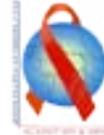




Caribbean
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CARIBBEAN CIVIL SOCIETY SHOWCASE SERIES

Showcasing projects and programmes supported by the CVC/COIN Vulnerabilised Groups Project and aiming to strengthen rights-based responses to HIV in the populations most vulnerable to HIV

Open Doors: A Needle Exchange Programme for Injecting Drug Users



Heroin users in Santo Domingo inject in “shooting galleries” usually in dilapidated houses. Photo: Fran Afonso

In the Dominican Republic, Open Doors is operated by **Fundación Dominicana de Reducción de Daños (FUNDOREDA)** — “Dominican Foundation for Harm Reduction.” Founded by drug users, FUNDOREDA works with both injecting and non-injecting drug users in the barrios of Santo Domingo.

CONTEXT

Globally there is a clear association between drug and alcohol use and heightened risk for HIV. It is estimated that 10 percent of the world's HIV infections are caused by injecting drug use. According to the US Centers for Disease Control and Prevention (CDC), 9 percent of all HIV cases in the United States are due to injecting drug use. In other countries HIV prevalence among injecting drug users is as high as 40 percent.¹

The Dominican Republic and Puerto Rico are distinct from other countries in the Caribbean due to the presence of injecting drug use, mostly non-existent in other Caribbean countries. The majority of the Dominican Republic's injecting drug users have been deported from the United States for crimes related to the use of heroin and speedball (a mixture of cocaine and heroin), but a growing percentage have acquired their habits in-country. Most of the country's injecting drug users live in its two largest cities, Santo Domingo and Santiago, and in those cities they move into certain barrios where dealers operate and where there are "shooting galleries" for obtaining and using drugs. FUNDOREDAs office is located in Simon Bolivar, a barrio where many of Santo Domingo's injecting drug users live.

In April 2012, PANCAP/CVC-COIN-FUNDOREDAs² surveyed 36 of Capotillo's injecting drug users and found that more than 40 percent shared syringes with other drug users and more than 40 percent used discarded syringes they found lying on the ground. Many used dirty water from gutters and elsewhere to dilute their shots and had abscess wounds and vein damage. Two thirds said they exchanged sex for money or drugs and one third said they used condoms only sometimes. Few knew their Hepatitis B or C status but nearly half had been diagnosed with a sexually transmitted infection within the past year and two were HIV positive. Half said they were reluctant to access health services and, in two focus groups, injecting drug users said they had experienced stigma and discrimination from health-care providers. They had also experienced physical, verbal and sexual threats, aggression and extortion by the police and military.

Of the participants in the survey, 95 percent wanted peer education, outreach programmes and access to opiate substitution programmes. More than 80 percent rejected the suggestion that making clean syringes readily available might encourage injecting drug use. Over 80 percent think there are insufficient health services for drug users in the area. The same number said that the health services are not meeting their healthcare and related needs. Half of the respondents are reluctant to use health services. They cited unfriendly and unwelcoming health services and too much focus on abstinence as the two main reasons for this reluctance. Nearly all the drug users had previously attended a residential treatment centre, demonstrating a low success rate in these programmes.

Under Dominican Law 50-88, the possession of any quantity of drugs is punishable by imprisonment and the judicial process from arrest to conviction can take several years. As a consequence, drug use is pushed underground and rehabilitation programmes use a zero-tolerance approach that discourages many drug users from entering the programmes and causes many to drop out.

PROJECT GOAL

Reduce harm and risk for HIV and other sexually transmitted infections among drug users in the north of Santo Domingo.

PROJECT COMPONENTS

Peer education or 'face to face' chats about HIV and STI prevention and risk reduction.

Harm reduction kits including syringes, cookers, cotton pads, condoms, lubricants and educational materials on safe injecting methods for drug users.

Professional psycho-social support for drug users to build self-esteem and personal limitations in relation to their drug-use.

Low threshold drop-in centre and meeting space for drug-users to socialise and relax, located walking-distance from the “shooting galleries”.

Clothing and personal hygiene items for drug-users accessing services.

Accompaniment of drug users to health care services and treatment centres to break down barriers in accessing services.

Sensitisation of community leaders, community members and local police about drug-use as a public health problem to reduce abuse, mistreatment and discrimination.

Capacity building for FUNDORED by CVC/COIN in the areas of: data collection, processing and cleaning; strategies for approaching peers, advocacy, and designing programmes.

INITIAL RESULTS

- Over 1,000 drug users reached from June to December 2012; 169 of those injecting drug users
- Over 600 reached with one-to-one interventions.
- Over 4,000 syringes were distributed; 44% of the distributed syringes were collected as used syringes
- Nearly 600 drug users were provided with kits (provided through CVC/COIN and City Wide, New York)
- Over 10,000 condoms distributed.
- 24 drug users received an HIV test and 55 were accompanied to services



Peer educators collected thousands of used syringes during the project and used old soda bottles as sharp containers.
Photo: Fran Afonso



CHALLENGES

FUNDOREDADA's initial idea was to create a drop-in centre equipped with a kitchen, showers, and other harm reduction services in close proximity to a “shooting gallery” but they were unable to find a landlord who was willing to lease a property knowing it would be used by drug-users. Instead FUNDOREDADA found a small office with the support of COIN and used this as a social space and office. In the longer run, FUNDOREDADA needs the sanction and support of the Dominican State to overcome this kind of challenge and to create more sustainable low-threshold services for drug users.

During the course of the project, FUNDOREDADA identified youth who have not yet experimented with drugs and women who sell sex for drugs as two groups requiring greater intervention. They also see a need to expand to Santiago and other areas of the Dominican Republic.

THE WAY AHEAD

People who use drugs in the Dominican Republic come from diverse socio-economic backgrounds and range from university graduates to people who lack basic literacy skills. Half of the clients reached in this project were young people under age 35. Nearly 20 percent of the clients were female.

The current legislative framework in the Dominican Republic is not creating an enabling environment for harm reduction approaches to HIV and needs revision to effectively address drug use as a public health problem rather than a security or law enforcement issue. The Dominican State must take steps to reform Law 50-88 so that simple possession of a small quantity of drugs is no longer cause for harsh punishment.



FUNDOREDADA hired a psychologist and outreach workers to reach clients. Photo: Fran Afonso

Instead of punishing drug users, the State must offer improved access to health services, including mental health services. To do this, the Dominican government needs to increase its dialogue with civil society organisations, like FUNDOREDADA, and to scale-up evidence-based programmes for harm reduction in drug users. Programmes should include opioid substitution therapy, which globally has proved critical for stabilising opiate users and ending unsafe injecting behaviours and the accompanying transmission of HIV and Hepatitis C³.

Drug users globally and in the Dominican Republic experience extreme human rights violations at the hands of the police and military. To address this, drug user led organisations need to be supported to participate in mechanisms which monitor and denounce these abuses. At the same time, the State needs to better sensitise duty-bearers, including health care providers, police, and judges to reduce rights violations which undermine access to harm reduction and HIV prevention services.

1 Mathers BM, Degenhardt L, Phillips B, Wiessing L, Hickman M, Strathdee SA, Wodak A, Panda S, Tyndall M, Toufik A, Mattick RP (2007), *Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review*, The Lancet, Volume 327 (abstract only)

2 PANCAP/CVC-COIN (2012) *A Situational Assessment of Responses to HIV and drug use from a Harm Reduction and Rights-Based Perspective in Santo Domingo, Dominican Republic, Kingston, Jamaica, and Port of Spain, Trinidad*, PANCAP/CVC-COIN, Dominican Republic

3 UNAIDS/UNODC/WHO (2009) *WHO, UNODC, UNAIDS Technical Guide for Countries to set universal access to HIV prevention, treatment and care for injecting drug users*, WHO, UNODC, UNAIDS, Geneva (available at http://www.unodc.org/documents/hiv-aids/idu_target_setting_guide.pdf)

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This series describes projects and programmes given technical and financial support by the CVC/COIN Vulnerabilised Groups Project, a sub-recipient of a Pan Caribbean Partnership against HIV and AIDS (PANCAP) grant provided by the Global Fund to Fight AIDS, Tuberculosis and Malaria. Each report aims to highlight the contribution of Caribbean civil society organisations in responding to HIV and AIDS in vulnerable populations and presents promising programmes for scale-up by Caribbean states. For more information about CVC/COIN's Vulnerabilised Groups Project visit www.focusright.org