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MULTILATERAL EVALUATION MECHANISM (MEM)

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

Dominican Republic

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

2021



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DOMINICAN REPUBLIC

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

Area	Policies / Programs
Health promotion	- "Construyendo Familias" - "Familias Fuertes"
Prevention	- "Habilidades Parentales" - "Juega Vive"

These programs include the gender, age, and community approaches. However, they do not include the 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.

The Dominican Republic does not develop, strengthen, or implement coordination mechanisms for collecting, analyzing, disseminating, and accessing information on drug use prevention, treatment, rehabilitation, recovery, or social reintegration services.

¹ Community includes ethnicity, among others.

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

The Dominican Republic has monitoring instruments for its drug demand reduction programs.

The country has carried out process and outcome evaluations of its demand reduction programs.

Program evaluated	Title of the evaluation carried out	Type of evaluation carried out	Year of the program evaluation
"Habilidades Parentales" (HP)	Evaluation Report International Standards "Familias Fuertes" and "Habilidades Parentales"	Process	2019
"Familias Fuertes" (FF)	Evaluation Report International Standards "Familias Fuertes" and "Habilidades Parentales"	Process	2019
"Juega Vive" (JV)	Outcome Report and Lessons Learned, "Juega Vive En República Dominicana" project	Outcome	2020

The Dominican Republic has not conducted impact (best practices) or any other related and current assessments of drug use 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.

The Dominican Republic develops and implements coordination mechanisms to support the development and implementation of drug demand reduction programs providing 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 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 Dominican Republic promotes national prevention, treatment, care, recovery, rehabilitation, and social integration measures and programs, with a comprehensive and balanced drug demand reduction approach, and in this regard, promotes national standards recognized by member states, the “International Standards on Drug Use Prevention,” and the “International Standards for the Treatment of Drug Use Disorders,” both developed jointly by the 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 Dominican Republic develops and 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:				
• Secondary	143,694	0.76%	- "Servicio Social Estudiantil" - "Juega Vive" Pilot Program	Universal
Family	667,995	0.26%	- "Familias Fuertes" - "Construyendo Familias" - "Habilidades Parentales"	Universal
Community	158 municipalities	1.2%	- CADCA Strategy	Universal
	32 provinces	25%	- "Formación de Mesa Preventiva Interinstitucional"	Universal

The Dominican Republic does not develop selective or indicated prevention strategies or programs, nor it implements specific programs for the following population groups: pre-school students, primary school students, university, or tertiary-level students; boys/girls, youths, or adults in street situations; male or female gender; LGBTIQ+; indigenous population; migrants or refugees; individuals in the workplace; or incarcerated individuals.

² At-risk populations may include: women, children, adolescents, LGBTIQ+ persons, prison population, indigenous groups, migrants, drug users, individuals living on the street, and other socially disadvantaged groups.

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

The Dominican Republic has conducted and strengthened situational assessments to identify specific needs, risks, and protective factors of each target population of 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 Dominican Republic 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,” developed jointly by the 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 Dominican Republic does not have comprehensive and inclusive care, treatment, rehabilitation, recovery, or social integration programs or services in the public health care or social protection network. Nevertheless, the country has programs outside the general health system, not authorized by the Ministry of Public Health and with low supervision in: early intervention (brief intervention, counseling), crisis intervention, and dual pathology (co-morbidity). These programs and services take into account the gender, human rights, and public health approaches.

The country does not take into account the "International Standards for the Treatment of Drug Use Disorders" of WHO and UNODC.

The Dominican Republic takes 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 the 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 Dominican Republic does not implement mechanisms for continuous monitoring or evaluation of the results of care, treatment, rehabilitation, recovery, or social integration programs or comprehensive public and private facilities. For the time being, the country has an integrated treatment demand register (“registro integrado de demanda de tratamiento,” by its Spanish language acronym RIDT), which collects information about people receiving treatment, which is then processed by the Dominican Drug Observatory.

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

The Dominican Republic does not have mechanisms to protect the rights of persons in treatment programs and services and thus does not have protocols for protecting the confidentiality of data provided by persons receiving these services, which do not include the process of providing appropriate 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 Dominican Republic has early intervention, care, treatment, rehabilitation, recovery, and social integration alternatives for criminal offenders using drugs. In this regard, the country has treatment under judicial supervision, created under procedural statutes that allow for alternative implementation, such as fast track legal procedures and conditional suspended sentences.

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

The Dominican Republic does not provide early intervention, care, treatment, rehabilitation, recovery, or social integration programs 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.

The Dominican Republic does not implement cooperation mechanisms with social and community stakeholders providing social or community support services for the social integration of drug users. Nevertheless, the country does have agreements with treatment and rehabilitation centers regarding the technical training of drug users during their treatment program to ensure that they will have a technical career or job to perform. Under this agreement, the State provides NGOs with human and technological resources for the various training courses they offer.

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 Dominican Republic does not promote regional or international cooperation or share best practices in increasing access to or availability of evidence-based treatment or recovery services, including access to naloxone or other medicines used in the treatment of substance use disorder.

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 Dominican Republic does not promote measures to address the stigma or social marginalization associated with substance use disorders. Nevertheless, in all its training courses the “Consejo Nacional de Drogas” (CND) broadly addresses this matter through continuous education programs that take people’s fundamental rights into account, such as: not being discriminated against or marginalized because of their status, as well as the right to healthcare services, with emphasis on avoiding pejorative terms with people who use substances and other vulnerable populations such as immigrants and the LGBT population.

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 Dominican Republic implements ongoing competency-based training in the areas of prevention, treatment, and rehabilitation, through courses coordinated by the “Consejo Nacional de Drogas” with other institutions.

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

International Organizations	Type of programs	Name of the program	Approaches taken into account
UNODC	Prevention	“Construyendo Familia (CF)”	Public health
UNODC	Prevention	“Juega Vive (JV)”	Public health
UNODC	Treatment	Matrix Model	Public health
CICAD	Treatment	Universal Treatment Curriculum”	Public health

These programs take into account the gender perspective as follows:

- The training programs offered by specialized international organizations include the gender perspective by using inclusive language and training modules.
- The gender perspective is taken into account in the “Familias Fuertes (FF)”, “Construyendo Familia (CF),” and “Habilidades Parentales (HP)” programs through the inclusion of a gender perspective module in the training courses and a gender equity session.

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 Dominican Republic certifies the personnel working in prevention services at a basic level, through the “Consejo Nacional de Drogas.”

The country does not certify personnel working in 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.

The Dominican Republic has not conducted situational assessments to identify the training needs of personnel working in prevention, early intervention, care, treatment, rehabilitation, recovery, or social integration programs.

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

The Dominican Republic 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.****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 Dominican Republic does not have regulatory measures for the accreditation of prevention programs.

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

The Dominican Republic uses CICAD's Indispensable Criteria for opening and operating drug use disorder 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 Dominican Republic has supervisory mechanisms to ensure that prevention programs meet international quality standards. Thus, the supervisory mechanisms consist of medical personnel notes ("hoja de acompañamiento"), observations, and compliance sheets. The institution responsible for supervision is the "Consejo Nacional de Drogas."

The country does not have supervisory mechanisms to ensure that public or private treatment or rehabilitation services meet international quality standards.

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 Dominican Republic has conducted an assessment at the national, regional, and local level, to determine needs with respect to care, treatment, or reintegration services. In this regard, during the most critical months of the COVID-19 pandemic, the "Consejo Nacional de Drogas," through the Dominican Republic's Drug Observatory and the "la Dirección de Políticas de Atención, Rehabilitación e Integración Social", designed a schedule of visits to survey the needs of NGOs working in treatment and rehabilitation.

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 the Dominican Republic has drug demand reduction policies that include programs in the areas of health promotion and prevention which include the gender, age, and community approaches, but not the cultural context approach. However, CICAD notes that the country does not have policies in the areas of early intervention, treatment, care, rehabilitation, social integration, or recovery. CICAD likewise notes that the Dominican Republic has not developed, strengthened, or implemented coordination mechanisms to gather, analyze, disseminate, or access information on prevention, treatment, rehabilitation, recovery, or social reintegration services. On the other hand, CICAD notes that the country has monitoring instruments for drug demand reduction programs and has conducted process and outcome evaluations of its drug demand reduction programs. However, the Dominican Republic has not conducted impact (best practices) evaluations or any other related and current study on drug use prevention programs. On the other hand, CICAD notes that the Dominican Republic develops and implements coordination mechanisms to support the development and implementation of drug demand reduction programs that allow for participation and coordination with civil society and other actors. Finally, the Dominican Republic promotes national prevention, treatment, care, recovery, rehabilitation, and social integration measures and programs, with a comprehensive and balanced drug demand reduction approach, and in this regard, promotes national standards recognized by the member states, 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, as well as environmental prevention, that incorporate a human rights, gender, age, and multicultural perspective.

CICAD notes that the Dominican Republic carries out universal drug use prevention programs for various population groups. However, CICAD finds that the country does not implement selective or indicated prevention strategies or programs, nor does it implement specific programs for various population groups. CICAD likewise observes that the Dominican Republic has carried out situational diagnoses to identify the specific needs, risks, and protective factors of each population targeted by drug use prevention programs. Moreover, CICAD notes that the Dominican Republic 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" 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 the Dominican Republic does not have comprehensive and inclusive care, treatment, rehabilitation, recovery, or social integration programs or services in the public health or social protection network. However, the country has programs outside the general health system, not authorized by the Ministry of Public Health. These programs and services take into account the gender, human rights, and public health approaches. CICAD also notes that the Dominican Republic takes 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," published by WHO, UNODC, and UNAIDS. On the other hand, CICAD observes that the Dominican Republic 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 establishments. CICAD further observes with concern that the Dominican Republic does not have mechanisms in place to protect the rights of persons in treatment programs or services and does not have protocols to protect the confidentiality of information provided by those receiving those services, including the process of providing adequate information about treatment and informed consent. Nevertheless, CICAD notes that the Dominican Republic has alternative early intervention, care, treatment, rehabilitation, recovery, and social integration services for criminal offenders who use drugs. CICAD also notes with concern that the Dominican Republic does not offer early intervention, care, treatment, rehabilitation, recovery, or social integration programs for incarcerated individuals who use drugs. CICAD further ascertains that the country does not implement cooperation mechanisms with social or community actors that provide social or community support services contributing to the social integration of drug users. Similarly, CICAD finds that the Dominican Republic does not promote regional or international cooperation; nor does it share best practices to increase access to, and the availability of, evidence-based recovery or treatment services, including access to naloxone or other medications used to treat substance use disorders. Finally, CICAD notes with concern that the Dominican Republic 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 that the Dominican Republic implements competency-based continuous training in the areas of prevention, treatment, and rehabilitation, and participates in prevention and treatment training programs, offered by specialized international organizations. These programs take into account the gender perspective. On the other hand, the country does not participate in rehabilitation training programs offered by specialized international organizations. At the same time, CICAD observes that the Dominican Republic certifies personnel working in prevention services, but does not certify personnel working in treatment, rehabilitation, or social integration services. Moreover, CICAD notes that the Dominican Republic has not conducted situational assessments to identify the training needs of personnel working in prevention, early intervention, care, treatment, rehabilitation, recovery, or social integration programs, and therefore has not developed specialized programs in response to training needs.

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 Dominican Republic does not have regulatory measures for the accreditation of prevention programs, nor has an accreditation process for care or treatment services. However, the country uses CICAD's Indispensable Criteria for the opening and operating of drug use disorder treatment centers. CICAD also observes that the Dominican Republic has supervisory mechanisms in place to ensure compliance with international quality standards in prevention programs. However, it does not have these mechanisms for public or private treatment or rehabilitation services. Finally, CICAD notes with satisfaction that the country has conducted an assessment at the national, regional, and local level to determine needs with respect to care, treatment, and reintegration services.



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