



OAS

More rights for more people

MULTILATERAL EVALUATION MECHANISM (MEM)

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

Saint Vincent and the Grenadines

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

2021



MULTILATERAL EVALUATION MECHANISM (MEM)

SAINT VINCENT AND THE GRENADINES

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

EIGHTH EVALUATION ROUND

2021

OEA/Ser.L/XIV.2.70
CICAD/doc.2600/21

ISBN 978-0-8270-7410-1

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.

Saint Vincent and the Grenadines has drug demand reduction policies that include programs in the areas of prevention, treatment, care, and rehabilitation. However, the country does not have programs in the areas of health promotion, early intervention, social integration, or recovery support.

Area	Policies / Programs
Prevention	<ul style="list-style-type: none"> - Drug Abuse Resistance (DARE) - Youth Assistance Programme (YAP) - Young Parent Empowerment Programme (YPEP) - Right Step
Treatment	- Substance Use Disorders at Milton Cato Memorial Hospital and Mental Health Centre
Care	- Marion House' Right Step/rehabilitation program
Rehabilitation	

These programs include age and community approaches, but do not include the gender or cultural context approach.

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 Vincent and the Grenadines does not develop, strengthen, or implement coordination mechanisms for the collection, analysis, or dissemination of and access to information on drug use prevention, treatment, rehabilitation, recovery, or social reintegration.

¹Community includes ethnicity, among others.

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

Saint Vincent and the Grenadines 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.

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 Vincent and the Grenadines does not develop or implement coordination mechanisms to support the development or implementation of demand reduction programs, that allow for the participation of and coordination with civil society or 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 Vincent and the Grenadines 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, 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.

Saint Vincent and the Grenadines 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:				
• Elementary/primary	All students in kindergarten to Grade 4	70%	Drug Abuse Resistance (DARE)	Universal
• Junior high & high school (secondary school)	All students in Year 1-3	60%	Child Friendly Schools, DARE	Universal
• University/tertiary education	All students	30%	Right Step	Universal
Street Population:				
• Boys/girls	At risk	20%	DARE	Selective
• Youths	At risk	24%	Youth Assistance Programme (YAP)	Selective
• Adults	High risk	6%	Young Parent Empowerment Programme (YPEP)	Selective
Family	At risk	7%	Right Step	Selective
Gender:				
• Women	At risk	66%	Right Step	Indicated
• Men	At risk	22%	Right Step	Indicated
LGBTIQ+	High risk	-	Program for LGBTIQ+ Community	Universal

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

Population group	Estimated Coverage		Strategy / Program	Type of program
	Target population	Coverage rate		
Community	At risk	17%	Right step Adolescent Programme	Selective Universal
Incarcerated individuals	General clients	71%	Right Step	Selective

Saint Vincent and the Grenadines does not develop indicated prevention strategies or programs, nor does it implement specific programs for the following population groups: pre-school; indigenous people; migrants and refugees; or individuals in the workplace.

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

Saint Vincent and the Grenadines 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. However, when individuals are referred to Marion House' Right Step program assessment is carried out.

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 Vincent and the Grenadines 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 Vincent and the Grenadines does not have a comprehensive or inclusive care, treatment, rehabilitation, recovery, or social integration programs and services in the public health care network, or social protection. Therefore, the country does not take into account the “International Standards for the Treatment of Drug Use Disorders” of the WHO and UNODC or 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 Vincent and the Grenadines 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.

Saint Vincent and the Grenadines does not have mechanisms to protect the rights of persons in treatment programs and services. However, if and when complaints are made to Marion House, the SVG Human Rights Association or the Network of NGO’ action will be taken accordingly.

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

Organizations	Programs
Marion House	Right Step
Saint Vincent and the Grenadines Human Rights	Legal “Pro bono”

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 Vincent and the Grenadines promotes regional and international cooperation and shares 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, through regional and international participation in training as well as reporting. In this regard, the country actively participates in the CICAD/OAS Demand Reduction Experts Group.

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 Vincent and the Grenadines promotes measures to address the stigma and social marginalization associated with substance use disorders, through public education programs; radio and television, face-face discussions, and training. These initiatives target the general population, as well as targeted populations.

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 Vincent and the Grenadines 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 programs offered by specialized international organizations:

International organizations	Type of program	Name of program	Approaches taken into account
Global Center for Credentialing and Certification	Treatment and Rehabilitation	Universal Curriculum in Treatment	Gender, human rights, and public health
International Society of Substance Use Professionals (ISSUP)	Treatment	Universal Treatment Curriculum	Gender, human rights, and public health
Cooperation Programme between Latin America, Caribbean and the European Union on Drugs Policies (COPOLAD)	Treatment	Accreditation and Quality Assurance in Drug Demand Reduction	Gender, human rights, and public health

Saint Vincent and the Grenadines does not participate in prevention training programs offered by specialized international organizations.

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 Vincent and the Grenadines does not certify personnel working in prevention, treatment, rehabilitation, or social integration services, except when collaborative agencies such as OAS/CICAD or St George's University assist with implementation and certificates are issued.

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 Vincent and the Grenadines carries out situational assessments to identify the training

needs of personnel working in prevention, care, and treatment, but not for the areas of early intervention, rehabilitation, recovery, or social integration programs.

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

Saint Vincent and the Grenadines has not developed specialized programs in response to training needs identified by situational assessments, except when clients are referred to Marion House and needs assessment are done so that a planned program of Counseling is developed & implemented.

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 Vincent and the Grenadines does not have regulatory measures for accrediting prevention programs.

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

Saint Vincent and the Grenadines does not use CICAD’s Indispensable Criteria for the opening and operating of drug use disorders treatment centers.

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

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

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

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

Saint Vincent and the Grenadines has not conducted an assessment at a national, regional, or local level to determine the needs of 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 Saint Vincent and the Grenadines has drug demand reduction policies that include programs in the areas of prevention, treatment, care, and rehabilitation but not in the areas of health promotion, early intervention, social integration, or recovery support. CICAD notes that these programs include age and community approaches, but not the gender or cultural context approach. In addition, CICAD notes with concern that the country does not develop, strengthen, or implement coordination mechanisms for the collection, analysis, or dissemination of and access to information on drug use prevention, treatment, rehabilitation, recovery, or social reintegration. CICAD also notes with concern that Saint Vincent and the Grenadines does not have monitoring instruments for drug demand reduction programs and has not conducted impact, process, or outcome evaluations of its drug demand reduction programs. Moreover, CICAD also notes with concern that the country does not develop or implement coordination mechanisms to support the development or implementation of demand reduction programs, that allow for the participation of and coordination with civil society or other stakeholders. Further, CICAD notes with concern that Saint Vincent and the Grenadines 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, 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 that Saint Vincent and the Grenadines 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 Saint Vincent and the Grenadines has not conducted situational assessments to identify the specific needs, risk, or protective factors of each of the target populations 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," 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 with concern that Saint Vincent and the Grenadines does not have comprehensive or inclusive care, treatment, rehabilitation, recovery, or social integration programs and services in the public health or social protection network. Therefore, CICAD also notes 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 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. CICAD observes with concern that Saint Vincent and the Grenadines 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. Further, CICAD notes with concern that the country does not have mechanisms in place to protect the rights of persons in treatment programs and services. In addition, CICAD notes with concern that Saint Vincent and the Grenadines 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 the country does not offer early intervention, care, treatment, rehabilitation, recovery, or social integration services for incarcerated drug users. On the other hand, CICAD observes with satisfaction that Saint Vincent and the Grenadines implements cooperation mechanisms with social and community actors that provide social and community support services to contribute to the social integration of people who use drugs. CICAD also notes with satisfaction that the country promotes regional and international cooperation, as well as shares best practices to increase access or availability of evidence-based treatment and recovery services, including access to naloxone and other medications used in the treatment of substance use disorders. Further, CICAD notes with satisfaction that Saint Vincent and the Grenadines promotes 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 Saint Vincent and the Grenadines does not implement ongoing competency-based training in the areas of prevention, treatment, or rehabilitation. However, the country participates in treatment and rehabilitation training programs offered by specialized international organizations, but not for the area of prevention. CICAD also notes with concern that Saint Vincent and the Grenadines does not certify personnel working in prevention, treatment, rehabilitation, or social integration services. On the other hand, CICAD observes that the country carries out situational assessments to identify the training needs of personnel

working in prevention, care, and treatment, but not for the areas of early intervention, rehabilitation, recovery, or social integration programs. Further, CICAD notes with concern that Saint Vincent and the Grenadines 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 Vincent and the Grenadines does not have regulatory measures to accredit prevention programs or care or treatment services. Moreover, the country does not use CICAD's Indispensable Criteria for the opening and operating of drug use disorders treatment centers. CICAD also notes with concern that the country does not have supervisory mechanisms to ensure that the standards of international quality criteria of prevention or public or private treatment or rehabilitation services are met. Further, CICAD notes with concern that Saint Vincent and the Grenadines has not conducted an assessment at a national, regional, or local level to determine the needs of primary care, treatment, or reintegration services.



**ORGANIZATION OF AMERICAN STATES (OAS)
INTER-AMERICAN DRUG ABUSE CONTROL COMMISSION (CICAD)**

1889 F Street NW
Washington, D.C. 20006
www.cicad.oas.org