

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

“Tek it to Dem 2”:

An outreach programme for street homeless drug users



Many drug users in Kingston live in makeshift homes on the street. NCDA's peer educators reach them with care packages and educational chats. Photo: NCDA

In Jamaica, ‘Tek it to Dem’ Project (Take it to Them) is operated by **The National Council on Drug Abuse (NCDA)**, a statutory agency that falls under the Ministry of Health and works closely with other government agencies. The ‘Tek it to Dem 2’ project works with homeless drug users in Kingston and St Andrew.

CONTEXT

The Caribbean is located between major cocaine transshipment routes, with consumers to the north and the east and producers to the south. Huge quantities of cocaine transit the Caribbean yearly and the typical method of paying for shipment is with drugs, which are then sold on the local market at prices well below the destination countries. Crack cocaine is extensively available in the Caribbean and has remained one of the cheapest drugs on the market for decades.

Globally, HIV prevention efforts have focussed on injecting drug users, one of the highest risk populations for HIV. While injecting drug use is not widespread throughout the Caribbean, some researchers have found that HIV prevalence in crack cocaine smoking populations is almost as high as those found in injecting drug users. Crack's short-lived high and addictiveness creates a compulsive cycle where the user is constantly looking to repeat the first "hit" of crack. Caught in this cycle, users quickly deplete their finances and find fast ways to maintain their use, often exchanging sex for money or drugs. Crack cocaine also increases sexual desire and can increase unsafe sexual practices that put users at risk for sexually transmitted infections, which can cause lesions, increasing risk for HIV. Once a drug user is HIV positive, crack cocaine use accelerates disease progression.

Nearly 2 percent of the Jamaican population has experienced a period of using crack cocaine¹. When the NCDA conducted a pilot project reaching homeless substance users in Kingston in 2009, 9 out of 11 tested HIV positive at one location. NCDA estimates that 30 percent of drug users they reach have co-occurring psychiatric illness. As is the case with drug users across the region, a large number are deportees from the United States. Others are young gay or bisexual men who find themselves homeless and selling sex after they are kicked out of their homes by parents who will not accept their sexual orientation.

Many drug users in Kingston and St Andrew support their drug habits through petty theft or car washing. Homeless HIV positive drug users are often very difficult for health services to locate for follow-up or

referral appointments because they sleep under bridges or on gully banks. Ensuring HIV positive drug users adhere to HIV medicines is one of the biggest challenges for outreach services. In Kingston, there are no shelters for HIV positive drug users or drug-dependent women but the NCDA and several faith-based and non-governmental organisations provide hot meals as part of their outreach programmes.

Stoning and other forms of violence by gangs and thieves are common for homeless drug users, and females are extremely vulnerable to sexual violence both from fellow drug users and non-drug users. Drug users have mixed perspectives on the police. While some have been referred to medical support with their assistance, others remember only the frequent arrests and "sweeps" of the homeless from the streets. Most homeless drug users say that maintaining personal hygiene, finding a job, accessing food and housing are their most pressing needs.

PROJECT GOAL

Reduce harm and risk for HIV among homeless crack cocaine users within Kingston and St Andrew, Jamaica.

PROJECT COMPONENTS

NCDA developed its first outreach programme "Tek it to Dem" in 2008 with funding from the United States Agency for International Development (USAID). As the name suggests, the project took services to homeless drug users who were reluctant to access zero tolerance or total abstinence programmes. NCDA used its mobile unit to take services to homeless drug users within Kingston and St Andrew. During this project, NCDA reported challenges in finding homeless drug users and so "Tek it to Dem 2" was built with the idea of integrating a peer education programme into the services it already provided. In addition to the four focus groups with peers, which included a mapping of areas where drug users can be found, the following project elements were delivered:

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

Mobile unit delivery of care packages and hot food

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

Capacity building for NCDA

INITIAL RESULTS

- 15 peer educators trained and 10 hired for field work
- Over 1,500 individual homeless drug users reached

- Over 2,400 peer interventions
- 300 care packages provided including over 32,000 condoms

CHALLENGES

Any peer education programme requires ongoing capacity building of peers and psychosocial support for peer educators. This was especially true for NCDA who engaged ten drug users to reach their peers. The NCDA found it hard to locate peers at times and realised the peers needed sustained training in conflict resolution and interpersonal communication, among other things. NCDA proposes to hire a peer coordinator in future projects to overcome these challenges.



Peer educators conducted a community mapping of homeless drug users. Photo: NCDA

THE WAY AHEAD

Low-threshold programmes founded on harm reduction principles offer services that are effective for reducing risk of HIV. The NCDA's addition of a peer education component to an existing mobile outreach programme is an important way to bring homeless drug users into services and to empower and involve drug users as participants in delivery of services to their own communities.

For many drug users, personal crises caused by homophobic or domestic violence, dysfunctional families or mental health problems can be underlying reasons for their consumption. During this project, the NCDA made special efforts to reach young drug users who often have been forced out of their homes because they are gay. When Jamaican authorities regularly bulldoze makeshift homes built by these men, often under pressure from local residents and homophobic opinion, organisations like The Jamaica Forum of Lesbians, All-Sexuals and Gays (J-FLAG) and Jamaica AIDS Support for Life (JASL) are left trying to find housing for the young men. This is testimony to the State's dominant view of drug use as a national security and crime issue, instead of a social and health problem, and its inadequate psychiatric and social services.

In the longer term, more low-threshold services and outreach programmes are needed for drug users. Drug users in Kingston need basic services such as food and shelter before they can begin to think about HIV prevention. Peer educators expressed the need for more counselling, support groups, medical assisted therapies, and economic re-integration programmes. NCDA's vision is to create a drop-in centre where a range of multi-disciplinary services are offered, but securing funding is a challenge.

In December 2012, the NCDA's funding from USAID ended and its funding from the Global Fund is only secure until March 2013. While drug users are

included as a most at risk population in Jamaica's HIV National Strategic Plan, harm reduction programmes for drug users receive almost no public funding. The NCDA has plans to approach private companies and trusts for funding in the future, but the State must begin to assume more responsibility for funding harm reduction programmes with drug users as part of its public health policy. Underfunding and lack of funding security causes interruptions in service provision, a major challenge for organisations like the NCDA, which reaches populations with a range of risk factors for HIV. In moving forward, the State must find ways to scale up evidence-based, holistic programmes not only as part of its public health policy but as evidence of its commitment to its own human rights standards.

¹ CICAD (2010) *Comparative analysis of student drug use in Caribbean Countries: Antigua and Barbuda, Barbados, Dominica, Grenada, Guyana, Haiti, Jamaica, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Trinidad and Tobago, and Suriname: A Report on Student drug use in 12 Caribbean Countries*, Organisation of American States, <http://www.cicad.oas.org/Main/pubs/StudentDrugUse-Caribbean2011.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