MULTILATERAL EVALUATION MECHANISM (MEM)


Grenada

Inter-American Drug Abuse Control Commission (CICAD)
Secretariat for Multidimensional Security (SMS) 2021
MULTILATERAL EVALUATION MECHANISM (MEM)

GRENADA


EIGHTH EVALUATION ROUND

2021
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.
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.

Grenada has drug demand reduction policies that include programs in the areas of health promotion, prevention, early intervention, treatment, care, and rehabilitation but does not have policies that include programs in the areas of social integration or recovery support services.

<table>
<thead>
<tr>
<th>Area</th>
<th>Policies / Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health promotion</td>
<td>- Public Awareness Campaign, Substance Use and COVID-19</td>
</tr>
<tr>
<td></td>
<td>- Using Sports for Drug Prevention</td>
</tr>
<tr>
<td></td>
<td>- National Schools Policy on Drugs</td>
</tr>
<tr>
<td></td>
<td>- Drug Abuse (Prevention and Control) Amendment Act</td>
</tr>
<tr>
<td>Prevention</td>
<td>- Using Sports for Drug Prevention</td>
</tr>
<tr>
<td></td>
<td>- CICAD Hemispheric Guidelines on School-Based Prevention</td>
</tr>
<tr>
<td></td>
<td>- CICAD Hemispheric Guidelines in Workplace Prevention</td>
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<tr>
<td></td>
<td>- International Standards on Drug Use Prevention</td>
</tr>
<tr>
<td></td>
<td>- National Schools Policy on Drugs</td>
</tr>
<tr>
<td></td>
<td>- Drug Abuse (Prevention and Control) Amendment Act</td>
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<tr>
<td>Early intervention</td>
<td>- Drug Abuse (Prevention and Control) Amendment Act</td>
</tr>
<tr>
<td>Treatment</td>
<td>- Drug Abuse (Prevention and Control) Amendment Act</td>
</tr>
<tr>
<td>Care</td>
<td>- Drug Abuse (Prevention and Control) Amendment Act</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>- Drug Abuse (Prevention and Control) Amendment Act</td>
</tr>
</tbody>
</table>

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

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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.

Grenada develops, strengthens, and implements coordination mechanisms for the collection, analysis, and dissemination of and access to information on drug use prevention, treatment, rehabilitation, recovery, and social reintegration services.

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

Grenada has monitoring instruments for drug demand reduction programs.

Grenada has carried out the following process evaluations of its drug demand reduction programs:

<table>
<thead>
<tr>
<th>Program evaluated</th>
<th>Title of evaluation performed</th>
<th>Type of evaluation performed</th>
<th>Year of program evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Collection due to the State of Emergency and Coronavirus Pandemic</td>
<td>Impact on Data Collection due to the State of Emergency and Coronavirus Pandemic</td>
<td>Process</td>
<td>2020</td>
</tr>
<tr>
<td>Access to Treatment</td>
<td>Access to Drug Treatment Services at the Mt. Gay Health Facilities During the State of Emergency in Grenada</td>
<td>Process</td>
<td>2020</td>
</tr>
</tbody>
</table>

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

**Priority Action 1.4:** Develop and/or implement, as appropriate, coordination mechanisms with civil society, academic and research institutions, and other stakeholders to support the development and implementation of demand reduction programs.

Grenada 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 prevention 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).

Grenada promotes national prevention, treatment, care, recovery, rehabilitation programs, with a comprehensive and balanced drug demand reduction approach. However, it does not promote national standards recognized by member states, the "International Standards on Drug Use Prevention," or the "International Standards on Treatment of Drug Use Disorders," both developed jointly by WHO and UNODC.
**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.

Grenada implements the following prevention strategies or programs:

<table>
<thead>
<tr>
<th>Population group</th>
<th>Estimated Coverage</th>
<th>Strategy / Program</th>
<th>Type of program</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>School children and university students:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Pre-school</td>
<td>2600</td>
<td>Drug Prevention Programme for Pre-school National Schools’ Policy on Drugs</td>
<td>Universal</td>
</tr>
<tr>
<td>- Elementary/primary</td>
<td>12,700</td>
<td>Health and Family Life Education National Schools’ Policy on Drugs Teaching Manual Drug Prevention Education for Primary and Secondary Schools</td>
<td>Universal</td>
</tr>
<tr>
<td></td>
<td>3,000</td>
<td>Ask, learn, Listen Drug Prevention Programme</td>
<td>Universal</td>
</tr>
<tr>
<td>- Junior high &amp; high school (secondary school)</td>
<td>9,200</td>
<td>Health and Family Life Education National Schools’ Policy on Drugs Teaching Manual Drug Prevention Education for Primary and Secondary Schools</td>
<td>Universal</td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td>-</td>
<td>Family programs are done as part of the community programs</td>
<td>Universal</td>
</tr>
<tr>
<td><strong>Gender:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Women</td>
<td>2000</td>
<td>Females and Drugs</td>
<td>Selective</td>
</tr>
<tr>
<td>- Men</td>
<td>2000</td>
<td>- Drugs and Violence Prevention - Alternatives Diversion Programme</td>
<td>Selective / Indicated</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Population group</th>
<th>Estimated Coverage</th>
<th>Strategy / Program</th>
<th>Type of program</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Target population</td>
<td>Coverage rate</td>
<td></td>
</tr>
<tr>
<td>Community</td>
<td>5000</td>
<td>65%</td>
<td>General Drug Prevention Programs (Basic Concepts of Drugs) Drugs and their Effects Universal</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individuals in the workplace</td>
<td>1000</td>
<td>60%</td>
<td>Drugs and the Workplace Universal</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incarcerated individuals</td>
<td>400</td>
<td>70%</td>
<td>Drug Prevention for Inmates Selective and indicated</td>
</tr>
<tr>
<td></td>
<td>20</td>
<td>10%</td>
<td>Adult and Teen Challenge Program</td>
</tr>
</tbody>
</table>

Grenada does not implement specific programs for the following population groups: university/tertiary education; boys/girls, youth and adults in street situations; LGBTIQ+; indigenous people; or migrants and refugees.

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

Grenada has carried out and strengthened situational assessments to identify the specific needs, risk, and protective factors of each target population for drug use prevention programs.

**Priority Action 2.3:** Promote the exchange of research findings, experiences, and best practices to improve the effectiveness of prevention programs, taking into consideration the “International Standards on Drug Use Prevention,” developed jointly by the World Health Organization (WHO) and United Nations Office on Drugs and Crime (UNODC).

Grenada 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 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).

Grenada has the following comprehensive and inclusive care, treatment, rehabilitation, and recovery programs and services in the public health care and social protection network: diverse treatment modalities and dual pathology (co-morbidity). However, they do not include early intervention, crisis intervention or social reintegration. These programs and services take into account gender, human rights, and public health approaches.

These programs and services take into account gender by providing social and community support services with a gender perspective, through various programs implemented in communities. The Ministry of Social Development and the Ministry of Youth provide services, which incorporate a gender perspective. There are programs, which target specific gender, including social and educational programs for women, and violence reduction programs for males. Gender perspective is included in treatment, given the differences in prevalence of drug use and their effects (health, socio-economic, legal), and treatment, between males and females. Male clients seeking treatment for drug use outnumber female clients in Grenada. In addition, most males seek treatment for problems associated with the consumption of alcohol, cannabis, and cocaine, while females seek treatment mostly for alcohol use.

Grenada’s programs and services do not take into account the “International Standards for the Treatment of Drug Use Disorders” of the WHO and UNODC.

Grenada does not take into account the use of the “Technical Guide for countries to set targets for universal access to HIV prevention, treatment, and care for injecting drug users,” issued by WHO, UNODC, and UNAIDS, to establish goals in relation to universal access to prevention, treatment, and care of HIV infection.
**Priority Action 3.2:** Monitor and evaluate the results of care, treatment, rehabilitation, recovery, and social integration programs and comprehensive public and private facilities, taking into account the gender perspective, age, and cultural context, as appropriate.

Grenada implements mechanisms to continuously monitor and evaluate the results of care and treatment and rehabilitation programs, as well as comprehensive public and private facilities. However, the country does not implement these mechanisms for recovery or social integration programs.

These mechanisms take into account the gender and human rights approaches, age, and cultural context during the evaluation and monitoring of care, treatment, rehabilitation, recovery, and social integration programs and comprehensive public and private facilities. Gender perspective is included in treatment, given the differences in prevalence of drug use and their effects (health, socio-economic, legal), and treatment, between males and females. Male clients seeking treatment for drug use outnumber female clients in Grenada. In addition, most males seek treatment for problems associated with the consumption of alcohol, cannabis, and cocaine, while females seek treatment mostly for alcohol use.

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

Grenada does not have specific mechanisms in place to protect the rights of people in treatment in treatment programs and services. Grenada does not have mechanisms with protocols in place to protect the confidentiality of information provided by people receiving these services, including 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.

Grenada has the following alternatives of early intervention, care, treatment, rehabilitation, recovery, and social integration services for criminal offenders who use drugs:

- Individual and group counselling /therapy
- Diversified training, inclusive of CORE Sessions (Cultivating Opportunities for Rewarding Experiences), literacy and numeracy, and apprenticeship training in areas such as agriculture, auto mechanics, plumbing, general construction, marine (engine repairs, yachting), fishing, small engine repairs, and ICT (computer repairs)
**Priority Action 3.5:** Establish early intervention, care, treatment, rehabilitation, recovery, and social integration programs for incarcerated individuals.

Grenada offers early intervention, care, treatment, rehabilitation, recovery, and social integration services for incarcerated individuals who use drugs. These services include:

- Individual and group counselling/therapy
- Diversified training, inclusive of CORE Sessions (Cultivating Opportunities for Rewarding Experiences), literacy and numeracy, and apprenticeship training in areas such as agriculture, auto mechanics, plumbing, general construction, marine (engine repairs, yachting), fishing, small engine repairs, and ICT (computer repairs).

**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.

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

**Priority Action 3.7:** Promote regional and international cooperation and share best practices in increasing access to and availability of evidence-based treatment and recovery services, including access to naloxone and other medicines used in the treatment of substance use disorder.

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

**Priority Action 3.8:** Promote measures to address the stigma and social marginalization associated with substance use disorders, which may deter individuals from seeking, accessing, and/or completing demand reduction services.

Grenada 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.

Grenada implements ongoing competency-based training in the areas of prevention, treatment, and rehabilitation. The country also implements Substance Use Prevention and Treatment Workshops for health and social workers and facilitates ongoing on-line competence-based training in the areas of prevention, treatment, and rehabilitation provided by the Cooperation Programme between Latin America, the Caribbean, and the European Union on Drugs Policies-COPOLAD II. These training programs are geared toward inter alia health professionals, educators, social workers and complement existing locally developed and conducted training programs.

Grenada participates in the following prevention and treatment training programs offered by specialized international organizations:

<table>
<thead>
<tr>
<th>International organizations</th>
<th>Training programs</th>
<th>Name of program</th>
<th>Approaches taken into account</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cooperation Programme between Latin America, the Caribbean and the European Union on Drugs Policies (COPOLAD) II</td>
<td>Prevention</td>
<td>Comprehensive and integrated drug related socio-sanitary system at primary care</td>
<td>Gender, human rights, public health</td>
</tr>
<tr>
<td>COPOLAD II</td>
<td>Prevention/Treatment</td>
<td>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</td>
<td>Gender, human rights, public health</td>
</tr>
<tr>
<td>Caribbean and the European Union on Drugs Policies - COPOLAD II</td>
<td>Prevention</td>
<td>Planning In Drug Demand Reduction Scope and Use of the Planning Tool “ONESTEP@ATIME” Caribbean Region</td>
<td>Gender, human rights, public health</td>
</tr>
</tbody>
</table>

The importance of the gender perspective in drug policies and programs is taken into account in the design and implementation of programs by the specific protection of the right to health as a fundamental right of the whole population, including gender differences, independently of their relationship with drugs.
These programs take into account gender in addressing problematic drug use from public health, especially in high-vulnerability contexts; specificities in the assistance to women; pregnant adolescents; and girls/adolescents’ masculinity. The concept of "vulnerability" in the health and social field; relation of vulnerability (sanitary and social) with drug use; stigma and vulnerability situation of drug users; current challenges to comprehensive treatment of drug use by population groups in situation of high vulnerability; barriers and gaps in the provision of services; social perception about drug use in different social strata; and analysis of equity, gender approach and ethnicity in the differential access to care services are considered in program design and implementation.

**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).

Grenada certifies personnel working in prevention services at the basic and intermediate levels. Grenada recognizes the certification provided by COPOLAD II in its training programs conducted in 2018 and 2019. The country does not certify personnel working in treatment, rehabilitation, or social integration.

**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.

Grenada 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.

Grenada does not develop specialized programs in response to training needs identified by situational assessments.
## Objective 5

**Establish and/or Strengthen Government Institutional Capacities to Regulate, Enable, Accredit, and Supervise Prevention Programs and Care, Treatment, Rehabilitation, and Reintegration Services.**

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

Grenada does not have regulatory measures for accrediting prevention programs.

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

Grenada does not use CICAD’s Indispensable Criteria for the opening and operating of drug use disorders treatment centers. The Ministry of Health (MOH) is responsible for policy formulation, planning, programming, regulation, vital statistics, expenditure control, and health personnel matters and all matters pertaining to the opening and operating of drug use disorders treatment centers. It discharges its responsibilities through a centralized management system. The Permanent Secretary is the administrative head, and the Chief Medical Officer is the principal technical officer. There is a Policy Committee, which meets regularly and deal with both operational and policy issues which affect the operation of the organization.

Treatment services are carried out by the two treatment facilities administered and supervised by the Ministry of Health. Administrative Officers involved in the mechanism include inter alia: the Chief Medical Officer, Senior Medical Officer, Medical Officer of Health, District Medical Officer, Psychiatrists, Chief Nursing Officer and the Chief Pharmacist. These officers perform various functions which guide the overall supervisory mechanism. The Chief Medical Officer and his team from the MOH are responsible for supervising the operations at the treatment centers. The Ministry is responsible for convening meetings with the relevant staff to evaluate the quality of treatment services.

These treatment services are implemented in accordance with standards of care for health facilities and other international guidelines. The document, “Assessing Standards of Care for Treatment and Rehabilitation of Substance Abusers in the Caribbean: Guidelines and Criteria for the Development of Programmes to Access Standards of Care in the Treatment of Substance Abusers,” provides such guidelines. The Caribbean Community (CARICOM) developed it. Quality mental health services, equity and accessibility, and human rights, are three of the seven guiding principles of the Mental Health Policy of the Ministry of Health.

However, Grenada does not have any legislation governing standard of care for drug abuse treatment and rehabilitation. Nevertheless, the MOH, through its administrative procedures has implemented minimum standards of care using the CICAD model and the Grenada Nursing Policy Manual (1993), also guides the implementation of nursing services to patients, to which the treatment institutions are expected to adhere to. There are no private treatment facilities in Grenada.
**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.

Grenada has supervisory mechanisms to ensure that the standards of international quality criteria of prevention services are met. The Drug Control Secretariat, which was established by legislation in 2002, and therefore has a legal basis, is responsible for managing and coordinating the implementation of the national drug control program, including the National Anti-Drug Strategy. It is responsible inter alia to design, implement, monitor, and evaluate drug prevention programs. These programs are established in accordance with guidelines established by the OAS/CICAD and other agencies, to ensure quality criteria are met. The Drug Control Secretariat monitors the implementation of programs.

Community-based organizations, which implement drug prevention programs, liaise with the Drug Control Secretariat in the design and implementation of such programs. Formal collaborative programs addressing the needs of people with mental health problems, including substance use, exist between the mental health service delivery network and the department/agency responsible for primary health care, HIV/AIDS, substance abuse, welfare, criminal justice, and the elderly. This collaboration also helps to ensure quality criteria are met.

Grenada 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.

Grenada has not conducted an assessment at the national, regional, or local levels to determine the needs regarding 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 Grenada has drug demand reduction policies that include programs in the areas of health promotion, prevention, early intervention, treatment, care, and rehabilitation but does not include social integration or recovery support services. These programs include gender, age, community, and cultural context approaches. CICAD also notes that Grenada develops, strengthens, and implements coordination mechanisms for collecting, analyzing, disseminating, and accessing information on prevention, treatment, rehabilitation, recovery, and social integration services. In addition, CICAD notes that Grenada has monitoring instruments for drug demand reduction programs and has conducted process evaluations of its drug demand reduction programs within the evaluation period. However, the country has not conducted impact evaluations or any other related or current studies on drug consumption prevention programs. CICAD also notes that Grenada 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. Furthermore, CICAD observes that Grenada promotes national prevention, treatment, care, recovery, rehabilitation measures and programs, with a comprehensive and balanced drug demand reduction approach. However, it does not promote national standards recognized by member states, the "International Standards on Drug Use Prevention," or the "International Standards on Treatment of Drug Use Disorders," both developed jointly by WHO and UNODC.

Objective 2
Establish or strengthen an integrated system of evidence-based universal, selective, and indicated drug use prevention programs that prioritize at-risk populations, as well as environmental prevention, that incorporate a human rights, gender, age, and multicultural perspective.

CICAD notes that Grenada carries out drug use prevention programs in various population groups. However, CICAD views with concern that Grenada’s programs do not specifically cover other important population groups. On the other hand, CICAD notes with satisfaction that Grenada conducted situational assessments to identify the specific needs, risk, and protective factors of each target population for drug use prevention programs. In addition, CICAD notes that Grenada does not promote the exchange of research findings, experiences, or best practices to improve the effectiveness of prevention programs, taking into consideration the "International Standards on Drug Use Prevention," developed jointly by WHO and UNODC.
Objective 3

Establish and strengthen, as appropriate, national care, treatment, rehabilitation, recovery, and social integration systems for people who use drugs, that are integrated with health systems, and that respect human rights, and offer gender-specific services, and that, to the extent possible, are designed and administered in accordance with internationally accepted quality standards.

CICAD notes that Grenada has comprehensive and inclusive care, treatment, rehabilitation, and recovery programs and services in the public health care and/or social protection network. However, these programs and services do not include early intervention, crisis intervention or social reintegration. These programs and services take into account gender, human rights, and public health approaches. CICAD also notes that Grenada does not take into account the "International Standards for the Treatment of Drug Use Disorders" of WHO and UNODC, nor 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. However, CICAD observes that Grenada implements mechanisms to continuously monitor and evaluate the results of care, treatment, and rehabilitation programs, as well as comprehensive public and private facilities, but not for recovery, or social integration programs. The mechanisms implemented by Grenada in this regard take into account the inclusion of human rights, gender, age, and cultural context approaches. On the other hand, CICAD notes with concern that Grenada does not have mechanisms in place to protect the rights of persons in treatment programs and services. Nevertheless, CICAD notes with satisfaction that Grenada has alternative early intervention, care, treatment, rehabilitation, recovery, and social integration services for criminal offenders who use drugs. Moreover, CICAD notes with satisfaction that Grenada offers early intervention, care, treatment, rehabilitation, recovery, and social integration programs for incarcerated drug users. On the other hand, CICAD observes that Grenada does not implement cooperation mechanisms with social or community actors that provide social and community support services that contribute to the social integration of people who use drugs. In addition, CICAD views with concern that Grenada does not promote regional or international cooperation or share best practices to increase access and availability of evidence-based treatment and recovery services, including access to naloxone and other medications used in the treatment of substance use disorders. Additionally, CICAD views with concern that Grenada does not promote measures to address the stigma and social marginalization associated with substance use disorders.

Objective 4

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

CICAD notes that Grenada implements ongoing competency-based training in the areas of prevention, treatment, and rehabilitation as well as it participates in prevention and treatment training programs offered by specialized international organizations. CICAD observes that Grenada certifies personnel working in prevention services; however, it does not certify
personnel in the areas of treatment, rehabilitation, or social integration. In addition, CICAD notes that, although Grenada conducted situational assessments to identify training needs for personnel working in prevention, early intervention, care, treatment, rehabilitation, recovery, and social integration programs, the country has not developed specialized programs in response to training needs identified by situational assessments.

**Objective 5**

*Establish and/or strengthen government institutional capacities to regulate, enable, accredit, and supervise prevention programs and care, treatment, rehabilitation, and reintegration services.*

CICAD notes with concern that Grenada does not have regulatory measures to accredit prevention programs, nor does it have an accreditation process for care or treatment services. CICAD also notes that Grenada does not use CICAD’s Indispensable Criteria for the opening and operating of drug use disorders. However, CICAD notes that Grenada has supervisory mechanisms to ensure compliance with international quality standards in prevention services but does not have such mechanisms for public or private treatment or rehabilitation services to ensure they meet international quality criteria. In addition, CICAD notes with concern that Grenada has not conducted an assessment at the national, regional, or local levels to determine the needs regarding primary care, treatment, or reintegration services.