



2.4 | Regional Update **Caribbean**



Table 2.4.1: Epidemiology of HIV and Viral Hepatitis, and Harm Reduction Responses in Caribbean

Country/territory with reported injecting drug use ^a	People who inject drugs ^b	HIV prevalence among people who inject drugs (%)	Hepatitis C (anti-HCV) prevalence among people who inject drugs (%) ^c	Hepatitis B (anti-HBsAg) prevalence among people who inject drugs (%) ^c	Harm reduction response ^d	
					NSP ^e	OST ^f
Bahamas	nk	nk	nk	nk	✗	✗
Bermuda	nk	nk	nk	nk	✗	✗
Dominican Republic	nk	nk	nk	nk	✗	✗
Haiti	nk	nk	nk	nk	✗	✗
Jamaica	nk	nk	nk	nk	✗	✗
Puerto Rico	29,130	12.9 ^g	89% ^h	nk	✓ (13)	✓ (6)(M)
Suriname	nk	nk	nk	nk	✗	✗

nk= not known

a In 2008 the UN Reference Group found no reports of injecting drug use for Antigua and Barbuda, Barbados, Belize, Dominica, Grenada, St Kitts and Nevis, St Lucia or St Vincent and the Grenadines.

b Unless otherwise stated, data are sourced from Mathers B et al. for the Reference Group to the UN on HIV and Injecting Drug Use (2008) Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review, *Lancet*, 372(9651):1733–1745.

c Nelson PK et al. (2011) Global epidemiology of hepatitis B and hepatitis C in people who inject drugs: results of systematic reviews, *Lancet*, 378(9791): 571–583.

d Unless otherwise stated, data on NSP and OST coverage are sourced from Mathers B et al. for the Reference Group to the United Nations on HIV and Injecting Drug Use (2010) HIV prevention, treatment and care for people who inject drugs: A systematic review of global, regional and country level coverage, *Lancet* 375(9719):1014–28.

e 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.

(P) = needles and syringes reported to be available for purchase from pharmacies or other outlets, and (NP) = needles and syringes not available for purchase.

f The number in brackets represents the number of operational OST programmes, including publicly and privately funded clinics and pharmacy dispensing programmes. (M) = methadone, (B) = buprenorphine, (O) = any other form (including morphine and codeine).

g Estimate from 1998–2001.

h This figure is sub-national and relates to San Juan only.

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



Harm Reduction in the Caribbean

After sub-Saharan Africa, the Caribbean has the highest regional HIV prevalence worldwide.¹ Seven of the larger Caribbean islands have adult HIV prevalence of more than 1%, the highest being the Bahamas at 3.1%.² UNAIDS reports, that the generalised epidemic slowed significantly between 2001 and 2011, with HIV incidence declining by 25% in the Dominican Republic and Jamaica, and by 12% in Haiti.¹

Injecting drug use (IDU) is rare across most of the Caribbean with the exception of Puerto Rico and Bermuda.² Currently only seven countries and/or territories have reported IDU.³ Reliable data on the number of people who inject drugs (PWID) and the prevalence of HIV among injecting populations are only available for Puerto Rico, where unsafe injecting is a major contributor to the HIV epidemic. In 2006 it was reported that this mode of transmission accounted for 40% of new infections among men and 27% among women.⁴ The most recent estimate indicates that there are 29,130 PWID in Puerto Rico, with HIV prevalence among them reported to be 12.9%.⁵ Researchers have found that Puerto Ricans who inject drugs tend to inject frequently (on average six times a day) and use the same syringe multiple times (on average eight times). They are more likely to share drugs and injecting equipment and inject in shooting galleries than Puerto Ricans who inject drugs living in mainland USA.⁶ A 2007 study found HIV prevalence to be higher among female non-injecting heroin users (4.3%) than among their male counterparts (0.6%). The researchers called for supportive systems for women who use drugs to be made a high-priority public health issue in the country.⁷

Several Caribbean countries have reported a link between sexual HIV transmission and the use of crack cocaine, which is widely available and extensively used on some islands.⁸ Reported HIV prevalence among people who use crack cocaine reach 5% in Jamaica and 7.5% in St Lucia (11.1% among women and 6.8% among men).⁹ Researchers have reported that crack cocaine users, particularly women, are more likely to sell sex to support their drug use and engage in high-risk sexual practices.^{k 2, 10-11} Impaired judgement associated with drug use is also reported to contribute to sexual risk behaviours in Barbados.¹² Research plans in Belize for 2012 included further investigation into the link between drug use and HIV transmission.¹³ In 2006, UNAIDS recommended that countries devise indicators on targeted HIV prevention programmes among people who use crack cocaine, to ensure these activities are captured in UNAIDS progress reporting.⁹

i Trinidad and Tobago's progress report to UNAIDS in 2012 stated that it is 'by and large not an injecting society' and that the few reported cases have been linked to 'deportees returned from abroad'.

j Estimate from 1998–2001.

k In a study conducted in St Croix in 2005 involving 254 drug and alcohol users, women not only reported higher levels of crack use (85% compared to 49% of male participants) but also significantly more sexual partners in the month previous to the study (5.6 compared to 2.3) with more unprotected sexual acts (11.2 compared to 6.5). Female participants also reported a notably higher HIV prevalence of 8.8%, compared to 1.4% in men.

However, few countries have included information on this in their latest progress reports.¹⁴

The harm reduction response remains very limited throughout the region. Needle and syringe exchange programmes (NSPs) and opioid substitution therapy (OST) are only available in Puerto Rico.³ Services for people who use drugs (PWUD) throughout the rest of the region are predominantly abstinence-based, high-threshold interventions, with the exception of a small number of drop-in centres in St Lucia, the Dominican Republic, Trinidad and Tobago and Jamaica.⁸ With the initiation of a Round 9 Global Fund programme in the region, there are planned activities related to harm reduction in Jamaica, the Dominican Republic and Trinidad and Tobago, including the development of a harm reduction training programme.¹⁵ There are also efforts underway to include drug use and harm reduction within peer education curriculum for sex workers and men who have sex with men (MSM), as part of the Global Fund programme.¹⁵

There have been no significant policy developments related to harm reduction in the Caribbean in the past two years.

Developments in harm reduction implementation

Needle and syringe exchange programmes (NSPs)

Regional NSP coverage is very low, with a reported distribution of 0.3 syringes per PWID per year.³ Puerto Rico is the only territory with NSPs, with currently 13 active NSP sites based in communities around the capital city of San Juan, equal to 0.4 NSP sites per 1000 PWID.³ Although Law 110 that classified syringes as illegal injecting paraphernalia was amended in 1997, there are anecdotal reports of law enforcement authorities entering *el punto* (shooting galleries) and destroying the available sterile injecting equipment.¹⁶

Despite reports of IDU in six other Caribbean countries and/or territories, no NSP services have been established outside Puerto Rico. In the Dominican Republic, it is reported that sterile syringes can be purchased in pharmacies.¹⁵

Opioid substitution therapy (OST)

Puerto Rico remains the only territory in the region that has any OST provision. There are reported to be six operational OST sites (five in the community and one in a prison), which is equal to 0.2 OST sites per 1000 PWID.³ In 2007, there were an estimated 5570 people receiving methadone in Puerto Rico, representing 19% of the injecting population.³ Despite opiate use reported in the Dominican Republic, there are no OST sites operating in the country.¹⁵

In Puerto Rico a majority of PWID report starting to inject at a very young age. In contrast to many other countries outside the Caribbean, there are currently no legal restrictions inhibiting anyone under eighteen from accessing available NSP and OST services.¹⁷

Anecdotal reports indicate that harm reduction coverage in Puerto Rico is negatively impacted by funding restrictions. Since 2010 the Punto Fijo programme of Iniciativa Comunitaria that previously worked across twenty five communities in the northeastern part of the island, now covers only fifteen communities in the San Juan municipality, with no renewed services in the other ten areas.¹⁶ The situation in Puerto Rico is not captured by UNAIDS reporting processes as it is a territory of the USA but unfortunately not included within the 2012 USA report.¹⁸

Harm reduction for people who use crack cocaine

A small number of drop-in centres primarily for people who use drugs (PWUD) have been established across the region. Programmes advocating a harm reduction approach have been set up in Santo Domingo (Dominican Republic), Port of Spain (Trinidad), Kingston (Jamaica) and Vieux Fort and Castries (St Lucia).¹⁹ The Castries facility offers shelter and other services for homeless crack cocaine users living with HIV, providing adherence support for residents receiving antiretroviral therapy (ART). Although it does not distribute cannabis, the centre advocates the use of the drug for residents as a method of combating crack cocaine addiction and the nausea that is often a side effect of ART.¹⁹ In Jamaica, the National Council on Drug Abuse (NCDA) provides homeless PWUD with HIV treatment, prevention and care services as well as rehabilitation and detox services and links to services providing food, shelter and primary health care.²⁰

While countries have not developed indicators specifically related to targeted prevention for people who use crack cocaine,¹⁹ several UNAIDS progress reports in 2012 include mention of this group as a vulnerable population. Jamaica, for example, now includes responding to HIV among crack cocaine users within its National Strategic Plan.²⁰

Hepatitis C

There is very limited information available on hepatitis C (HCV) among PWUD in the Caribbean. The national HCV prevalence among PWID in Puerto Rico is not available. However, sub-national data relating to San Juan indicate that HCV prevalence among PWID is very high (89%).²¹ Positive HCV status has been found to be strongly associated with the number of years of IDU, use of shooting galleries, receiving a tattoo while incarcerated and having a history of sexually transmitted infections (STIs).²¹ HCV treatment is currently not being distributed by the Puerto Rican Health Department due to prohibitive cost.¹⁷ Obtaining treatment from private health providers remains the sole option for people living with HCV, with associated costs prohibiting most from accessing treatment services.¹⁷

Tuberculosis

Data on the extent of tuberculosis (TB) infection among Caribbean PWUD are lacking. However, TB remains an important public health issue in the region, particularly among people living with HIV. In Puerto Rico, one study reported that TB incidence was highest among PWID living with HIV.²² A recent visit to Puerto Rico by the Centers for Disease Control and Prevention (CDC) was prompted by a reported outbreak of TB within a 'drug addiction centre' in the village of Trujillo Alto.²³ The extent to which TB prevention and treatment is available to PWID in Puerto Rico is not known.

Antiretroviral therapy (ART)

Alongside Latin America, the Caribbean leads globally in ART coverage among low- and middle-income countries; Belize, Haiti and Jamaica are reported to have ART coverage of 40–59%, with Cuba reporting to reach 80% of people who require ART.¹ Increased access to ART has led to a considerable drop in the number of people dying of AIDS-defining illnesses, with an estimated 26,000 averted deaths.² While there are programmes in place on some islands to provide ART adherence support to PWUD,¹⁵ there are no estimates of the numbers of PWUD receiving ART in the Caribbean.³ A regional synthesis of UNAIDS progress reports from 2008 emphasised the need for the region to quickly increase the meaningful involvement of its most vulnerable populations within the HIV response. It also called for more targeted prevention, as currently HIV prevention efforts primarily target the general population and reach a very low percentage of MSM, male and female sex workers and PWUD.⁹ Similarly, there is a need for increased access to HIV treatment, care and support programmes among populations with elevated HIV prevalence including PWUD and prisoners.

Harm reduction in prisons

Drug use is highly criminalised and incurs severe sentences across the Caribbean region, resulting in the incarceration of large numbers of PWUD and subsequent overcrowding within prisons. The criminalisation of sex between men and drug use, and high-risk sex within prisons, contribute to high HIV prevalence among Caribbean prisoners. While estimates of HIV prevalence within prisons are limited to results from routine HIV screening and seroprevalence studies (i.e. no systematic research has yet been undertaken), there is evidence of elevated HIV prevalence in prisons from several countries and/or territories, ranging from 2% in St Lucia to 4.9% in Belize and 5.24% in Guyana.²⁴

There are no NSPs operating within prisons in the Caribbean, and only one OST programme operating in one prison in Puerto Rico. There are no systematic data on access to HIV prevention, treatment, care and support within prisons, but indications are that service provision remains limited.

Overdose

Data on overdose prevalence among PWUD in the Caribbean are lacking. One cross-sectional survey in Puerto Rican prisons found that almost half of 1179 prisoners had witnessed an overdose in prison, and one-third had known someone to have died of an overdose while incarcerated.²⁵ The likelihood of witnessing an overdose incident was associated with age, being male and using drugs in prison (particularly poly-drug use).²⁵ Of those reporting IDU before incarceration, 60.6% had witnessed an overdose incident and 44.9% had known of an overdose death.²⁵ The majority of participants who injected drugs in prison reported high-risk injecting practices.²⁵

The researchers note the need to develop and improve appropriate responses within prison settings.²⁵ They also highlight the need for further investigation into the structural factors and staff attitudes that facilitate or hinder the implementation of overdose prevention programmes in prisons.²⁵

Policy developments for harm reduction

There have been few developments in harm reduction policy at either national or regional levels in the Caribbean during the past two years. Harm reduction is included within Trinidad and Tobago's National Anti-Drug Plan for 2008–2012 as a key component of the national response to drugs,²⁶ but this remains the sole national policy related to HIV or drugs in the region which includes harm reduction.

Local respondents have reported an increase in discussions surrounding the decriminalisation of cannabis in the Caribbean, but as yet there has been no actual legislative action.¹⁵

The awarding of a regional bid from Round 9 of the Global Fund to fight AIDS, Tuberculosis and Malaria, entitled 'Fighting HIV in the Caribbean: a Strategic Regional Approach', signified an important advance for harm reduction in the Caribbean.²⁷ A total of US\$29,812,507 will be disbursed to the Pan Caribbean Partnership Against HIV/AIDS (PANCAP) over a period of five years, from January 2011 to December 2015.²⁷ The programme includes harm reduction initiatives for people who use crack cocaine both in the community and in prisons. Priority area 3 of the Caribbean Regional Strategic Framework (CRSF) 2008–2012 is 'to achieve universal access to targeted prevention interventions among the most-at-risk populations (such as, MSM, SW [sex workers], drug users, prisoners, and migrant populations).'²⁸ An expected result articulated in the Grant Application is that six countries will report adoption of HIV prevention programmes among cocaine users with harm reduction measures by 2014 (up from two in 2008 – St Lucia and Jamaica).²⁷

As reported in the *Global State of Harm Reduction 2010*, the involvement of government representatives within Country Coordinating Mechanisms (CCMs) for Global Fund grants provides some indication of national support for a harm reduction approach from Caribbean governments.

Civil society and advocacy developments for harm reduction

The few drop-in centres with a harm reduction approach operating in the region are primarily implemented by civil society organisations (CSOs). The civil society initiative within the PANCAP Round 9 Global Fund programme continues to play a significant role in the regional HIV response. It is jointly led by the Caribbean Vulnerable Communities Coalition (Jamaican coalition of civil society actors known as CVC) and El Centro de Orientación e Investigación Integral (Dominican Republic-based CSO COIN). They work to challenge the structural drivers of the epidemic, focusing on socially marginalised populations affected by HIV.²⁹ CVC/COIN provides technical support to community partners to help scale up and develop innovative programme models targeting key population groups that include PWUD.³⁰

The Caribbean Drug Abuse Research Unit (CDARI) continues to support research into the public health risk of hidden populations by assessing prevention, treatment and legislative methods as well as promoting a public health approach to substance use and dependency issues.³¹

The 2011 Caribbean HIV conference was held in the Bahamas to discuss the forging of a sustainable response to the regional HIV epidemic, highlighting critical issues of sustainability and evidence-based interventions.³² The conference attracted more than 2000 participants from across the region, with individuals from vulnerable population groups, members of community organisations and representatives of regional and international governments.³²

Caribbean civil society will have some involvement in the upcoming 6th Latin American & Caribbean Forum on HIV/AIDS and STIs to be held in Sao Paulo, Brazil, in August 2012. The theme of the conference will be 'health systems, community networks and the challenge of prevention', and it will offer an opportunity to strengthen regional dialogue on key objectives in the prevention of STIs, AIDS and viral hepatitis throughout the two regions.³³

At the international level, civil society engagement in the Commission on Narcotic Drugs (CND) remains limited, with only a small number of Caribbean countries sending CSO representatives to participate and/or observe the CND.³⁴

Multilaterals and donors: developments for harm reduction

The most significant advance in harm reduction funding within the region has been the regional Global Fund grant. The five-year programme includes US\$1.2 million allocated for HIV prevention, treatment and care among drug users and prisoners.¹⁹ Harm reduction activities within the programme focus on HIV transmission among people who use crack cocaine and as such do not include implementation of the comprehensive package of interventions for PWID.¹⁹

The US President's Emergency Program for AIDS Relief (PEPFAR) has continued to fund HIV programmes within the region. A five-year collaborative framework between the USA and the Caribbean to support the implementation of strategic, regional efforts to combat HIV/AIDS was confirmed in 2010.¹⁹ Although it is potentially a mechanism to provide financial and technical support for harm reduction initiatives across the region, recent changes to PEPFAR funding restrictions prohibit the funding of NSPs. The current USAID grant is administered by the Caribbean HIV/AIDS Alliance (CHAA) and currently covers sex workers, MSM and people living with HIV in some of the smaller Caribbean territories.¹⁵ As yet, no international programmes target PWID in the region.

A new Strategy on Substance Use and Public Health was approved at the WHO/PAHO 50th Directing Council meeting in September 2010.³⁵ While advocating a primary health care approach with integrated service delivery networks, the strategy directly articulates the benefits of evidence-based health initiatives that include harm reduction and preventive interventions targeting vulnerable population groups.³⁵

A recent initiative of the Organization of American States (OAS) involved the training of 40 Caribbean delegates on the Drug Treatment Courts (DTCs) model that has proved an effective alternative measure to incarceration for drug use.³⁶ The delegates included judges, prosecutors, defence attorneys, treatment providers and health care and justice professionals from Trinidad and Tobago, Jamaica, Barbados, the Bahamas and Grenada.

References

- UNAIDS (2011) *Worlds AIDS Day Report 2011. How to get to zero: Faster. Smarter. Better*. Geneva: UNAIDS, http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/JC2216_WorldAIDSday_report_2011_en.pdf Accessed 19 July 2012.
- WHO, UNAIDS and UNICEF (2011) *Global HIV/AIDS Response Progress Report, 2011*. Geneva: WHO.
- Mathers B et al. (2010) HIV prevention, treatment, and care services for people who inject drugs: A systematic review of global, regional, and national coverage, *Lancet*, 375, DOI:10.1016/S0140-6736(10)60232-2.
- Centers for Disease Control and Prevention (CDC) (2009) *HIV/AIDS Surveillance Report, 2007. Volume 19*. Atlanta, GA: CDC.
- Mathers B et al. (2008) The global epidemiology of injecting drug use and HIV among people who inject drugs: A systematic review, *Lancet*, 372 (9651), 1733–1745.
- Reyes JC et al. (2004) Prevalence and risk factors associated with hepatitis C virus infection among injection drug users in Puerto Rico. Presented at the 9th International Symposium on Health Disparities, Baltimore, USA, 8–11 December 2004.
- Sosa-Zapat et al. (2007) Gender differences in drug use and sexual risk behaviours among non-injecting heroin users in Puerto Rico, *Puerto Rico Health Sciences Journal*, 26(3):205–11.
- Cook C (2010) *The Global State of Harm Reduction: Key Issues for Broadening the Response*. London: International Harm Reduction Association.
- UNAIDS (2008) *Keeping Score II. A progress report towards universal access to HIV prevention, treatment, care and support in the Caribbean*. Port of Spain: UNAIDS.
- Surrat HL et al. (2005) Emerging linkages between substance abuse and HIV infection in St. Croix, United States Virgin Islands, *AIDS Care*, 17(1):S26–35.
- Pan American Health Organization/World Health Organization (2011) *Improving Access of Key Populations to Comprehensive HIV Health Services; Towards a Caribbean Consensus*. Washington, DC: PAHO, http://new.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=16967&Itemid= Accessed 19 July 2012.
- Barbados Ministry of Health (2012) *Global AIDS Response Progress Report, Barbados Country Progress Report*. Geneva: UNAIDS, http://www.unaids.org/en/dataanalysis/monitoringcountryprogress/progressreports/2012countries/ce_BB_Narrative_Report%5B1%5D.pdf Accessed 15 May 2012.
- UNAIDS (2012) *Global AIDS Response Progress Report, Belize Country Progress Report*. Geneva: UNAIDS, http://www.unaids.org/en/dataanalysis/monitoringcountryprogress/progressreports/2012countries/ce_BZ_Narrative_Report%5B1%5D.pdf Accessed 15 May 2012.
- UNAIDS (2012) *Global AIDS Response Progress Reporting: Country reports*, <http://www.unaids.org/en/dataanalysis/monitoringcountryprogress/progressreports/2012countries/> Accessed 15 May 2012.
- Caribbean Drug Abuse Research Institute (2012) *Global State of Harm Reduction 2012 regional response*.
- Personal email communication with Carlo Andre Oliveras Rodriguez, Caribbean Treatment Action Group, 30 May 2012.
- Carlo Andre Oliveras Rodriguez (2012) *Global State of Harm Reduction 2012 regional response*.
- UNAIDS (2012) *Global AIDS Response Progress Reporting: USA Country Progress Report*. Geneva: UNAIDS, http://www.unaids.org/en/dataanalysis/monitoringcountryprogress/progressreports/2012countries/ce_US_Narrative_Report.pdf Accessed 15 May 2012.
- Cook C (2010) Regional Update: Caribbean, *The Global State of Harm Reduction: Key Issues for Broadening the Response*. London: International Harm Reduction Association, 35.
- UNAIDS (2012) *Global AIDS Response Progress Reporting: Jamaica Country Progress Report*. Geneva: UNAIDS, http://www.unaids.org/en/dataanalysis/monitoringcountryprogress/progressreports/2012countries/ce_JM_Narrative_Report%5B1%5D.pdf Accessed 15 May 2012.
- Reyes JC et al. (2006) *Prevalence and correlates of hepatitis C virus infection among street-recruited injection drug users in San Juan, Puerto Rico*. San Juan: Centre for Addiction Studies, Puerto Rico, <http://www.ncbi.nlm.nih.gov/pubmed/17075726> Accessed 19 July 2012.
- Pérez-Perdomo R, Pérez-Cardona CM (1999) An epidemiological review of tuberculosis in the Puerto Rican population, *Puerto Rico Health Sciences Journal*, June;18(2):117–22.
- Agencies (2012) Four deaths: Analyze the outbreak of Tuberculosis in Puerto Rico, 25 March 2012, <http://translate.google.com/translate?hl=en&sl=es&tl=en&u=http%3A%2F%2Fwww.listindiario.com.do%2Fflas-mundiales%2F2012%2F3%2F24%2F26466%2FAIarma-en-P-Rico-por-un-brote-de-tuberculosis> Accessed 18 July 2012.
- Pan American Health Organization (2011) *Improving Access of Key Populations to Comprehensive HIV Health Services; Towards a Caribbean Consensus*. Washington, DC: PAHO.
- Albizu-Garcia CE et al. (2009) Characteristics of inmates witnessing overdose events in prison: implications for prevention in the correctional setting, *Harm Reduction Journal*, 6:15 doi:10.1186/1477-7517-6-15, <http://www.biomedcentral.com/content/pdf/1477-7517-6-15.pdf> Accessed 18 July 2012.
- Government of Trinidad and Tobago (2008) *National Anti-Drug Plan, Trinidad and Tobago*. Port of Spain: Government of Trinidad and Tobago, <http://www.nationalsecurity.gov.tt/Portals/1/National%20Anti%20Drug%20Plan%202008-2012.pdf> Accessed 18 July 2012.
- PANCAP (2010) CARICOM/PANCAP Global Fund Round 9 Grant, <http://www.pancap.org/en/projects/caricompancap-global-fund-round-9-grant.html> Accessed 18 July 2012.
- Caribbean Community (CARICOM) & Pan-Caribbean Partnership against HIV/AIDS (PANCAP) (2008) *Caribbean Regional Strategic Framework on HIV and AIDS 2008–2012*. Georgetown, Guyana: CARICOM & PANCAP.
- Caribbean Vulnerable Communities (2011) COIN/CVC “Vulnerabilised” Groups Project PANCAP R9 Global Fund Grant, <http://www.cvccoalition.org/pages/News/2012/harmreduction.php> Accessed 18 July 2012.
- UNAIDS Caribbean (2012) Grants awarded to projects targeting marginalised communities, 21 April 2012, <http://www.unaidscaribbean.org/node/244> Accessed 18 July 2012.
- UNODC (2012) Caribbean Drug Abuse Research Unit (CDARI), http://www.unodc.org/ngo/showSingleDetailed.do?req_uid=16418 Accessed 19 July 2012.
- Pan American Health Organization/World Health Organization (2011) Caribbean conference on forging a sustainable response to the regional HIV epidemic, http://new.paho.org/bah/index.php?option=com_content&task=view&id=102&Itemid=225 Accessed 19 July 2012.
- IDPC (2012) 6th Latin American and Caribbean Forum on HIV/AIDS and STIs, 11 June 2012, <http://idpc.net/events/2012/08/6th-latin-american-and-caribbean-forum-on-vih-aids-and-stis> Accessed 19 July 2012.
- United Nations Economic and Social Council (2012) *Commission on Narcotic Drugs Fifty-fifth session Vienna, 12–16 March 2012. List of participants, E/CN.7/2012/INF/2*. New York: ECOSOC, http://www.unodc.org/documents/commissions/CND-session55/Final_15March.pdf Accessed 12 July 2012.
- Pan American Health Organization/World Health Organization (2010) *Health Leaders Pledge Action to Reduce Drug Use in Latin America and the Caribbean, 28 September 2010*, http://new.paho.org/hq/index.php?option=com_content&task=view&id=3522&Itemid=1 Accessed 18 July 2012.
- Inter-American Drug Abuse Control Commission (2012) OAS trains judges and prosecutors in the Caribbean on alternatives to incarceration, February 2012, http://www.cicad.oas.org/Main/Template.asp?File=fortalecimiento_institucional/dtca/activities/trainjudges_caribbean_2012_eng.asp Accessed 18 July 2012.