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MULTILATERAL EVALUATION MECHANISM (MEM)

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

The Bahamas (Commonwealth of)

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.

The Bahamas 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, as well as other initiatives and measures to minimize adverse public health and social consequences.

Area	Policies / Program
Health promotion	<ul style="list-style-type: none"> - Substance Abuse Treatment Program: A Modified Intensive Outpatient Approach. Public Hospitals Authority. Community Counseling and Assessment Centre - Annual Mental Health Team Visits to the Family Islands - National Anti-Drug Strategy 2017-2021
Prevention	<ul style="list-style-type: none"> - I Totally Matter: An Evidence-Based Life Skills Drug Prevention Programme - National Anti-Drug Strategy 2017-2021
Early intervention	<ul style="list-style-type: none"> - Substance Use Disorders Inpatient Treatment Manual - National Anti-Drug Strategy 2017-2021
Treatment	<ul style="list-style-type: none"> - CR: Integrated Psychiatric Policy & Procedure Manual - National Anti-Drug Strategy 2017-2021
Care	<ul style="list-style-type: none"> - Substance Use Disorders - Inpatient Treatment Manual - National Anti-Drug Strategy 2017-2021
Rehabilitation	
Social integration	
Recovery support	
Other initiatives/measures to minimize adverse public health and social consequences	<ul style="list-style-type: none"> - Cooperation Programme between Latin America, Caribbean and the European Union on Drugs Policies (COPOLAD) / Sustainable Drug Demand Reduction training strategy

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.

The Bahamas develops, strengthens, and implements coordination mechanisms for the collection, analysis, and dissemination of and access to information on drug use prevention and treatment. However, the country has not developed any coordination mechanisms for rehabilitation, recovery, or social reintegration.

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

The Bahamas does not have monitoring instruments for drug demand reduction programs.

The country has not carried out impact, process, or outcome evaluations of its drug demand reduction programs. However, the country utilizes the Bahamas Adapted COPOLAD checklist criteria as a process evaluation tool for treatment 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.

The Bahamas 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).

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

OBJECTIVE
2

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

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

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

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

The Bahamas implements the following prevention strategies or programs:

Population group	Estimated Coverage		Strategy / Program	Type of program
	Target population	Coverage rate		
School children students:				
• Elementary/primary	5 th and 6 th grade students	250/6000 4.2%	I Totally Matter	Universal
• Junior high & high school (secondary school)	7 th - 9 th grade students	-	Community Counseling and Assessment Centre (CCAC) Adolescent Drug Treatment Program	Indicated
Individuals in the workplace	Training with all HR Managers in Government ministries	100%	Stigma Ends with ME!!!	Universal

The Bahamas does not develop selective prevention strategies and/or programs, nor does it implement specific programs for the following population groups: pre-school; university/tertiary education; street population (boys/girls, youths, and adults); family; male/female gender; LGBTIQ+; community; indigenous people; migrants and refugees; or incarcerated individuals.

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.

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.

The Bahamas conducted the National Household Survey and Rapid Situation Assessment Survey of At-Risk Youth Ages 18-25 Years in 2017, to identify the specific needs, risk, and protective factors 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).

The Bahamas promotes the exchange of research findings, experiences, and 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).

The Bahamas has the following comprehensive and inclusive care, treatment, rehabilitation, recovery, and social integration programs and services in the public health care and social protection network: early intervention (brief intervention, counselling), crisis intervention, diverse treatment modalities, dual pathology (co-morbidity), and social integration and services related to recovery support. Early intervention (brief intervention, counselling) services take into account the public health, gender, and human rights approaches.

These programs/services take into account gender. In this regard, Sandilands Rehabilitation Centre (SRC) provides gender-specific treatment through special provision for men and women’s unique health issues and a special group for women only; and training and sensitizing of staff to increased risks associated with progression of disease in women, increased stigma, and other barriers to care disproportionately affecting women and LGBTQ+ community.

The Bahamas’ programs and services take into account the “International Standards for the Treatment of Drug Use Disorders” of the WHO and UNODC. In this regard, the country participated in the Caribbean Community (CARICOM)/COPOLAD Regional Piloting of Treatment Criteria for Substance Use Disorders Programs (2018). Subsequently, a revision of the quality criteria checklist was carried out in 2020, and the country is currently preparing to continue piloting across the remaining centers/programs.

The country does not take into account the use of the “Technical Guide for Countries to Set Targets for Universal Access to HIV prevention, Treatment, or 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.

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

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

The Bahamas has mechanisms to protect the rights of persons in treatment programs and services. In this regard, Public Hospitals Authority (PHA) patient rights and responsibilities (policy, 1236) made visible to patients and staff in treatment areas; and patient informed consent (1063) process. Patients are informed of the treatment process, provided with options, and voluntarily enter to the program. Court referred patients have the option to return to the court should they refuse treatment.

These mechanisms have protocols to protect the confidentiality of the information provided by the recipients of these services and include the process of providing adequate information on 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.

The Bahamas has alternatives of early intervention, care, treatment, rehabilitation, recovery, and social integration services for criminal offenders who use drugs. In this regard, SRC accepts referrals from the criminal justice system for inpatient and outpatient treatment options, as an alternative to incarceration. Successful completion of the program usually has a favorable impact on outcome of cases.

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

The Bahamas offers the following social integration programs for incarcerated individuals who use drugs: Prison Fellowship Bahamas with Social Integration and L.E.A.D. (Leadership, Esteem, Ability, Discipline) Institute Bahamas with Social Integration. However, the country does not offer programs in the areas of early intervention, care, treatment, rehabilitation, or recovery.

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.

The Bahamas implements cooperation mechanisms with social and community actors that provide social and community support services to contribute to social integration of people who use drugs.

Organizations	Programs
Health Social Services	Sandilands Rehabilitation Centre (SRC) and Health Social Services (HSS) partnership
Bahamas Association for Social Health (BASH)	Coordination and Collaboration Program
Great Commission Ministries	Social Reintegration
Rosetta House	Social Reintegration

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.

The Bahamas promotes 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 disorders. In this regard, the country participates in regional and international conferences, and training.

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.

The Bahamas 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.

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

The Bahamas implements the following ongoing competency-based training in the area of treatment: Colombo Advanced level training of Treatment Professionals (ICAP-II), Colombo Echo Training of Treatment Professionals (certificate of participation), and Mental health gap action program (MhGap) Training in Grand Bahama. However, the country does not implement ongoing competency-based training in the areas of prevention or rehabilitation.

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

International organizations	Type of program	Name of program	Approaches taken into account
OAS/CICAD	Treatment and rehabilitation	Universal Treatment Curriculum (UTC)	Gender, human rights, and public health
COPOLAD-II	Prevention/Early Intervention Course 2	Comprehensive and integrated drug related socio-sanitary system at primary care.	Gender, human rights, public health, and culture
COPOLAD-II	Prevention/Early Intervention Course 4	Comprehensive approach to the prevention and reduction of the adverse consequences of drug use in populations in situation of high vulnerability: a public health strategy	Gender, human rights, public health, and culture

These programs take into account special needs of gender specific groups, including women and women with children; LGBTQ+ community; other vulnerable groups and the disproportionate impact of stigma, and other barriers to care issues; equities associated with gender; risks factors associated with rate of progression of disease in women; and other risks factors associated with SES, homelessness, and unemployment disproportionately affecting certain gender groups.

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).

The Bahamas certifies personnel working in prevention, treatment, rehabilitation, and social integration services:

Services	Level of certification	Organization/institution responsible for certification
Prevention	ICAP I, II	Colombo Plan International Centre for Credentialing and Education of Addiction Professionals (ICCE)
Treatment	ICAP I, II	ICCE
Rehabilitation	ICAP I, II	ICCE
Social integration	ICAP I, II	ICCE

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.

The Bahamas carries out situational assessments to identify the training needs of personnel working in prevention, early intervention, care, treatment, rehabilitation, recovery, and social integration programs.

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

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

The Bahamas does not have regulatory measures for accrediting prevention programs.

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

The Bahamas uses the National Quality Standards Draft document, which was developed using recognized standards, for the operation of drug use disorders treatment centers.

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

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

The country has supervisory mechanisms to ensure that the standards of international quality criteria of the public and private treatment and rehabilitation services are met. The Care and Treatment Centers/Programs in the Bahamas are currently engaged in a voluntary process to pilot National Quality Standards using the COPOLAD adapted Criteria checklist.

Regarding the actions taken with public and private treatment and rehabilitation services that do not comply with the standards of international quality criteria, the COPOLAD pilot evaluation resulted in a report provided to Centers that highlighted gaps and made recommendations for improvements. Follow-up assessments will be carried out to assess progress with support for continuous quality improvement over time.

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

The Bahamas has participated in the CICAD Institutional and Human Resource Training Needs Assessment Survey, at the national level, among the OAS Caribbean member states. The information collected was designed to provide baseline information to identify gaps and training needs, as well as provide inputs to help governmental and non-governmental front-line organizations optimize the quality of care in prevention, treatment, and rehabilitation of drug abuse in the Caribbean. However, the assessment did not cover the supply of primary care.

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 with satisfaction that The Bahamas 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. These programs include gender, age, community, and cultural context approaches. CICAD also notes that The Bahamas develops, strengthens, and implements coordination mechanisms for collecting, analyzing, disseminating, and accessing information on drug use prevention and treatment. However, the country has not developed any coordination mechanisms for rehabilitation, recovery, or social reintegration. CICAD notes with concern that the Bahamas does not have monitoring instruments for drug demand reduction programs. Further, while the Bahamas has not conducted impact, process, or outcome evaluations of its drug demand reduction programs, CICAD observes that it does utilize the Bahamas Adapted COLOPAD checklist criteria as a process evaluation tool for treatment programs. On the other hand, CICAD notes with satisfaction that the Bahamas 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. CICAD also notes with satisfaction that the Bahamas promotes national prevention, treatment, care, recovery, rehabilitation, and social integration measures and programs, with a comprehensive and balanced drug demand reduction approach, and promotes national standards recognized by member states, the "International Standards on Drug Use Prevention," and the "International Standards on Treatment of Drug Use Disorders."

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 The Bahamas 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 The Bahamas conducted the National Household Survey and Rapid Situation Assessment Survey of At-Risk Youth Ages 18-25 Years in 2017 to identify the specific needs, risk, or protective factors for drug use prevention programs. In addition, CICAD notes with satisfaction that the country promotes the exchange of research findings, experiences, and best practices to improve the effectiveness of prevention programs, taking into consideration the "International Standards on Drug Use Prevention."

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 with satisfaction that The Bahamas has comprehensive and inclusive care, treatment, rehabilitation, recovery, and social integration programs and services in the public health and/or social protection network. All programs take into account gender, while early intervention services also consider the public health and human right approaches. However, CICAD also observes that, while the country takes into account the "International Standards for the Treatment of Drug Use Disorders" of the WHO and UNODC, it does not take into account the "Technical Guide for Countries to Set Targets for Universal Access to HIV prevention, Treatment, or Care for Injecting Drug Users," issued by WHO, UNODC, and UNAIDS. In addition, CICAD observes with concern that The Bahamas 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. CICAD notes with satisfaction that The Bahamas has mechanisms in place to protect the rights of persons 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 also notes with satisfaction that The Bahamas has alternative of early intervention, care, treatment, rehabilitation, recovery, and social integration services for criminal offenders who use drugs. Moreover, CICAD notes that The Bahamas offers social integration programs for incarcerated individuals. However, the country does not offer programs in the areas of early intervention, care, treatment, rehabilitation, or recovery. On the other hand, CICAD observes with satisfaction that The Bahamas implements cooperation mechanisms with social and community actors that provide social and community support services to contribute to social integration of people who use drugs. CICAD also notes with satisfaction that The Bahamas promotes 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 concern that The Bahamas 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.

CICAD notes with satisfaction that The Bahamas implements ongoing competency-based training in the area of treatment, but not on prevention or rehabilitation. Also, the country participates in prevention, treatment, and rehabilitation training programs offered by specialized international organizations, which take into account the human rights, public health, and culture

approaches, as well as special needs of gender specific groups. In addition, CICAD notes with satisfaction that The Bahamas certifies personnel working in prevention, treatment, rehabilitation, and social integration services. Moreover, CICAD notes that the country carries out situational assessments to identify the training needs of personnel working in prevention, early intervention, care, treatment, rehabilitation, recovery, and social integration programs. Further, CICAD notes with satisfaction that the country has 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 The Bahamas does not have regulatory measures to accredit prevention programs, nor care or treatment services. However, CICAD notes that The Bahamas uses CICAD's Indispensable Criteria for the opening and operating of drug use disorders. CICAD also notes with concern that the country does not have supervisory mechanisms to ensure that the international quality standards are met in prevention services. However, The Bahamas has supervisory mechanisms to ensure that the standards of international quality criteria of the public and private treatment and rehabilitation services are met. Further, CICAD notes with satisfaction that The Bahamas has participated in an assessment at the national level to determine the needs and supply of treatment and reintegration services.



**ORGANIZATION OF AMERICAN STATES (OAS)
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