

## Regional Overview

### 2.4 Caribbean



Table 2.4.1: Epidemiology of HIV and viral hepatitis, and harm reduction responses in the Caribbean

Country/territory with reported injecting drug use <sup>a</sup>	People who inject drugs	HIV prevalence among people who inject drugs(%)	Hepatitis C (anti-HCV) prevalence among people who inject drugs(%)	Hepatitis B (anti-HBsAg) prevalence among people who inject drugs(%)	Harm reduction response <sup>i</sup>			
					NSP <sup>b</sup>	OST <sup>c</sup>	Peer-distribution of naloxone	DCRs <sup>d</sup>
The Bahamas	0 <sup>[2]</sup>	nk	nk	nk	x	x	x	x
Dominican Republic	<1,359 <sup>e[3]</sup>	3.2 <sup>f[3]</sup>	22.8 <sup>g[4]</sup>	nk	✓2 <sup>[5,6]</sup>	x <sup>h</sup>	x	x
Guyana	nk	nk	nk	nk	x	x	x	x
Haiti	nk	nk	nk	nk	x	x	x	x
Jamaica	nk	nk	nk	nk	x	x	x	x
Puerto Rico	28,000 <sup>[7]</sup>	11.3 <sup>[8]</sup>	78.4 - 89 <sup>j[10,11]</sup>	nk	✓6 <sup>[9]</sup>	✓(M,B) <sup>[9]</sup>	x	x
Suriname	nk <sup>k[12]</sup>	nk	nk	nk	x	x	x	x

nk – not known

- a Countries with reported injecting drug use according to Larney et al. in 2017. The study found no reports of injecting drug use in Antigua and Barbuda, Barbados, Cuba, Dominica, Grenada, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines or Trinidad and Tobago.<sup>[1]</sup>
- b All operational needle and syringe exchange programme (NSP) sites, including fixed sites, vending machines and mobile NSPs operating from a vehicle or through outreach workers. (P) = pharmacy availability.
- c Opioid substitution therapy (OST), including methadone (M), buprenorphine (B) and any other form (O) such as morphine and codeine.
- d Drug consumption rooms, also known as supervised injecting sites.
- e There are an estimated 56,632 people who use illegal drugs in the Dominican Republic, less than 2.4% of whom are reported to be people who inject drugs.
- f Estimate from 2012 for people who use drugs.
- g Based on data from 2008.
- h A pilot programme offering OST with a buprenorphine-naloxone combination operated in the Dominican Republic from mid-2017 to mid-2018; however, this project has now closed.
- i Based on subnational data from 2015.
- j Based on subnational data from 2006-2015. Civil society organisations report that there is no effective system monitoring viral hepatitis infection among people who inject drugs in Puerto Rico.<sup>[9]</sup>
- k A 2008 government study estimated that 0.3% of Suriname's estimated 1,000 people who use drugs are people who inject drugs.

Map 2.4.1: Availability of harm reduction services



# Harm reduction in the Caribbean

## Overview

Since 2016, the harm reduction response to illicit drug use appears to have remained relatively stable in the Caribbean. Given the devastating effects of Hurricanes Irma and María in 2017 on several islands in the region, this stagnation should not be over-emphasised. That harm reduction services, particularly in Puerto Rico, continue to be available to people who use drugs can be viewed as a success and can be attributed to the dedication of civil society organisations in the region.

Puerto Rico and the Dominican Republic remain the only territories in the region in which injecting opioid use is regularly reported. With scarce data on injecting drug use elsewhere in the Caribbean, it is impossible to make an authoritative judgement on its prevalence. However, from the limited data available, injection appears to be rare.<sup>[13-15]</sup> Cocaine and its derivatives tend to be the second most widely used illicit substances after cannabis, and their use is overwhelmingly associated with inhalation rather than injection.<sup>[13-15]</sup>

As in 2016, needle and syringe programmes (NSPs) are only available in the Dominican Republic and Puerto Rico, in response to the presence of injecting drug use in those territories. These NSPs are exclusively provided by civil society organisations in both countries, who rely wholly on funding from international donors.<sup>[5,9]</sup> Also as reported in 2016, opioid substitution therapy (OST) is only currently available in Puerto Rico, where it is provided by both state and private actors.<sup>[9]</sup> In mid-2017 an OST pilot was initiated in the Dominican Republic; however, it is due to be closed in late 2018.<sup>[5,6]</sup> Despite reports of a rising number of overdoses in Puerto Rico since 2016, the response to overdose remains limited and hindered by legal barriers. No drug consumption rooms exist in the region, and naloxone is only available on a limited basis in Puerto Rico and only in major hospitals in the Dominican Republic.<sup>[6,9]</sup> Legislation to liberalise access to naloxone in Puerto Rico is currently being considered by the Puerto Rican assembly.<sup>[9]</sup>

The Caribbean is home to a limited, nascent harm reduction response to the use of cocaine and its derivatives. The informal use of cannabis as a substitution therapy, or to counter certain side-effects of crack cocaine use, has been documented in Jamaica and Saint Lucia.<sup>[16,17]</sup> Data on the use of new psychoactive substances and amphetamine-type stimulants is virtually absent, and no harm reduction response has been recorded.

Infectious diseases are largely divorced from drug use in policy documents published by Caribbean governments, with little or no acknowledgement of the intersection between HIV, viral hepatitis, tuberculosis and illicit drug use. For example, only six of the 17 countries in the region make any reference to people who use drugs in their latest national HIV policy plans (the Dominican Republic, Jamaica, Puerto Rico, Saint Lucia, Suriname, and Trinidad and Tobago).<sup>[3,12,18-21]</sup>

Despite the existence of some harm reduction programmes, the response to drug use in the Caribbean continues to be dominated by rehabilitation and abstinence-centred interventions. As reported in the *Global State of Harm Reduction 2016*, and is evident from data published over the past two years, there are reports of people being held in rehabilitation centres against their will.<sup>[22,23]</sup> The problem is particularly grave in the Dominican Republic and Puerto Rico.<sup>[24,25]</sup> In the latter, 85% of treatment facilities are privately operated with little or no independent or state oversight, while only one of every six treatment centres in the Dominican Republic is authorised by the state.<sup>[23]</sup>

## Developments in harm reduction implementation

### Needle and syringe programmes (NSPs)

Due to the low reported prevalence of injecting drug use, NSPs are absent from most countries and territories of the Caribbean. For example, the Bahamas, Saint Lucia, and Saint Kitts and Nevis report no injecting drug use, and therefore no NSPs exist.<sup>[2,20,26]</sup> In only a few countries has injecting drug use been found to have a significant role in the transmission of blood-borne diseases in the region, these being Puerto Rico, the Dominican Republic and, to a lesser extent, Cuba and Barbados.<sup>[27]</sup>

NSPs only operate in Puerto Rico and the Dominican Republic. A 2013 study found that 38% of people reporting active heroin injecting in the Dominican Republic had shared needles.<sup>[25]</sup> Evidence from both countries also suggests that NSPs play a role in linkage to healthcare for people who use drugs but do not inject.<sup>[27]</sup>

In both the Dominican Republic<sup>l</sup> and Puerto Rico<sup>m</sup>, NSPs are exclusively provided by civil society and private organisations. Two organisations in the Dominican Republic and four in Puerto Rico deliver services distributing sterile injecting equipment, condoms and antiseptic liquid.<sup>[5,9]</sup> Since the *Global State of Harm Reduction* last reported, an outreach-led NSP was established by COIN as a pilot in August 2017 in the Capotillo and La Zurza areas of Santo Domingo in the Dominican Republic, with plans to expand into other areas with populations of people who inject drugs.<sup>[28]</sup> As of late 2017, 32 people who inject drugs were regularly accessing the programme.<sup>[28]</sup> Outreach is also central to the projects run by Intercambios and El Punto en la Montaña in Puerto Rico, who reach out to people who inject drugs in housing projects, on the streets, in private homes and in abandoned buildings.<sup>[9]</sup>

COIN in the Dominican Republic and Intercambios and El Punto en la Montaña in Puerto Rico all train and employ current or former people who inject drugs to act as outreach NSP workers.<sup>[5,6,28]</sup> Evidence from elsewhere in the world has found that such peer-led outreach programmes have a greater ability to reach marginalised groups, as well as providing enhanced acceptance, self-esteem, community inclusion and empowerment among clients.<sup>[29]</sup> A further means of lowering barriers to accessing NSPs is the use of 24-hour syringe dispensing machines: the first of which in the United States was established by Iniciativa Comunitaria in Puerto Rico in 2009.<sup>[30]</sup>

As a further effort to tailor services to the needs of people who inject drugs, El Punto en la Montaña in Puerto Rico collects feedback from clients.<sup>[9]</sup> Since 2007 until the time of reporting, the project has enrolled 1,534 individuals, all of whom were at the time of enrolment injecting drugs on a daily basis.<sup>[9]</sup> According to data collected from these clients, 92% were men.<sup>[9]</sup> This appears to be in line with the population of people who inject drugs on the island, 90% of which has been found to be men in both rural and urban environments.<sup>[10,11]</sup> Only half of people accessing the service had a high school diploma, a third were homeless and 100% were living in poverty.<sup>[9]</sup> Notably, 80% were living with hepatitis C and 6% were living with HIV.<sup>[9]</sup> More than half (55%) of participants self-report sharing injection paraphernalia, including needles, syringes, cookers, water and cotton.<sup>[9]</sup>

## Opioid substitution therapy (OST)

With illicit opioid use low or non-existent in much of the Caribbean, OST is often not a priority in the harm reduction response to illicit drug use.<sup>[2,14,31]</sup> A recent systematic review of access to harm reduction interventions found that just 8% of people who inject drugs in the Caribbean are enrolled in OST.<sup>[32]</sup> This may be a reflection of the fact that cocaine is the most commonly injected drug in the region, rather than opioids.

As reported in the *Global State of Harm Reduction 2016*, Puerto Rico remains the only territory or country in the Caribbean in which OST is available. Data from 2013 to 2014 notes a 3.2% prevalence among the adult population of illicit opiate use in the last 12 months, with 0.58% prevalence of heroin/opium use and 0.21% methadone use (from the available data it is unclear what accounts for the remaining opiate use).<sup>[33]</sup> In addition, according to Intercambios, one quarter of people in Puerto Rico have a legal prescription for opioid-based medication.<sup>[34]</sup> The Administration of Mental Health and Anti-Addiction Services (Administración de Servicios de Salud Mental y contra la Adicción, ASSMCA) is the Puerto Rican government agency responsible for OST, and operates six clinics, three mobile units and two satellite clinics across the island providing methadone maintenance therapy.<sup>[9,35]</sup> ASSMCA's eligibility criteria make accessing their services impossible for people under the age of 18 or people without a formally diagnosed opioid use "disorder".<sup>[35]</sup>

These government-led OST services are supplemented in Puerto Rico by private actors. Iniciativa Comunitaria and the Migrant Health Centre both provide buprenorphine-based OST at clinics on the island.<sup>[36,37]</sup> The Migrant Health Centre's clinic at Mayaguez integrates OST, NSP, HIV and viral hepatitis services on the same site.<sup>[36]</sup> These programmes are generally funded either by the national insurance scheme, Mi Salud, or the Puerto Rican government's Section 330 programme.<sup>[9]</sup>

No recent estimates were found for the prevalence of opioid use in the Dominican Republic, with the only available data over a decade old. A pilot OST programme operated in the Dominican Republic from mid-2017 until late 2018, funded by the Spanish Agency for International Development Cooperation and managed by UNODC with the support of COIN, UNAIDS, the National Council on Drugs and the national HIV programme (CONAVIHSIDA).<sup>[5,22]</sup> The

<sup>l</sup> These are Mesón de Dios and COIN (Centro de Orientación y de Investigación Integral, Centre for Comprehensive Guidance and Research), though the service operated by Mesón de Dios is reportedly only intermittent.<sup>[6]</sup>

<sup>m</sup> Intercambios Puerto Rico, Iniciativa Comunitaria, Migrant Health Centre Inc. and El Punto en la Montaña.

programme offered therapy with a buprenorphine-naloxone combination to reduce risk behaviours related to HIV, hepatitis C and other infectious diseases.<sup>[5]</sup> Over the 12 months of operation, 70 people who inject drugs were involved in the pilot.<sup>[5]</sup> The pilot was discontinued when the government's temporary approval for the importation of buprenorphine-naloxone came to an end,<sup>[5]</sup> pending further approval and investment when results from the programme have been presented to the government.<sup>[6]</sup>

### Amphetamine-type stimulants (ATS), cocaine and its derivatives and new psychoactive substances (NPS)

The Caribbean's position on a major trafficking route between South America and North America, and the practice of using cocaine as payment in kind, has contributed to access to cocaine and its derivatives in the region.<sup>[27,38]</sup> In 2016, average lifetime prevalence of cocaine use among secondary school students across 13 Caribbean countries was recorded as 2.4%, with 2.2% prevalence of crack cocaine.<sup>[15]</sup> The highest prevalence figure for cocaine was in Antigua and Barbuda (3.3%); for crack cocaine it was in Saint Kitts and Nevis (3.4%).<sup>[15]</sup> Crack cocaine is most commonly inhaled, often in combination with cannabis (the Caribbean's most used illicit drug).<sup>[15,27]</sup> Use of ecstasy and ATS appears to be considerably lower than use of cocaine derivatives,<sup>[15]</sup> except for in Puerto Rico, where last-year prevalence of amphetamine use was 2.5% compared with 2.2% last-year prevalence of cocaine derivative use.<sup>[39]</sup> Data on NPS use in the Caribbean is unavailable.<sup>[5]</sup>

Few harm reduction programmes operate for people who use cocaine and its derivatives in the Caribbean. The use of improvised smoking equipment for crack cocaine is a potential source of harm, such as the practice of "bullino" in Cuba, whereby makeshift pipes are made from soft drink cans.<sup>[40,41]</sup> Ensuring that people who smoke crack cocaine have access to safer smoking equipment has been shown to reduce harm caused by lesions, burns and respiratory problems.<sup>[42]</sup> Additionally, crack cocaine use has been associated with transmission of HIV and hepatitis C.<sup>[43]</sup> Pipe distribution programmes ensure people do not share equipment (a practice associated with the transmission of hepatitis C) and have been shown elsewhere to be related to reducing other health problems related to crack cocaine use.<sup>[44,45]</sup> In the absence of widespread injecting drug use and demand for NSPs, the implementation of such programmes in the Caribbean should be a priority in addressing health concerns among people who use drugs.

There is some evidence for the use of cannabis as a harm reduction measure for crack cocaine use in the Caribbean. In Jamaica, a 2002 study reported that cannabis is used in the community to alleviate negative side-effects associated with smoking crack cocaine, such as paranoia and weight loss.<sup>[17]</sup> A 2007 Saint Lucian study found that 73% of people using crack cocaine also used cannabis, and 38% said that cannabis could be used as a substitution for crack cocaine.<sup>[46]</sup> The use of cannabis as a substitution therapy for crack cocaine has been found to be effective in qualitative and longitudinal studies in Canada and the United States.<sup>[47,48]</sup> There remains a need for further research to explore the efficacy of cannabis as a harm reduction measure for people who use cocaine and its derivatives.

### Overdose, overdose response and drug consumption rooms (DCRs)

The overdose response in the areas of the Caribbean where opioids are more commonly used is severely lacking. No drug consumption rooms exist in any country or territory. Naloxone, a highly effective opioid antagonist used to reverse the effects of overdose, is only authorised for use by medical professionals in Puerto Rico and only in major hospitals in the Dominican Republic.<sup>[6,9,49]</sup>

Data on overdoses is not collected in the same way in Puerto Rico as in the rest of the United States, making a comparative assessment of the situation in the territory difficult. However, civil society organisations report a significant increase in opioid overdose since Hurricane María hit the island in September 2017.<sup>[50]</sup> Fentanyl, a synthetic opioid up to 50 times more potent than heroin, is reportedly present in an increasing number of overdoses, with Intercambios reporting two to three fentanyl overdoses per week in the cities of Caguas and Fajardo in February 2018.<sup>[50]</sup> Intercambios has also been testing used injecting equipment for fentanyl since Hurricane María, and has found that it is present in 77% to 90% of cases.<sup>[50]</sup>

Restrictions on the availability of naloxone in Puerto Rico make it unlawful for civil society organisations to ensure, as recommended in World Health Organization guidelines,<sup>[51]</sup> that anybody likely to witness an overdose has access to the medicine. In Puerto Rico, there is no legal protection for peers, friends or family using naloxone to save a life.<sup>[50]</sup> Despite these restrictions, Intercambios continues to train people who use drugs in the use of naloxone, though they are unable to distribute the drug itself.<sup>[50]</sup> El Punto en la Montaña have been working with local police and mayors to educate them about naloxone and overdose prevention in Puerto Rico.<sup>[9]</sup>

Following advocacy by civil society organisations, a bill is currently in the Puerto Rican legislative assembly to create and implement an island-wide overdose prevention programme, including naloxone provision, and a Good Samaritan law to protect those who call the emergency services in case of overdose.<sup>[9,50]</sup> On Overdose Awareness Day (31 August) 2018, the governor of Puerto Rico introduced plans for a new opioid overdose prevention task force to be led by the Administration of Mental Health and Anti-Addiction Services (Administración de Servicios de Salud Mental y Contra la Adicción) and including civil society representation.<sup>[9,50]</sup>

### Viral hepatitis

Hepatitis C prevalence among people who have injected drugs in the last year in the Caribbean is estimated at 47.6%, with 16.7% of all people living with hepatitis C reporting last-year injecting drug use.<sup>[52]</sup> High prevalence of both hepatitis C and hepatitis B has also been observed among people who use drugs but do not inject, associated with sharing paraphernalia and indirectly linked to unprotected sex.<sup>[27]</sup> Despite a lack of any systematic monitoring system,<sup>[9]</sup> prevalence of hepatitis C among Puerto Ricans who inject drugs has been estimated at 78.4% in rural areas and 89% in San Juan.<sup>[10,11]</sup> El Punto en la Montaña have found that approximately half of people who inject drugs living with hepatitis C are not aware of their status, enhancing the risk of transmission.<sup>[9]</sup> Among all people living with hepatitis C, a recent global systematic review estimated that only 18% in Puerto Rico and 10% in the Dominican Republic are diagnosed.<sup>[52]</sup>

In Puerto Rico, there is no publicly funded treatment of hepatitis C for people who inject drugs, with the Department of Health imposing a requirement for six months of abstinence from drug and alcohol use before treatment.<sup>[53]</sup> Hepatitis C treatment is not covered by the Mi Salud state insurance programme.<sup>[53]</sup>

In an effort to increase the number of people aware of their hepatitis C status in Puerto Rico, El Punto en la Montaña has collaborated with the University of Nebraska-Lincoln in the VAS One (Vida Acción Salud, Life Action Health) research project since 2015.<sup>[9]</sup> The project, funded by the National Institute for Drug Abuse, provides testing to people who inject drugs living in rural areas.<sup>[9,54]</sup> Some civil society organisations in Puerto Rico, such as the Puerto Rico Community Network for Clinical Research on AIDS, integrate viral hepatitis testing with HIV testing.<sup>[9]</sup>

In only five Caribbean countries, of the 17 in the region, is care for both hepatitis C and hepatitis B publicly funded: Cuba, the Dominican

Republic, Dominica, Jamaica, and Trinidad and Tobago.<sup>[55]</sup> People who inject drugs face further barriers, including discrimination by health authorities and professionals, and burdensome time commitments.<sup>[9]</sup>

### Tuberculosis (TB)

As reported in the *Global State of Harm Reduction 2016*, there is a dearth of up-to-date information on TB services for people who inject drugs. The highest general population incidence is in Haiti, with 181 cases per 100,000 people in 2017, followed by Guyana (86), the Dominican Republic (45) and Belize (36).<sup>[56]</sup> Haiti also has the region's highest HIV/TB co-infection incidence at 20 per 100,000,<sup>[56]</sup> and in 2017 was among four countries (with Brazil, Mexico and Peru) that account for 62% of new TB infections in the Americas.<sup>[57,58]</sup> More research is necessary to determine the extent to which people who use drugs are affected by TB in the Caribbean, and the extent to which they receive treatment.

### HIV and antiretroviral therapy (ART)

From 2010 to 2017, the Caribbean saw an 18% reduction in new HIV infections and a 23% reduction in AIDS-related deaths.<sup>[59]</sup> Almost 90% of new diagnoses are confined to just four countries: Cuba, the Dominican Republic, Haiti and Jamaica.<sup>[59]</sup> Despite this progress, only 64% of people living with HIV in the Caribbean are aware of their status.<sup>[60]</sup> Approximately 1% of new infections across the region in 2017 were due to injecting drug use.<sup>[59]</sup>

In most countries of the region, few new HIV infections are associated with injecting drug use. For example, only 0.2% of new HIV cases in Jamaica in 2015 were among people who inject drugs.<sup>[61]</sup> However, non-injecting drug use has been observed to be indirectly related to HIV transmission, through the disinhibiting effect of some drug use on sexual risk behaviours such as condom use.<sup>[27]</sup> Prevalence studies in Jamaica and Saint Lucia have found high prevalence of HIV among people living on the streets who use drugs but do not inject, and have found that this population overlaps with other key populations for HIV, such as men who have sex with men, sex workers and transgender people.<sup>[18,20,38,62,63]</sup> In Jamaica, the National Council on Drug Abuse operates an outreach programme to people living on the streets, providing counselling, linkage to mental and physical healthcare, hygiene items (such as toothbrushes, sanitary products and body wash) and clothing.<sup>[62]</sup> It is unclear to what extent this outreach is done within a harm reduction framework without the ultimate aim of abstinence.

People who use drugs are consistently left out as a key population in HIV reporting and planning in the Caribbean. Despite being a small proportion of new infections, they remain a group at high risk of infection. Stigma and discrimination play a significant role in limiting access to HIV testing and treatment, with evidence that a large proportion of people across the Caribbean demonstrate discriminatory attitudes towards people who inject drugs.<sup>[59]</sup> Only four countries (Puerto Rico, Saint Lucia, Suriname, and Trinidad and Tobago) make any reference to the stigma faced by people who use drugs in national HIV policy documents, and only Puerto Rico's document recommends concrete actions that can be taken to address this barrier to healthcare.<sup>[12,19-21]</sup> The continued criminalisation of people who use drugs also contributes to discouraging this population from accessing treatment.<sup>[5]</sup>

HIV transmission in Puerto Rico is mostly related to injecting drug use.<sup>[24]</sup> In 2015, it was estimated that 11.3% of people who inject drugs in Puerto Rico were living with HIV;<sup>[8]</sup> El Punto en la Montaña report that 6% of all people registered by their NSP are living with HIV.<sup>[9]</sup> In 2015, it was found that 89.5% of people who inject drugs in San Juan had ever been tested for HIV and 42.4% had been tested in the last year.<sup>[8]</sup> Of those tested in the previous year, more than half (50.7%) were tested in a non-clinical setting (such as an outreach centre, mobile unit, NSP or family planning clinic).<sup>[8]</sup>

In Puerto Rico, there are no restrictions on access to antiretroviral therapy for people actively using drugs.<sup>[9]</sup> In the Dominican Republic, people who inject drugs are able to access antiretroviral therapy, however staff are not trained in the specific needs of this population, meaning many people who inject drugs are alienated by the healthcare system.<sup>[5]</sup> In September 2018, UNODC and UNDP launched a training plan for health personnel in the provision of comprehensive HIV treatment and care for people who inject drugs.<sup>[5]</sup>

Several organisations in Puerto Rico provide specialised HIV care for people who inject drugs. These include rapid testing offered by Iniciativa Comunitaria,<sup>[37]</sup> and integrated NSP, OST and HIV services at the Migrant Health Center in Mayaguez.<sup>[36]</sup> The Community Network for Clinical Research on AIDS hosts the Tod@s project targeted at young people (aged 13 to 29) with no limitations placed on access for people who inject drugs, offering rapid HIV testing, referrals and specialised services for people living with HIV.<sup>[64]</sup> In the Dominican Republic, the COIN NSP integrates HIV treatment, and is able to enrol clients in antiretroviral therapy.<sup>[28]</sup>

## Harm reduction in prisons

People who use drugs in the Caribbean consistently face criminalisation and the risk of imprisonment, despite movement towards decriminalisation of cannabis in certain countries (see below). For example, in the Bahamas suspicion of drug possession is legal grounds for property searches without a warrant,<sup>[65]</sup> and Law No. 50-88 on Drugs and Controlled Substances in the Dominican Republic classifies a trafficker as any person in possession of any quantity of opium derivatives.<sup>[5]</sup> Since 2017 in the Dominican Republic, at least 60 people who use drugs have reported being arrested without having committed an offence, and young people report being charged with drug possession when not carrying any illegal substances.<sup>[22,66]</sup>

There were an estimated 109,176 people imprisoned in the Caribbean in 2016, a 22% increase in the prison population since 2005.<sup>[67,68]</sup> Prisons in several countries in the Caribbean are reported to lack adequate hygiene and medical facilities<sup>[65,69-71]</sup> and prisons across the region are consistently severely overcrowded, including the world's most overcrowded prison system in Haiti which operates at 454% capacity.<sup>[65,66,69,71-74]</sup> This combination creates an environment in which drug-related harms, such as the transmission of HIV, HCV and TB, are amplified rather than reduced.<sup>[75]</sup>

No prison in the Caribbean offers access to sterile injecting equipment, and only one prison in the region, in Puerto Rico, provides OST in prison.<sup>[5,9]</sup> The lack of access to OST has been identified by civil society organisations as a form of cruel and unusual punishment, and a violation of the right to health.<sup>[76]</sup> Hepatitis C treatment is not available in Puerto Rican prisons.<sup>[9,77]</sup>

Drug treatment courts have operated in the Caribbean since the early 2000s, and now operate in five countries and territories (Barbados, the Dominican Republic, Jamaica, Puerto Rico, and Trinidad and Tobago) with two further countries implementing pilot programmes (the Bahamas and Belize).<sup>[78]</sup> These programmes seek to divert people charged with minor, non-violent drug offences away from the penal system and into drug treatment services, and tend to focus on abstinence.<sup>[78]</sup> An almost complete lack of data collection in the region makes it impossible to assess whether drug courts achieve their set objectives; however, drug courts in other parts of the world have been criticised as biased towards those least in need of treatment and ineffective in supporting people to improve their health outcomes.<sup>[78]</sup>



Another issue in the Caribbean is the prevalence of forced rehabilitation centres, often associated with drug treatment courts.<sup>[23]</sup> A 2016 Open Society Foundations report raised concerns over such facilities, reporting that people who use drugs in both the Dominican Republic and Puerto Rico are involuntarily interned without committing any crime, subjected to physical and psychological abuse, and to cruel, dehumanising and humiliating treatment.<sup>[23]</sup> The centres, often operated by religious organisations, reportedly force those admitted to sell products on the street for little to no pay, and refuse to provide medical care for either opioid withdrawal symptoms or minor illness.<sup>[23]</sup> No evidence has been presented for the effectiveness of these rehabilitation centres in achieving their stated aims of reducing drug use and drug-related crime, and they have been condemned as violating fundamental human rights by the UN Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, and the UN Special Rapporteur on health.<sup>[79]</sup>

### 2017 Atlantic hurricane season

The 2017 Atlantic hurricane season saw two category five hurricanes in the Caribbean, Irma and María. The worst-affected islands were Puerto Rico, Dominica, and Antigua and Barbuda, with all experiencing widespread destruction of infrastructure, including hospitals, across the islands. In Dominica, 80% of buildings were damaged by Hurricane María;<sup>[80]</sup> on the island of Barbuda, Hurricane Irma damaged 90% of buildings and all 1,800 residents were evacuated to Antigua.<sup>[81]</sup>

Puerto Rico experienced unprecedented devastation when Hurricane María hit in September 2017,<sup>[9]</sup> and the effects on harm reduction services were debilitating. The broader healthcare system, already drained of financial and human resources by austerity and emigration over the preceding decade, was brought to the brink of collapse. Local media estimate that ten doctors left the island every day in the months following Hurricane María, and a survey indicated that one third of deaths in the wake of the hurricane can be attributed to interrupted healthcare.<sup>[82]</sup> Ten days after the storm, only nine of the island's 69 hospitals had been reconnected to the electricity network.<sup>[83]</sup> Thousands of Puerto Ricans remained without power until August 2018, 11 months later.<sup>[84]</sup>

El Punto en la Montaña in Puerto Rico was forced to scale back its harm reduction services due to a lack

of shipments of supplies arriving from the mainland United States.<sup>[85]</sup> Sterile water and bleach became scarce on the island, making even last-resort methods of needle sterilisation unavailable.<sup>[85]</sup> The organisation reports that the frequency of sharing needles and other injecting paraphernalia increased 27% in the wake of the hurricane.<sup>[9]</sup> The US Jones Act restricts permission for ships travelling between domestic ports, and the federal government's refusal to provide a long-term waiver of the law for Puerto Rico has reportedly exacerbated shortages of essential equipment for harm reduction.<sup>[86,87]</sup> Since Hurricane María, there has also been a dramatic increase in the detection of fentanyl on the island,<sup>[50]</sup> bringing concern due to the high overdose risk it presents.

Economic and social crises are known to effect patterns of drug use and infectious disease transmission,<sup>[27]</sup> including increasing the prevalence of illicit substance use, according to evidence from previous disasters in the region (such as Hurricane Katrina in 2004 and the 2010 Haitian earthquake) – meaning harm reduction commodities and interventions remain critical.<sup>[88-90]</sup> In Puerto Rico in particular, the failure of the US government to respond to the crisis adequately represents an extreme abdication of duty to its citizens, including those who use drugs.

## Policy developments for harm reduction

Formal policy plans across the Caribbean do not take a harm reduction approach to drug use. Only two countries in the region have drug policy documents that make any reference to harm reduction, the Bahamas and the Dominican Republic. Both do so without specific mention of interventions or clear commitments, instead making passing reference to a health-led approach to drug use and acknowledging the work of civil society organisations.<sup>[91,92]</sup> Elsewhere, any reference to reducing harm among people who use drugs is explicitly set in a rehabilitation and abstinence-focused framework, for example in Guyana,<sup>[93]</sup> or harm reduction is not mentioned at all (for example in Belize, Grenada, and Trinidad and Tobago).<sup>[94-96]</sup> The Organization of American States' Plan of Action on Drugs 2016-2020 makes no reference to harm reduction, and only refers once to the need to address HIV among people who inject drugs.<sup>[97]</sup>

Limited progress has been made in the decriminalisation of cannabis since 2016. Following decriminalisation in Jamaica in 2015,<sup>[98]</sup> the prime minister of Antigua and Barbuda announced his intention to decriminalise the drug in 2018.<sup>[99]</sup> In Puerto Rico, cannabis was legalised for medical purposes in 2017; however, the recreational decriminalisation bill reported by the *Global State of Harm Reduction 2016* has not been passed.<sup>[100]</sup>

In the Dominican Republic, Law No. 50-58 on Drugs and Controlled Substances makes possession of any quantity of opioids or LSD a trafficking offence, with no differentiation of possession for personal use (threshold amounts apply for other substances).<sup>[6,101]</sup> In response to this, UNODC and UNDP have supported the development of a proposal to revise the law and consider the decriminalisation of drug use.<sup>[5]</sup> The proposal was finalised in late 2018, and will form a basis for future advocacy for drug law reform.<sup>[6]</sup> In the wake of the UN General Assembly Special Session on Drugs (UNGASS) in 2016, a national strategy working group is now operating in Santo Domingo on the implementation of UNGASS recommendations, including promoting a public health approach to drug use.<sup>[5]</sup>

Cuba has consistently been heavily in favour of drug prohibition, with the state failing even to acknowledge the presence of illicit drugs other than cannabis on the island, despite incontrovertible evidence of use of cocaine derivatives.<sup>[40,102]</sup>

According to a recent report by the Igarapé Institute, Cuba's increasing openness to international trade may lead to a greater presence of illicit substances on the island, and in turn may necessitate an alternative approach to drug use.<sup>[40]</sup> Small movements towards a public health-led approach are apparent in Cuba. For example, the National Drug Commission advocates prevention and treatment of people who use drugs over repression, and the Centre for Academic Development on Drug Dependence (Centro para el Desarrollo Académico sobre Drogodependencias) is reported to have begun to explore harm reduction initiatives at a symposium in May 2017.<sup>[40]</sup>

## Civil society and advocacy developments for harm reduction

Harm reduction services in both the Dominican Republic and Puerto Rico are largely carried out by civil society organisations.<sup>[5,9]</sup> These organisations also engage in advocacy activities. In the Dominican Republic, this has included a Support. Don't Punish

campaign organised by COIN around International Day Against Drug Abuse and Illicit Trafficking, as well as advocating for a redistribution of government funds from ineffective law enforcement spending to harm reduction, in line with Harm Reduction International's 10 by 20 campaign.<sup>[5]</sup>

In Puerto Rico, El Punto en la Montaña leads advocacy campaigns on access to viral hepatitis treatment, decriminalisation of people who use drugs, and the approval of the Good Samaritan law currently in front of the Puerto Rican assembly.<sup>[9]</sup> The viral hepatitis campaign achieved national media attention and the creation of a National Hepatitis C Coalition, while the decriminalisation campaign has established links with local law enforcement.<sup>[9]</sup> El Punto en la Montaña has also disseminated promotional material raising awareness of the harms caused by stigma towards people who use drugs, and worked with the American Civil Liberties Union to assist people who use drugs to understand their rights and access justice.<sup>[9]</sup>

Though no network of people who use drugs operates in the Caribbean, an island-wide harm reduction network exists in Puerto Rico (Coalición Puertorriqueña de Reducción de Daños, CoPuReDa).<sup>[9]</sup> A regional Network of Outreach Centres and Harm Reduction in the Caribbean was founded in 2002, and has continued to meet up to 2018.<sup>[5]</sup>

## Funding developments for harm reduction

Investment for civil society organisations providing harm reduction services in the region is largely provided by private foundations and international donors. For example, El Punto en la Montaña in Puerto Rico receives support from Open Society Foundations, MAC AIDS Fund and the Drug Policy Alliance, as well as a number of other national and international foundations.<sup>[9]</sup> Civil society organisations report that there are limited funding opportunities beyond a small set of institutions, and that the continual need to re-apply for funding represents a considerable burden.<sup>[9]</sup> In the Dominican Republic, UNODC supports TREATNET technical training, which, though primarily focused on treatment package design for treatment centres, also includes harm reduction and OST.<sup>[5]</sup>

National government funding in the Caribbean is focused on supply reduction and rehabilitation programmes. For example, the Surinamese National Strategic Plan on Drugs 2011-2015 (the

latest iteration) assigned 41% of its budget to law enforcement and just 0.1% to the HIV response, with no other allocation for harm reduction.<sup>[103]</sup> Similarly, fines collected in the Dominican Republic for drug offences are channelled into drug programmes, with 40% spent on drug control, 15% on rehabilitation and no money allocated to harm reduction.<sup>[5]</sup> In total, less than US\$0.04 is spent on harm reduction per person who injects drugs in the Dominican Republic.<sup>[104]</sup> The Puerto Rican government funds inpatient treatment facilities, which are mostly faith-based and operate without any qualitative evaluation.<sup>[50]</sup>

The funding environment for harm reduction, and health more broadly, is made even more challenging in Puerto Rico by its relationship with the rest of the United States. For example, the federal government funds only 19% of Puerto Rico's Medicaid<sup>n</sup> (known as Mi Salud) costs, compared with an average of 70% across the 50 states.<sup>[105]</sup> This is particularly stark as 49% of Puerto Ricans were eligible for Medicaid before Hurricane María in September 2017, a figure which is likely to have risen considerably in the past year.<sup>[105]</sup> Since the establishment of the Financial Oversight and Management Board for Puerto Rico by the US government in 2016, the board has imposed millions of dollars of further cuts on the island's healthcare system.<sup>[9]</sup> Medicaid is the only health insurance available to people who inject drugs in Puerto Rico,<sup>[9]</sup> and as such any cuts represent a significant threat to the health and wellbeing of the population of the island.

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n Medicaid is a joint programme between federal and state governments in the United States which assists people with limited income with the cost of healthcare.

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