





# Regional Overview

## 2.4 Caribbean



# 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	
					NSP <sup>b</sup> 	OST <sup>c</sup> 
Bahamas	nk	nk	nk	nk	✗	✗
Bermuda	nk	nk	nk	nk	✗	✗
Dominican Republic	200,000–350,000 <sup>(1)</sup>	11 <sup>(2)</sup>	3.4 <sup>(1)</sup>	3.1 <sup>(1)</sup>	✓1	✗
Haiti	nk	nk	nk	nk	✗	✗
Jamaica	nk	nk	nk	nk	✗	✗
Puerto Rico	29,130 <sup>(3)d</sup>	22.9 <sup>(4)</sup>	89 <sup>(5)e</sup>	nk	✓6 <sup>(6)f</sup>	✓8 (M, B, O)
Suriname	nk	nk	nk	nk	✗	✗

nk = not known

<sup>a</sup> In 2008 the United Nations 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. However, civil society consulted for this report noted that this information is no longer up to date.

<sup>b</sup> 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.

<sup>c</sup> Opioid substitution therapy (OST), including methadone (M), buprenorphine (B) and any other form (O) such as morphine and codeine.

<sup>d</sup> Estimate from 2002. Civil society consulted for this report believed the number of people using opiates to have doubled to approximately 60,000.

<sup>e</sup> Estimate based on sub-national data, relating to the area of San Juan only.

<sup>f</sup> Each of the six NSPs has multiple sites; for example, one syringe programme has 15 sites.



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



# Harm reduction in the Caribbean

## Overview

The *Global State of Harm Reduction 2014* reported a UNAIDS finding that HIV prevalence in the Caribbean had decreased greatly since 2001.<sup>(7)</sup> According to a 2016 UNAIDS report, however, the Caribbean witnessed a 9% rise in new HIV infections among adults between 2010 and 2015, with the annual number of new HIV infections ranging between 7,500 and 11,000.<sup>(8)</sup> UNAIDS also reports that 75% of people living with HIV in Latin America and the Caribbean are aware of their HIV status, yet survey data among key populations in the Caribbean indicate that periodic HIV testing and knowledge of HIV status are particularly low.<sup>(8)</sup>

Epidemiological data on HIV, viral hepatitis and drug use in the Caribbean region continue to be sparse. UNAIDS reports that the number of people who inject drugs in Latin America and the Caribbean is 721,000, but the wide-ranging interval of 312,000–1,375,000 illustrates the lack of robust data for both regions.<sup>(9)</sup> Most of the information comes from Puerto Rico and, to a lesser extent, the Dominican Republic. Due to the paucity of data, however, the *Global State* can only report population size estimates from these two countries/territories (see Table 2.4.1), both of which civil society believes to be vast underestimates.<sup>(6, 10)</sup> A unique issue in terms of data collection for Puerto Rico specifically is that it is often omitted from reports on the Caribbean because it is a territory of the United States, but also it is excluded from some US reporting.<sup>(11)</sup>

HIV prevalence rates among people who inject drugs are available only for Puerto Rico and the Dominican Republic, where poor access to sterile injecting equipment has been identified as a significant contributor to HIV epidemics. Between 1981 and 2013, 51% of people in Puerto Rico who died whilst living with HIV/AIDS acquired the infection via unsafe injecting practices.<sup>(6)</sup> In the same time period, people who inject drugs represented the highest percentage of those living with HIV/AIDS who did not have access to medical care for their condition.<sup>(6)</sup> The distinct lack of adequate harm reduction services in the country means that this key population faces a higher risk of both HIV and hepatitis C infection,<sup>(11)</sup> with over 20% of new HIV infections attributed to this demographic.<sup>(12)</sup>

Drug treatment services for people who use drugs in much of the Caribbean region primarily focus

on abstinence. St Lucia, for example, has only one drug treatment service, which exists in the form of a rehabilitation centre.<sup>(13)</sup> Similarly, Trinidad has a government-supported drop-in centre offering assessment, referral and rehabilitation for homeless people who use drugs.<sup>(14)</sup> Abstinence-oriented interventions have been found to be effective for only a minority of people who inject drugs; harm reduction services such as opioid substitution therapy (OST) are widely acknowledged as the first line of treatment.<sup>(15)</sup> Yet Puerto Rico and the Dominican Republic remain the only countries in the region offering harm reduction services.

Although there are a number of harm reduction programmes providing needle and syringe programmes (NSPs) and OST in Puerto Rico, a reduction in state funding in recent years due to the financial crisis has seen many of these essential services decline or close down completely. As such, the various faith-based drug treatment services in the country now represent the sole treatment option for many people who inject or use drugs in Puerto Rico. The Mental Health Law of 2000, which labelled 'addiction' as a spiritual and social issue rather than as a health issue, served to cement faith-based services as central to the national drug treatment response.<sup>(16)</sup> The implementation of this law exempted faith-based treatment from State regulation. In 2008, however, the Mental Health Law was amended to recognise the role of physicians alongside spiritual advisors, as opposed to just the latter. Many of the residential drug treatment programmes are run by one chain – Comunidad de Re-Educación de Adictos (CREA), which reportedly approaches people who use drugs and their families via the drug courts.<sup>(17)</sup> CREA centres, which are faith-based, receive little government supervision and some of their practices have been criticised on human rights grounds.<sup>(17, 18)</sup> It is also reported that many people who use drugs in Puerto Rico have been forcefully relocated to drug rehabilitation centres in the United States, where their identification documents are confiscated upon arrival and treatment is denied, culminating in people being left homeless and unable to return home.<sup>(19, 20)</sup> Even these controversial and restricted services are insufficient for the number of people who use drugs in the country.<sup>(18)</sup> With high rates of HIV, and hepatitis C prevalence rates of 89% among people who inject drugs, it is clear that Puerto Rico urgently needs to increase its harm reduction response.



In the Dominican Republic, unsafe injecting drug use is reported to account for 1% of HIV transmission,<sup>(21)</sup> although civil society queries the accuracy of this figure. The country opened its first NSP in 2012, and in 2016 is reported to be planning the implementation of a small OST site providing buprenorphine-assisted treatment for people who use heroin.<sup>(6)</sup>

## Developments in harm reduction implementation

### Needle and syringe programmes (NSPs)

Even though the effectiveness of NSPs in reducing viral transmission of both HIV and hepatitis has been documented numerous times,<sup>(22)</sup> the annual budget designated to NSPs in Puerto Rico (\$80,000) is five times less than that of NSP services in the Northwest region of the United States (\$400,000).<sup>(11)</sup> Intercambios Puerto Rico, the island's primary harm reduction organisation, has managed to expand its NSP provision to include two new municipalities in the eastern region of the island and, between 2014 and 2015, distributed 165,000 syringes to people who inject drugs.<sup>(6)</sup> However, several state-funded NSPs were forced to reduce their syringe provision services, or temporarily close, due to a government delay in allocating funds.<sup>(6)</sup> The impact of this on people who inject drugs has not yet been documented. Meanwhile, as the Puerto Rican bankruptcy and budget crisis worsens, it is almost certain that government funding to assist harm reduction and HIV responses in the country will diminish further.<sup>(6)</sup>

Although there has been an expansion of NSP services to the east in Puerto Rico, there is still a largely unmet need in semi-urban and rural areas, with the present facilities operating at full capacity. There is an urgent need to expand services to neighbouring municipalities and communities. This cannot be done without increased financial support from government.<sup>(6)</sup>

The Dominican Republic opened its first NSP in 2012, supported by Centro de Orientación e Investigación Integral (COIN),<sup>(23)</sup> Since its inception, more than 1,000 people have accessed its Open Doors programme. Between June and December 2012, 4,000 syringes were distributed, 20% of them to women who inject drugs.<sup>(24)</sup> In 2015 this service distributed a total of 14,398 needles/syringes to people who inject drugs in the Dominican Republic.<sup>(6)</sup>

In 2016 St Croix began implementing a new pilot NSP in the US Virgin Islands, run by Frederiksted Health

Care Incorporated with technical assistance from Intercambios Puerto Rico and the Migrant Health Centre.<sup>(6)</sup> Although there is a much greater need for NSP service provision within the region, the introduction of such new services is an important step forward.

### Opioid substitution therapy (OST)

Puerto Rico remains the only territory in the Caribbean to provide OST. Plans have been made for the implementation of buprenorphine-assisted therapy for people who use heroin in the Dominican Republic, with support from consultants from the School of Public Health of Puerto Rico, but the programme is yet to be established.<sup>(6)</sup>

OST in Puerto Rico in the form of methadone or buprenorphine is provided at six fixed sites, two mobile units and through one prison-based programme. Although there has been an increase in the availability of buprenorphine, the number of sites has not been scaled up since 2014. People who use drugs still face huge barriers to accessing quality OST services, with many reporting stigma, poor treatment, arbitrary decision making by medical providers, punitive measures and providers withholding care.<sup>(6)</sup> The only providers of methadone are government-run clinics, which have scaled back provision since 2014.<sup>(6)</sup> While the availability of buprenorphine has increased at community level, many people who inject drugs report a very high threshold requirement for new admissions, making access extremely restrictive.<sup>(6)</sup> People who use drugs who are homeless or estranged from their family face additional barriers as the OST programme requires an accompanying adult who will vouch responsibility for the appropriate use of the prescribed medication.<sup>(6)</sup> Anyone based in a rural setting is also at a disadvantage because services are only located in the large metropolitan areas of Ponce and San Juan.<sup>(6)</sup> Women who use drugs are especially affected by the lack of access to OST as many treatment centres on the island refuse to accommodate them.<sup>(6)</sup>

### Harm reduction for people who use crack cocaine

Crack and similar cocaine derivatives are the main stimulant used in the Caribbean, and in the Americas.<sup>(25, 26)</sup> Despite the number of people who use crack in the region, and the health implications of sharing pipes (in terms of hepatitis infections via sores) being widely documented,<sup>(27, 28)</sup> there are only a small number of drop-in centres in the Dominican Republic, Trinidad, Jamaica and St Lucia that provide any form of service for this group.<sup>(29)</sup>

The Castries facility in St Lucia offers shelter and other services for people who use crack cocaine who are homeless and 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 dependence and the nausea that is often a side-effect of ART.<sup>(29)</sup> Small-scale studies on the experimentation of cannabis as a form of substitution therapy for crack have yielded positive results.<sup>(30, 31)</sup> There is a need for further research and exploration into harm reduction responses to crack use in the region and worldwide.

In Jamaica, Tek it to Dem 2 provides outreach to homeless people who use crack and who are reluctant to access zero tolerance or total abstinence programmes. The initiative provides peer education on HIV and sexually transmitted infection prevention, alongside hot food, companionship and transportation.<sup>(32)</sup>

In Puerto Rico, Intercambios is working to establish harm reduction services for people who use crack, which will begin in 2017.<sup>(6)</sup>

#### Viral hepatitis

Since *Global State 2014*, there has been very little new information on hepatitis C (HCV) among people who inject drugs in the Caribbean region. As illustrated in Table 2.4.1, HCV prevalence rates are markedly higher than HIV prevalence rates among people who inject drugs in Puerto Rico. A 2016 study attributed this high rate of HCV not to the sharing of needles and syringes, but to the sharing of injection 'works' (i.e. cookers, cotton and water), with this occurring more than twice as often as needle sharing.<sup>(34)</sup> Despite this, the Puerto Rico Department of Health does not routinely monitor HCV infection rates.<sup>(6)</sup>

Hepatitis C testing and treatment is rarely offered to people who use drugs in the Caribbean,<sup>(6)</sup> with treatment available only from private healthcare providers, whose prohibitive costs restrict access for the vast majority of people who use drugs.

#### Tuberculosis (TB)

There has been a consistent dearth of information on the extent of tuberculosis infection rates among people who inject drugs in the Caribbean. The World Health Organization (WHO), however, asks countries to report on TB case notifications among the general population and from this we can see that the highest number of reported cases of TB in the Caribbean in 2014 were in Haiti (15,806) and the Dominican Republic (4,405).<sup>(34)</sup>

A 1999 study in Puerto Rico found that TB incidence was highest among people living with HIV who inject drugs.<sup>(35)</sup> Between 1981 and 2013 a total of 1,302 people in Puerto Rico received diagnoses of HIV and TB co-infection, with 61.6% of cases occurring among people who inject drugs<sup>(36)</sup> – again highlighting a disproportionate vulnerability to TB. Whether in response to this data, or for reasons of best practice, all drug treatment centres in Puerto Rico now require TB testing prior to admission, with TB treatment then available at health centres.<sup>(6)</sup>

#### Antiretroviral therapy (ART)

Approximately 75% of people living with HIV in the Caribbean know their HIV status.<sup>(37)</sup> Between 2010 and 2015 this region saw a 9% rise in new infections among the general population.<sup>(8)</sup> Although ART coverage in the Caribbean rose from 20% in 2010 to 50% in 2015,<sup>(8)</sup> key populations continue to struggle to gain adequate access to HIV testing and treatment. For example, considering the high prevalence of HIV among people who inject drugs in Puerto Rico, HIV care for this group is often grossly inadequate.<sup>(11)</sup> There is a distinct lack of funding to support rapid HIV testing for hard-to-reach populations such as people who use drugs.<sup>(6)</sup> Within Puerto Rico, it is reported that over 43% of people living with HIV/AIDS acquired the infection via unsafe injecting drug use.<sup>(6, 38)</sup>

Between 1981 and 2013 over half (51%) of the people in Puerto Rico who died while living with HIV/AIDS acquired the infection via injecting drug use.<sup>(39)</sup> Moreover, in 2013 people who inject drugs represented the highest percentage of the population living with HIV/AIDS who did not have access to medical care for their condition (between 41% and 53%) even though they had the highest retention rate once they initiated treatment.<sup>(39)</sup>

People who use drugs are heavily criminalised in Puerto Rico. They rarely seek medical treatment due to fear of incarceration. When they do seek ART, many are denied this service until they can demonstrate abstinence from drug use, with drug treatment and detoxification centres denying services to people who have visible ulcers.<sup>(6)</sup>

HIV prevention is inadequately funded across the Caribbean.<sup>(8)</sup> Only four islands have healthcare facilities providing integrated HIV and TB treatment services (Antigua and Barbuda, Dominican Republic, Haiti and St Lucia).<sup>(7)</sup> Overall, there is very little information covering testing and ART for people who inject drugs in the region, even though a regional synthesis of UNAIDS progress reports from 2008 emphasised the need



for the Caribbean to quickly increase the meaningful involvement of its most vulnerable populations in its HIV response.<sup>(40)</sup>

### Harm reduction in prisons

The Caribbean region's median prison population rate stands at 347 per 100,000.<sup>(41)</sup> Thanks to the implementation of extremely punitive drug laws across the region, driven by the US 'war on drugs', people who use drugs make up a large proportion of this prison population. In 2012, for example, the Puerto Rican Department of Corrections and Rehabilitation reported that 87.71% of prisoners had been sentenced in cases relating to drug use, of which nearly 50% were first-time offenders and approximately 75% were people who use drugs.<sup>(18)</sup>

The prevalence estimate of HIV among incarcerated populations in most Caribbean countries and territories is double the national prevalence estimate.<sup>(42)</sup> Data relating to HIV and HCV prevention, treatment, care and support in the region's prisons, however, are scarce due to a continued lack of systematic monitoring. One study in 2014 unsurprisingly found that Puerto Rican prisons represented the main point of access to HIV screening and treatment for the people who circulate through the country's prison system.<sup>(43)</sup>

In addition to unsafe injecting drug use, the risk of HIV and HCV transmission in Caribbean prisons is intensified by the criminalisation of sex between men, the lack of condom provision and the denial of key harm reduction services.<sup>(23)</sup> According to civil society, OST is available in only some prisons in Puerto Rico, and this service remains limited to small numbers. There are no prison NSPs operating in the Caribbean. Given the rise in new HIV infections and the large proportion of people who use drugs in detention, there is an urgent need to introduce or expand harm reduction services in prisons across the region.<sup>(6)</sup>

### Overdose

The Caribbean continues to have an extremely limited overdose response, with no naloxone peer distribution and no overdose programmes operating in the region.

Fatal overdose is reported to be high in Puerto Rico among the population of people who inject drugs (37% in Puerto Rico compared with 13% in New York).<sup>(11)</sup> A cross-sectional survey in Puerto Rican prisons found that almost half of the incarcerated population had witnessed an overdose in prison, and one-third knew someone to have died of an overdose while incarcerated.<sup>(44)</sup> Of those

reporting injecting drug use prior to incarceration, over 60% had witnessed an overdose incident and just under half knew of an overdose death.<sup>(44)</sup> There is no overdose surveillance programme operating at the Department of Health, yet there is a clear and urgent need for monitoring and for an effective overdose response in the country.

In 2015 legislation was introduced in Puerto Rico to permit naloxone distribution programmes, however, it is yet to be voted in by the House of Representatives and there appears to be a lack of political will to pass this legislation.<sup>(6)</sup>

## Policy developments for harm reduction

Since *Global State* 2014, there have been few developments in harm reduction policy at national or at regional level in the Caribbean.

As mentioned above, in Puerto Rico, a Good Samaritan Bill to allow overdose prevention education and naloxone distribution was passed by the Senate and is pending a vote by the House of Representatives (P.S. 1445).<sup>(6)</sup> In relation to wider drug policy developments, the potential decriminalisation of cannabis represents an important change in Puerto Rican legislation. A bill to eliminate criminal penalties for possession of small amounts of marijuana for personal use (P.S. 517) has been passed by the Senate and is pending a vote by the House of Representatives; a bill to legalise marijuana for medical purposes is also pending a vote by the House of Representatives (P.C. 1362); and a house bill to call for a referendum on the issues of marijuana decriminalisation has been submitted to a judiciary committee, but has not yet been voted on (P.C. 2172).<sup>(6)</sup>

In Jamaica, the House of Representatives passed a law decriminalising possession of up to two ounces of marijuana, and allowing for the cultivation and distribution of cannabis for medical and religious purposes.<sup>(45)</sup>

Harm reduction is mentioned as a key component of the national response to drugs in the 2014 version of the National Drug Policy of Trinidad and Tobago.<sup>(46)</sup> According to data gathered for this *Global State* report, this policy appears to be the region's sole national policy relating to HIV and/or drugs to include harm reduction.

## Civil society and advocacy developments for harm reduction

Although policy changes are extremely slow, civil society action for harm reduction in the region continues to be at the forefront, advocating for change.

Intercambios Puerto Rico, in particular, has been a dedicated influential advocate of harm reduction in the region. In April 2013 it launched a campaign for the decriminalisation of people who use drugs, which was featured locally in over 30 radio shows, 16 television interviews, 8 newspapers and more than 56 online publications. In November 2014 the UNAIDS Programme Coordinating Board Thematic Statement for the meeting 'Halving HIV Transmission among People Who Inject Drugs' held this campaign up as a successful example of pairing harm reduction services and advocacy to decriminalise drug use, and one that should be replicated.<sup>(6)</sup> This campaign has been central to the strengthening of drug policy discourse in the region, as well as serving to put public pressure on legislators to reduce or overturn the sentences of people imprisoned for possession of marijuana.<sup>(6)</sup>

In 2013 the Coalición Puertorriqueña de Reducción de Daños (CoPuReDa - Puerto Rican Coalition of Harm Reduction) began unifying four of the six NSPs providing services in Puerto Rico: Amore Que Sana, Casa Joven del Caribe, Intercambios Puerto Rico and Migrant Health.<sup>(6)</sup> The coalition advocates for better harm reduction policies and increased state funding for essential harm reduction interventions.

In April 2015 Intercambios Puerto Rico partnered with the Transnational Institute (TNI) and the Washington Office on Latin America (WOLA) to organise and host the first 'Caribbean Drug Policy Dialogue' in San Juan, Puerto Rico. The meeting focused on drug decriminalisation in the Caribbean and on the upcoming United Nations Special Session (UNGASS) on the drugs. Intercambios Puerto Rico was invited to speak at UNGASS as a civil society representative for Puerto Rico and the Caribbean, enabling it to raise awareness of the need for drug policy reform and improved harm reduction in the region at an important international forum. Increased involvement of Caribbean civil society in global drug policy discussions is an important step forward for the region, which can often be neglected in drug policy forums.<sup>(6)</sup>

In September 2015 Caribbean representatives from Intercambios Puerto Rico and COIN (Dominican Republic) joined LANPUD (Latin American Network of People Who Use Drugs) in a meeting held in Taganga, Colombia to raise awareness of the needs of people who use drugs within the region.

In October 2016 the Fifth Latin American and First Caribbean Drug Policy Conference was held in Santo Domingo, Dominican Republic, with local partner COIN, helping to ensure a focus on drug policies and harm reduction within the Caribbean. It was the first time this biannual conference had been held in the region.<sup>(6)</sup>

## Funding developments for harm reduction

Harm reduction within the Caribbean has been largely funded by international donors. Although the Global Fund Round 9 signified an important advance for harm reduction funding in the region, much of this support ceased in 2014.<sup>(47)</sup> Within Puerto Rico, AIDS United provided financial support to three NSPs. However, this funding has been diminishing and the future of this support is uncertain. The other NSPs, supported by the Government of Puerto Rico, have already seen their funding suspended due to the country's budgetary crisis.<sup>(6)</sup> Open Society Foundations (OSF) provided funding for advocacy against rights violations in drug dependence treatment and for harm reduction services, which will continue until 2017.<sup>(48)</sup> Intercambios Puerto Rico and CoPuReDa have been, and continue to be, involved in advocacy efforts with the Department of Health to increase funding for harm reduction services. However, the funds allocated to these vital services remain the same, with below US\$750,000 being spent annually on HIV prevention, only US\$135,000 of which is directed towards the three NSP programmes and HIV testing for people accessing NSP services.<sup>(6)</sup> It is interesting to note the vast difference between funds spent on reducing harms associated with drug use and those spent on punitive drug control measures. For example, the Puerto Rico Police received an annual budget of US\$749,373,000 in 2014, but just US\$2,500,000 of this was allocated to anti-drug operations and related costs.





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