CHEMICAL SUBSTANCES.



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