

**Report on a  
Programme for Caribbean Region  
implemented with financial assistance from  
the  
European Commission**

**“Inter Regional cooperation with Southern  
Africa in  
Treatment and Rehabilitation  
Phase I”**

**B7-6210/CAR/99-05**

**Draft  
Final Technical Report**

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# Executive Summary

## 1.1. Background

The Caribbean Region has been and remains the main point for transshipment of Cocaine and more recently of Heroin from South American countries to Europe, Asia, Australasia and North America. This illegal trade in narcotics has promoted a black economy by means of money laundering, fraud and corruption in the private and public sector. The narcotics trade has also created a local consumer market for these drugs in the Region. It is stated that the economic infrastructure of some island states, e.g. building and shipping industries etc.), have benefited directly from exorbitant profits of drugs trafficking. However, there has been a heavy burden placed on the communities of these island states in the erosion of their social capital and adverse affects on public health. The most severely affected groups are young people from economically marginalised and disenfranchised areas in these islands. South America is the predominant Cocaine producing region in the world. The volume of drugs trafficked into Europe and other parts of the world through the Caribbean Islands has initiated, promoted and supplied the substantial crack/cocaine markets in Europe and North America. This fact causes increased concern, particularly in Europe.

The following is an excerpt of the assessment mission of the Caribbean Islands undertaken on behalf of the European Commission in Spring 1997.

*“Drug abuse has become a significant problem in almost every country of the region. During the last three to five years, significant quantities of cocaine, and particularly of crack, have been appearing on the streets of many Caribbean countries at relative cheap prices. This has in turn created a serious addiction problem.*

*Moreover, the historical and cultural ties to cannabis in countries such as Jamaica, Trinidad and Tobago and Guyana, make it difficult to eliminate its consumption. Heroin use is not yet a common feature in the region, although with the increase in both production and trafficking of opium products especially in Colombia and traditionally Mexico, a spill-over effect has to be anticipated. The island societies pay a heavy toll for drug abuse in both economic and human terms. The drug trade can be seen as the single greatest threat to the stability and development of democratic institutions in the region.*

*A Recent phenomenon is the increasing use of the Caribbean region to enlarge the European crack and cocaine markets. Corruption and drug related organised crime are increasing both volume and profit margins in European drug-markets. This drug trafficking to Europe is facilitated by the fact that the French, Dutch and British territories are de facto European soil with limited customs controls.”*

## 1.2. Rationale

**“At the Madrid Council (December 1995), prime Minister Major and President Chirac secured the support of EU Heads of Government for a distinctive EU contribution to drugs control in the Caribbean. As a result, an EU Experts Group visited the Caribbean in February/March 1996. The mission’s recommendations were immediately endorsed at an UNDCP-sponsored regional meeting on Drug Control Cooperation in Bridgetown in May 1996.**

**The result of this Conference was the formulation of the Barbados Regional Plan of Action (RPA) for drugs control co-operation in the Caribbean, which was endorsed by the twenty-nine participating countries and territories of the Caribbean and by all concerned external donors and participating international organisations. EU support to the implementation of the Barbados Plan of Action was endorsed at the Florence European Council. The CARICOM Heads of State and Governments subsequently endorsed the Plan of Action in June 1996.**

**Also the US/Caribbean Bridgetown Plan of Action, signed in May 1997, reconfirmed its support to the RPA. The European Commission prepared its own Work Plan in support of the RPA spanning the period 1997-2001 and agreed to allocate up to 20 MEUROs of Community funding to the initiative. The cost of implementing the plan has been estimated at some 35 MEUROs. The balance of 15 MEUROs is being met from bilateral contributions from Member States and other partners. This financial division indicates the multilateral part of the Barbados Plan of Action.**

**National Indicative Programmes have reserved relatively modest amounts of funds for demand reduction and treatment & rehabilitation programmes in the region, programmes that are to be complementary to the Barbados Plan of Action.”**

**The Drugs control in the Caribbean – Activities foreseen in the “workplan” (5 years) an allocation was included under Demand Reduction in 9.3. ‘Treatment & Rehabilitation (S+P) of € 4’000’000.**

An assessment was made in 1997 to establish the needs of both supply and demand reduction in the Caribbean. Following this assessment, a project document was developed and in the first quarter of 1998 DOH International was invited for discussions to the European Commission Directorate DG-VIII /A2. A commitment of € 4 million for demand reduction, was discussed, which would be implemented over a time period of 4 (four) years. At this meeting, DOH International expressed its readiness to participate in the implementation of demand reduction activities which would be carried out by Caribbean based NGOs providing services to drug users.

In 1999, Directorate DG-VIII/A/2 approached DOH International to develop a proposal, which would reflect the findings of the assessment and would be in line with the broader Project Document covering both Supply and Demand.

During the development of the project proposal, DOH International, was asked by the concerned officer of DGVIII to scale down the initial budget to c. €500,000 and reduce the timescale to 1 (one) year. This shortened implementation proposal was to be considered as Phase I to a subsequent Phase II project which would consist of a 3 (three) year project period with the assistance of the European Commission remaining €3.5 million.

On 17<sup>th</sup> April 2000 the one year project (Phase I) Contract Documents were signed which committed a total project expenditure of €799'692 - The EC contribution was set at €656'700; DOH International contribution was set at €142'992.

During the following year (2001), it became clear that the European Commission no longer had the earlier foreseen amount of (€3.5million) available for Phase II and the project was adjusted to reflect this reality. As a consequence, time extensions without extra costs were requested and granted on 02/04/2001 (from 12 to 18months) and on 22/09/2001 (from 18 to 26 month period). A third request for the extension of implementation period was requested on 26/06/02 but was refused by the relevant services of the Commission on 08.07.2002.

The recently signed agreement between the EC and DOH International: "Regional co-operation to establish a common response to drug use and it's consequences in Asia and the Caribbean" is to be used as the follow-up to this first phase in the Caribbean Region.

CARICOM is currently finalizing a 5 Year "**Regional Strategy for Drug Demand Reduction**" and in its draft states in the **Situational Analysis on Drug Demand Reduction Issues in the Region:**

*What is available?*

The EC funded Regional Treatment and Rehabilitation Programme, implemented by DOHi, puts a lot of emphasis on street-based intervention (read: harm reduction) as well as networking and training. One of its aims is to support "grassroots" level NGOs that try to reach the addicts living on the streets by providing low threshold, basic facilities, like food, shelter, health care and counselling. These interventions are limited to a few countries (Trinidad, Barbados, St. Lucia, Dominican Republic, Jamaica, Haiti, Bahamas) and a few neighbourhoods only. They will be, as a consequence, just a drop in the ocean, however, they might serve as examples of good practice for a "new" direction in coping with the drug problem.

In Europe, innovations in drug policy generally start on a "grassroots" level, and after considerable debate, the experimental phase might become mainstream policy. Innovations in this area are not invented on the premises of the ministries or other governmental agencies. The networking and training component of the Treatment and Rehabilitation Project seems to be extremely important in this bottom-up approach. European and US harm reduction interventions cannot simply be applied in the Caribbean. Via networking and training, the participants try to develop interventions that are applicable to the Caribbean situation. It could be described as a kind of "on the job training". This approach contributes to the sustainability of the interventions and the Caribbean ownership.

Not only did the concept and methods used during Phase I concur with CARICOM 's 5 year-plan but has already begun implementing the actions proposed by the CARICOM Strategy:

1. Strengthened alliances at the regional and international levels
2. The strategic anti-drug plans of the region are harmonized with the plans and programmes of member states and where appropriate, other multi-lateral institutions
3. Standardized technical and financial reporting systems
4. Functional and efficient networks of information exchange

### **1.3. Objectives**

The objective of the implemented project was to reduce the demand for drugs by appropriately strengthening and extending services in the Region by:

- 1.1. Providing Staff training.
- 1.2. Providing technical assistance.
- 1.3. Facilitating the establishment of national guidelines.
- 1.4. Refurbishing and establish a model treatment and rehabilitation centre.
- 1.5. Developing the potential of the existing database
- 1.6. Developing Street based interventions in each Island State.
- 1.7. Formulating the programme for Phase Two.
- 1.8. Establishing links with NGOs in Southern Africa.

### **1.4. Method and Outcomes**

The implementation of the contract began in May 2000. Project implementation followed successful principles previously adopted and employed in Asia and consisted of:

#### **Providing Staff training.**

- 1.1. Assessing current position of service providers (NGOs) in regard to their overall concept of service delivery; Comparison of provided services with the needs on the streets; Challenging NGOs, within their given context, to reach out and access hidden drug using populations (currently not in any form of treatment).
- 1.2. Initiating training in line with the assessed needs and shortfalls of existing service provision though
  - ?? Attendance at the American Harm Reduction practitioners meeting in November 2000 in Miami. At this meeting the participants were exposed to other NGOs, medical professionals and policy makers from different American countries. Through this exposure, Caribbean participants began to understand and take into account the aspects of harm minimization and street-based interventions.
  - ?? In February 2001, a regional training programme was conducted in Port of Spain, Trinidad, using Asian practitioners, who have been beneficiaries of EC support to share and teach from their experience. This exercise led all participating NGOs to draw up support agreements with DOH International in order to implement a wider range of services, with particular focus on harm prevention and street based intervention.
  - ?? In May 2002, a further training session took place in Santo Domingo, Dominican Republic to local NGOs. This session was conducted by NGO Directors from Bahamas, Jamaica, Haiti, Trinidad & Tobago as well as from Pakistan and India;

#### **Providing technical assistance.**

- 1.2.1. Street working teams were then recruited trained and began to work among the target group in each community. DOH-International provided on-site assistance in reporting, project implementation and general guidance in matters relating to street/community work.
- 1.2.2. Through DOH International assistance a unified format for technical and financial reporting was developed and implemented. ( See Annexe III) Training and on-site assistance was given to each NGO to comply with this format. A unified format of reporting has now been adopted across the Caribbean region and NGOs are now able to follow guidelines of technical and financial reporting on activities undertaken in the field. Some assistance is still required by NGOs in regard to the style and content of reports.

#### **Facilitating the establishment of national guidelines.**

- 1.3.1. Guidelines were established vis-à-vis quality of service; general principles of community involvement; networking and referrals with the public health sector and other community agencies.
- 1.3.2. The Standards of Service as defined by FORUM in Colombo, Sri Lanka were disseminated and discussed (See Annexe IV). These standards were accepted in general by all participating NGOs. However a commitment and declaration to these standards has yet been formulated.
- 1.3.3. While no format for guidelines in regard to service delivery has yet been established by the relevant government authorities, there has been a significant shift among relevant government authorities/ministries. There has been a move from the abstinence dominated approach towards an inclusive and comprehensive service model that promotes programmes specifically focused on coverage and harm prevention/reduction in all island states where the programme is active. The significance of this change cannot be overstated as none of the respective government agencies endorsed a harm reduction approach at the outset of the programme.

#### **Refurbishing and establish a model treatment and rehabilitation centre.**

- 1.4.1. A training centre is now available and operational at the Substance Abuse Foundation (SAF) centre in Verdun House, St John, Barbados. The centre is equipped with training tools and can act as an information centre for the region.

#### **Developing the potential of the existing database**

- 1.5.1. It was decided that this objective should be developed by CARIAD, who is currently carrying out this activity with specific funding from the EC. It was felt that its inclusion in this programme would constitute a duplication of efforts.

#### **Developing Street based interventions in each Island State.**

- 1.6.1. In June 2001, the first street based drop-in centre in the Caribbean was opened and operated by Meson de Dios in the Dominican Republic. Over 1,500 treatment episodes have been provided to women drug users who are involved in sex work.
- 1.6.2. Other NGOs began programmes to contact and follow up street based drug users. Rebirth House, Trinidad and Tobago, is now poised to open up a drop-in centre to support their street team and to provide a more comprehensive service to homeless drug users in Port of Spain. Richmond Fellowship, Jamaica is liaising with another local organisation to develop street based drop-in service in South Kingston.
- 1.6.3. A simple manual or handbook was developed with active input from Caribbean as well as Asian partners, which focuses on basic principles of street work and community involvement. (Annexe II)

All NGOs have participated in training and orientation exercises both individually and together, thus creating a network of service providers in the field of drug services within the Caribbean Region. The concept of service provision being in line with the realities experienced by drug users on the streets has taken root. There is a clear commitment and understanding that services are determined by the 'need on the ground' rather than by any ideological approach.

## **1.5. Conclusions & Recommendations**

Phase I of the Caribbean drug demand reduction programme, which lasted 26 months, has been able to kick-start a new approach in demand reduction within the region. This approach which is more comprehensive and inclusive has the approval and endorsement of all concerned governments and ministries. The approach carries a European Commission signature and has introduced harm reduction for the first time in the drug demand reduction history of the Caribbean Region.

1. All participating NGOs own the concept and the necessity for street-based intervention in mitigating the harm caused by drug consumption and dependence. This ownership was achieved through a process of consultation, exposure and training.

2. All NGOs have begun to implement services that principally engage the drug user in his/her environment and community either through drop-in low-threshold treatment services or via teams of staff that purposely frequent active drug scenes and places where the local drug culture has its roots (i.e. slums, meeting points etc.) to offer appropriate services and assistance.
3. Local Government Authorities and Health Services (ranging from individual doctors to local hospitals) are aware and give their endorsement to the approach in which individual NGOs are engaged.
4. There has been a definite shift and endorsement of harm preventive activities, street based intervention and working with active drug users regardless of their drug using status by all governments where project activities are taking place.
5. The speed of developments in up-scaling interventions are dependent on the capacity and ability of the NGO, the local environment, shifts in conceptualization and thinking among policy makers and not on timescales set by agreements. It is necessary to accommodate this process to ensure full transfer of ownership of concepts, methods and implementation strategies. This had affected delays in implementation of agreed project activities.
6. The first street based treatment service (drop-in centre) for drug users is now operational in Santo Domingo for women drug users who are involved in sex work. The drop-in centre provides a walk in clinic serviced by a public health doctor and a dentist. The centre also provides laundry, bathing and storage facilities for its clientele. Nutrition is provided through regular meals and clothes through gifts from the community.
7. The Training of Trainers workshop held in February 2001 in Port of Spain, Trinidad & Tobago was a milestone for the Caribbean Region. The Government publicly supported harm reduction efforts as a necessary and legitimate tool in drug demand reduction and has since undertaken (verbal) efforts to support the NGOs in the implementation of activities related to harm reduction.
8. Following the workshop in Port of Spain, partner NGOs from the Dominican Republic, Jamaica and the Bahamas have held specific workshops in their country repeating the curriculum of the Port of Spain workshop with significant success. These additional workshops have animated their respective communities and governments to incorporate a wider and user-friendly approach which include harm prevention measures geared to the maintenance of health of drug users, regardless of the abstinence status of an individual.
9. The sustainability of widening out treatment services have been consistently raised by participating NGOs. While on the one hand the programme has introduced more services for more clients, the respective income for the NGOs has not kept pace with these developments.
10. The expansion of treatment activities has put further strain on the already weak administrative capacities of NGOs. This has led to delays in reporting as well as to some aspects of project implementation.
11. While the respective governmental authorities has applauded the efforts undertaken by the participating NGOs, this appreciation of NGO output has yet to become tangible in terms of actual assistance in regard to financial support, costs, facilities etc..
12. While there is the real potential for substantial coverage in treatment provision, administrative and operational support remains the key indicator as to how effective programmes and projects can be.

## **Recommendations**

1. The transfer of experiences, concepts and methodologies, gained from exposure and training by other EC supported NGOs from Asia has had significant impact in a widening of the understanding of service delivery. This South-South dialogue needs to continue and a mechanisms needs to be identified in order to intensify this process. It is therefore recommended that future programmes take this into account in all matters of project implementation i.e. staff exchanges etc.

2. A closer and more active liaison with local EC Delegations is recommended particularly with programmes financed by the European Commission which give assistance in the health and social development sectors.
3. Training exercises initiated and supported by the EU for local public health and social development sectors should be made accessible to local NGOs operating in the field of drug treatment and prevention.
4. Activities and actions of local partner NGOs and indirect beneficiaries of EU funding should be promoted by local Delegations of the European Commission with the respective government authorities.
5. Further assistance in the upgrading of the administrative and operational capacities of NGOs should be provided specifically in regard to organisational growth and management. To this end, management training courses/workshops etc. need to be made accessible to these NGOs.
6. The relationship between the local public health sector and NGOs needs further improvement and strengthening. Opportunities to participate in public health sector led workshops, seminars and conferences should be made available.
7. It is recommended that while assisting NGOs in the development and implementation of street and community based interventions and services, equal emphasis is given to the sustainability of the NGO activities especially in financial terms. Good practice of NGOs who are successful in broadening their funding base and generating income should be disseminated and where applicable adapted.
8. Ways of encouraging local government authorities and line-ministries to support financially the NGO sector either through grants or on contractual basis should be sought (i.e. subsidy for clients in treatment or in form of match-funding etc.).
9. Workshops should be initiated and held in collaboration with Government, Public Health and Law Enforcement Authorities in order to achieve a consensual and a balanced approach to issues related to drug use.
10. Know how in treatment and intervention with Crack/Cocaine dependents which exist in the Caribbean should be made available in Asia, where there are first indicators of a potential Crack/Cocaine epidemic. Conversely, Asian NGOs who have considerable experience with opiate dependency should transfer their know-how to the Caribbean Region which has a growing heroin use and injecting problem.
11. An active network between NGOs from different developing regions i.e. Asia, Latin America and the Caribbean should be established and formalised in order to encourage input, appropriate methodology and advocacy for Good Practice. For this reason an expansion of the FORUM network to include the Caribbean partners is recommended.

## 2. Report

### 2.1. Background

The Caribbean region has been heavily affected for four decades by the transshipment of cocaine from South America to developed countries in the north. Originally drug use in the region has been supply driven. Local people involved in the transshipment have been paid in kind with cocaine. This however, has been replaced by a demand driven market as “crack user markets” have been created within the region. A significant amount of crack is being manufactured in the region, as a spin-off from the cocaine trade, to meet this demand.

A high proportion of crack users come from lower income groups in the Caribbean islands with a high concentration among young people. This has increased dramatically the social, economic and public health costs associated with drug use. Crack cocaine distribution and consumption lead directly to criminal behaviour, physical and mental ill health and disintegration in communities.

The outlook for decreasing the demand for drugs is poor because

1. There is no shortage in supply
2. The social and economic situation of “at-risk” groups is bleak with little prospect of improvement.
3. The increased level of education combined with decreasing opportunities for employment and improved quality of life leads to frustration and escapist behaviour. Drug use is often seen as a “solution” for young people in this dilemma.
4. The effect of the 11th of September attack on the World Trade Centre in New York has had a dramatic effect on tourism and the economic status of most Caribbean islands. This has increased the rate of unemployment and marginalisation of young people.
5. Caribbean routes and drug gangs are now employed for the transshipment of heroin produced in South America. Given the same pattern of payments in kind for the facilitation of its movement through the region, the advent of heroin transiting the Caribbean has led to easy availability and therefore its widespread use. Knowledge gained from Asia has demonstrated that the establishment of a demand driven market for heroin is easier than cocaine because of its addictive properties.

The Caribbean region comprises of societies, which have an unusually strong religious base. Drug use has hit these countries hard. Faltering economies have given rise to social deprivation and unemployment. Drug use has infiltrated among young people who are exposed to these conditions and impedes their social and economic prospects. Churches and religious organisations have an important and strategic role to play in the amelioration and reversal of this phenomenon.

Service providers in the Caribbean provide abstinence based treatment programmes, which are largely based on the medical model (*12-step programme*). Research worldwide indicates that only 2-3% of drug users come into contact with services provided in this manner. This would indicate that 97-98% of drug users in the Caribbean therefore have little or no access to treatment services. To have an effective role to play in the improvement of quality of life of street based drug users and the provision of accessible services to this population, service providers in the Caribbean needed to develop street based services

The Programme for Caribbean Regional and Inter Regional cooperation with Southern Africa in Treatment and Rehabilitation Phase I sought to develop interventions that could effectively address the drug use situation in the region. Moreover the Programme underlined the European Union’s balanced approach between law-enforcement and demand reduction.

## 2.2. Justification

Crack/Cocaine use has significantly undermined the social development of young people and has seriously threatened public health, regardless of which country the epidemic has developed. An epidemic of blood borne pathogens such as HIV/AIDS, Hepatitis C is taking hold of the Region. 25-35% of individuals receiving treatment at present are HIV positive. If not addressed, this epidemic will affect not only drug users but will impact on the health, security and political stability of the general population of the region. Unchecked, the epidemic will significantly hinder the future development of the entire Caribbean Region as social capital will be eroded and depleted creating greater need and poverty in all sectors of public life.

The current institutional approach to drug demand reduction has been unable to significantly affect rising trends both in severity and quantity of drug use. Different approaches needed to be engaged which would guarantee:

1. Greater coverage.
2. Appropriateness of services in terms of cost of treatment.
3. Better access to hidden populations.
4. More effective services in the prevention of disease and care of those affected.
5. Development of a platform to share experiences across the Region to enhance the learning process of service providers (NGOs) within the Region.
6. The enhancement of the administrative and operational capacity of individual service providers (NGOs).

There was an urgent need to help the service providers (NGOs) shift their emphasis in service provision for drug users beyond the purely institutional approach and to look for ways to address people's needs regardless of their drug using status. Access to treatment and retention in treatment of drug users needed to be developed to affect any significant change in drug use and in particular its harmful consequences. Traditionally, drug services in the Caribbean are residential. Drug users have limited access to such services because of high costs and availability of bed spaces.

The European Commission has introduced an inclusive approach to drug treatment in Asia with significant outcomes. The introduction of street based services in the Caribbean required a significant conceptual change on behalf of the partners involved in the programme. Provision of services in a residential setting allows the service provider to introduce tight parameters for clients re admission, treatment, discipline and discharge. Control therefore is exercised by the service provider through a service that requires the client to cross a significant threshold. While this may be appropriate for some drug users, it is necessary to develop services for the majority of drug users which have a lower threshold in order to limit and mitigate the negative consequences associated with the use of drugs. Street based work require service providers to treat with clients, develop and maintain contact and search for incremental improvements in clients' management of drug use and quality of life.



Top floor a drop-in centre for Women, Santo Domingo. NGO Directors from Trinidad and Pakistan in foreground

### **2.3. The overall objective of the programme is:**

The overall objective is to reduce the demand for drugs by appropriately strengthening and extending services in the Region

#### **Specific objectives are:**

- 2.3.1. Provide Staff training.
- 2.3.2. Provide technical assistance.
- 2.3.3. Facilitate the establishment of national guidelines.
- 2.3.4. Refurbish and establish a model treatment and rehabilitation centre.
- 2.3.5. Develop the potential of the existing database
- 2.3.6. Develop Street based interventions in each Island State.
- 2.3.7. Formulate the programme for Phase Two.
- 2.3.8. Establish links with NGOs in Southern Africa.

Activities of the programme gave priority to specific objectives no. 2.3.1, 2.3.2, 2.3.3, 2.3.4, and 2.3.6 as part of the overall strategic consideration.

It was decided that specific objective no. 2.3.5 should be developed by CARIAD, also a recipient of European Commission support and who is currently carrying out this activity with specific funding from the EC. It was felt that to engage in this activity under this programme would constitute a duplication of efforts. (See Rider No. 2)

The specific objective no. 2.3.7. (Formulate the programme for Phase Two) was changed into a wider context (interregional cooperation for the development of a common approach to drug use and its negative consequences), as the previously intended budget was no longer available to the European Commission.

The specific objective no. 2.3.8 could not be engaged as

1. The EC decided not to get involved at this stage through Phase One with the southern African region:
2. The limitation of resources both human and financial.( Rider No. 2)

The specific objective no. 2.3.3 is a process not yet fully realised. NGOs still need to agree on guidelines officially between themselves and appropriate full ownership, before the respective governments can be persuaded to accept the guidelines and apply the same across the board. However a broad agreement on guidelines for NGOs is emerging that carries the needed ownership of the NGOs themselves. There is a general concurrence with the Standards of Service developed in FORUM, a NGO network active in the Asian Region.

## 2.4. Strategy

The underlying principle of the strategy deployed is that movement and change cannot take place until NGOs involved have ownership of concept, working strategy and purpose of the programme.

Emphasis was given to changing the perception of needs and responses. The dynamics of the relationship between service provider and service user was explored in order to understand dependencies and their nature.

It was recognized that in this initial phase, efforts needed to take place without great emphasis on publicity or visibility. This provided NGOs with the necessary space for their staffs to learn through the process of implementation. This was necessary since virtually all Governments and public opinion tended to be very reserved and somewhat resistant to a refocusing of efforts in order to address existing needs more effectively. The overall strategy followed the course of action successfully implemented in other developing Regions:

- 2.4.1. Exchange of information in regard to existing practice and outcomes, between NGOs participating in this programme;
- 2.4.2. Exposure to practitioners who have developed alternative practices and related outcomes;
- 2.4.3. Training of key-NGOs/Directors from the region using input from key-practitioners, directors of street-based programmes, in other developing regions;
- 2.4.4. In consultation with the Caribbean NGOs development of programme activities, support agreements (sub contracts) to implement extension of present service provision;
- 2.4.5. Providing technical assistance both for actions and for technical and financial reporting;
- 2.4.6. Implementation by the partner NGOs of agreed activities;
- 2.4.7. Development of consensus in regard to needed services and quality of service provision giving due attention to clients rights;
- 2.4.8. Networking service providers to facilitate a common learning process;



**Training Session, Santo Domingo with NGOs from the Caribbean, Pakistan and India**

It is recognized that the speed of successful implementation of this strategy is determined by the pace at which NGOs are capable of absorbing and responding to a new approach, rather than the timeframes set in agreements and contracts. To ignore this and put undue pressure on NGOs to respond could result in a lack of transparency in the working relationship, which would impair needed organisational growth among the Caribbean NGOs.

## 2.5. Methodology

It was necessary to apply sensitivity in introducing this radically different approach to drug treatment and intervention in the Caribbean. At the outset of the project the prevailing belief in the region was that a harm minimizing approach through user friendly and non-judgmental services was condoning of drug use. Local governments, line-ministries and to a significant extent NGOs active in the drug demand reduction sector held this conviction. Local partners first needed to become convinced that

street based work was an effective and appropriate intervention strategy. They were required to evaluate their own capacity and capability to engage in this work. For these reasons programme implementation required:

1. Consultation in regard to outcomes of existing services.
2. Analysis of existing felt and observed needs of drug users.
3. Exposure to training and sharing exercises undertaken by organisations involved in a harm reduction approach to drug use.
4. Regional training exercises conducted with practitioners from other developing Regions e.g. Asia.
5. The development of a framework of action through the drawing up of operational agreements with individual service providers.
6. Implementation of a wider and more comprehensive service delivery approach by the individual service providers in the Caribbean Region;

As implementation commenced, technical assistance was provided to support partner NGOs to own the



Street scene in Port of Spain, Trinidad

concept of street work and become advocates for street based drug users. NGOs were introduced to the concept of street work through a variety of means – Attendance at a Harm Reduction Workshop in Miami, Florida; Participation in a dedicated training programme provided through technical expertise from Asia in Port of Spain, Trinidad; Attendance at the International Harm Reduction Conference in New Delhi, India; Visits to various drop in and street outreach programmes; Participation in the development of a street worker handbook, Santo Domingo, Dominican Republic. DOH personnel provided continuous technical assistance to support the development of strategies and work plans which introduced street based work appropriate to the context and environment of each island. NGO Partners developed and implemented their own training programme in street work and recruited street workers from these training programmes.

Street based interventions have been introduced in Trinidad, Bahamas, Jamaica and the Dominican Republic. In Santo Domingo, Dominican Republic, a drop in centre, which targets the needs of women drug users, has been in operation

for one year. In Port of Spain, Chaguanas, Point Fortin and San Fernando, Trinidad; in Nassau, Bahamas; in Kingston, Jamaica; street workers have provided active and consistent support to street drug users since June 2001. In Port of Spain and Kingston work plans have been drawn up to develop drop in facilities. In Bridgetown, Barbados, the implementation of street work became unreliable and inconsistent due to difficulties in the recruitment of appropriate street workers. The partner Substance Abuse Foundation is now cooperating with the Salvation Army to introduce street based services to drug users. In St Lucia, C.A.R.E. has developed a programme based on the SERVOL model to support the reintegration of young people who are excluded from the formal education sector and vulnerable to drug use.

## 2.6. Outcomes

The most significant achievement of this project is the change in approach to drug treatment and service provision in the region. All NGOs actively engaged in this programme have understood a wider focus of service provision and the needs of drug users and have developed mechanisms to

support this. The minimization of the damage caused by drug use and the imperative to support and maintain the health and social well being of active drug users is accepted and owned by partner NGOs.

A significant and important shift has taken place over the last two years among governments and policy makers towards a more inclusive and supportive approach in the provision of services to drug users. The necessity of providing assistance to drug dependent individuals regardless of their drug consumption status has been recognized and accepted. Governments have publicly announced the need for harm preventative measures in treatment and service provision.

A network of NGOs actively engaged in street based services has developed. There have been significant contacts with service providers from other developing region in particular - Asia. This has been instrumental to the process of changing and/or widening the understanding of service provision and the needs of drug users.

**Specific outcomes:**

- 2.6.1. Training was provided through a series of workshops, notably in Miami, Port of Spain and Santo Domingo. Exchange visits were organised with directors of key NGOs. Subsequent to these regional training sessions each NGO conducted its own training workshops to which local NGOs were invited. Streets based health and social care services were the main topic discussed at these individual workshops.
- 2.6.2. Technical support was provided through regional visits by technical staff of DOH International. The support offered assisted the NGOs to develop their understanding of street based services, disseminated good practice in technical and financial reporting, assisted in the drafting of technical and financial reports and outlined the demands of the contract culture and introduced contract compliance. A unified and regional format for technical and financial reporting is now established across the region. (Annexe III)
- 2.6.3. NGOs have developed a coherent approach to the provision of services. The NGOs contracted under the programme assisted in the production of the first edition of a street worker handbook. (see Annexe II) The principles outlined in this handbook will become the foundation of future cooperation with Caribbean NGOs.
- 2.6.4. The regional training centre at Verdun in Barbados has been equipped.
- 2.6.5. Street based interventions have been implemented in the Dominican Republic, The Bahamas, Trinidad & Tobago and Jamaica. Efforts to develop a street based work in Barbados experienced recruitment difficulties. This is currently being addressed through a partnership with the Salvation Army in Bridgetown. C.A.R.E. in St Lucia contracted under Rider Number 3 concentrated on the provision of vocational skills training for young people excluded from the national education programme.
- 2.6.6. NGOs participated in the development of a new programme for inter regional cooperation between Asia and the Caribbean. The strategy outlined in this inter regional programme will consolidate the work established through this Phase I programme.
- 2.6.7. Since the implementation of this programme there has been a clear and significant shift to a wider concept of services, which is capable of addressing the needs of drug users previously not accessing treatment. Not only has this concept been endorsed by NGOs but also by most of the respective Governments.
- 2.6.8. NGOs have accepted the challenge to extend their professional approach. As a consequence, there has been a shift from a predominantly conservative approach which focussed on abstinence to a wider remit which focuses on improving the quality of life of individual drug users irrespective of their status of drug use.
- 2.6.9. The foundation of inter-regional cooperation has been established between some Asian and Caribbean NGOs.

2.6.10. Local governments have given their endorsement to the wider programming of NGOs activities and in some cases have given limited financial support to NGOs.



### 3. Conclusions

Phase I of the Caribbean drug demand reduction programme, which lasted 26 months, has been able to kick-start a new approach in demand reduction within the region. This approach which is more comprehensive and inclusive has the approval and endorsement of all concerned governments and ministries. The approach carries a European Commission signature and has introduced harm reduction for the first time in the drug demand reduction history of the Caribbean Region.

1. All participating NGOs own the concept and the necessity for street-based intervention in mitigating the harm caused by drug consumption and dependence. This ownership was achieved through a process of consultation, exposure and training.
2. All NGOs have begun to implement services that principally engage the drug user in his/her environment and community either through drop-in low-threshold treatment services or via teams of staff that purposely frequent active drug scenes and places where the local drug culture has its roots (i.e. slums, meeting points etc.) to offer appropriate services and assistance.
3. Local Government Authorities and Health Services (ranging from individual doctors to local hospitals) are aware and give their endorsement to the approach in which individual NGOs are engaged.
4. There has been a definite shift and endorsement of harm preventive activities, street based intervention and working with active drug users regardless of their drug using status by all governments where project activities are taking place.
5. The speed of developments in up-scaling interventions are dependent on the capacity and ability of the NGO, the local environment, shifts in conceptualization and thinking among policy makers and not on timescales set by agreements. This is essential to ensure full transfer of ownership of concepts, methods and implementation strategies. This had effected delays in implementation of agreed project activities.
6. The first street based treatment service (drop-in centre) for drug users is now operational in Santo Domingo for women drug users who are involved in sex work. The drop-in centre provides a walk in clinic serviced by a public health doctor and a dentist. The centre also provides laundry, bathing and storage facilities for its clientele. Nutrition is provided through regular meals and clothes through gifts from the community;
7. The Training of Trainers workshop held in Feb. 2001 in Port of Spain, Trinidad & Tobago was a mile-stone for the Caribbean Region. The Government publicly supported harm reduction efforts as a necessary and legitimate tool in drug demand reduction and has since undertaken (verbal) efforts to support the NGOs in the implementation of activities related to harm reduction
8. Following the workshop in Port of Spain, partner NGOs from the Dominican Republic, Jamaica and the Bahamas have held specific workshops in their country repeating the curriculum of the Port of Spain workshop with significant success. These additional workshops have animated their respective communities and governments to incorporate a wider and user-friendly approach which include harm prevention measures geared to the maintenance of health of drug users, regardless of the abstinence status of an individual;



**A client at the drop-in centre, Santo Domingo. The Director of an Indian NGO and the Centre Medical Doctor and Social Worker in the background**

9. The sustainability of widening out treatment services have been consistently raised by participating NGOs. While on the one hand the programme has introduced more services for more clients, the respective income for the NGOs has not kept pace with these developments.
10. The expansion of treatment activities has put further strain on the already weak administrative capacities of NGOs. This has led to delays in reporting as well as to some aspects of project implementation.
11. While the respective governmental authorities has applauded the efforts undertaken by the participating NGOs, this appreciation of NGO output has yet to become tangible in terms of actual assistance in regard to financial support, costs, facilities etc..
12. While there is the real potential for substantial coverage in treatment provision, administrative and operational support remains the key indicator as to how effective programmes and projects can be.

#### **4. Recommendations**

1. The transfer of experiences, concepts and methodologies, gained from exposure and training by other EC supported NGOs from Asia has had significant impact in a widening of the understanding of service delivery. This South-South dialogue needs to continue and a mechanisms needs to be identified in order to intensify this process. It is therefore recommended that future programmes take this into account in all matters of project implementation i.e. staff exchanges etc.
2. A closer and more active liaison with local EC Delegations is recommended particularly with programmes financed by the European Commission which give assistance in the health and social development sectors.
3. Training exercises initiated and supported by the EU for local public health and social development sectors should be made accessible to local NGOs operating in the field of drug treatment and prevention.
4. Activities and actions of local partner NGOs and indirect beneficiaries of EU funding should be promoted by local Delegations of the European Commission with the respective government authorities.
5. Further assistance in the upgrading of the administrative and operational capacities of NGOs should be provided specifically in regard to organisational growth and management. To this end, management training courses/workshops etc. need to be made accessible to these NGOs.
6. The relationship between the local public health sector and NGOs needs further improvement and strengthening. Opportunities to participate in public health sector led workshops, seminars and conferences should be made available.
7. It is recommended that while assisting NGOs in the development and implementation of street and community based interventions and services, equal emphasis is given to the sustainability of the NGO activities especially in financial terms. Good practice of NGOs who are successful in broadening their funding base and generating income should be disseminated and where applicable adapted.
8. Ways of encouraging local government authorities and line-ministries to support financially the NGO sector either through grants or on contractual basis should be sought (i.e. subsidy for clients in treatment or in form of match-funding etc.).
9. Workshops should be initiated and held in collaboration with Government, Public Health and Law Enforcement Authorities in order to achieve a consensual and a balanced approach to issues related to drug use.
10. Know how in treatment and intervention with Crack/Cocaine dependents which exist in the Caribbean should be made available in Asia, where there are first indicators of a potential Crack/Cocaine epidemic. Conversely, Asian NGOs who have considerable experience with opiate dependency should transfer their know-how to the Caribbean Region which has a growing heroin use and injecting problem.

11. An active network between NGOs from different developing regions i.e. Asia, Latin America and the Caribbean should be established and formalised in order to encourage input, appropriate methodology and advocacy for Good Practice. For this reason an expansion of the FORUM network to include the Caribbean partners is recommended.

