

Community Action Resource (CARE): Preventing HIV and AIDS among drug users in Trinidad and Tobago

Overview

In 2013, CVC/COIN gave Community Action Resource (CARE) a Mini-Grant of US\$20,000 for a project to pilot HIV and AIDS prevention among drug users on Port of Spain's east side. The project's intensive intervention in the streets lasted from March through July 2014 and it: 1) delivered harm reduction to 613 drug users, surpassing the target of 500; 2) gathered information on their characteristics, behaviour and experience with health, social and rehabilitation services; 3) facilitated voluntary HIV and STI counselling and testing. Of the 613 drug users, 7% already knew they were HIV positive. Of the 86 newly tested during the intervention, 44.2% were found to be HIV positive.

In 2014, CVC/COIN gave CARE a second Mini-Grant of US\$25,800 to extend the work to drug-users in San Juan and Curepe/Tunapuna, communities along the corridor connecting Port of Spain to Trinidad's west coast. From October 2014 through October 2015, the second project delivered harm reduction to 885 drug users, surpassing the target of 800. Like the first project, the second also gathered information and facilitated voluntary HIV and STI counselling and testing. Of the 885 drug uses, 133 (15%) were found to be HIV positive and they included 31 who did not know they were HIV positive before they were tested during the intervention.

The two projects achieved their ultimate aims: to increase knowledge about HIV and AIDS among street-based drugs users in Trinidad and Tobago; to identify gaps and weaknesses in the services available to them; to develop recommendations for action; to lay the foundations of a new National Harm Reduction Coalition.

About Community Action Resource (CARE)

History of CARE

Community Action Resource (CARE) is the first and foremost civil society organization representing and serving people living with HIV in Trinidad and Tobago. Its roots go back to 1983 when the country's first cases of AIDS were reported and a small group of young people living with HIV began meeting to discuss the many challenges they faced in their personal lives and in getting access to information and services. In 1985, social worker Catherine Williams became the group's leader after her husband died of AIDS and she learned that she, too, was HIV positive. The group held its first formal meeting as a civil society organization in 1989. In 2003, it was legally registered as a not-for-profit organization.

David Soomarie has been CARE's Coordinator of Programmes and Services since 2010. He learned he was HIV positive in 1985 when he was 20 years old and starting his first job in advertising. His employer required a medical exam which found he was HIV-positive and, though David retained the job, he suffered from months of anxiety and despair. Eventually, he realized he felt fine and had no symptoms of disease and, with a renewed zest for life, he became active in amateur theatre. Through amateur theatre, he became an active member of the Trinidad and Tobago YMCA and participated in Y programmes that taught him about HIV and AIDS and how to practice safe sex and prevent HIV transmission. He also joined CARE and, after he became

seriously ill and learned he had a low CD4 count, he became a prominent advocate for better HIV and AIDS prevention, care and treatment.

CARe's programmes and services include weekly empowerment sessions that aim to improve the quality of life for people living with HIV; peer support to people newly diagnosed with HIV at the Queens Park Counselling Centre (QPCC) and Clinic and at the Medical Research Foundation (MRF); outreach to other vulnerable groups with the aim of promoting and supporting HIV and AIDS prevention, counselling, testing, care and treatment.

Members of the CARe team of Facilitators and Peer Educators have been trained as Community Based Volunteers by the Ministry of Health and the Trinidad and Tobago Red Cross Society. More recently, they have undergone additional training guided by CVC/COIN's Facilitator's Manual.¹ Their training and experience qualifies them not only for peer support of people living with HIV but also for HIV-related research, education and advocacy in the wider community and its most vulnerable sub-populations. In all of these activities, CARe often partners with other civil society organizations and with government ministries.

CARe's success with a previous CVC/COIN-funded project

During Phase One of the CVC/COIN Vulnerabilised Groups Project, CARe partnered with the Trinidad and Tobago YMCA to apply for and administer a CVC/COIN Mini-Grant that supported the Sex fX (effects) project. This project designed and delivered twelve training workshops for young offenders in St. Michael's School for Boys while also gathering demographic and behavioural information on participants. Such was its success that CVC/COIN encouraged CARe and YMCA to apply for additional grants that would carry on with that work during Phase Two and extend it to other institutions.

Also during Phase One, another civil society organization (CSO) applied for a CVC/COIN Mini-Grant and began to implement a project which, had it succeeded, would have provided street-based drug users on Port of Spain's east side with a range of harm reduction measures aimed at preventing HIV and AIDS. CVC/COIN terminated the grant when it became evident that the organization was achieving little and lacked the capacity to achieve more. At the outset of Phase Two, CVC/COIN urged CARe to submit the first of the proposals for the work described herein. This work that has achieved what the other CSO was unable to achieve.

Drug use and HIV in Trinidad and Tobago

The country's party culture, with widespread acceptance of heavy alcohol and drug use

A recent report confirms what many other reports have said about Trinidad and Tobago. Drug use is common across all the country's socio-economic classes. The most popular drug is marijuana and it is supplied by local producers. Also used by many are crack cocaine, cocaine, heroin, solvents, pharmaceuticals, and ecstasy. The country is a transshipment point for cocaine and heroin originating in South America and destined for North America and Europe and people involved in transshipment are paid in drugs they sell locally.²

¹ Vega, A. (2014). Sex Positive Model for HIV Prevention & Promotion of Sexual Health: Facilitator's Manual. Kingston and Santo Domingo, CVC/COIN Vulnerabilised Groups Project.

² Bureau of International Narcotics and Law Enforcement Affairs (2014). 2014 International Narcotics Control Strategy Report. Washington, U.S. Department of State. See also: Ministry of National Security and Ministry of Social Development (2008). National Anti-Drug Plan of the Republic of Trinidad and Tobago 2008-2012. Port of Spain, Government of the Republic of Trinidad and Tobago.

From 2005 to 2007, the Organization of American States (OAS) and the Inter-American Drug Abuse and Control Commission (CICAD) worked with national drug and alcohol authorities to conduct surveys on alcohol and drug use among secondary school students in 12 Caribbean countries. Among the findings for secondary school students in Trinidad and Tobago were: the average age at which they had their first drink was 11 years old; 37% had drunk in the past month; 31% had engaged in binge drinking (five or more drinks per occasion) within the past two weeks; 6.7% had used inhalants (household products containing solvents, aerosols or gases) within the past month; 2.7% had used marijuana within the past month; 0.91% had used cocaine at least once in their lifetimes; 0.77% had used crack cocaine at least once; and 0.9% had used ecstasy at least once.³

The levels of alcohol and drug use found among secondary school students reflect higher levels found among adults. Trinidad and Tobago is famous for its party culture, centred on its Carnival and other celebrations that attract both locals and tourists from around the world. Part of that culture is widespread acceptance of heavy alcohol and drug use. Across the world, problems commonly associated with heavy alcohol and drug use include domestic violence, dysfunctional and broken families, poor mental health, poor performance at school and on the job, school drop-out, unemployment, and poverty. The heaviest users may become homeless and spend much of each day on streets where drug dealers scramble for alcohol and drugs and the money to buy them and often resort to commercial or transactional sex and petty crime.

[How alcohol and drugs \(especially crack cocaine\) contribute to the spread of HIV](#)

For many years, UNAIDS and other international partners in the global response to HIV and AIDS were telling countries that injecting drug users (IDUs) are at extremely high risk of HIV infection due largely to contaminated needles and syringes. They were urging countries to give high priority to harm reduction (including distribution of clean needles and syringes) among IDUs. Trinidad and Tobago is among the Caribbean countries that took that to mean they need not give high priority to harm reduction among their own drug users because almost none of them inject their drugs.

In 2012, a meta-analysis of previous studies in Trinidad and Tobago found evidence of a strong correlation between heavy alcohol and drug use and sexual behaviour that puts people at high risk of HIV. It identified this is a probable reason the country's prevention programmes have succeeded in increasing knowledge about HIV and AIDS but have not succeeded in stopping people from engaging in sexual behaviour that puts them at high risk of HIV infection.⁴

The meta-analysis highlighted a few small studies among HIV-positive drug users. It found many of them use crack cocaine. Among those who use crack, exchanging sex for money and drugs is common and so is "careless and promiscuous sex" including multiple partners, same-sex activity and unprotected sex. Crack users who exchange sex for money or drugs often prefer oral sex because they consider it safe and, also, in the case of males because heavy use of crack renders them impotent. Crack users who know they are HIV positive may reject rehabilitation and persist in unsafe sex because of their perception that HIV makes their early death inevitable.

The meta-analysis identified the urgent need for more research on drug users in Trinidad and Tobago and the design and delivery of interventions tailored to their special circumstances and needs.

³ OAS et al (2010). Comparative Analysis of Student Drug Use in Caribbean Countries. Washington, Organization of American States (OAS) and Inter-American Drug Abuse Control Commission (CICAD).

⁴ Reid S et al (2012). *Alcohol, Drugs, Sexual Behaviour, and HIV in Trinidad and Tobago –The Way Forward*. Journal of the International Association of Physicians in AIDS Care 11(1) 66-68.

CVC/COIN-funded research in other Caribbean countries

In Phase One of the Caribbean Vulnerabilised Groups Project, CVC/COIN gave a Mini-Grant to Jamaica's National Council on Drug Abuse (NCDA) for a project called *Tek It 2 Dem*. This project provided peer education on HIV and drug abuse to homeless drug users in Kingston. It trained and deployed several homeless peer educators and, during the Phase One evaluation, some of them explained the appeal of crack cocaine and the consequences of using it. They said, by comparison to pure cocaine or heroin, crack is an inexpensive way of getting high quickly. The first high is so intense that getting high immediately becomes a user's main goal in life. That, in itself, often leads to homelessness. Associated with crack highs, at first, are strong sexual desire and aggressive, highly risky sexual behaviour. Men who get into the habit of using crack cocaine soon lose their sexual drive but, even if they are not sexually attracted to other men, they may be willing to engage in oral sex with other men in exchange for drugs or money. Given that the heated equipment for inhaling crack blisters lips and creates lesions on gums and elsewhere in mouths, oral sex exposes them to added risk of HIV infection.⁵

In Phase Two, during July and August 2014, CVC/COIN surveyed 136 crack users (24 female and 112 male) in Paramaribo, Suriname, using a modified snowballing technique. That is, local organizations recruited known crack users and then asked them to recruit more. Some of the findings were:

- 43% had engaged in binge drinking (more than 5 drinks in 4 hours) during the past month and 82% sometimes used other drugs in addition to crack cocaine; by far their most frequently used other drug was marijuana but many used both marijuana and cocaine or heroin.
- 63% had two or more sexual partners during the past month and 73% had casual (non-regular) sexual partners during the past month; 35% had exchanged sex for money or drugs during the past month; the more sexual partners they had, they more likely they had exchanged sex for money or drugs.
- Of the 100 who had sex with at least one casual partner during the past year, 72% consumed alcohol or drugs before or during the last occasion and 30% did not use a condom on that occasion.
- Of the 57 with regular sexual partners, 61.2% consumed alcohol or drugs before or during last sex with their regular partners and 70% did not use condoms with their regular partners on a regular basis.
- Of the 57 with regular partners, 41 also had "outside partners" – that is, people who were not their main partners but with whom they had sex on a regular basis.

The last of those findings meant 30% of the 136 Paramaribo crack users covered by the study were practicing "multiple concurrency" which connects people in networks through which one person's HIV infection can spread rapidly to others in the network. The problem is made that much worse when crack users have regular partners plus outside partners plus casual partners and, in addition, often have sex under the influence of alcohol and drugs and often fail to use condoms.

⁵ Adams S (2013). CVC/COIN Vulnerabilised Groups Project Phase One: An Independent Evaluation. Santo Domingo, CVC/COIN Vulnerabilised Groups Project.

Piloting CARE's approach to research and harm reduction among drug users on Port of Spain's east side

The project team

Project Coordinator. Wayne Jackman was the Project Coordinator for the two CVC/COIN-funded projects to prevent HIV and AIDS among street-based drug-users. He is CARE's Outreach and Support Officer and he was one of the three Sex fX project facilitators who designed and delivered HIV and AIDS education to young offenders. Wayne is HIV-positive and a former substance abuser, so comes to this work with a wealth of personal experience. He has completed a one-year part-time course in Caribbean Regional Addiction Studies at University of the West Indies and is certified as a Red Cross/Ministry of Health Community Based Volunteer in HIV/AIDS Prevention, Treatment, Care and Support. He has additional training in basic research, surveillance and monitoring and evaluation and, also, in the promotion of harm reduction and sexual health among drug users.

Research Assistant. Claudia Joseph was the Research Assistant for both projects. She has a Bachelor of Arts degree in Sociology from Hunter College in New York City and training in research from the Caribbean Health Research Council. In addition, she recently completed a one-year part-time course in Caribbean Regional Addiction Studies at University of West Indies. Claudia's contributions to the two projects included designing a data collection form, training the projects' Peer Educators in how to question drug users and fill out the form and then collating, analysing and reporting the findings. In addition, she assisted with designing hand-outs providing basic HIV-related information of specific relevance to drug users and easily understood by those with little formal education.

Five Peer Educators. Also on the team were five volunteers, some of whom had previous training and experience as Peer Educators and all of whom were provided with two four-hour sessions of additional training on HIV and AIDS and harm reduction among drug users. While recruiting volunteers, the Project Coordinator did his best to find some who were former drug users with experience on the streets. Others were people with training and experience in the delivery of physical and mental health and social services to vulnerable populations. For example, three of the Peer educators were:

- A former drug user, HIV-positive and well-acquainted with the daily lives of drug users on Port of Spain's east side. He was a trained and experienced Peer Educator and was certified as a trainer of trainers in HIV and AIDS prevention, treatment, care and support. He was also trained and experienced in the provision of voluntary HIV counselling and testing.
- A Registered Mental Health Nurse with a diploma in psychiatric nursing. She had completed a one-year part-time course in Caribbean Regional Addiction Studies at University of West Indies.
- A social worker who was one of CARE's regular volunteers.

A preliminary situation analysis

After CVC/COIN invited CARE to apply for a Mini-Grant for the first project, CARE reviewed the few available studies on HIV among drug users in Trinidad and Tobago. It learned that HIV prevalence was high among drug users even though injecting drug use was almost unknown and that inhaling crack cocaine was a significant predictor of HIV infection. It also learned that HIV transmission took place primarily during heterosexual activity fuelled by crack cocaine and without

the use of condoms. Other risk factors included multiple sex partners and frequent exchange of sex for drugs or money to buy them. While crack cocaine users were generally knowledgeable about HIV and AIDS they also had misconceptions. For example, they often expressed a preference for oral sex in the false belief that it is safe.

CARe also learned that, across the Caribbean region, Trinidad and Tobago was not alone in having few effective programmes or facilities for drug users of any kind and was not alone in having no policies calling for delivery of harm reduction specifically tailored to the needs of crack cocaine users. In other words, there were few models of good or promising practice.

In addition, CARe identified and interviewed key informants with knowledge and experience of drug users on the streets of Port of Spain's east side. This was to measure of the size and shape of the drug-user problem they were about to address.

[A cautious start and quick scale-up on Port of Spain's east side](#)

The preliminary situation analysis suggested there might be from 160 to 200 people in the community of street-based drug users on Port of Spain's east side and that roughly 60% of them might be homeless. It set a target of reaching 150 and, with that target in mind, it recruited and trained five Peer Educators. In March 2014, they started with the intention of reaching the target over a 5-week period of intensive intervention on the streets.

The five Peer Educators surpassed the target within the first two weeks and reached 314 drug-users by the middle of the third week. Early findings, based on those who had agreed to be tested, included that up to 50% were HIV-positive, up to 20% had another sexually transmitted infection and up to 100% were homeless. Other early findings were that the drug-users had access to very little in the way of effective health and social services other than those provided by a severely understaffed and ill-equipped drop-in centre and by severely overcrowded and under-resourced clinics and rehabilitation facilities. Many of those on treatment were failing to adhere to their treatment regimes. Many had relapsed after finishing rehab programmes.

The CARe team could see they had underestimated the size of the street-based drug user population on Port of Spain's east side and had also underestimated the severity of their health problems and their lack of access to effective services. In light of this, they set a new target of reaching 500 drug users over an extended period of intensive intervention on the streets of Port of Spain's east side, running from March through July 2014. By the end of that period they had surpassed their target and reached 613 drug users.

[Seven logical steps taken in CARe's pilot project](#)

Step 1: Preliminary situation analysis ready for adjustment in light of discovered reality

At the outset, the CARe team learned what they could about HIV prevalence among drug users in Trinidad and Tobago and elsewhere in the Caribbean, about the factors contributing to that prevalence; about programmes attempting to reduce prevalence; and about the drug users on the streets of Port of Spain's east side. Then, as they got half way into their planned intervention on the streets, they reviewed what they had learned so far and updated their situation analysis.

Step 2: Preparation of tools

The CARe team developed a form the Peer Users could fill-out with the information they gathered from drug-users as they made their rounds.

It developed and printed a pamphlet for hand out to drug users. With simple language and illustrations, this pamphlet conveyed basic information about the practices that contribute to HIV

and AIDS among drug users, about what they can do to prevent their own infection and stop transmission to others, and about where they could go for voluntary HIV counselling, testing and treatment.

It assembled personal hygiene and nutrition kits for hand out to drug users. Each kit contained a toothbrush, toothpaste, soap, hand towel, juices and canned foods.

It got in supplies of condoms for hand out to drug users.

Step 3: Recruitment and training of volunteer Peer Educators

In addition to having its own pool of trained and experienced volunteers, CARE is well connected to a range of government and civil society organizations that are good sources of volunteers with expertise and experience relevant to particular projects. With volunteers carefully selected and recruited, CARE facilitated two four-hour training workshops:

- The first four-hour workshop provided general knowledge about HIV and AIDS and harm reduction among drug users; specific knowledge about the particular community of drug users they would be targeting with their interventions; familiarity with the tools and how to use them.
- The second four-hour workshop reviewed what they had learned in the first workshop in light of their early experience and considered any challenges they had been running into and any opportunities to strengthen their interventions.

Step 4: Establishing good relations and sensitizing key stakeholders

The project team intended to hold a four-hour workshop to sensitize community leaders and police on Port of Spain's east side but this turned out to be unfeasible due to an ongoing dispute between factions in the community. During the course of the project, however, the team interacted with them as opportunities arose to familiarize them with CARE and the project's objectives; to inform them about issues surrounding HIV and harm reduction among drug users; to win them over as allies.

The project team did, however, meet with members of the National Drug Council to inform them about the project and to identify opportunities for collaboration during the course of the project and afterwards. Under the Ministry of National Security, the National Drug Council coordinates implementation of the National Anti-Drug Plan 2008-2012 (still the current plan pending update). Among its members are representatives of the Ministry of Social Development and its National Alcohol and Drug Abuse Programme (NADAPP). Under the Ministry of Social Development, NADAPP has primary responsibility for overseeing action to achieve two of the National Anti-Drug Plan's goals:

- Goal 3, "to decrease alcohol and other drug problems in at-risk groups"
- Goal 4, "to minimize the health and social impacts of drug dependency on the affected society through provision of treatment and rehabilitation and social reinsertion services that are professionally administered, accessible and affordable."

Historically, some members of the National Council have expressed their appreciation that harm reduction (e.g., educating drug users about HIV and how to prevent it and giving them condoms) could contribute to achievement of those goals but they have been reluctant to advocate harm reduction to unsympathetic policy makers.

Step 5: Peer education in the streets

The Peer Educators engaged with the drug users on the streets and in other locations where they knew drug users were easily found at certain times of day and night. They provided the drug users about who they (the Peer Educators) were and their intentions and, then, about HIV and AIDS and STIs, the behaviours that put them at risk and what they could do to protect themselves from harm. They asked the drug users for information about themselves, their health and general well-being, their access to services, their experience using those services or their reasons for not using those services.

The Peer Educators offered the drug users condoms, hygiene kits and pamphlets with basic information. They recommended that they get tested for HIV and STIs, unless they had done so recently, and offered to take them for voluntary counselling and testing if they so wished. In addition, they referred them to any health and social services and rehabilitation programmes the drug users might need.

As well as recording information on data collection forms, the Peer Educators recorded some their encounters on audio-tape and in photos, with the promise that no drug-users faces would be shown or identities revealed.

Step 6: Follow up in the streets

The Peer Educators re-engaged with drug users, as appropriate, to see how they were doing and whether or not they were following up on anything they had said they might do. For example, were they now using condoms in a correct and consistent manner, were they now adhering to their treatment regimes, had they gone for HIV counselling and testing, had they taken up offers of health, social and rehabilitation services? Did they need any additional information, supplies or assistance?

Step 7: Collation, analysis and reporting of findings

The Research Assistant had primary responsibility for collating, analysing and producing a report on the data the Peer Educators had entered in forms during their encounters with each drug user.

The Project Coordinator had primary responsibility for gathering, analysing and reporting on qualitative information learned by the whole team during the course of the project. This information went into the monthly narrative reports and end-of-project reports CARE submitted to CVC/COIN.

The anonymous photos (with faces obscured) and audio-tapes taken by the Peer Educators during their rounds were additional products, a provided ready sources of material for workshops and presentations of various kinds.

Results of the pilot project on Port of Spain's east side

New knowledge about drug users

Of the 613 drug users reached by the project's Peer Educators:

- 16 (2.6%) were under 18 years old, 87 (14.2%) were 18-25, 504 (82.2%) were over 25, and 7 (1.1%) gave no response
- 499 (81.4%) self-identified as male, 99 (16.2%) as female, 10 (1.6%) as transgender, and 5 (0.8%) gave no response
- 493 (80.4%) self-identified as heterosexual, 62 (10.1%) as bisexual, 12 (2.0%) as gay or lesbian, 6 (1.0%) as "non-gay", and 40 (6.5%) gave no response
- 613 (100%) said they were homeless

- 26 (4.2%) said they were involved in transactional sex
- 60 (9.8%) said they had interacted with a qualified Peer Educator within the last 12 months
- 43 (7%) already knew they were HIV-positive
- 86 (14%) took up the project's offer and were newly tested; of those, 38 (44.2%) tested HIV-positive
- 484 (79%) neither knew they were HIV-positive nor were newly tested.

The latter three points indicate that, at minimum, 81 (13.2%) of the 613 drug users were HIV-positive. However, that would prove to be the case only if 100% of those not newly tested during the project were subsequently tested and found to be HIV-negative. The next section explains why so many were not newly tested.

New knowledge about the challenges

The CARE team had to cancel a planned community sensitization workshop because of an ongoing dispute between two factions on Port of Spain's east side. In addition to the challenge of working in a volatile community, the CARE team found these challenges:

- **Stigmatization and discrimination.** Many drug users asked to be tested for HIV but the Peer Educators found they could provide them with testing only one day per week. This was due to stigmatization and discrimination against drug users on the part HIV testing facilities in the habit of excluding drug users on other days.
- **Overcrowding of residential rehabilitation centres.** Many drug users asked for referral to residential rehabilitation but there were no vacancies and it was evident that the few existing centres are chronically overcrowded.
- **Non-adherence to treatment regimes.** Many HIV-positive drug users were failing to adhere to their treatment regimes. Some complained of adverse reactions to drugs while others complained of having nowhere to store their drugs.
- **Laws against some harm reduction measures.** The country's Dangerous Drugs Act makes it illegal to provide safe drug-using equipment, including the clean pipes or pipe-cleaning equipment that would help prevent HIV transmission among crack users.
- **Absence of good drop-in centres** where drug users can get some measure of relief from their daily lives and find a meal, a shower, a change of clothes, and perhaps some recreation (e.g., watching television) and referral to health and social services.

Recommendations for action

CARE's end-of-project report on the pilot project on Port of Spain's east side concluded with these recommendations:

- **Extension of the work to other communities,** not only for the immediate benefit of drug users in those communities but in order to gain a better understanding of the factors that put drug users at high risk of HIV and AIDS and the factors that stop them from getting drug-related and HIV-related services.
- **Special studies** that might also contribute to such understanding.
- **Targeted interventions** that add to knowledge about drug use and HIV and how to prevent or treat them among females and marginalized youth including men who have sex with men (MSM) and transgender people.

- **Training** for health care providers, Peer Educators and others that equips them to address the needs of drug users.
- **Integration of harm reduction** into existing rehabilitation and other programmes for drug users.

Strengthening the approach and extending coverage to drug users in San Juan and Curepe/Tunapuna

Following up on the pilot project recommendations, CARE applied for another CVC/COIN Mini-Grant to strengthen their approach and extend coverage to street-based drug users in San Juan and Curepe/Tunapuna, suburban communities along the corridor connecting Port of Spain to Trinidad's west coast.

Again the CARE team started with a situation analysis that included identifying and interviewing key informants with knowledge and experience of the targeted communities. Based on what they learned from these interviews, they estimated there were from 900 to 1300 drug users in San Juan and Curepe/Tunapuna. They set a target of reaching 800 over a 12-month project period from October 2014 to October 2015. By the end of that period, they had surpassed the target and reached 887 drug users.

The team took roughly the same steps they had taken in the pilot project on Port of Spain's east side but they did a number of things to strengthen the whole approach. Some of these were:

- Development of a questionnaire to guide interviews with six key informants (3 males and 3 females), resulting in a superior situation analysis at the outset.
- More extensive training for Peer Educators, with the first training workshop lasting two days and covering issues such as the various sexual self-identities of drug users and the unique challenges drug users of different self-identities might face.
- A carefully planned four-hour Community Leaders Sensitization meeting with key leaders from among the drug users and wider population, including police officers.
- The introduction of rapid testing for HIV at a Family Planning Association of Trinidad and Tobago (FPATT) clinic in Port of Spain, available throughout its normal operating hours. This was to get around the fact that other testing sites restricted access to drug users, allowing them in for testing only for a few hours once per week. (As it turned out, many drug users would not go to the FPATT because it required long journeys to and from Port of Spain and cut into the hours they would normally spend raising cash to buy their drugs. Drug users expressed a strong preference for a mobile clinic that came to them.)
- Weekly Project Coordinator visits to see how well the Peer Educators were doing on the streets; careful attention to whether or not they were filling out the information-gathering forms correctly and completely for all of their encounters with drug users.
- Various advocacy activities including an event for the International Day against Drug Abuse and Illicit Trafficking and a public service ad campaign in social media and newspapers featuring drug users willing and eager to participate.

Once the project's intensive intervention of the streets was over and preliminary findings on results were known, the CARE project team tried to organize a National Stakeholders Sensitization meeting to present and discuss the findings of both the pilot project and the second project. Stakeholders invited to the meeting included representatives from the National Drug

Council, National Alcohol and Drug Abuse Programme, Ministry of Health, and organizations operating residential rehabilitation to drug users. Unfortunately, elections intervened and these were followed by a period of transition during which it was uncertain as to who occupied which positions and show attend the meeting. As of this writing, the meeting had not yet been held. Meanwhile, the CARE team had separate meetings with the various organizations to discuss establishment of a National Harm Reduction Coalition.

Results of the project in San Juan and Curepe/Tunapuna

New knowledge about drug users

Of the 885 drug users reached by the project's Peer Educators:

- 752 (85%) self-identified as male, 122 (13.8%) as female and 11 (1.2%) gave no response
- 796 (90%) self-identified as heterosexual, 50 (5.6%) as bisexual, 11 (1.2%) as gay or lesbian, and 28 (3.2%) gave no response
- 610 (69%) said they were homeless
- 44 (5%) said they were involved in transactional sex
- 12 (1.4%) said they were involved in gang activity
- 102 (11.5%) already knew they were HIV-positive; an additional 31 (3.5%) discovered they were HIV positive when they took up the project's offer of HIV counselling and testing; a total of 133 (15%) were known to be HIV-positive by the end of the project
- of 133 known to be HIV-positive 79 (59.4%) were male and 54 (40.6%) were female; 10 (7.5%) were from 18-25 years old and 123 (92.5%) were 25 years old or more

New photos and posters to advocate for harm reduction

In September 2015, CARE recruited four drug users and retained a photographer to produce a series of images of people who use drugs. These images were used to produce poster sized photos for use in advocating for harm reduction and the hope is that they will be used by the National Drug Council, National Alcohol and Drug Abuse Programme (NADAPP), Ministry of Health and other partners in a new National Harm Reduction Coalition.

Confirmation of the challenges

The CARE team was able to hold its planned community sensitization workshop but the turn-out was disappointing. This underscored the difficulty of working in the volatile communities where street-based drug dealers and drug users are commonly found.

Otherwise, the care team confirmed all of the challenges they had identified during the pilot project on Port of Spain's east side. Again, they found they could only provide drug users with HIV testing one day per week because of testing facilities' refusal to test them on other days. Again, overcrowded rehabilitation centres lacked the capacity to accommodate all the drug users looking for rehabilitation. And so on.

Confirmation of recommendations for action plus an additional recommendation

CARE's end-of-project report on the second's year's project repeated all the recommendations it had made in its end-of-project report on the pilot project. In addition, it recommended:

- **Establishment of a National Harm Reduction Coalition** to advocate for and support development and implementation of a range of harm reduction strategies for people who use drugs (PWUD).

Looking ahead

With thoughtful and efficient planning, implementation and monitoring and evaluation, CARE has made remarkably good use of two small grants. It has greatly increased knowledge about street-based drug users in Trinidad and Jamaica and about the challenges that stand in the way of providing them with effective rehabilitation and harm reduction. In these ways, it has moved the country closer towards achievement of two goals in its National Anti-Drug Plan: to decrease alcohol and other drug problems in at-risk groups; to minimize the health and social impacts of drug dependency. In so doing, it has also moved the country towards achievement of its goals on HIV and AIDS prevention, testing, treatment and care among its most vulnerable groups.

CARE has concluded its two projects with recommendation for action. In the months ahead, it hopes to collaborate on follow-up to these recommendations. In particular, it hopes to collaborate with the National Drug Council, National Alcohol and Drug Abuse Programme (NADAPP), Ministry of Health and other public and not-for-organizations in establishing a National Harm Reduction Coalition that develops and implements harm reduction strategies.

The CVC/COIN Profiles of Good Practice Collection

All projects covered in this series of CVC/COIN Profiles of Good Practice were supported by the CVC/COIN Vulnerabilised Groups Project, a component of the PANCAP Round 9 Global Fund Project (January 2011-March 2016). They include a variety of projects from the six countries covered by the CVC/COIN Project and at least one demonstrating an effective approach to sexual and reproductive health and rights (SRHR) among each of the Project's six target populations: men who have sex with men (MSM), transgender women, sex workers, drug users, prisoners, and marginalized youth. A project's exclusion from coverage in this series in no way implies it was not good practice.

Stuart Adams, the consultant who did the final evaluation of Phase One of the CVC/COIN Project (January 2011-March 2013), participated in the selection and then researched and wrote each Profile. To be approved for selection, a project had to meet or come close to meeting all five of the criteria for good practice recommended by the OECD's Development Assistance Committee (DAC) plus three additional criteria used by the German Federal Ministry for Economic Cooperation and Development (BMZ) when it selects projects worthy of being covered by publications in the German Health Practices Collection. The eight criteria are:

- **Relevant:** For example, based on sound behavioural, serological or other evidence of need for the intervention.
- **Effective:** For example, indicated by reliable evidence of results measured against objectives and targets established at the outset.
- **Efficient:** For example, makes good use of whatever human, financial and other resources may be available, including collaboration with partners that add value.
- **Impactful:** For example, reaches or demonstrates potential to reach large numbers of target populations with effective HIV prevention, treatment and care; creates safe environments where human rights are recognized and respected.
- **Sustainable:** For example, is sufficiently relevant, effective and efficient to merit continuing support from existing partners and to merit support from potential new partners.
- **Empowering:** For example, provides people from at-risk groups with knowledge, skills and tools to engage in responsible sexual behaviour or to assert their right to essential health care.
- **Transferable:** For example, develops and demonstrates the use of methods and tools that can be adapted for use by other organizations in other locales.
- **Well monitored:** Regularly gathers, analyses and reports data to measure results against objectives and targets and to identify any problems that may require corrective action; records events and personal stories to preserve qualitative information that may enrich knowledge and be useful for educational or advocacy purposes.

Collectively, the projects and programmes profiled in this series have made significant contributions to knowledge about HIV and how to respond to it among vulnerabilised groups in the Caribbean.