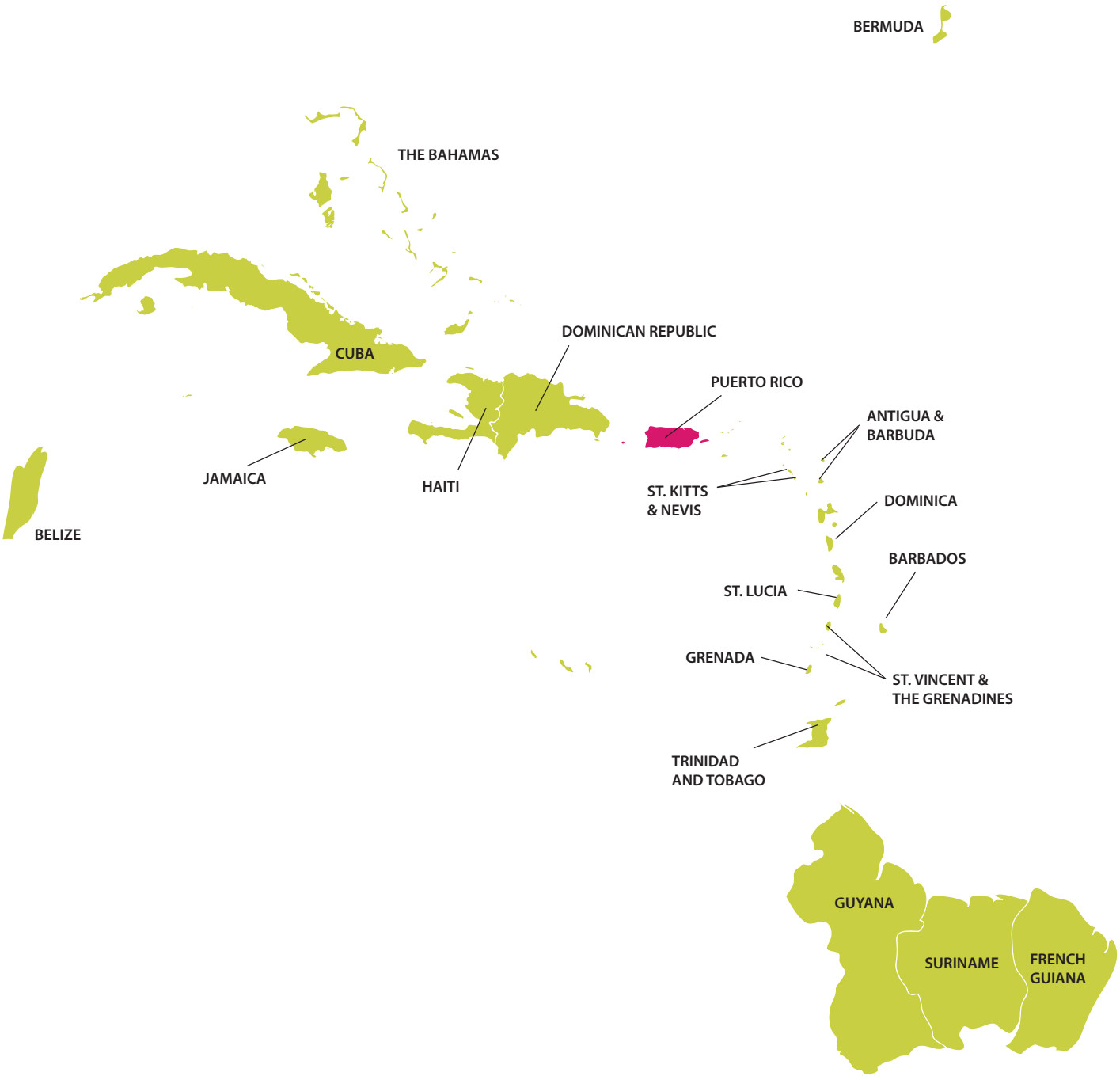
# 2.4 Regional Update: Caribbean




**Map 2.4.1: Availability of needle and syringe exchange programmes (NSP) and opioid substitution therapy (OST)**

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

# Table 2.1.1: Harm reduction in the Carribean

| Country/territory with reported injecting drug use[a] | People who inject drugs[1] | Adult HIV prevalence amongst people who inject drugs[1] | Harm reduction response[2] | |
|---|---|---|---|---|
| | | | NSP[b] | OST[c] |
| Bahamas | nk | nk | x | x |
| Bermuda | nk | nk | x | x |
| Dominican Republic | nk | nk | x | x |
| Haiti | nk | nk | x | x |
| Jamaica | nk | nk | x | x |
| Puerto Rico | 29,130 | 12.9%[d] | ✓(13) | ✓(6) (M) |
| Suriname | nk | nk | x | x |

nk = not known

a The latest UN Reference Group research once again found no reports of injecting drug use for Antigua and Barbuda, Barbados, Belize, Dominica, Grenada, St Kitts and Nevis, St Lucia and St Vincent and the Grenadines. Although previous UN Reference Group research (used as a source of data for the 2008 Global State report) found injecting drug use in Cuba, Guyana and Trinidad and Tobago, the latest UN Reference Group research found no reliable reports of injecting drug use in those countries/territories.

b The number in brackets represents the number of operational NSP sites, including fixed sites, vending machines and mobile NSPs operating from a vehicle or through outreach workers.

c The number in brackets represents the number of operational OST programmes, including publicly and privately funded clinics and pharmacy dispensing programmes. (M) = methadone.

d Estimated from 1998–2001.

# Harm Reduction in the Caribbean

After Sub-Saharan Africa, the Caribbean is the region of the world most affected by HIV and AIDS. In the Caribbean, the virus is predominantly sexually transmitted and injecting drug use remains rare in much of the region, with the exception of Puerto Rico. In 2008 a systematic review by the Reference Group to the UN on HIV and Injecting Drug Use found very limited reliable data on the numbers of people who inject drugs and the prevalence of HIV among injecting populations in the Caribbean. The Reference Group found reports of injecting drug use in only seven countries/territories in the region.[2] It is entirely possible, however, that injecting drug use occurs elsewhere in the region. For example, there are anecdotal reports of injecting drug use among the upper classes in Guyana and Trinidad and Tobago,[3] and there are indications that it may occur in Cuba,[4] but there are at present no reliable data to confirm these reports.

Data on injecting drug use and HIV are only available for Puerto Rico, where 29,130 people inject drugs, and 12.9% of them are estimated to be living with HIV.[1] Injecting drug use is the most common HIV transmission route there and represented 40% of HIV incidence among males and 27% of new infections among females in 2006.[5] Puerto Rico is a territory of the United States, and yet it experiences an HIV incidence rate double that of the US as a whole.[5]

As highlighted in the 2008 Global State report,[6] researchers in the region have reported a link between non-injecting drug use and sexual HIV transmission in several Caribbean countries, with HIV prevalence estimates among crack-cocaine-smoking populations reaching those found among injecting populations elsewhere.[7] Crack cocaine is widely available on most islands, due to drug transhipment routes, and its use is reported to be 'extensive'.[3]

The harm reduction response remains very limited, with needle and syringe exchange and opioid substitution therapy only available in Puerto Rico. The predominant response in the rest of the region is characterised by abstinence-based, high-threshold services for people who use drugs. The use of illicit drugs is highly criminalised, with harsh sentencing resulting in large numbers of people who use drugs in Caribbean prisons. Despite the evidence that drug use is playing a role in HIV epidemics in the Caribbean, national drug and HIV policies remain largely unlinked. However, in the past two years, there have been indications that the need for a harm reduction approach to drugs is increasingly being recognised on some Caribbean islands.

## Developments in harm reduction implementation

### *Harm reduction services*

Needle and syringe exchange programmes (NSP) in the region remain limited to Puerto Rico. There are now thirteen NSP sites serving an estimated 29,130 people who inject drugs. The sites are all based in communities around San Juan, the capital city.[2] However, coverage remains inadequate, as it is estimated that there are only 0.4 NSP sites per 1,000 people who inject drugs.[2]

Similarly, Puerto Rico remains the only opioid substitution therapy (OST) provider in the region, with six OST sites (five in the community and one in a prison). In 2007 there were an estimated 5,570 people receiving methadone in Puerto Rico.[2]

Across the region, a small number of drop-in centres for people who use drugs take a harm reduction approach. These programmes exist in Santo Domingo (Dominican Republic), Port of Spain (Trinidad), Kingston (Jamaica) and Vieux Fort and Castries (St Lucia). The Castries programme offers shelter and other services for homeless crack users living with HIV. The shelter also provides adherence support for residents receiving antiretroviral therapy (ART) and advocates for the therapeutic use of cannabis. Although it neither distributes nor provides cannabis, its advocacy is premised on the use of cannabis for residents as a method of combating crack cocaine addiction and the nausea that is often a side effect of ART.[3] At present there are no estimates of the numbers of people who inject or otherwise use drugs receiving ART in the Caribbean.[2]

Universal access reports from Caribbean governments indicate progress towards targets in some areas of the response. However, between 2006 and 2008 no Caribbean countries or territories reported on the availability and coverage of harm reduction programmes for people who inject drugs.[8]

## Policy developments for harm reduction

At the regional level there have been several mentions of drug use in HIV strategy documents.[9] [10] However, as yet there has been little translation of this at the national level in either policies or programmes. There has been no official movement within national HIV policies in relation to harm reduction since 2008. While there is clearly strong commitment from policy makers in the region to respond to HIV epidemics, as articulated in national policy and strategy documents, these have not yet included commitments to harm reduction. Similarly, national policies and strategies on drugs are in place for all Caribbean islands, but do not include a harm reduction approach. The exception to this is Trinidad and Tobago's National Anti-Drug Plan for 2008 to 2012, which explicitly includes harm reduction as a key component of the national response to drugs.[11] Recent regional developments also perhaps indicate a shift towards the acceptance of a harm reduction approach by some Caribbean governments.

The awarding of a regional bid from the Global Fund to fight AIDS, Tuberculosis and Malaria signifies an important advance for harm reduction in the Caribbean. The proposed programme includes harm reduction activities in the community, as well as in prisons. Given that country coordinating mechanisms (including government and civil society delegates) must sign off on proposals in order for them to be accepted by the Global Fund, this indicates some level of national support for harm reduction from Caribbean states.

## Civil society and advocacy developments for harm reduction

Despite well-documented difficulties experienced by civil society in meaningful involvement in the Commission on Narcotic Drugs,[12 13] St Lucia had one of the few delegations led by a national NGO representative at the 2009 session, in this case the Coordinator of the Caribbean Harm Reduction Coalition (CHRC). Importantly, St Lucia was also the only Caribbean country present that signed on to the 'Interpretive Statement', explicitly stating that it interprets the term 'related support services' in the 2010 Political Declaration and Plan of Action on Drugs to include harm reduction interventions.[14]

The acceptability of harm reduction in the region remains an issue, but it is an approach that is gaining recognition in some countries. An important development took place in February 2009 when the Caribbean Community (CARICOM) secretariat held a two-day workshop on harm reduction in Jamaica.[15] This was the first event of its kind organised by this regional body and represents an open acknowledgement of the need for harm reduction interventions in the region. NGOs were engaged in the event and facilitators included the Chairperson of the CHRC.

In November 2009 the CHRC hosted a two-day Jamaican Drug Policy Conference at the University of the West Indies, Mona Campus in Jamaica. Harm reduction was high on the agenda and delegates agreed on the need to strengthen existing harm reduction interventions and to introduce new ones in the country. Two more national conferences are scheduled for 2010, in St Lucia and Trinidad and Tobago.[3]

## Multilaterals and donors: Developments for harm reduction

In late 2009 a Caribbean regional proposal to the Global Fund was approved, signifying a major advance for harm reduction in the region. The five-year grant includes US$1.2 million for HIV prevention, treatment and care among drug users and prisoners. The Pan American Health Organization (WHO/PAHO) is a partner within the programme and has committed to supporting harm reduction projects. The proposal contained significant contributions from the CHRC on the drug use and prison components of the programme. It contained strong harm reduction language and included planned activities such as street-based work and drop-in centres.[16 3]

WHO/PAHO has recently commissioned two important reports for harm reduction in the region. The first is on the state of harm reduction in the Americas and will feature a section on the Caribbean authored by the Coordinator of the CHRC. The second, commissioned by the WHO/PAHO Caribbean office, explores access to health care services for drug users and was also researched and authored by the CHRC Coordinator. Two regional consultations have been held to use the reports' findings to plan interventions in the region.[3]

The US President's Emergency Program for AIDS Relief (PEPFAR) has been a significant funder of HIV programmes in the region. A new five-year collaborative strategic framework between the US and the Caribbean is being finalised. The framework is to support the implementation of Caribbean regional and national action plans on HIV/AIDS.[17] With the recent changes to PEPFAR funding restrictions, this partnership could provide another mechanism through which financial and technical support for harm reduction is available. However, the extent to which PEPFAR funds will support harm reduction programmes remains to be seen.

Although there are a number of multilateral agencies with a presence in the Caribbean,[e] until recently only the UNESCO secretariat was supporting harm reduction projects in the region. A total of US$195,000 was 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 were planned and undertaken by the agency with the aim of increasing awareness of harm reduction in Barbados, Jamaica and Trinidad and Tobago.[6] This project has now ended.

As stated above, WHO, through its PAHO Offices in Trinidad and Washington, has recently taken up advocacy for harm reduction in the Caribbean region. PAHO is actively fundraising for the implementation of recommendations from the two reports commissioned in 2009 (described earlier).

UNODC, the UN's lead agency on drug use, remains 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 in Mexico City. In practice, this means that there is no agency present 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.[10] This lack of a regional presence has created a vacuum at the multilateral level, which is being filled in an inconsistent manner. For example, some issues around HIV within prisons are currently being covered within the remit of UNAIDS, while the overlap between sex work and drug use is largely overlooked as the UN Population Fund primarily focuses on non-drug-using sex workers in the region. Civil society advocates have been requesting a stronger UNODC presence in the region through the UNODC HIV programme in Vienna.[3]

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

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