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MULTILATERAL EVALUATION MECHANISM (MEM)

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

Barbados

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.

Barbados has drug demand reduction policies that include programs in the areas of health promotion, prevention, early intervention, treatment, care, rehabilitation, social integration, and recovery support and related support services, as well as other initiatives and measures aimed at minimizing the adverse public health and social consequences of drug abuse.

Area	Programs / Policies
Health promotion	
Prevention	- Barbados National Anti-Drug Plan 2015-2020
Early intervention	- National Council on Substance Abuse (NCSA) Annual Reports 2018-2019
Treatment	- Mental Health Policy of Barbados
Care	- Barbados Psychiatric Hospital Policy
Rehabilitation	- Mental Health Act
Social integration	- Barbados Psychiatric Hospital Policy
Recovery support	- Strategic Partnerships with Mount Gay to advocate for safety and responsible drinking
Other initiatives/measures to minimize adverse public health and social consequences	

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

¹ Community includes ethnicity, among others.

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.

Barbados 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.

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

Barbados has monitoring instruments for drug demand reduction programs.

The country has carried out the following process and outcome evaluations of its drug demand reduction programs:

Program evaluated	Title of evaluation performed	Type of evaluation performed	Year of program evaluation
Inmate Drug Rehabilitation Counselling Programme	Assessment of the Inmate Drug Rehabilitation and Counselling (IDRC) Program: The Need for the Post of Inmate Drug Rehabilitation Coordinator at HMP Dodds Prison	Process	2020
Treatment Programme at the Substance Abuse Foundation	Treatment Success from 2016 - 2020	Outcome	2020
Project Safeguarding Our Future Today (SOFT)	Project Safeguarding Our Future Today (SOFT): An Evaluation of Its Success	Outcome	2019

Barbados has not conducted impact evaluations or any other related or current studies on drug consumption prevention 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.

Barbados 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. There is ongoing arrangement between the Psychiatric Hospital and the Substance Abuse Foundation (SAF) whereby SAF clients can have

their treatment fees subsidized if they present for treatment at, and are assessed by, the Psychiatric Hospital and subsequently receive the necessary treatment referral to the SAF.

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).

Barbados does not promote national prevention, treatment, care, recovery, rehabilitation, or social integration measures and programs, with a comprehensive and balanced drug demand reduction approach, or promote nationally recognized standards by member states on drug use preventions or the “International Standards on Drug Use Prevention,” or 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.

Barbados implements the following prevention strategies or programs:

Population group	Estimated Coverage		Strategy / Program	Type of program
	Target population	Coverage rate		
School children and university students:				
<ul style="list-style-type: none"> Elementary/primary 	Approx. 20,000	<u>2019</u> National Council on Substance Abuse (NCSA) (Univ): 4408 Royal Barbados Police Force (RBPF): 402 TOTAL: 4810 <u>2020</u> NCSA: 1311 RBPF: 357 TOTAL: 1668 <u>2021</u> Agencies reported that national COVID-19 lockdown and curfews prevented programming activity during the period January to March 2021	- NCSA Universal: Variety of Interventions conducted as part of the wider Primary School Programme - RBPF: Drug Abuse Resistance Education	<u>NCSA</u> Universal <u>RBPF</u> Universal

² At-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.

Population group	Estimated Coverage		Strategy / Program	Type of program
	Target population	Coverage rate		
<ul style="list-style-type: none"> Junior high & high school (secondary school) 	Approx. 20,000	<u>2019</u> Probation Department: 100 NCSA(Univ.): 662 NCSA (Select): 170 National HIV/AIDS Commission: 2628 TOTAL: 3560 <u>2020</u> NCSA: 75 <u>2021</u> Agencies reported that national COVID-19 lockdown and curfews prevented programming activity during the period January to March 2021	<ul style="list-style-type: none"> Probation Department ASMAN, Level Up, Tomorrows Leaders, Girls Empowerment Circle, KSW NCSA Presentations at Summer/Easter camps and under wider secondary school programme Project Safeguarding Our Future Today Sessions conducted with students suspended from school National HIV/AIDS Commission Transition to Secondary School Programme (T2S) 	<u>Probation Dept</u> Selective (At Risk High Risk) <u>NCSA</u> Universal Selective <u>National HIV/AIDS Commission</u> Selective
<ul style="list-style-type: none"> University/ tertiary education 	-	<u>2019</u> NCSA: 75	Drug prevention presentation	<u>NCSA</u> Universal
Gender:				
<ul style="list-style-type: none"> Women 	-	<u>2019</u> NCSA: 12	- STOP! THINK! CHOOSE! Women Session	<u>NCSA</u> Selective Women who are Hearing Impaired or Deaf
Community	-	<u>2019</u> NCSA (Univ): 568 NCSA (Select): 293 TOTAL: 861 <u>2020</u> NCSA: 49 <u>2021</u> NCSA: 300	- NCSA SPORTS – Not Drugs! Prevention First Parents	<u>NCSA</u> Universal Selective
Individuals in the workplace	-	<u>2019</u> NCSA: 460 <u>2020</u> NCSA: 111	- NCSA Workplace Programme	<u>NCSA</u> Universal Selective

Population group	Estimated Coverage		Strategy / Program	Type of program
	Target population	Coverage rate		
		<u>2021</u> Agencies reported that national COVID-19 lockdown and curfews prevented programming activity during the period January to March 2021		
Incarcerated individuals	Approx. 992	<u>2019</u> Programs conducted but data not available <u>2020</u> Probation Department: 34 <u>2021</u> There was a COVID-19 outbreak at the prison during December 2020/January 2021. Since the outbreak, Probation officers have not been granted access to the prison.	- PAW Have Your Say	<u>Probation Department</u> Selective (At Risk High Risk – Probation Department)

Barbados does not develop indicated prevention strategies or programs, nor does it implement specific programs for the following population groups: pre-school; boys/girls, youths and adults in street situations; family; male gender; LGBTIQ+ population; indigenous people; or migrants or refugees.

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.

Barbados conducted a situational assessment in 2018 to identify the specific needs, risks, and protective factors for drug use prevention programs among key stakeholders in the primary school setting entitled, “Primary School Needs Assessment 2018: A Rapid Situation Assessment.” Situational assessments were not conducted among other target populations.

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).

Barbados does not promote the exchange of research findings, experiences, or best practices to improve the effectiveness of prevention programs, that take into consideration the "International Standards on Drug Use Prevention," jointly developed 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.

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).

Barbados 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, counseling), diverse treatment modalities, dual pathology (co-morbidity) and social integration and services related to recovery support. These programs and services take into account a public health approach. Barbados does not take into account gender in their programs/services.

The country’ programs and services take into account the "International Standards for the Treatment of Drug Use Disorders" of the WHO and UNODC. The Ministry of Health and Wellness is responsible for monitoring compliance through the Health Services (Substance Dependency Treatment Facilities) Regulations, 2015.

Barbados 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.

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.

Barbados does not implement mechanisms to continuously monitor and evaluate the results of care, treatment, rehabilitation, recovery, or social integration programs or comprehensive public and private facilities.

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

Barbados has mechanisms to protect the rights of persons in treatment programs and services, as outlined in the Minimum Standards of Care Policy and Health Service (Substance Dependency Treatment Facilities) Regulations, 2015. These mechanisms have protocols to protect the confidentiality of the information provided by those receiving these services and include the process of providing adequate information about treatment and informed consent.

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.

Barbados has alternatives of early intervention, care, treatment, rehabilitation, recovery, and social integration services for criminal offenders who use drugs. These alternatives include the following: drug treatment court, diversion at Magistrates' or High Court, and the NCSA provides counselling to individuals referred from the court system.

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

Barbados offers early intervention, care, treatment, rehabilitation, recovery, and social integration services for incarcerated individuals who use drugs. The country has the Inmate Drug Rehabilitation Counselling (IRDC) Programme titled, the Phoenix Program. The Drug Rehabilitation Unit (DRU) at the Psychiatric Hospital liaises with the IRDC Programme to arrange assessment for further rehabilitation after persons are released from Prison e.g., assessment for referral to the Substance Abuse Foundation or the DRU's Day Programme. Additionally, it should also be noted that the IDRC liaises with Barbados Alliance to End Homelessness (BAEH) to arrange necessary social support for inmates upon release.

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.

Barbados does not implement formal cooperation mechanisms with social or community actors that provide social and community support services, which contribute to the social integration of people who use drugs.

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.

Barbados 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 and 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.

Barbados 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.

Barbados does not implement ongoing competency-based training in the areas of prevention, treatment, or rehabilitation, although plans are underway to offer training in late 2021 via the Universal Treatment Curriculum (UTC).

Barbados participates in the following treatment training programs offered by specialized international organizations:

International organizations	Training programs	Name of program	Approaches taken into account
OAS-CICAD	Treatment	- Universal Treatment Curriculum (UTC) "Gender-specific treatment programs for substance use: Israel's approach to women's residential treatment"	Gender, quality in treatment, counselling skills
International Society of Substance Use Professionals (ISSUP)	Treatment	- Preventing and Treating Substance Use Disorders with a Focus on females Across the Life Course - ISSUP Webinar: Quality in Treatment - ISSUP Webinar: The Rapidly Changing Composition of the World's Drug Supply and Its Effects on High-Risk for COVID-19 - ISSUP Webinar: Motivational Interviewing Course- 4 Sessions	Gender, quality in treatment, counselling skills

The country does not participate in prevention or rehabilitation training programs offered by specialized international organizations. The webinar "Preventing and Treating Substance Use Disorders with a Focus on females Across the Life Course," focused on women in treatment and accommodations for this population, which considers the gender perspective.

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).

Barbados does not certify personnel working in prevention, treatment, rehabilitation, or social integration services.

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.

Barbados does not carry out situational assessments to identify the training needs of personnel working in prevention, early intervention, care, treatment, rehabilitation, recovery, or social integration programs.

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

Barbados 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.**

Barbados does not have regulatory measures for accrediting prevention programs.

Barbados' Ministry of Health and Wellness has an accreditation process for care and treatment services.

Barbados does not use CICAD's Indispensable Criteria for the opening and operating of drug use disorders treatment centers rather Barbados uses the Health Services (Substance Dependency Treatment Facilities) Regulations 2015.

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.

Barbados does not have supervisory mechanisms to ensure that the standards of international quality criteria of prevention services are met.

Barbados has supervisory mechanisms to ensure that the standards of international quality criteria for treatment services are met. Barbados' Health Services (Substance Dependency Treatment Facilities) Regulations 2015 is a supervisory mechanism to ensure that the standards of international quality criteria of the public and private treatment and rehabilitation services are met. The Ministry of Health and Wellness is responsible for overseeing this supervisory mechanism.

In regard to actions taken with public and private treatment and rehabilitation services not meeting the standards of international quality criteria, the treatment center is closed, and clients are transferred to another treatment center or discharged into the care of their spouse or next of kin until a treatment facility can be found to accommodate the client.

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

Barbados has not conducted an assessment at the national, regional, or local levels to determine the needs regarding level to determine primary care, treatment, or reintegration services.

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 Barbados has drug demand reduction policies that include programs in the areas of health promotion, prevention, early intervention, treatment, care, rehabilitation, recovery, and social integration. These programs include gender, age, community, and cultural context approaches. CICAD also notes that Barbados develops, strengthens, and implements coordination mechanisms for collecting, analyzing, disseminating, and accessing information on prevention, treatment, rehabilitation, social reintegration, recovery support and related support services. In addition, CICAD notes that Barbados has monitoring instruments for drug demand reduction programs and has conducted process and outcome evaluations of its drug demand reduction programs but has not conducted impact evaluations on drug consumption prevention programs. CICAD also notes with satisfaction that Barbados 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, CICAD observes with concern that Barbados does not promote national prevention, treatment, care, recovery, rehabilitation, or social integration measures and programs, with a comprehensive and balanced drug demand reduction approach. Also, the Barbados 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 Barbados carries out drug use prevention programs in various population groups. However, CICAD views with concern that Barbados does not develop indicated prevention programs or cover other important population groups. On the other hand, CICAD notes with satisfaction that the country conducted a situational assessment to identify the specific needs, risk, and protective factors of the primary school target population for drug use prevention programs in 2018; however situational assessments were not conducted among other target populations. In addition, CICAD notes that Barbados does not promote 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 Barbados has comprehensive and inclusive care, treatment, rehabilitation, recovery, and social integration programs and services in the public health and social protection network, which take into consideration the public health approach, but not the gender perspective. CICAD also notes that Barbados takes into account the "International Standards for the Treatment of Drug Use Disorders" of WHO and UNODC but does not 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. In addition, CICAD observes that Barbados does not implement mechanisms to continuously monitor or evaluate the results of care, treatment, rehabilitation, recovery, or social integration programs or comprehensive public and private facilities. On the other hand, CICAD notes with satisfaction that Barbados has mechanisms in place to protect the rights of persons in treatment in treatment programs and services, these mechanisms have protocols to protect the confidentiality of information provided by people receiving these services, including the process of providing adequate information about treatment and informed consent. In addition, CICAD notes with satisfaction that Barbados has alternative early intervention, care, treatment, rehabilitation, recovery, and social integration services for criminal offenders who use drugs. Moreover, CICAD notes with satisfaction that Barbados offers early intervention, care, treatment, rehabilitation, recovery, and social integration programs for incarcerated individuals who use drugs. However, CICAD observes that Barbados does not implement cooperation mechanisms with social or community actors that provide social and community support services that contribute to the social integration of drug users. Furthermore, CICAD views with concern that the country 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 Barbados 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 with concern that Barbados does not implement ongoing competency-based training in the areas of prevention, treatment, or rehabilitation. Nevertheless, CICAD notes that Barbados participates in treatment programs offered by specialized international organizations but does not participate in prevention or rehabilitation programs. Moreover, CICAD views with concern that Barbados does not certify personnel working in prevention, treatment,

rehabilitation, or social integration services. In addition, CICAD observes that Barbados does not conduct situational assessments to identify training needs for personnel working in prevention, early intervention, care, treatment, rehabilitation, recovery, or social integration programs, nor develop 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 Barbados does not have regulatory measures in place to accredit prevention programs but observes that it does have an accreditation process for care and treatment services. However, the country does not use CICAD's Indispensable Criteria for the opening and operation of drug use disorder treatment centers. CICAD also notes with concern that Barbados does not have supervisory mechanisms to ensure compliance with international quality standards in prevention programs; however, Barbados does have such mechanisms for public and private treatment and rehabilitation services. On the other hand, CICAD notes with concern that Barbados has not conducted an assessment at the national, regional, or local levels to determine the needs for care, treatment, or reintegration services.



**ORGANIZATION OF AMERICAN STATES (OAS)
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