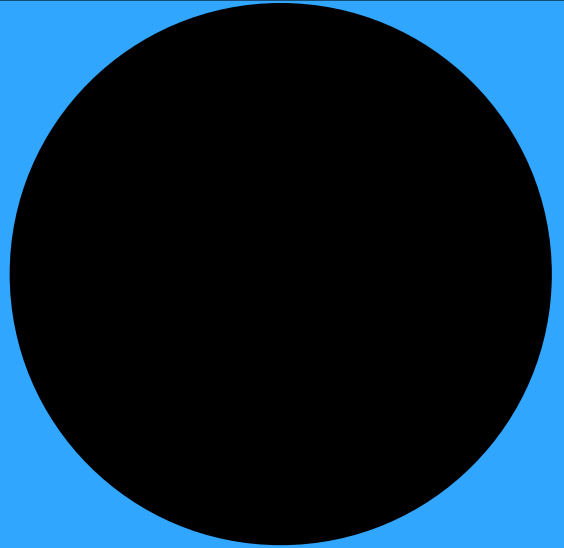
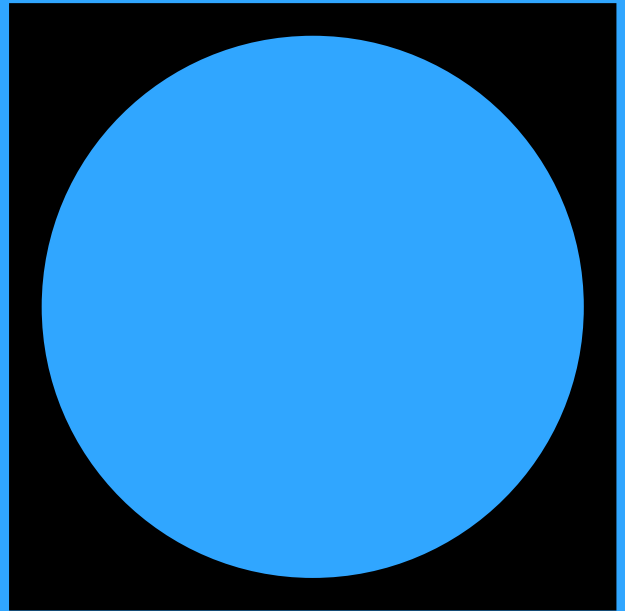


# REGIONAL OVERVIEW: LATIN AMERICA AND THE CARIBBEAN



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**TABLE EPIDEMIOLOGY OF HIV AND VIRAL HEPATITIS, AND HARM REDUCTION RESPONSES IN LATIN AMERICA AND THE CARIBBEAN**

Country/territory	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 responses				
					NSP <sup>a</sup>	OAT <sup>b</sup>	Peer distribution of naloxone <sup>c</sup>	DCR <sup>d</sup>	Safer smoking equipment <sup>e</sup>
Antigua and Barbuda	nd <sup>f</sup>	nd	nd	nd	nd	nd	nd	×	nd
Argentina	nd	nd	nd	nd	×	✓ M	×	×	×
Bahamas	nd	nd	nd	nd	nd	nd	nd	×	nd
Barbados	nd	nd	nd	nd	nd	nd	nd	×	nd
Belize	nd	nd	nd	nd	nd	nd	nd	×	nd
Bolivia	nd	nd	nd	nd	nd	nd	nd	×	nd
Brazil	nd	nd	48.6	nd	✓	×	×	×	✓
Chile	nd	nd	nd	nd	×	×	×	×	×
Colombia	6,601	5.7	30.5	nd	✓ 7	✓ M	✓	✓ 1	×
Costa Rica	nd	nd	nd	nd	×	×	×	×	×
Cuba	nd	nd	nd	nd	nd	nd	nd	×	nd
Dominica	nd	nd	nd	nd	nd	nd	nd	×	nd
Dominican Republic	nd	nd	nd	nd	nd	nd	nd	×	nd
Ecuador	nd	nd	nd	nd	×	×	×	×	×
El Salvador	nd	nd	nd	nd	nd	nd	nd	×	nd
Grenada	nd	nd	nd	nd	nd	nd	nd	×	nd
Guatemala	nd	No	No	No	×	×	×	×	×
Guyana	nd	nd	nd	nd	nd	nd	nd	×	nd
Haiti	nd	nd	nd	nd	nd	nd	nd	×	nd
Honduras	nd	nd	nd	nd	nd	nd	nd	×	nd
Jamaica	nd	nd	nd	nd	nd	nd	nd	×	nd
Mexico	150,000	15.8	nd	nd	✓ 3	✓ M B N	✓	✓ 2	✓
Nicaragua	nd	nd	nd	nd	nd	nd	nd	×	nd
Panama	nd	nd	nd	nd	nd	nd	nd	×	nd
Paraguay	nd	nd	nd	nd	nd	nd	nd	×	nd
Peru	nd	nd	nd	nd	×	✓ M B	×	×	×
Puerto Rico	nd	6	78.4	nd	✓ 9	✓ M B N	✓	×	✓
Saint Kitts and Nevis	nd	nd	nd	nd	nd	nd	nd	×	nd
Saint Lucia	nd	nd	nd	nd	nd	nd	nd	×	nd
Saint Vincent and the Grenadines	nd	nd	nd	nd	nd	nd	nd	×	nd
Suriname	nd	nd	nd	nd	nd	nd	nd	×	nd
Trinidad and Tobago	nd	nd	nd	nd	nd	nd	nd	×	nd
Uruguay	nd	nd	nd	nd	×	nd	×	×	×
Venezuela	nd	nd	nd	nd	nd	nd	nd	×	nd

a At least one needle and syringe programme operational in the country or territory, and the number of programmes (where data is available).

b At least one opioid agonist therapy programme operational in the country or territory, and the medications available for therapy. B=buprenorphine, H=heroin, M=methadone, N=Naloxone.

c At least one naloxone distribution programme that engages people who use drugs (peers) in the distribution of naloxone and naloxone training, and facilitates secondary distribution of naloxone between peers.

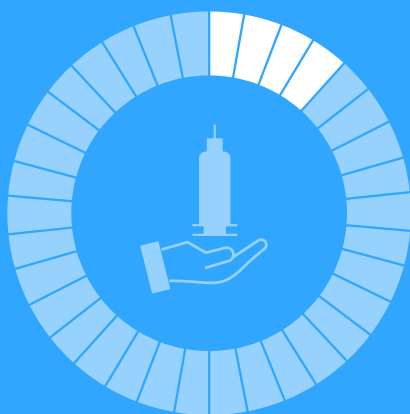
d At least one drug consumption room (also known as safe consumption sites among other names) operational in the country or territory, and the number of facilities.

e At least one programme in the country or territory distributing safer smoking equipment to people who use drugs.

f nd= no data.



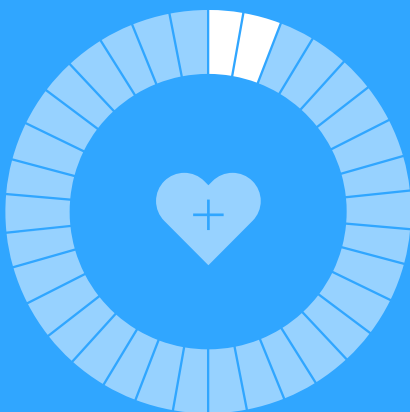
## NSP, OAT, DCRs AND SAFER SMOKING KITS



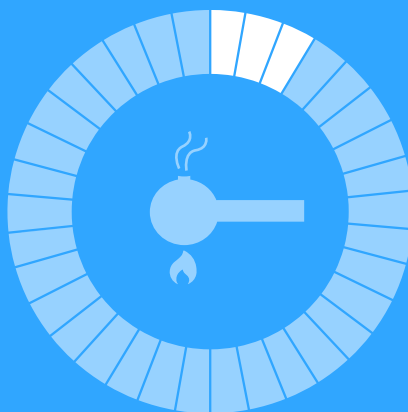
**4 countries** (12%) in Latin America and the Caribbean provide **needle and syringe programmes** (no change from 2022)



**5 countries** (15%) in Latin America and the Caribbean provide **opioid agonist therapy** (+1 from 2022, Perú)



**2 countries** (6%) in Latin America and the Caribbean provide **drug consumption rooms** (+1 from 2022, Colombia)



**3 countries** (9%) in Latin America and the Caribbean provide **safer smoking kits** (+2 from 2022, Mexico and Puerto Rico)

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**KEY ISSUE**

# UNEVEN PROGRESS AND SETBACKS

The policy landscape in Latin America and the Caribbean is characterised by a mix of progress and setbacks. There are more progressive administrations in countries such as Colombia, Brazil, Mexico and Chile, and conservative-leaning administrations in Argentina, Ecuador, Peru, Guatemala, Costa Rica, Paraguay and the Caribbean countries. This mixed trend is even evident within single countries, where harm reduction strategies and punitive approaches to drug use exist simultaneously.

Uruguay makes explicit reference to harm reduction in its national drug policy strategies.<sup>1,2</sup> Colombia,<sup>3</sup> Mexico<sup>4</sup> and Brazil<sup>5</sup> are currently reviewing their national drug policies and incorporating new perspectives, including those from civil society organisations. Although Brazil's *National Policy on Alcohol and Other Drugs* (law 11.343/2006)<sup>6</sup> was implemented in 2006, some changes were made during the Bolsonaro administration towards a more punitive approach.<sup>7</sup>

In most countries in the region, national harm reduction policies are often lacking, yet guidelines exist for responses to drugs that emphasise harm reduction despite punitive drug laws. Argentina, Brazil, Chile, Colombia, Costa Rica, Mexico, Puerto Rico and Uruguay explicitly mention harm reduction in HIV, mental health or drug policy regulations.<sup>8</sup>

**Harm reduction programmes run by civil society have grown throughout the region in the last two years, although they are not funded by national governments, and international funding has continued to decrease since 2022.**

In most of the region's countries, with the exception of Colombia,<sup>9</sup> Uruguay<sup>10</sup> and Costa Rica, personal use and possession of drugs is still a crime.<sup>11</sup> In Costa Rica, despite the fact that personal use and possession of all drugs is decriminalised, people who use drugs continue to be stigmatised and criminalised.<sup>12</sup>

Adult use of cannabis is only legal in Uruguay.<sup>13</sup> Colombia<sup>14</sup> and Mexico<sup>15</sup> attempted to legalise the adult use of cannabis, but neither bill progressed through the full legislative process.<sup>16</sup> Chile<sup>17</sup> and Brazil<sup>18</sup> have ended prison sentences for personal use of cannabis, but punishment for certain circumstances has shifted to fines or compulsory rehabilitation. Even though these reforms mark progress, the use and possession of cannabis is still not effectively or fully decriminalised in either country.<sup>19</sup>

Medical use of cannabis is decriminalised in Antigua and Barbuda, Argentina, Barbados, Brazil, Chile, Costa Rica, Colombia, Dominican Republic, Ecuador, Guyana, Jamaica, Mexico, Paraguay, Panama, Peru, Puerto Rico, St Kitts and Nevis, St Vincent and the Grenadines and Uruguay,<sup>20</sup> although access varies widely. In Bolivia, Cuba and Venezuela, such as in most Central American countries, there are no legal differences between medical and non-medical use.<sup>21</sup>

Civil society organisations are particularly concerned about the criminalisation and stigmatisation of people who use drugs and the increase of violence associated with organised crime and drug trafficking, especially in Central America,<sup>22</sup> Mexico<sup>23</sup> and Ecuador.<sup>24</sup> The impact of the cocaine trade in the current prohibitionist context is visible in different parts of the region, such as Ecuador, where, in recent years, drug trafficking has resulted

in a wave of lethal violence linked to local and transnational crime groups.<sup>25</sup> In the Caribbean, in countries such as Jamaica, Saint Lucia, Saint Vincent and the Grenadines, Trinidad and Tobago, the Bahamas and Haiti, violence has increased due to competition between criminal groups for drug markets.<sup>26</sup> El Salvador, however, is experiencing a gradual replacement of gang violence with state violence.<sup>27</sup> El Salvador's maximum-security jail is part of a controversial national security policy that has been accused of perpetrating human rights abuses, including detentions without proper legal procedures like arrest warrants in place.<sup>28,29</sup>

The region's intricate and shifting drug policies highlight a pivotal moment where the call for comprehensive reform – anchored in harm reduction and human rights – is more critical than ever to tackle the intertwined challenges of violence, criminalisation and public health.

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**KEY ISSUE**

# STIMULANT HARM REDUCTION

Latin America and the Caribbean are characterised by a complex matrix of social inequality. Factors such as socioeconomic status, gender, age, ethnicity and race, territory, migration status and disability contribute to multiple layers of exclusion and discrimination. The COVID-19 pandemic, socio-political crises and the regression of socio-economic policies have greatly exacerbated social gaps.<sup>30,31</sup> According to the majority of the responses to the *Global State of Harm Reduction* survey from Latin American and Caribbean respondents, harm reduction is primarily being provided against a backdrop of increased unemployment, housing crises and migration.<sup>32</sup>

Unlike in other regions, injecting drug use is not prevalent in Latin America and the Caribbean.<sup>33</sup> However, it is more common along Mexico's northern border with the USA, Puerto Rico and some Colombian cities, and harm reduction organisations operate needle and syringe programmes in these locations.<sup>34</sup> Drug consumption rooms can be found in Tijuana and Mexicali in Mexico and Bogotá in Colombia. They are run by civil society organisations and take a strong peer-led approach.<sup>a, 35</sup>

Stimulant drug use is common in Latin America and the Caribbean.<sup>36</sup> Smoking substances like cannabis and cocaine is the most common type of drug use in the region. But the harm reduction interventions needed for this, such as safer smoking

kits, are not widely available. The drug consumption room in Tijuana, Mexico offers a space for women who smoke drugs.<sup>37</sup> The recreational use of other stimulants, like MDMA, methamphetamines<sup>38</sup> and tusi,<sup>39</sup> are increasing.<sup>40</sup> As a response, peer-led colorimetric drug checking managed by civil society organisations is being implemented in Argentina, Brazil, Chile, Uruguay, Peru, Colombia and Mexico.<sup>41</sup> The majority of these interventions operate without government regulation or support.

Although opioid use is not prevalent in the region,<sup>42</sup> and fentanyl is not recorded as a substance used, except in isolated cases along the northern US-Mexico border, the issue is framed as an important problem in public discourse in Latin America. Harm reduction organisations in Mexico, Colombia, Peru, Costa Rica and Argentina agree that increased fentanyl use, such as has occurred in the USA and Canada, is not as likely in the region because the illicit use of fentanyl and other opioids is different.<sup>43</sup> In particular, they refer to the low use of heroin and other opiates, and the existence of national regulations on the legal use of fentanyl. Despite this, the 'fentanyl ghost' haunts the narrative. The media's handling of fentanyl use in Latin America lacks an evidence-base, and it has created an alarming public narrative which is empowering local governments to strengthen punitive drug policies.<sup>44</sup>

a The civil society organisations are Prevencasa in Tijuana, Verter in Mexicali and Acción Técnica Social in Bogotá.



**“ Stimulant drug use is common in Latin America and the Caribbean. Smoking substances like cannabis and cocaine is the most common type of drug use in the region. But the harm reduction interventions needed for this, such as safer smoking kits, are not widely available.”**

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