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# MULTILATERAL EVALUATION MECHANISM (MEM)

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

## Saint Lucia

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

2021





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# SAINT LUCIA

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**Evaluation Report on Drug Policies:  
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Recovery Support**

**EIGHTH EVALUATION ROUND**

**2021**

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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 COMMUNITY<sup>1</sup>, 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.

Saint Lucia has drug demand reduction policies that include programs in area of prevention services. However, the country’s policies do not include programs in the areas of health promotion, early intervention, treatment, care, rehabilitation, social integration, recovery support or related support services.

| Area       | Policies/Programs                                                                                                                    |
|------------|--------------------------------------------------------------------------------------------------------------------------------------|
| Prevention | <ul style="list-style-type: none"> <li>- School Prevention Program</li> <li>- Substance Abuse Prevention in the Workplace</li> </ul> |

These programs take into account 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.

Saint Lucia 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. The St. Lucia Cabinet approved in April 2020, a memorandum for the establishment of the Drug Information Network and formalizing institution coordination with key agencies.

<sup>1</sup> Community includes ethnicity, among others.

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

Saint Lucia does not have monitoring instruments for drug demand reduction programs.

The country has carried out the following process evaluation of its drug demand reduction program:

| Program evaluated | Title of evaluation performed                                                  | Type of evaluation performed | Year of program evaluation |
|-------------------|--------------------------------------------------------------------------------|------------------------------|----------------------------|
| Turning Point     | - National Assessment Report - Pilot project to assess services and operations | Process                      | 2020                       |

Saint Lucia has not conducted impact evaluations or any other related and 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.**

Saint Lucia 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).**

Saint Lucia 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,<sup>2</sup> 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.

Saint Lucia implements the following prevention strategies or programs:

| Population group                                | Estimated Coverage             |                  | Strategy / Program                 | Type of program |
|-------------------------------------------------|--------------------------------|------------------|------------------------------------|-----------------|
|                                                 | Target population              | Coverage rate    |                                    |                 |
| <b>School children and university students:</b> | -                              | -                | School Based Alcohol               | Universal       |
| • Elementary/primary                            | Grade 3 & 4                    | 5%               | Prevention Program                 | Universal       |
| • Junior high & high school (secondary school)  | Form 1- 5<br>10,000            | 5%               | Life-Skills Training               | Universal       |
| <b>Gender:</b>                                  |                                |                  |                                    |                 |
| • Women                                         | Health Clinics<br>480 Women    | 29%<br>130 Women | Antenatal Clinic                   | Selective       |
| • Men                                           | Probation Department<br>50 Men | 68%<br>34 men    | Break Free Through Drug Education  | Selective       |
| <b>Community</b>                                | 15 – 64 years<br>116,230       | 48%<br>55,587    | Public Awareness Campaign          | Universal       |
| <b>Individuals in the workplace</b>             | 5,000 Working People           | 22%<br>1078      | Substance use and Abuse Prevention | Universal       |

<sup>2</sup> 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.

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

**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.

Saint Lucia has not carried out or strengthened situational assessments to identify the specific needs, risk, and protective factors of each target population for 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).

Saint Lucia 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).

Saint Lucia has comprehensive and inclusive care, treatment, rehabilitation, and recovery programs and services in the public health care network, and social protection in the area of dual pathology (co-morbidity). These programs and services take into account the public health approach. Also, the country does not have programs or services for early intervention (brief intervention, counselling), crisis intervention, social integration, diverse treatment modalities, or services related to recovery support.” These programs/services do not take gender into account.

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

St. Lucia 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.

Saint Lucia 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.

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

Saint Lucia has mechanisms to protect the rights of persons in treatment programs and services. The intention of this mechanism is to set out the basic structure for establishing COVID-19 quarantine site(s) to serve people who use drugs and alcohol and who also may be homeless. This will be done with the intention to produce a pragmatic approach that may reduce morbidity and mortality amongst homeless, drug and alcohol using populations.

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.**

Saint Lucia does not have alternatives of early intervention, care, treatment, rehabilitation, recovery, or social integration services for criminal offenders who use drugs.

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

Saint Lucia does not offer early intervention, care, treatment, rehabilitation, recovery, or social integration services 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.**

Saint Lucia does not implement 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.**

Saint Lucia 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.**

Saint Lucia promotes measures to address the stigma and social marginalization associated with substance use disorders, through public health talks and webinars targeting the general public.

**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.

Saint Lucia does not implement ongoing competency-based training in the areas of prevention, treatment, or rehabilitation.

The country participates in the following treatment and rehabilitation training program offered by specialized international organizations:

| International organizations                                                                                 | Training programs            | Name of program                      | Approaches taken into account       |
|-------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------|-------------------------------------|
| Cooperation Programme between Latin America, the Caribbean and the European Union on Drugs Policies (ISSUP) | Treatment and rehabilitation | Universal Treatment Curriculum (UTC) | Public Health, human rights, gender |

**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).

Saint Lucia does not certify personnel working on 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.

Saint Lucia carries out situational assessments to identify the training needs of personnel working in treatment and rehabilitation programs. However, the country does not have said assessments in the following areas: prevention, early intervention, care, recovery, or social integration.

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

Saint Lucia 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.**

Saint Lucia does not have regulatory measures for accrediting prevention programs.

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

Saint Lucia does not use CICAD’s Indispensable Criteria for the opening and operating of drug use disorders treatment centers. There is no formal documentation, which informs of the basis, its etiology, or operations. It is for this reason that the gaps are identified, and evaluation will be put in place in order to ascertain standards and acceptable operations.

**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.**

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

The country does not have supervisory mechanisms to ensure that the standards of international quality criteria of the public or private treatment and 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.**

Saint Lucia has not conducted an assessment at a national, regional, or local levels to determine the needs regarding primary care, treatment, or reintegration services during the evaluation period.

## 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 St. Lucia has drug demand reduction policies that include programs in the area of prevention services, and which take into account gender, age, community, and cultural approaches. However, CIDAD notes with concern that St. Lucia does not have similar policies with respect to early intervention, treatment, care, rehabilitation, social integration, recovery support or related support services. CICAD notes with satisfaction that the country develops, strengthens, and implements coordination mechanisms for collecting, analyzing, disseminating, and accessing information on drug use prevention, treatment, rehabilitation, recovery, and social reintegration services. However, CICAD notes with concern that St. Lucia does not have monitoring instruments for drug demand reduction programs. Further, while St. Lucia has carried out a process evaluation of its drug demand reduction program, it has not conducted impact evaluations or any other related and current studies on drug consumption prevention programs. CICAD observes with satisfaction that St. Lucia 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. However, CICAD notes with concern that St. Lucia 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 prevention 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, as well as environmental prevention, that incorporate a human rights, gender, age, and multicultural perspective.**

CICAD notes with satisfaction that St. Lucia carries out drug use prevention programs in various population groups. However, CICAD observes that the country's programs do not specifically cover all important population groups. Further, CICAD notes with concern that St. Lucia 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. In addition, CICAD notes with concern that the country 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," 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.**

CICAD notes that St. Lucia has comprehensive and inclusive care, treatment, rehabilitation, and recovery programs and services in the public health care and/or social protection network in the area of dual pathology (co-morbidity). These programs and services take into account a public health approach, but not the gender perspective. However, St. Lucia does not have programs or services related to other important areas. CICAD also observes that the country does not take into account the "International Standards for the Treatment of Drug Use Disorders" of the WHO and UNODC or 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. CICAD observes with concern that St. Lucia 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. However, CICAD notes with satisfaction that St. Lucia has mechanisms to protect the rights of persons in treatment in treatment programs and services including protocols to protect the confidentiality of information provided by people receiving these services and the process of providing adequate information about treatment and informed consent. CICAD notes with concern that St. Lucia does not have alternatives of early intervention, care, treatment, rehabilitation, recovery, or social integration services for criminal offenders who use drugs. Further, CICAD notes with concern that St. Lucia does not offer early intervention, care, treatment, rehabilitation, recovery, or social integration services for incarcerated individuals who use drugs. In addition, CICAD observes with concern that the country does not implement cooperation mechanisms with social or community actors that provide social and community support services that contribute to the social integration of people who use drugs. CICAD also notes with concern that St. Lucia does not promote regional or international cooperation and sharing of 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. However, CICAD notes with satisfaction that St. Lucia promotes measures to address the stigma and social marginalization associated with substance use disorders, and completing drug demand reduction services.

### **Objective 4**

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

CICAD notes that St. Lucia does not implement ongoing competency-based training in the areas of prevention, treatment, or rehabilitation, but does participate in a treatment and rehabilitation training program offered by specialized international organizations. CICAD notes with concern

that St. Lucia does not use criteria for certification of drug use prevention, treatment, rehabilitation, or social integration services. In addition, CICAD notes that Saint Lucia carries out situational assessments to identify the training needs of personnel working in treatment and rehabilitation programs. However, there are no assessments in the areas of prevention, early intervention, care, recovery, or social integration. Further, CICAD notes with concern that the country has not developed 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.**

CICAD notes with concern that Saint Lucia does not have regulatory measures for accrediting prevention programs or for care and treatment services. Further, St. Lucia does not use CICAD's Indispensable Criteria for the opening and operating of drug use disorders treatment centers. Further, CICAD notes with concern that St. Lucia does not have supervisory mechanisms in place to ensure that the international quality standards are met in either prevention services or public and private treatment and rehabilitation services. CICAD also notes with concern that St. Lucia has not conducted an assessment at the national, regional, or local levels to determine the needs and supply of primary care, treatment, or reintegration services.





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