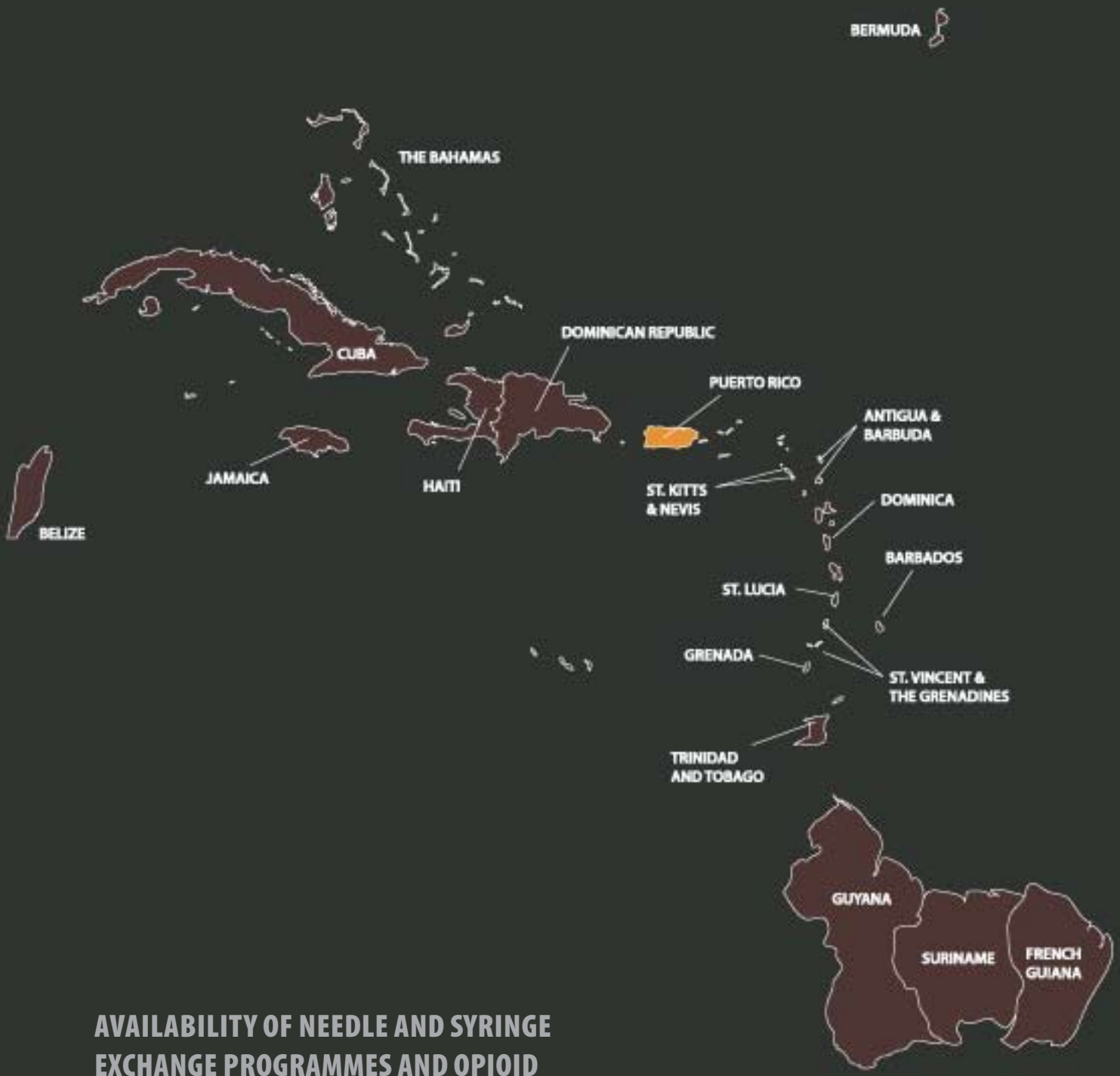
Regional Overview
Caribbean



AVAILABILITY OF NEEDLE AND SYRINGE EXCHANGE PROGRAMMES AND OPIOID SUBSTITUTION THERAPY

- Both NSP and OST available
- OST only
- NSP only
- Neither available
- Not Known

HARM REDUCTION IN THE CARIBBEAN

Country/territory with reported injecting drug use[a]	People who inject drugs[1]	Adult HIV prevalence amongst people who inject drugs[1]	Adult HCV prevalence amongst people who inject drugs[2]	Harm reduction response		
				NSP	OST	HIV and HCV programmes targeted towards people who inject drugs[b]
Bermuda	40[3]	nk	nk	x	x	HIV, STI and, to a lesser extent, HCV services exist but there are currently very few/no targeted programmes in place to increase access for people who inject drugs
Cuba	8,255	0.1%	nk	x	x	
Dominican Republic	110	nk	nk	x	x	
Guyana	nk	nk	nk	x	x	
Jamaica	nk	nk	nk	x	x	
Puerto Rico	15,000	42.4–55.2%[c 4]	95.2%[c]	✓	✓	
Trinidad and Tobago	nk	nk	nk	x	x	

nk = not known

a No injecting drug use was reported in Antigua and Barbuda, the Bahamas, Barbados, Belize, Dominica, Grenada, Haiti, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, and Suriname.
b These services include, amongst others, voluntary HIV testing and counselling; HIV prevention, treatment and care; hepatitis C testing and treatment; STI prevention and treatment; information, education and communication.
c Sub-national figure: capital city.

The nations and territories of the Caribbean are home to over 39 million people.[5] There are more than seven thousand islands in the region, which include seventeen independent countries and a number of Dutch, US, British and French territories. The disparity in wealth distribution in this region is among the most pronounced in the world. Throughout the region, an average of 25% of island populations live below their nationally defined poverty lines. [6] At the extreme, the country most affected is Haiti, with 80% of the population living under the poverty line. [7] Even in Trinidad and Tobago, a country rich in natural resources, 39% of the population is reported to be living on less then USD2.00 per day. [8]

DRUGS IN THE REGION

Cultivation, production and transhipment

The Caribbean is an important region in the global cocaine market. The mobility between islands, coupled with a prime geographic location between the producers in Latin America and the main consumers in North America and Europe, make the Caribbean islands part of a prominent cocaine trafficking route. Anecdotal evidence suggests that some areas of the Caribbean are also beginning to form part of heroin transhipment routes.

Drug use

The extent of 'problem drug use' in the Caribbean is difficult to quantify due to the lack of available research data. However, a picture of the regional situation may be developed using treatment monitoring data as well as various anecdotal sources. This evidence suggests that the main drugs used in the Caribbean are alcohol, tobacco, marijuana and crack cocaine ('crack'). The use of crack plays a role in the transmission of HIV in the region.

The high levels of tourism on which the Caribbean economy heavily relies, as well as the mobility of people between, to and from the islands, must be considered when examining drug use in the region. Such considerations are particularly important given that treatment access data are the primary source of information on drug use trends. For example, it is reported that, due to a lack of local facilities, state-sponsored people from the Dutch Caribbean islands travel to the Dominican Republic, while others with greater financial resources may travel to the Netherlands or the US, to access treatment services for drug dependence.[9] In addition, the type and extent of drug demand by tourists is likely to have a direct impact on the drug market in the region.

Alcohol

Alcohol consumption plays a significant role in the lives of many people in the Caribbean, but recorded alcohol consumption is varied in the region – from 3.22 litres of pure alcohol per capita in Trinidad and Tobago to 12.92 litres in Bermuda. The consumption of spirits is relatively high, and six countries from the region (Barbados, Dominica, Grenada, Haiti, Saint Lucia, and Saint Vincent and the Grenadines) rank in the global top twenty of per capita spirit consumption.

Paradoxically, the region also has relatively high levels of 'last year abstainers' – including 60% of the population in Haiti, 57.6% in Jamaica and 49.5% in Barbados, Cuba, and Trinidad and Tobago.[10] These figures suggest that alcohol consumption in the Caribbean is unevenly distributed – something that population-level interventions and analyses cannot account for, but that could be related to the growth of the Seventh-day Adventist and evangelical churches that preach abstinence as a primary doctrine.[9]

Crack cocaine

As with other regions of the world that fall along illicit drug shipment routes, the substances being transhipped have gradually come to form part of the local drug market. Payments 'in kind' to those involved in the drug trafficking trade are converted to cash through sales in the community. Exceptionally pure cocaine powder is easily converted into crack cocaine which is then sold at below market value, costing as little as USD1.00 per rock of crack. Crack smoking in the region is reported to be 'extensive', with crack available not only in the cities but in small villages and hamlets.[11]

Map 4.2: Numbers of people who inject drugs in the Caribbean

Injecting drug use

Information on injecting drug use in the Caribbean is very limited. Official figures are largely unavailable, but existing evidence suggests that injecting is rare in many countries. The current absence of a major heroin trafficking route through the region is one suggested explanation for this.*

Exceptions to this are the Spanish-speaking Caribbean islands of the Dominican Republic, Cuba and the US territory of Puerto Rico, where there are estimated to be 15,000 people who inject drugs.[4] Previously published research has reported injecting drug use in Bermuda and the Bahamas but enquiries by the Caribbean Harm Reduction Coalition (CHRC) when compiling this report failed to confirm any current injecting. Niche markets are reported in Guyana, Jamaica and Trinidad and Tobago, where anecdotal evidence indicates heroin injecting is evident among the upper classes. Heroin interdiction has been reported in the local media of Trinidad and Tobago and Guyana and there are indications that heroin use (primarily smoking) is increasing in both countries.

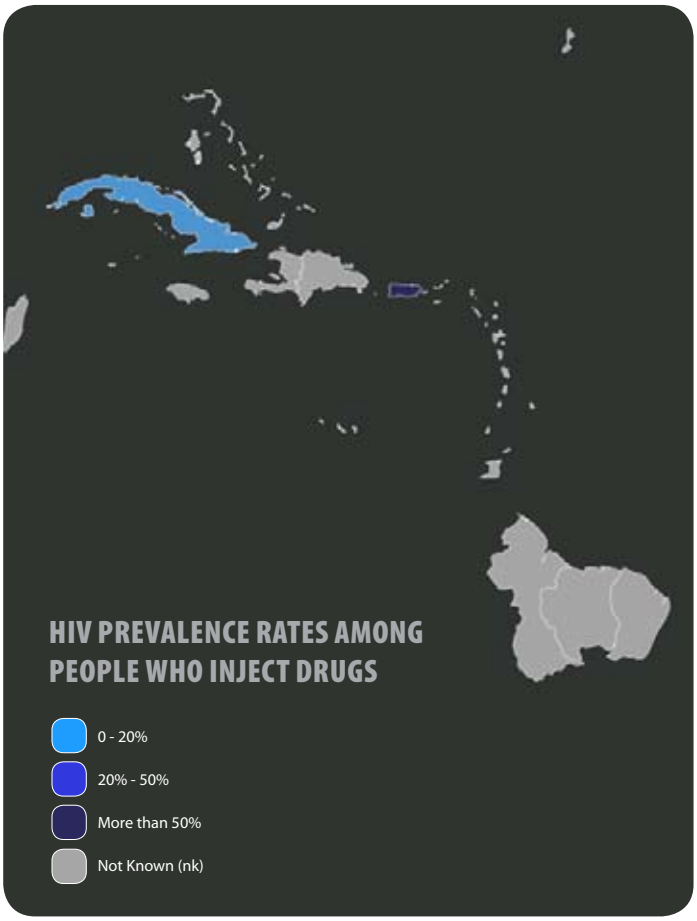
* Currently, the major heroin shipment routes are from South America through Central America and into North America, and from Afghanistan to Europe, therefore largely bypassing the Caribbean islands.

If the same pattern emerges with heroin as has been the case with cocaine – transhipment followed by the development of local markets – the Caribbean could experience a substantial increase in opiate use, similar to the explosion of crack use in the mid-1980s. A long-standing tradition of marijuana smoking could potentially increase the likelihood of the adoption of other smokeable substances. Whether heroin smoking will lead to heroin injecting remains debatable given the artificially low cost associated with transhipment-driven markets.

Drug-related harms

HIV and AIDS

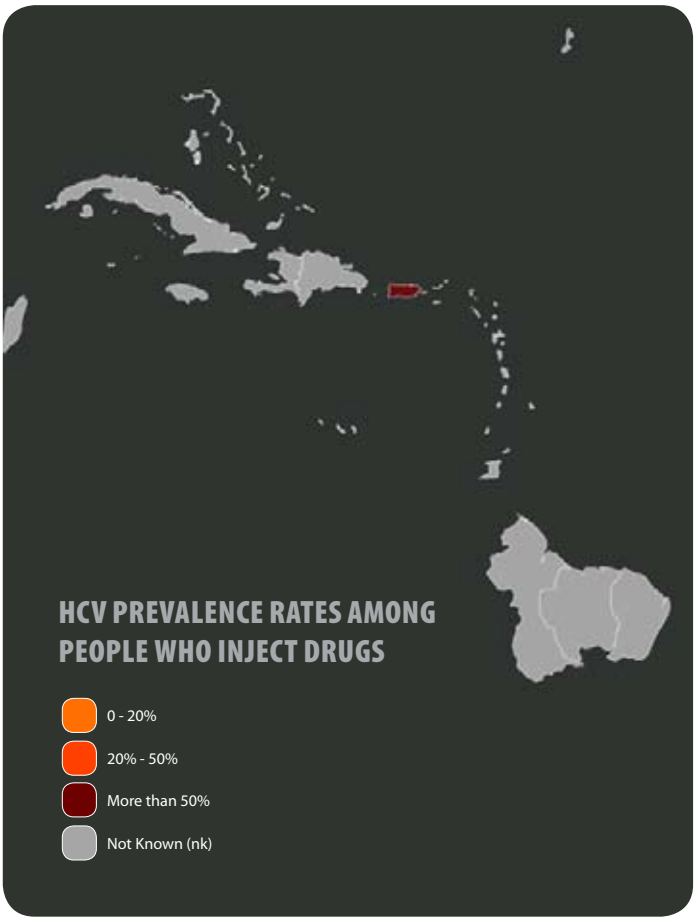
After sub-Saharan Africa, the Caribbean is the region of the world most affected by HIV and AIDS. HIV prevalence is estimated to be 1%, and there are approximately 230,000 adults and children living with HIV in the region. The highest adult HIV prevalence rates are in the Bahamas (3%),[12] Trinidad and Tobago (2.6%) and Haiti (2.2%).[13]



Map 4.3: HIV prevalence rates among people who inject drugs in the Caribbean

The primary mode of HIV transmission in the region is heterosexual intercourse. The exception to this is Puerto Rico where the majority of new HIV cases are associated with injecting drug use.[13] HIV prevalence rates among people who inject drugs in the capital city of San Juan are reported to range from 42.4% to 55.2%.[4] Cuba is home to the second largest number of people who inject drugs in the region, but the latest estimates suggest that HIV prevalence rates are not elevated within this group.[1]

There is growing evidence to support a link between non-injecting drug use and the sexual transmission of HIV in the Caribbean. For example, crack use was found to be associated with HIV infection among antenatal health clinic attendees[14] and STD clinic attendees[15] in the Bahamas, as well as male STD clinic attendees in Trinidad.[16] See section 3 of this report for further exploration of the issue of non-injecting drug use and HIV.



Map 4.4: HCV prevalence rates among people who inject drugs in the Caribbean

Hepatitis C virus (HCV)

In data published by the WHO in 1999, HCV prevalence was significant among the adult population in Suriname (5.5%), Trinidad and Tobago (4.9%), the Dominican Republic (2.4%), Haiti (2%) and Puerto Rico (1.9%).[17] These high prevalence rates, combined with reports of the presence of HCV in the blood supplies of both Trinidad and Tobago and Guyana, may indicate that drug injecting is more common in these countries than research data currently suggest.

One study in San Juan, Puerto Rico found an HCV prevalence rate of 95.2% among a sample of people who injected drugs. The same study found that 95.2% of those who injected drugs and were living with HIV also tested positive for hepatitis C.[2]

Drug use and its related harms in prisons

During the 1990s, and with the moral and more importantly financial support of the neighbouring US, the Caribbean 'War on Drugs' resulted in the incarceration of large numbers of people who used drugs and/or were associated with the drug trade. As a result, Caribbean prisons were left with some of the highest rates of incarceration in the world and severe overcrowding problems.[18]

Most countries in the Caribbean Community (CARICOM) have legislative provisions to offer alternatives to custodial sentences for non-violent drug offences. The outcome of a two-year project, funded by the UK's Department for International Development (DFID), to increase the use of non-custodial sentencing has led to diversion schemes being implemented in some countries.* However, more work is needed in this area if prison populations are to be reduced.

There is strong evidence that HIV prevalence in Caribbean prisons is higher than within the population outside of prisons, although national estimates are only available for Cuba (25.8%), Trinidad and Tobago (4.9%)[19] and Jamaica (12%).[20] Survey reports from the Caribbean Epidemiology Centre (CAREC) indicate elevated HIV prevalence in prisons in much of the region.[9] The prevalence of HCV within Caribbean prisons is unknown.

THE RESPONSE

Harm reduction services

The response to drug use in the Caribbean is largely high threshold, abstinence based and twelve-step oriented. With the exception of Puerto Rico, harm reduction services such as opioid substitution therapy (OST) and needle and syringe exchange programmes (NSPs) do not form part of the response to drug use due to the relative absence of injecting and of opiate use.

Syringes can be purchased without a prescription at pharmacies throughout the region, which may be a feasible option for some, particularly those among the middle and upper classes. However, pharmacists interviewed by the Caribbean Drug Abuse Research Institute (CDARI) stated that they would not sell syringes to persons they suspected of illicit drug use.[9] Only in Puerto Rico, where there are substantial numbers of people who inject drugs and where a prescription is needed to buy syringes from pharmacies, are there NSPs run by civil society.

Both methadone and buprenorphine are legally available across the Caribbean but are only prescribed for pain relief, with the exception of Puerto Rico where methadone maintenance treatment is available. Abstinence-based drug dependence treatment is available in the majority of Caribbean countries, some of which is accessible free of charge. Throughout the region, seventy-nine sites provide treatment to an estimated 3,050 people,† the majority of whom are accessing treatment in the Dominican Republic.[9]

Targeted HIV and HCV prevention, treatment and care

In general, HIV prevention programmes in the Caribbean are not targeted towards people who use drugs, primarily because of the lack of injecting drug use in the region. In Saint Lucia, CDARI, CHRC, and the Ministry of Health collaborate to offer an HIV/STI clinic for street-involved people who use crack, which is the only targeted programme to increase testing for and treatment of HIV, STIs and HBV infection among people who use drugs in the region.

Antiretroviral treatment (ART) is available, and there are over 27,200 people‡ receiving ART across the Caribbean region.[21] However, there are no figures available to indicate whether people who use drugs are currently accessing ART. In one CARICOM country, people who use drugs are not encouraged to access ART as they are considered 'noncompliant'.[22]

Poor ART adherence can lead to the development of treatment-resistant HIV strains. In high income countries, this would be treated by altering the combination of antiretroviral medications, known as second-line treatment. In areas where second-line treatment is scarce and third-line treatment is non-existent, efforts to stem the development and transmission of ART-resistant strains are paramount. In the Caribbean, as in other regions, this is prioritised over the rights of people who use drugs to access life-prolonging treatment.

Further barriers to increasing the access of people who use drugs to HIV services include the high threshold of voluntary HIV testing and counselling facilities, as well as judgemental and stigmatising attitudes of health care workers towards drug use.[9]

There are no targeted HCV prevention, treatment and care programmes reaching people who use drugs in the Caribbean.

> 'For 10 years we have laboured to have drug users put on the HIV radar. Because Caribbean HIV policy is largely driven by external donors who only recognise IDU as the HIV risk, non-injecting crack users have been left out of any HIV intervention. Rather than a public health response, the Caribbean response to illicit drug use has been overwhelmingly a criminal justice one. Developing a model of harm reduction for a non-injecting population has been a challenge that CHRC has met. Meeting drug users where they are at, providing basic amenities such as clean water and bathing facilities, nutritional support, are just some of the programmes that CHRC advocates for in forums throughout the region.'
>
> **Marcus Day, Coordinator,**
> **Caribbean Harm Reduction Coalition**

Harm reduction in prisons

Non-OST drug dependence treatment is available in prisons in five Caribbean countries: the Bahamas, Barbados, Belize, Saint Vincent and the Grenadines, and the Cayman Islands. A positive evaluation of a pilot prison methadone maintenance programme (PMMT) in Puerto Rico has initiated the scale up of this service to 300 prisoners.[23] Buprenorphine maintenance will also shortly be initiated in one Puerto Rican prison.[24] Elsewhere in the region, there are no harm reduction services offered within prisons, and HIV prevention programmes are limited.

While homosexuality is not considered illegal, seven of the independent CARICOM states have laws in place that criminalise consensual sex between men. The existence of sexual HIV transmission within male prisons is not disputed, but extreme homophobia and stigma surrounding homosexuality has so far impeded the implementation of condom distribution programmes in Caribbean prisons. This was exemplified in 1997, when attempts by the Jamaican Ministry of Health to introduce condom distribution within prisons were halted after prisoner riots and a prison officers' strike.[9]

* The project was managed by the Caribbean Drug Abuse Research Institute in collaboration with DrugScope UK and the University of Kent.
† This does not include data from Puerto Rico or Cuba.
‡ This does not include data from Puerto Rico.

Voluntary HIV testing and counselling is available to all prisoners in the region, and no prisons impose mandatory HIV testing. ART is available in all Caribbean prisons, and with the exception of Jamaica is provided using directly administered anti-retroviral therapy (DAART). However, it is estimated that there are less than 200 prisoners receiving ART in the region,[9] which, given the elevated HIV prevalence rates in prisons, suggests poor treatment access for incarcerated populations. People who receive a positive HIV diagnosis in Caribbean prisons often do so after presenting to the prison infirmary with an opportunistic infection, which can indicate severe depletion of the immune system. Late HIV diagnosis and therefore late initiation of ART can compromise the success of treatment.

No testing or treatment for hepatitis C is available within Caribbean prisons.

Policies for harm reduction

There is a strong commitment from Caribbean governments to respond to HIV in the region. All of the islands have national HIV coordinating authorities as well as monitoring and evaluation systems for HIV programmes. Drug use is also on the policy agenda in the region, and all islands have in place national policies or strategies on drugs.

However, responses to drugs and HIV in the region are largely unrelated. HIV programmes often do not recognise people who use drugs as a key population, and drug programmes focus on zero tolerance anti-drug education. As such, harm reduction does not feature explicitly in Caribbean national or regional HIV or drug-related policy, and the response to drug use is overwhelmingly abstinence based.

The Caribbean Regional Strategic Framework for HIV/AIDS 2002–2006* and the draft framework for 2008–2012 define several objectives that should mandate the provision of harm reduction policies and programmes. For example, both frameworks seek 'to strengthen understanding of the role of substance abuse and drug use in regional epidemiology of HIV/STIs, and to use information in appropriate prevention and care strategies'.[25,26] The current framework contains the objective 'to ensure that HIV/STI policies and appropriate prevention strategies and services are available and implemented in the prison system'.[26]

Yet, despite these regional policy objectives, in 2007, no interventions were funded to focus on the needs of people who use drugs and only one prison assessment was carried out. Additionally the 2008–2012 framework calls for more research, thus leaving harm-reduction-oriented projects absent from HIV action frameworks in the region.[9]

Due to its proximity to the US, Caribbean policy and programmes are heavily influenced by the US government's opposition to harm reduction. For example, the Drug Abuse Resistance Education programme (DARE) continues to be exported to the Caribbean, despite the poor evaluations of the programme in US schools.[28] In addition, several individuals and non-governmental organisations that have publicly supported harm reduction have lost their US funding.[9]

* This Strategic Framework applied only to the CARICOM countries and the Dominican Republic. The overseas territories of the US were not included in this framework.

Harm reduction was introduced to the Caribbean in 1998 as part of an EU-funded programme to strengthen the provision of drug treatment services in the region.[27] During that same period, the organisations involved in the project formed the CHRC. While the funding for the EU project ended in 2003, the CHRC and its constituent organisations continue providing harm reduction services to their clients in the Bahamas, the Dominican Republic, Jamaica, Saint Lucia and Trinidad. There is no drug user organisation in the Caribbean. However, all of the organisations that make up the CHRC, with the exception of Patricia House in Jamaica, are run by people 'in recovery' who recognise the value of harm reduction in the continuum of care.

Multilateral support for harm reduction

Although there are a number of multilateral agencies with a presence in the Caribbean,† only the UNESCO secretariat is supporting harm reduction projects in the region. A total of USD195,000 is currently allocated to funding local partners working on harm reduction in Barbados, the Dominican Republic, and Trinidad and Tobago. In addition, a series of national consultations are being planned and undertaken by the agency with the aim of increasing awareness of harm reduction in Barbados, Jamaica, and Trinidad and Tobago.

UNODC, the UN's lead agency on drug use, is the only multilateral agency that does not have a presence in the region. With the closure of the Barbados office in 2005, the nearest UNODC representative is now in Mexico City. In practice, this means that there is no agency to provide technical assistance on the issue of HIV transmission and drug use, an area highlighted in the Caribbean strategic plan on HIV and AIDS.[26] This lack of a regional presence has created a vacuum at the multilateral level that is being filled in an inconsistent manner. For example, the issue of HIV within prisons is currently being covered within the remit of UNAIDS, while the overlap between sex work and drug use is largely overlooked as the UNFPA primarily focuses on non-drug-using sex workers in the region.

† UNODC, UNAIDS, WHO/PAHO, UNESCO, World Bank, UNICEF, UNDP, WFP, UNFPA, ILO, Global Fund.

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