



## Fact Sheet (2002) Heroin in the Caribbean Region

### What is heroin ?

Heroin (diacetylmorphine) is a semi-synthetic opiate, which acts as a central nervous system (CNS) depressant and an analgesic.

It is produced from morphine, which is extracted from the Asian poppy.

Heroin has the appearance of a white or brownish powder.

### Mode of administration

Historically, the main mode of administration of heroin use has been through injection.

Improvements in the purity of heroin and the fear of HIV have resulted in more new users snorting or smoking.

### Short-term effects

Heroin acts on the opioid receptor sites in the brain, resulting in feeling of intense pleasure and a dulling of pain. This rush includes a flushing of the skin, a dry mouth, heaviness in the limbs, and may involve nausea, vomiting, and itching.

These initial effects are accompanied by feeling of relaxation and drowsiness, dulling of mental functions, and slowed breathing and cardiac functions.

### Long-term effects

With chronic use, psychological and physical dependence occurs and tolerance and craving for the effects of heroin develop. Withdrawal symptoms include hypothermia, stomach cramps, insomnia, diarrhoea, and vomiting. In large doses, heroin overdose may occur due to the depressant action of heroin on the CNS, which may lead to coma and potentially death. The risk of overdosing increases with the concurrent use of other CNS depressants (such as alcohol), greater heroin dependence, and a longer history of heroin consumption.

Injecting drugs increases the risk of developing bacterial infections of the blood vessels, heart valves, and heart lining; thrombosis; collapsed veins, and tetanus, from the use of unsterile or blunt needles.

Indirect and direct sharing of injection equipment places users at high risk for contracting HIV and other blood borne viruses such as Hepatitis B, C, and G.

Adverse psychological consequences include impaired concentration, attention, and memory; impaired psychological development (especially for adolescents); together with impaired social and occupational functioning.

## The Caribbean – a transit area for heroin

The Caribbean Region is growing in importance as a major transit area for heroin. Most of the 700 kilograms of heroin that transit the region originate from Colombia where opium poppy is grown and transformed into heroin. In 2000/2001, heroin was seized by law enforcement authorities such as in the Dominican Republic, British Virgin Islands, Puerto Rico, Cayman Islands, St. Lucia, Trinidad & Tobago and Aruba. The latest major seizure of heroin occurred in June, 2002 in the Dominican Republic when a group tried to smuggle 36 kilos of heroin into the country.

## Local heroin markets in the Caribbean

Although heroin increasingly transits the region, its abuse is not widely reported. Nevertheless, its use is not unknown and could spread to local markets in the future.

One of the most striking examples of how heroin may reach the local market of a major transit area is Puerto Rico. About a decade ago, Colombian gangs began producing high quality heroin on home soil. Before moving into the US market they intended to test their product. Using their established distribution network they started shipping heroin to Puerto Rico, an island with heavy American cultural influence, which the Colombian cartels felt provided a market representative of the US. The idea

was to test to see if Colombian heroin sold well in Puerto Rico and would then expand into the heroin business in North America. Street dealers were given samples of heroin to distribute for free whenever they sold any cocaine. Very soon people who had until then only been using cocaine became regular heroin users - and regular heroin buyers. Today, Puerto Rico has a large population of heroin addicts (Office of National Drug Control Policy, 2001). Heroin purity levels in Puerto Rico are high and prices are relatively low. Opiates account for a substantial percentage of overdose deaths, often in combination with cocaine and/or alcohol.

Heroin may reach the local markets also through Caribbean people living abroad. Within the United States, mainly ethnic Dominican criminal groups have played a significant role in retail-level heroin distribution in northeastern markets but there are also reports of Jamaicans being involved in drug trafficking (Office of National Drug Control Policy, 2000- State of Rhode Island). Currently, Dominican groups dominate retail heroin markets in cities such as New York City, Boston, and Philadelphia. New York City is the primary base for operation for ethnic Dominican crime groups. Colombian distribution networks at the wholesale level deal directly with Dominican trafficking groups responsible for retail sales. This is a potential source of introduction to heroin use and also potentially HIV/AIDS as the traffickers are

often times injecting drug users themselves thus increasing their vulnerability towards HIV/AIDS.

### Demand for heroin in the Caribbean

Heroin use has been reported in several countries:

In Suriname heroin problems were identified among subjects in treatment in the late 1990s. Lifetime heroin use was reported among students (0.5 per cent) and street children (2 per cent) in Haiti (2000). Haiti's neighbour, the Dominican Republic has confirmed an increase in heroin consumption, however to what extent remains unclear.

Some heroin consumption is also prevalent in the overseas Department of France, Martinique. A study conducted in 2001 among 300 adolescents aged 17-18 years showed that 1% among males had a lifetime experience with heroin. There are no estimates of heroin use among the adult population in Martinique, however injecting heroin use is reported among an unknown number of foreigners and inhabitants born in France living in the metropolitan area of Fort-de-France.

### HIV/AIDS and illegal drug consumption

HIV/AIDS is often related to injecting drug use (IDU) such as injecting heroin use. In South East Asia injecting drug use has surpassed heterosexual contact as the primary source of infection. In Caribbean countries, HIV infection

is not generally associated with IDU as this form of drug delivery is still not common in the region. This problem may need to be addressed in the future. Presently, there is already some evidence of injecting drug use in Puerto Rico and the Dominican Republic: In comparison to the rest of the United States, Puerto Ricans have a higher incidence of injection-related HIV/AIDS (CDC, HIV/AIDS Surveillance Report, Cases Reported Through December 1999, vol 11, no 2, table 20). In the Dominican Republic, evidence from injecting drug use stems from reported AIDS cases starting in 1998 (Among 2 cases in 1999 and 11 AIDS cases in 1998, injecting drug use was the mode of transmission (UNAIDS, Dominican Republic, Country Report)).

Another concern is the high rate of HIV/AIDS in the Caribbean that may be spread due to risk behaviour associated with illicit drug use. According to UNAIDS estimates, between 360,000 and 500,000 people in the region are infected with the disease. High-risk sexual activity such as multiple partners and unprotected sex as a result of drug use contributes to the high rates of HIV/AIDS, especially among the groups aged 18-24 years.

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Supported by the UNDCP Global Assessment Programme on Drug Abuse (GAP). For further information visit the GAP website at [www.undcp.org](http://www.undcp.org), email [gap@undcp.org](mailto:gap@undcp.org) or contact: Demand Reduction Section, UNDCP, P.O. Box 500, A-1400 Vienna, Austria.



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