



# National Drug Observatory

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## Third Report

**Ministry of Health and Wellness**



November 2020



## Foreword



As Minister of Health and Wellness, I am well aware about the dangers represented by the scourge of drugs to our society and in particular to our youngsters. The initiative to endow the country with a National Drug Control Master Plan is a very laudable one and I feel a great sense of responsibility to being associated with the publication of the third National Drug Observatory (NDO) Report.

The importance of the availability of quality data has been strongly underlined in the World Drug Report 2019. The report has as such, highlighted the fact that timely access to information regarding new psychoactive substances (NPS) has also helped in taking appropriate actions by authorities across the world, evidenced by a decline in the number of NPS identified and reported for the first time to UNODC. Furthermore, it has also been pointed out that, more reliable data has helped to have a better understanding of the global drug situation whereby it has been found that the adverse health consequences of drug use are more severe and widespread than previously thought.

The Republic of Mauritius has also validated and launched a National Drug Control Master Plan (NDCMP) 2019-2023 which proffers both an integrated and comprehensive approach to address the drug related issues. Apart from the different strategies therein for drug supply reduction, demand reduction and harm reduction, the NDCMP also provides for National Coordination Mechanism and advocates for appropriate legislation to respond successfully to the drug problem in the country.

In Mauritius, the constant and evolving situation of the drug phenomenon calls for a need for authorities to respond efficiently on multiple fronts. On the other hand, all partners active in the field of drug addiction need to have access to updated information regarding substance abuse in order to focus their actions and resources where it is more required.

Through the regular publication of reports, the National Drug Observatory proffers one of the vital tools to guide both policy makers as well as programme implementers through the provision of objective, factual and reliable drugs related information.

There is a need to have a paradigm shift in our response to drugs through a well coordinated and concerted approach rather than the usual business whereby each partner working in silos. The drug scourge not only jeopardizes the security and safety of the nation but also challenges the health authorities, the community at large as well as the family which is the foundation of a stable and safe society. So let's work together.

*Dr the Hon. Kailesh Kumar Singh Jagutpal*  
*Minister of Health and Wellness*

## Table of Contents

	Page
Acronyms	7
Acknowledgement	8
Executive Summary	9
Background	13
Essential Strategic areas of monitoring	14
Overview - Word Drug Situation	16
Injecting Drug Use in Mauritius	17
<i>IBBS among People Who Inject Drugs(PWIDS) 2017</i>	
<i>HIV, Hepatitis C and Hepatitis B among PWIDS</i>	
<i>Trend of Disease prevalence among PWIDS</i>	
<i>Non Injecting Practices</i>	
<i>Frequency of Injection</i>	
<i>PWIDs and NEP</i>	
<i>Knowledge Level About HIV and HIV Testing</i>	
<i>PWIDs and Methadone</i>	
<i>PWIDs Prison</i>	
<i>Stigma and Discrimination</i>	
<b>Chapter 1: Health services utilisation related to drug use</b>	20
<i>Admissions in Public Health Institutions(PHI) due to complications following drug Use 2015 - 2018</i>	21
<i>Trend of admissions in PHIs by type of drug (2015 - 2018)</i>	23
<i>Admissions in PHIs due to complications following intake of illicit substances by Age and Gender</i>	24
<i>The Addictions Units</i>	25
<i>Percentage of new cases attending the five Addiction units by drug type in 2018</i>	26
<i>Methadone Substitution Therapy</i>	27
<i>The Needle Exchange Programme</i>	30
<i>Suboxone Detoxification Programme</i>	32
<i>Rehabilitation Ward for Minors and Young People (Nenuphar Ward) Long Mountain Hospital</i>	33
<b>Chapter 2: The Non Governmental Organisations (NGOs)</b>	34
<i>Number of new cases attending NGOs by type of drug 2018</i>	35
<i>The Codeine based treatment programme</i>	37
<i>Drug prevention activities by NGOs in 2018</i>	38

<b>Chapter 3: Control of Narcotics and Psychotropic Drugs in Mauritius by the Pharmacy Board of the Ministry of Health and Quality of Life</b>	<b>39</b>
<i>Import of Dangerous drugs for the year 2018</i>	40
<i>Control on the sale of psychotropic drugs in private pharmacies</i>	41
<i>Control of illicit import of dangerous drugs at the point of Entry</i>	42
<i>Strengthening of control measures through appropriate regulations and instructions Control of import of precursors</i>	
<b>Chapter 4: Law Enforcement and Drug Offences</b>	<b>44</b>
<i>Total offences(excluding contraventions) and drug offences reported by the Police in the Republic of Mauritius 2014 - 2018</i>	
<i>Percentage of Police reported drug offences by drug type in 2018</i>	45
<i>Anti-Drug and Smuggling Unit(ADSU)</i>	46
<i>Arrests by ADSU by type of drug and gender 2016 - 2018</i>	
<i>Percentage of arrests by ADSU related to synthetic drug (2016 - 2018)</i>	47
<i>Percentage of arrests by Gender (excluding juvenile) as reported by ADSU 2016 - 2018</i>	
<i>Arrests by ADSU by type of offence(excluding money laundering and others) Jan - Dec 2018</i>	48
<i>Arrests by ADSU by type of offence and gender Jan - Dec 2018</i>	
<i>Percentage of arrests for possession by type of drug by ADSU Jan - Dec 2018</i>	49
<i>Percentage of arrests for dealing by type of drug by ADSU Jan - Dec 2018</i>	50
<i>Return of drug cases established by ADSU - Rodrigues</i>	51
<i>Arrest for drug offences in Rodrigues by ADSU</i>	52
<i>The Mauritius Revenue Authority :</i>	53
<i>Cases of seizures by drug type 2017 - 2018</i>	
<i>Percentage of cases of seizures by drug type 2018</i>	54
<i>Quantity of drug seized by drug type 2018</i>	55
<b>Chapter 5: The Judiciary and Prison Services</b>	<b>56</b>
<i>Drug offences convicted, Republic of Mauritius in 2018 by type of drug</i>	
<i>Number of drug offences in the different courts by type of offence 2018</i>	57
<i>Number of drug offences in different courts by type of sentence 2018</i>	58
<i>Mauritius Prisons Service</i>	59
<i>Admissions for drug related offences in prisons by type of Offence, Republic of Mauritius 2018</i>	
<i>Number of admissions in prisons who reported drug use by type of drug (including unconvicted) 2018</i>	

<b>Chapter 6: Ministry of Education and Human Resources, Tertiary Education and Scientific Research(MOE)</b>	<b>61</b>
<i>Drug related cases as reported by MOE for educational and training institutions - 2018</i>	
<i>Number of cases reported in Educational and Training Institutions by drug type - 2018</i>	
<i>Drug related cases as reported by the MOE for State Secondary Educational Institutions by drug type - 2018</i>	<b>62</b>
<i>Drug related cases reported by MITD by drug type 2018</i>	
<i>Measures taken by MOE</i>	<b>63</b>
<b>Chapter 7: Drug Prevention Programme, Harm Reduction Unit MOH &amp;QL</b>	<b>65</b>
<i>Sensitisation sessions against drugs conducted between Jan to Dec 2018 (Harm Reduction Unit/MOHQL)</i>	
<b>Ministry of Youth and Sports:</b>	<b>66</b>
<i>National Youth Civic Service</i>	
<i>The Duke of Edinburg's International Award - Mauritius</i>	
<i>National Young Volunteer Scheme</i>	
<i>Life Skills Education Programme</i>	
<i>Youth Entrepreneurship</i>	
<i>Recreational and Leisure</i>	
<i>Carrefour des Jeunes</i>	
<i>Service d'Écoute</i>	
<i>Artistic Pursuit</i>	
<b>References</b>	<b>70</b>

*Compiled by Mr. S. Corceal*

## Acronyms

ADSU – Anti Drug Smuggling Unit

AHC – Area Health Centre

CHC – Community Health Centre

CICAD – OAS – The Inter American Drug Abuse Control Commission of the Organisation of American States

CUT – Collectif Urgence Toxida

CYC – Correctional Youth Centre

EMCDDA – European Monitoring Centre for Drugs and Drug Addiction

HIV – Human Immune Deficiency Virus

IBBS – Integrated Biological and Behavioural Survey

INCB – International Narcotic Control Board

MITD – Mauritius Institute for Training and Development

MOE – Ministry of Education and Tertiary Education and Scientific Research

MOH&QL – Ministry of Health and Quality of Life

MRA – Mauritius Revenue Authority

MST – Methadone Substitution Therapy

NDO – National Drug Observatory

NEP – Needle Exchange Programme

NGOs – Non Governmental Organisations

NIDA – National Institute on Drug Abuse

NPS – New Psychoactive Substance

PHI – Public Health Institution

PPEJ – Programme pour la Promotion de l'Entreprenariat Jeunesse

PSEA – Private Secondary Education Authority

PWIDs – People Who Inject Drugs

PWUDs – People Who Use Drugs

RYC – Rehabilitation Youth Centre

SUD – Substance Use Disorder

UNAIDS – United Nations Programme on HIV/AIDS

UNODC – United Nations Office on Drugs and Crime

## Acknowledgements

The National Drug Observatory(NDO) wishes to express its gratitude to the following organisations:

- The Mauritius Police Force and its Anti-Drug Smuggling Unit (ADSU);
- The Mauritius Revenue Authority (MRA) Customs;
- The Mauritius Judiciary;
- The Health Records Division of the Ministry of Health and Quality of Life;
- The Health Statistics Unit of the Ministry of Health and Quality of Life;
- The Pharmacy Department of MOH&QL;
- The different Centers under the Harm Reduction Unit of the Ministry of Health and Quality of Life:
  - Sainte Croix Methadone Centre
  - Dr F. Bouloux Methadone Centre, Cassis
  - Mahebourg Methadone Centre
  
- Rehabilitation Centres:
  - *ACTReSA, Calebasses* ; ○
  - *Centre d'Accueil de Terre Rouge*;
  - *Centre de Solidarité Pour Une Nouvelle Vie, Rose Hill*;
  - *Chrysalide, Bambous*;
  - *Dr Idrice Goomany Treatment Centre, Plaine Verte*;
  - *Etoile d'Espérance, Moka* ;
  - *Group de Renaissance, Mahebourg* ;
  - *Groupe A de Cassis* ;
  - *Help de-Addiction, Cassis* ; and
  - *Sangram Sewa Sadan, St Paul*
  
- The Ministry of Education and Human Resources, Tertiary Education and Scientific Research;
- □ Statistics Mauritius; and all those who have contributed to this report.

Special mention to all staff of Harm Reduction Unit involved directly and indirectly in the finalisation of this report.



## **Executive Summary**

### **Integrated Biological Behavioral Survey (IBBS) study among People Who Inject Drugs (PWIDS) 2017**

According to the last Integrated Biological Behavioral Survey (IBBS) study conducted in 2017, the population size of active PWIDs in 2017 was estimated to be around 6,000.

In 2017, PWIDs were predominantly active injectors with long-standing drug injecting practices. In fact, only 5% of PWIDs had started to inject drugs since one year or less (new injectors) prior to the study.

Male PWIDs accounted for 85% of all PWIDs against 15% female PWIDs.

80% of this high risk population had not completed the secondary education cycle.

The prevalence of HIV among PWIDs, which was 52% in 2011, has maintained its downward trend to reach a figure of 32% in 2017.

The prevalence of Hepatitis C among PWIDs was 88% in 2017 compared to 95% in 2019.

### **Admissions in Public Health Institutions (PHI) related to complications following intake of illicit substances**

In 2018 there was a reduction in the number of admissions in Public Health institutions due to complications following intake of illicit substances as reported by the Health Records division of the Ministry of Health and Quality of Life. In fact, there were only 854 admissions compared to 914 and 1089 admissions for the years 2016 and 2017 respectively. This represented a percentage decrease of 21.6% compared to 2017.

Although the growth in the number of admissions in Public Health Institutions (PHI) as from 2015 is directly linked with the synthetic drug phenomenon, in 2018, a drop has been registered in the number of admissions due to intake of synthetic drugs and unspecified substances combined. For the twelve month period between January and December 2018, out of a total of 854 admissions, the number related to intake of synthetic/unspecified drugs were 644 while in 2017, there were 783 admissions for the same group (synthetic/unspecified) out of 1083 admissions.

Year after year the 20-29 age group is the one which is mostly affected with 51 % of admissions in 2018. However, a reduction in the number of admissions in the age group 11-15 has been observed in 2018, that is only 17 cases compared to 55 and 46 cases in 2016 and 2017 respectively.

### **The Addiction Units**

In 2018, nine hundred and two (902) new cases were registered at the five Addiction Units. The proportion related to synthetic drug was 41% while 38% were related to heroin and 7% of the cases were due to cannabis.

### **The Methadone Substitution Therapy Programme**

The number of people who use drugs having registered for the Methadone Substitution Therapy Programme at the 3 methadone centres in 2018 was 1231, out of which over 900 were induced on methadone. Cumulatively around 5000 beneficiaries were accessing their daily doses at 44 dispensing sites including 4 within the prisons.

### **The Needle Exchange programme**

There are 47 sites where the Needle Exchange programme (NEP) is conducted throughout the country. The NEP is conducted by the Ministry of Health and Quality of life and Collectif Urgence Toxida (CUT) through a caravan service, Street based fixed sites; community based service as well as back pack outreach model.

The number of syringes distributed to PWIDs by both the Ministry of Health and Quality of life and NGOs is on the increasing trend with a total of 784,249 syringes supplied to over 3000 clients of the programme in 2018 compared to around 300,000 syringes distributed in 2011-2012.

### **Suboxone/Naltrexone detoxification programme**

142 people were admitted at the Detoxification Ward situated at Mahebourg Hospital over the twelve months period between January to December 2018.

Since the start of the Suboxone/Naltrexone programme in January 2016 up to December 2018, cumulatively a total of 682 people including 124 repeaters have been admitted to the ward. Overall, only 15 females have been admitted for the Suboxone Detoxification Programme.

### **Rehabilitation ward for minors and young People Who Use Drugs**

In August 2018, the Nénuphar Ward was set up to cater for minors and young People Who Use Drugs at Long Mountain Hospital.

Between August to December 2018, there were 47 admissions at the Nénuphar Ward at Long Mountain Hospital. The vulnerability of young people to synthetic drugs is clearly shown as all those admitted between August and December 2018 had consumed synthetic drugs.

### **Non Governmental organizations( NGOs)**

1593 People Who Use Drugs attended the 7 different centres run by NGOs in Mauritius in 2018 while only 27 cases were registered in Rodrigues at “Centre Alcoologie Paille en Queue Mont Lubin” for the same year.

In 2018, 559 People Who Use Drugs attended the five NGOs for the Codeine based therapy compared to the 602 clients of 2017.

### **Supply reduction by law enforcement agencies: Police, ADSU and MRA**

Between January 2018 to December 2018, drug offences reported by the Police increased by 14.7% compared to the year 2017 i.e. 4267 cases were registered in comparison to the 3719 cases for the previous year.

The number of arrests by ADSU increased significantly in 2018 compared to the number of arrests effected in the two previous years. The number of arrests made by ADSU was 1857 and 2293 for the years 2016 and 2017 respectively while in 2018 the number of arrests was 2761. This situation is directly linked to the synthetic drug phenomenon. 41% of arrests by ADSU in 2018, that is 1130 out of 2761 cases were related to synthetic drugs.

31.3 kg of heroin was seized by MRA Customs in 2018 compared to 186.5 kg in 2017 while in 2016 the quantity of heroin seized was 9.9 kg.

Cannabis related seizures by MRA Customs in 2018 amounted to 49 kg compared to 64.6 kg in 2017 and 3.1 kg in 2016.

For the year 2018, a significant increase in quantity of cocaine seized was observed i.e. 3.3 kg compared to only 46 g for the year 2017.

### **The Judiciary**

In 2018, there were overall 1833 drug offences dealt by the different courts of the Republic of Mauritius. Out of this, 50% were related to Cannabis, 35% concerned Heroin while the remaining 20% were for other drugs.

Regarding the type of offence for the drug related cases in court in 2018, the vast majority i.e. 89.3% was linked to possession and consumption, that is, 1638 out of 1833 cases.

In the year 2018, out of the total 1833 drug related cases in courts, 83.6% were sentenced to fine i.e. 1532 out of the 1833 cases and only 15% of the drug offences were convicted to imprisonment i.e. 275 out of 1833 cases.

In 2018, there were 3101 admissions in prisons who reported drug use at the point of entry. This figure includes convicts as well as those on remand.

### **Ministry of Education and Human Resources, Tertiary Education and Scientific Research (MOE)**

A total of 27 drug related cases were reported by the different educational/training institutions under the Ministry of Education and Human Resources, Tertiary Education and Scientific Research (MOE), including the Mauritius Institute for Training and Development (MITD) as well as the Private Secondary Education Authority for the year 2018. The main drug of concern is cannabis with 22 out of the 27 cases related to it and the remaining 5 cases were related to synthetic drugs.

## **Drug prevention programme by the Ministry of Health and quality of life**

In 2018, the number of sensitisation sessions conducted in schools was 995 reaching out to some 26,663 students while 306 awareness sessions were conducted in the community targeting 11,983 persons. 266 awareness activities were conducted at workplace of the private as well as the public sector and 7637 people were sensitised on drugs and its harmful consequences. Some 13,528 people were sensitised through other activities such as exhibitions.

## **The Ministry of Youth and Sports**

The Ministry of Youth and Sports has a series of programmes and activities known as **Youth Development Programmes** targeting young people in Mauritius in order to keep them away from the dangers of drugs through meaningful activities:

- National Youth Civic Service
- The Duke of Edinburgh's International Award - Mauritius
- National Young Volunteer Scheme
- Life Skills Education Programme Youth Entrepreneurship
- Recreational and leisure among others.

## The 3<sup>rd</sup> report of the National Drug Observatory for the period Jan - Dec 2018

### The Background

The 3<sup>rd</sup> report of the NDO mainly focuses on data generated by the different service providers actively involved in the field of substance abuse; be it on the supply reduction, demand reduction or harm reduction strategy. Data concerning supply reduction are essentially from the Anti-Drug and Smuggling Unit of the Police Department, the Mauritius Revenue Authority (MRA) Customs as well as from those compiled by Statistics Mauritius<sup>(1)</sup>. With regard to demand reduction and harm reduction as health response to the drugs scourge, data are provided mainly by the Ministry of Health and Quality of Life (MOH&QL) as well as by Non Governmental Organisations (NGOs).

Other stakeholders who have shared valuable information in the compilation of the 3<sup>rd</sup> NDO report are the Judiciary, the Ministry of Education and Human Resources, Tertiary Education and Scientific Research and the Prison Department among others.

Compared to the previous two reports, the 3<sup>rd</sup> NDO report covers the period January to December 2018, that is a full calendar year unlike the two precedent reports which although were also based on a twelve months' period but across two consecutive years i.e from July/year to June the following year.

In fact, this new approach of the NDO report covering a period of calendar year is also guided by the obligation of Mauritius to report to different international institutions mainly the African Union amongst others which is based on a calendar year period.

Although being a report for the year 2018, exceptionally the report also contains some of the salient features of the IBBS report conducted in December 2017 among PWIDS and which was disseminated in August 2018.

It is to bear in mind that the 3<sup>rd</sup> NDO report is limited to reporting data generated by the different institutions actively involved in the field of drugs as well as those related to services provided by NGOs. The challenge to present an overall picture of the strategic areas generally recommended for monitoring is yet to be overcome.

*(1) Digest of Crime, Justice and Security Statistics 2017, Twelfth issue of Economic and Social Indicators 2018 - Statistics Mauritius*

## Essential Strategic Areas for Monitoring

The European Monitoring Centre for Drugs and Drug Addiction(EMCDDA) together with the Inter-American Drug Abuse Control Commission of the Organisation of American States (CICAD-OAS) have published a handbook in the year 2010 to guide the establishment and running of National Drug Observatories(NDO) in a structured and effective way. Although the elaboration of the document involved mainly countries of the European Union and American States, its development followed extensive consultations across other regions of the globe as well, with the result that the final output is very comprehensive and can be adapted by countries across different regions of the world. The document encompasses not only the essential information such as the roles, responsibilities or functions of NDO but also contains other technical inputs regarding collection of data, tools, data quality assurance, drug information system network, data analysis and even communication strategy of NDO among others.

According to the EMCDDA, although monitoring and other drug-related data collection activities started three decades ago in different regions of the world, these activities became more structured following a meeting held in the year 2000 whereby various experts and representatives from organisations such as the UNAIDS, the Inter American Drug Abuse Control Commission of the Organization of American States(CICAD-OAS), the National Institute on Drug Abuse(NIDA), the World Health Organisation(WHO), the International Epidemiology Workgroup and the Global HIV Prevention Research Network, finalised a common reference framework for data collection and monitoring shared by international and supranational organisations, called the Lisbon Consensus.

The Lisbon Consensus in fact identifies 13 areas of strategic/policy interest which are monitored using a range of tools and formats, by all supranational and international organizations.

In order to enable monitoring of the recommended areas of concern, countries will need to align their data collection with the 13 indicators which are as hereunder:

The areas are:

- I. drug consumption among the general population (prevalence and incidence);
- II. drug consumption by young people (prevalence and incidence);
- III. drug consumption by special or vulnerable populations;
- IV. high-risk drug consumption (e.g. injecting, dependence etc.); V. services utilisation;
- VI. drug-related morbidity;
- VII. drug-related emergency room visits;
- VIII. psychiatric morbidity directly attributed to drug consumption;
- IX. drug-related mortality;
- X. social exclusion and disadvantage;
- XI. drug-related crime (violations of drug laws; proportion of property crimes associated with drug consumption; proportion of violent crimes associated with drug consumption); XII. economic costs of drug consumption;
- XIII. information on drug availability and drug markets.

Considering the number of services, departments and organisations private or public that need to be involved in order to cover all the 13 strategic areas as recommended by the Lisbon consensus the documentation of a comprehensive report is very challenging particularly in the absence of a full fledged National Drug Observatory Office. NDOs usually face teething problems in their initial years and Mauritius is not exempted from it.

Out of the 13 strategic areas recommended for Mauritius, a few rely on specific studies that have to be conducted among the general population as well as among sub populations while others require the establishment of National Indexes with regard to the concerned indicators alongside with a proper reporting mechanism for the different stakeholders involved.

As such, the major aspects presently monitored through the NDOs are mainly: arrests, drug seizures, convictions and service utilisations with regard to treatment, harm reduction and rehabilitation.

As a prelude in view to understand the dimension and the dynamics of the drug issue, a summary of the global drug situation from the World Drug Report 2019 is included.

## **World Drug Report 2019**

The World Drug Report 2019 highlights the fact that the collection of more quality data had considerably improved over time which has helped in better understanding the global situation regarding substance use disorder. Consequently, the Report also notes that the adverse health consequences of drug use are more severe and widespread than previously thought.

The 2019 Report which came out in June this year, however, also noted that there are indications that the international community has had a degree of success in addressing the issue of New Psychoactive Substances (NPS), which is evidenced by a decline in the number of NPS identified and reported for the first time to UNODC. The market growth of NPS has not been to the extent feared a few years ago mainly because according to the UN agency the international community has reacted in a timely manner to assess the harms caused by NPS and to schedule those that warranted international control.

### **Overview World Drug Situation**

- It is estimated that some 35 million people suffer from drug use disorders and are in need for treatment services.
- The Report also estimates the number of opioid users to be at 53 million, up by 56 per cent from previous estimates, and that opioids are responsible for two thirds of the 585,000 people who died as a result of drug use in 2017.
- Compared to 2009 the number of people who use drugs is now 30 per cent higher than what it was ten years back although the increase was partly because of a 10 per cent growth in the world population aged 15-64.
- In 2017, an estimated 271 million people, or 5, 5 per cent of the global population aged 15-64, had used drugs in the previous year.
- Estimated global illicit manufacture of cocaine reached an all-time high of 1,976 tons in 2017.
- Over 47,000 opioid overdose deaths have been recorded in the United States depicting a major crisis of synthetic opioid overdose in North America mainly due to consumption of Fentanyl and its analogues. The West and Central and North Africa are experiencing a crisis of another synthetic opioid namely Tramadol. Global seizures of Tramadol jumped from less than 10 kilograms in 2010 to a record high of 125 tons in 2017.
- The most widely used drug globally continues to be cannabis, with an estimated 188 million people having used the drug in 2017.



## Injecting Drug Use in Mauritius

### Integrated Biological and Behavioral Surveillance (IBBS) Survey 2017 among People Who Inject Drugs (PWIDs)

In November-December 2017, an Integrated Behavioral and Biological Surveillance Survey was carried out among People Who Inject Drugs (PWIDs) in Mauritius. The 2017 study was the fourth of a series of IBBS surveys carried out every two years since 2009 among PWIDs, except in 2015.

#### Size Estimate of PWIDs

According to the last IBBS study, the population size of active PWIDs, in 2017, was estimated to be around 6,000.

#### Duration of injecting practices and education level among PWIDS

In 2017, PWIDs were predominantly active injectors with long-standing drug injecting practices. In fact, only 5% of PWIDs had started to inject drugs since one year or less (new injectors) prior to the study. 29% of PWIDs had 2-10 years of drug injecting use and the remaining two-third of active injectors in Mauritius had a history of 10 years and more of drug injection. On the other hand, male PWIDs accounted for 85% of all PWIDs against 15% female PWIDs. 80% of this high risk population had not completed the secondary education cycle.

#### HIV, Hepatitis C and Hepatitis B among PWIDS

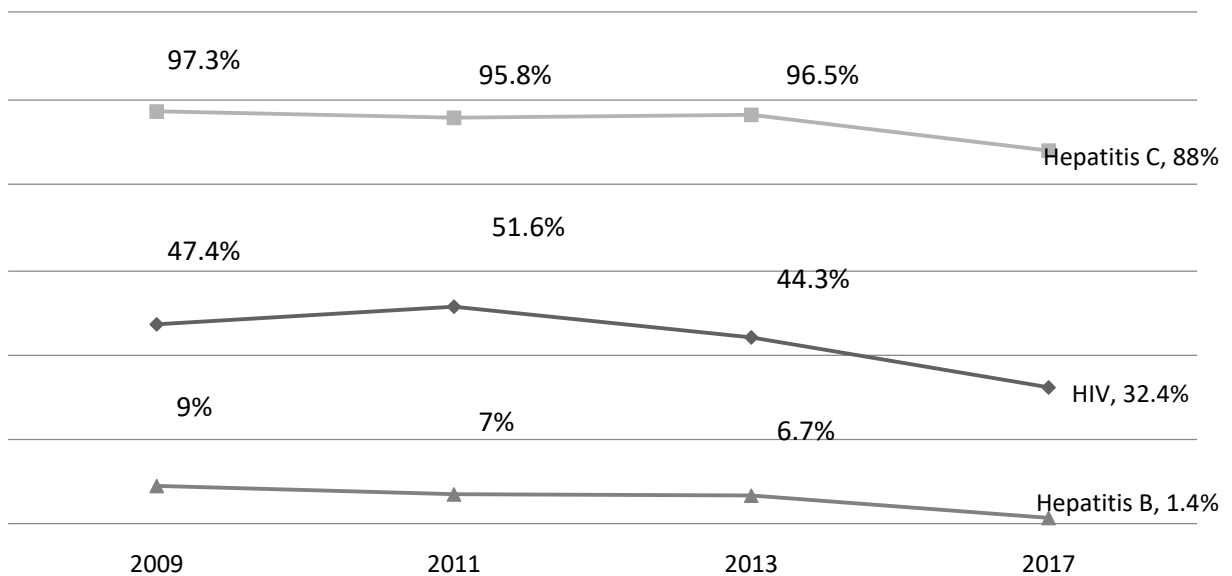
Table 1.

Disease prevalence among PWIDS

	2009	2011	2013	2017
HIV	47.4%	51.6%	44.3%	32.4%
Hepatitis C	97.3%	95.8%	96.5%	88%
Hepatitis B	9%	7%	6.7%	1.4%

Figure 1.

### Trend of Disease prevalence among PWIDS



The prevalence of HIV among PWIDs, which was 52% in 2011, has maintained its downward trend to reach a figure of 32% in 2017, that is, a decrease of 37% during that period.

In 2017, given that the PWIDs population consisted of people who had been injecting drugs for many years before, the high HIV prevalence of 32% among PWIDs reflected in reality a situation which occurred well before the setting up of the national harm reduction programme in 2006, given that the peak of the HIV epidemic was in 2005. The 2017 IBBS study has shown that HIV prevalence was 44% among the group of PWIDs who had started injecting drugs before 2007 against an HIV prevalence of 10% among those who had started injecting drugs as from 2007, representing a difference of 77% between the two cohorts.

From 2011 to 2017, HIV intervention programmes have yielded positive results among PWIDs. For instance, a decrease of 33% in HIV prevalence was noted among male PWIDs, from 49% in 2011 to 33% in 2017.

The prevalence of Hepatitis C among PWIDs has remained above 95% between 2009 and 2013 and a slight improvement was observed in the 2017 study, that is, from a prevalence of 96% in 2013 to 88% in 2017. In 2017, Hepatitis C among male PWIDs was more prevalent, 92%, as compared to female PWIDs, 73%. Around one third of PWIDs were co-infected with HIV and Hepatitis C. Hepatitis B among PWIDs was very low in 2017, 1%, while it was 7% in the previous IBBS.

## **NON INJECTING PRACTICES**

Regarding non injecting practices and risky behaviors among PWIDs, in 2017, it was observed that the majority of PWIDs had started with non-injecting practices before using the injecting method, 94% (95% in 2013). Most PWIDs had started to use both non-injecting and/or injecting drugs when they were still aged less than 20 years. In 2017, more than ten different substances were used as non-injecting drugs by PWIDs with tranquilizers, synthetic drug, cough syrup and codeine tablets being among the most popular non-injecting substances used.

## **FREQUENCY OF INJECTION**

In 2017, three-quarters of PWIDs were injecting on a daily basis and nearly half were injecting twice in a typical day.

## **PWIDS AND NEP**

Half of the population of PWIDs was currently on the Needle Exchange Programme (NEP). For those who were not on NEP, the three significant main reasons were: they were buying injecting equipment from private pharmacies, the NEP sites were too far or they were too busy to attend the NEP service points.

## **KNOWLEDGE LEVEL ABOUT HIV AND HIV TESTING**

Overall, 62% of PWIDs had correct knowledge of HIV. A high number of PWIDs have ever been tested for HIV, 82%, even if among them 40% had not been tested for HIV in the last 12 months preceding the 2017 IBBS survey. Access to HIV test results was high, 82% among those who were ever tested. Post test counselling stood at 89% among those ever tested for HIV.

## **PWIDS AND METHADONE**

In 2017, some people were injecting drugs although they were on the methadone maintenance programme. According to the 2017 IBBS study, just about one third of people who were actively injecting drugs were at the same time on methadone maintenance.

## **PWIDS IN PRISON**

Around two-thirds of the population of PWIDs have ever been sent to prison and the two main reasons for imprisonment were, firstly, problems associated with illegal drugs and secondly, for larceny. Very few PWIDs have been sent to prison for physical violence.

## **STIGMA AND DISCRIMINATION**

PWIDs were predominantly stigmatised within the family and by friends while discrimination against PWIDs with regard to access to services, housing or even employment is still present.

## Chapter 1: Health services utilisation related to drug use

In the absence of population based study regarding drug use in Mauritius, data generated by service providers namely in the field of demand and harm reduction are generally used as proxy indicators to understand the trend of the drug situation.

The Ministry of Health and Quality of Life (MOH&QL) is at the fore front of the demand reduction and harm reduction strategies which remain the two main pillars as health response to the drug phenomenon.

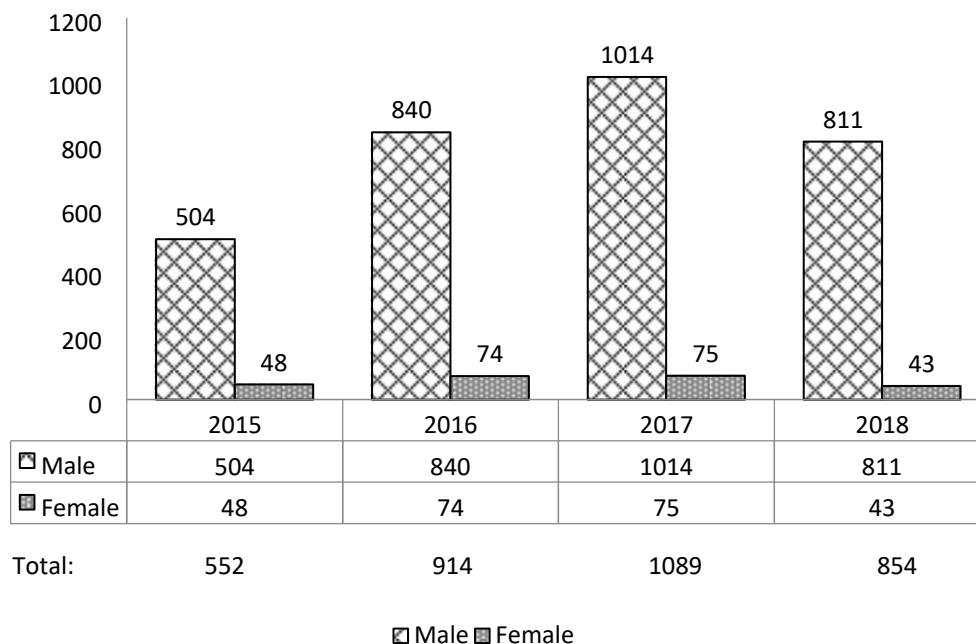
Obviously, much data in the field of demand and harm reduction are mainly provided by the different departments of the MOH&QL involved in the array of services offered to people who use drug. These data emanate not only from Public Health Institutions (PHI) for cases of admissions following complications due to consumption of illicit substances, but also from attendances at Addiction Units of the five Health Regions as well as from the methadone centers amongst others.

Although the number of admissions at PHI related to complications following intake of illicit substances generally gives an idea about the trend of drug use, it may not necessarily be depicting the exact picture of the situation. This is because among people who consume psychoactive substances, generally only those encountering health emergencies usually attend or are brought to hospitals in an acute condition requiring immediate medical care and treatment.

The year 2018 witnessed a major landmark with regard to management of young people with substance use disorder. In fact the long overdue dedicated rehabilitation centre for adolescents and young people with substance use disorder was set up by the MOH & QL at Long Mountain Hospital with the opening of the Nénuphar ward which operates on a residential basis. Another important measure initiated in 2018 is the integration of methadone programme within the Primary Health Care Settings with a project involving eight (8) dispensing points which were shifted from yards of police stations to a health care setting of the region concerned.

**Figure 2.**

**Admissions in Public Health Institutions (PHI) due to complications following drug use 2015 - 2018**



2018 witnessed a reduction in the number of admissions in Public Health institutions due to complications following intake of illicit substances as reported by the Health Records division of the Ministry of Health and Quality of Life. In fact, there were only 854 admissions compared to 914 and 1089 admissions for the years 2016 and 2017 respectively. This represented a percentage decrease of 21.6% compared to 2017.

It is to be noted that the number of admissions related to complications following the intake of illicit substances in public health institutions which increased dramatically during 2016 and 2017 was still quite significant in 2018 although comparatively lower than the two previous years. In fact, from 552 admissions in 2015, the number of admissions increased to 914 and 1089 for the years 2016 and 2017 respectively representing a 97% increase for 2017 compared to 2015. In 2018, the PHI registered 854 admissions representing a percentage increase of around 55% compared to 2015.

Out of the 854 admissions in 2018, 43 were females compared to 48 females out of the 552 admissions in 2015. The proportion of female admissions which was around 8% in both 2015 and 2016 has decreased to around 5% for the past two consecutive years (2017 - 2018).

Table 2.

Year	Admissions in PHIs by type of drug 2015-2018			
	2015	2016	2017	2018
Opiates	151	216	212	108
Cannabis/ Marijuana	54	58	69	75
Medicinal Products	30	27	6	10
Mixed Illicit/ Medicinal	6	11	19	13
Cocaine	3	1	0	4
Synthetic	133	418	455	458
Unspecified	175	183	328	186
<b>Total (Yearly)</b>	<b>552</b>	<b>914</b>	<b>1089</b>	<b>854</b>

*Please note that the number of unspecified in the different groups have been compiled under the concerned group while the unspecified category includes mixed unspecified and unspecified that cannot be classified under any of the other 6 groups in the table.*

In 2018, a drop has been registered in the number of admissions due to intake of synthetic drugs and unspecified substances combined.

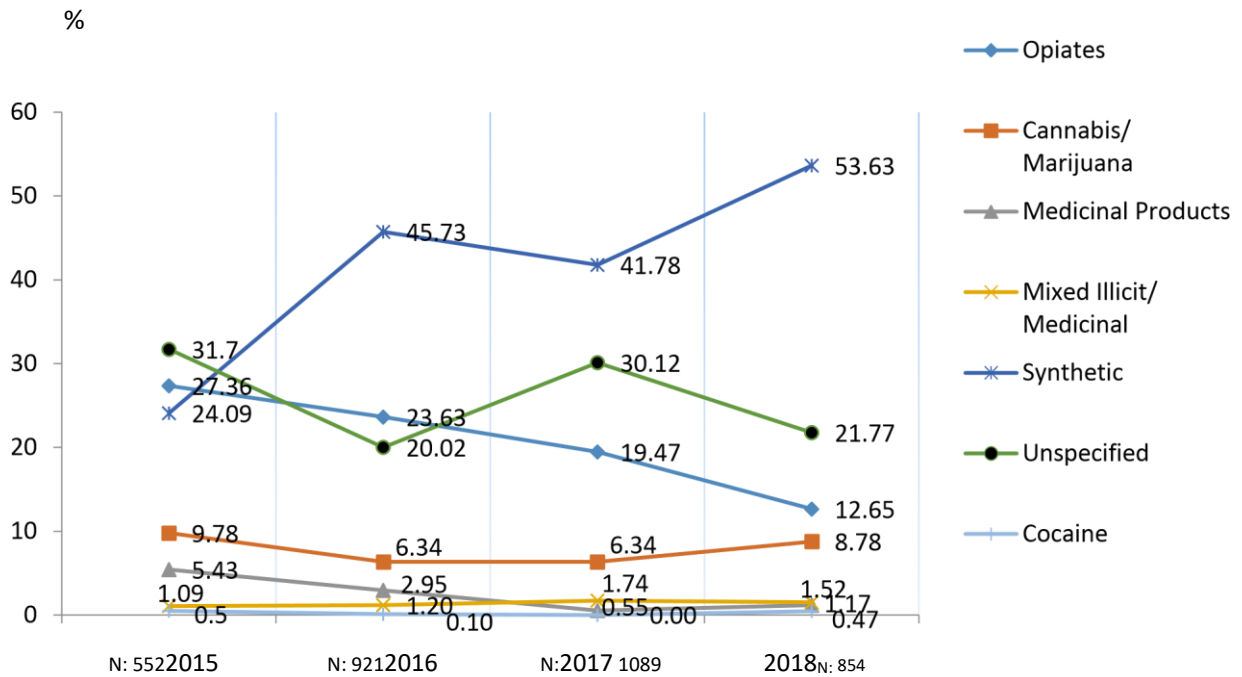
For the twelve month period between January and December 2018, out of a total of 854 admissions, the number related to intake of synthetic/unspecified drugs were 644 while in 2017, there were 783 admissions for the same group (synthetic/unspecified) out of 1089 admissions.

The growth in the number of admissions in Public Health Institutions (PHI) as from 2015 is directly linked with the synthetic drug phenomenon. The number of admissions related to intake of synthetic drugs and unspecified combined was 308 out of 552 admissions in 2015.

It is interesting to note that in 2018, out of the 458 cases of admissions following intake of synthetic drugs, 449 cases were of the unspecified or mixed type within the synthetic category and only 9 cases were identified with popularly known names such as "Batte dans la tête", "C'est pas Bien", "Wasabi", "Strawberry" or "Crocodile" among others.

Figure 3.

Trend of admissions in PHIs by type of drug (2015 - 2018)



The trend by drug type with regard to admissions in Public Health Institutions during the past four years shows that synthetic drugs remain the main substance of concern. In 2015, almost one out of every four admissions were related to synthetic drugs representing nearly 25% of cases admitted. The proportion of synthetic related admissions increased to 45% and 41.7% for the years 2016 and 2017 respectively and peaked at 53.6% in 2018.

It is interesting to note that the admissions relating to opiates which were also around 27% in 2015 has dropped significantly to reach only 12% of admissions in 2018 representing only one out of every eight admissions.

The proportion of admissions related to the two groups namely synthetic and unspecified combined together was 56% in 2015, 66% in 2016 reaching to 72% and 75% in 2017 and 2018 respectively. This clearly shows that health seeking behaviours requiring immediate medical care following intake of drugs is related mainly to synthetic drugs.

**Table 3.**

**Admissions in Public Health Institutions due to complications following intake of illicit substances  
by Age and Gender 2015 - 2018**

Age	2015			2016			2017			2018		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total
11	0	1	1	0	0	0	1	0	1	0	0	0
12	1	0	1	0	0	0	4	0	4	2	0	2
13	1	0	1	7	2	9	5	1	6	3	2	5
14	12	3	15	16	1	17	12	2	14	5	2	7
15	13	3	16	22	7	29	14	7	21	3	0	3
16	23	4	27	38	6	44	30	3	33	21	0	21
17	20	3	23	49	6	55	37	3	40	22	2	24
18	23	3	26	37	2	39	42	0	42	33	0	33
19	22	3	25	26	2	28	42	1	43	50	1	51
20- 29	213	17	230	374	26	400	453	32	485	416	20	436
30- 39	101	7	108	164	15	179	239	19	258	171	12	183
40+	75	4	79	107	7	114	135	7	142	85	4	89
<b>Total</b>	<b>504</b>	<b>48</b>	<b>552</b>	<b>840</b>	<b>74</b>	<b>914</b>	<b>1014</b>	<b>75</b>	<b>1089</b>	<b>811</b>	<b>43</b>	<b>854</b>

A significant decrease in the number of admissions in the 11-15 age group has been observed in 2018 with only 17 cases compared to 55 and 46 cases in 2016 and 2017 respectively. In terms of age group among those admitted in PHI due to complications related to intake of illicit substances, year after year the 20 - 29 age group is the one which is mostly affected with 42% of the admissions in 2015 among the latter group. In 2016 a percentage of 44% of admissions were among the 20 - 29 age bracket while 45% of admissions were among this same age group in 2017. In 2018, slightly over half (51%) of the admissions were again among 20 - 29 age group. On the other hand, a significant decrease in the number of admissions in the 13 - 15 age group has been observed in 2018 with only 15 admissions compared to 41 in 2017, representing a 64% of reduction.



## The Addiction Units

There are 5 Addiction Units which have been set up since 2016, one in each of the five health regions. These Addiction Units operate during office hours (09.00 hours - 16.00 hours) and offer treatment, follow up and referral services to people with Substance Use Disorder (SUD). The Addiction Units are found at Dr. A. G. Jeetoo Hospital, Victoria Hospital, Flacq Hospital, and Mahebourg Hospital for the JNH health region and in Long Mountain Hospital for the SSRNH health region. The Addiction Units are under the responsibility of a psychiatrist leading a multidisciplinary team comprising a Medical and Health Officer, Nursing Officer, Psychologist, Social Worker, Counsellor amongst others.

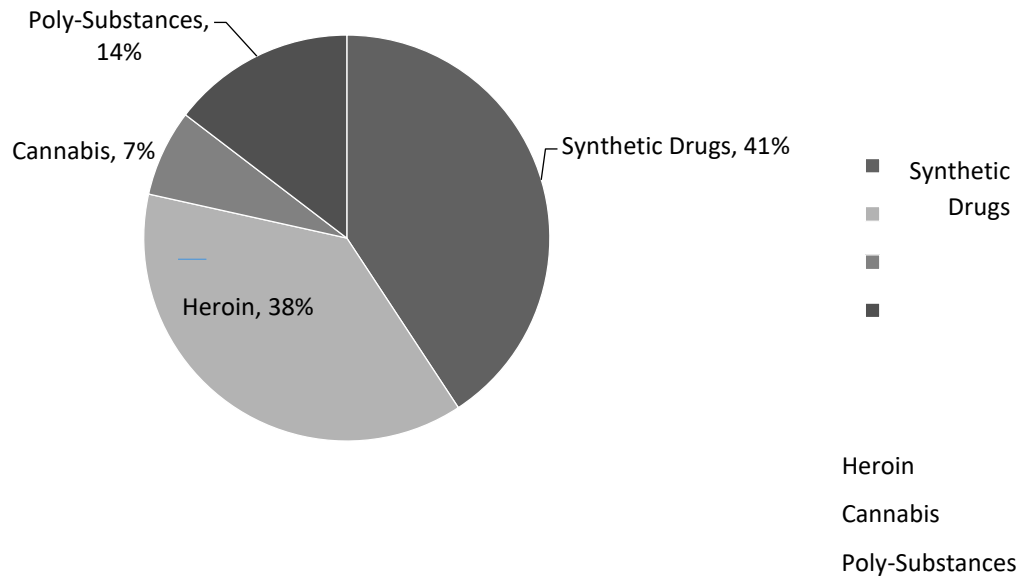
Table 4.

New cases at the five Addiction Units by drug type in 2018					
	New Cases	Synthetic Drug	Heroin	Cannabis	Poly Substances
Flacq Hospital	231	120	81	30	0
Jeetoo Hospital	187	75	74	7	31
SSRN Hospital	140	55	49	6	30
Mahebourg Hospital	163	53	110	0	0
Victoria Hospital	181	67	29	20	65
<b>Total</b>	<b>902</b>	<b>370</b>	<b>343</b>	<b>63</b>	<b>126</b>
<b>%</b>		<b>41.0</b>	<b>38.0</b>	<b>6.9</b>	<b>13.9</b>

Among those attending the Addiction Units in 2016, synthetic drug and heroin were the two main drugs of concern followed by cannabis. Out of the 370 cases related to synthetic drugs registered at the different Addiction Units, 32.4% were at Flacq Hospital, 20% were at Dr A. G Jeetoo Hospital, 18% at Victoria Hospital while around 15% were from SSRN Hospital and Mahebourg Hospital respectively.

Figure 4.

Percentage of new cases at Addiction Units by type of drug - Year 2018



In 2018, nine hundred and two (902) new cases were registered at the five Addiction Units. Nearly 80% of the cases were related to synthetic drug and heroin consumption as the main drug of concern for seeking medical care at the Addiction Units. The proportion related to synthetic drug was 41% while 38% were related to heroin and 7% of the cases were due to cannabis. The poly substance use nature of the Mauritian substance user is well known and this is not reflected by the 14% in that category as it is based on information gathered at the first contact which evolves later during subsequent follow up visits.

Table 5.

Number of new cases by drug type at NGOs and Addiction Units - 2018

	Number of Cases	Synthetic Drugs %	Heroin %	Cannabis %	Poly-Substances/Others %
Addiction Units	902	41	38	7	14
NGOs	1620	19.4	48.7	9.1	22.7

However, on comparing the type of drugs being consumed by clients attending NGOs with those at the Addiction Units in 2018, it is observed that 79% of cases at the addiction units were related to heroin and synthetic drug consumptions while at the level of NGOs these two substances represent 68% of the cases.

## Methadone Substitution Therapy

The Methadone Substitution Therapy (MST) is accepted as a successful evidence based drug demand reduction programme although generally also considered as a Harm Reduction Programme. Initiation on the methadone for PWIDs is being implemented in Mauritius since December 2006 except for the period between July 2015 to June 2017 during which the Suboxone/Naltrexone based detoxification programme was prioritised.

As from June 2017, however, initiation on methadone was reinstated particularly considering the poor results of the Suboxone based detoxification programme.

The MST has, since then, been geared towards a low threshold programme in an attempt to reduce the waiting list of people who used drugs wishing to embark on the programme. As such the induction time has been reduced from a two weeks period to one week only.

There are three Day Care Centers offering methadone induction programme for People Who Use Drugs.

These are found at:

- Sainte Croix Methadone Centre - Sainte Croix
- Mahebourg Methadone Centre - Mahebourg □ Bouloux  
Methadone Centre - Cassis.

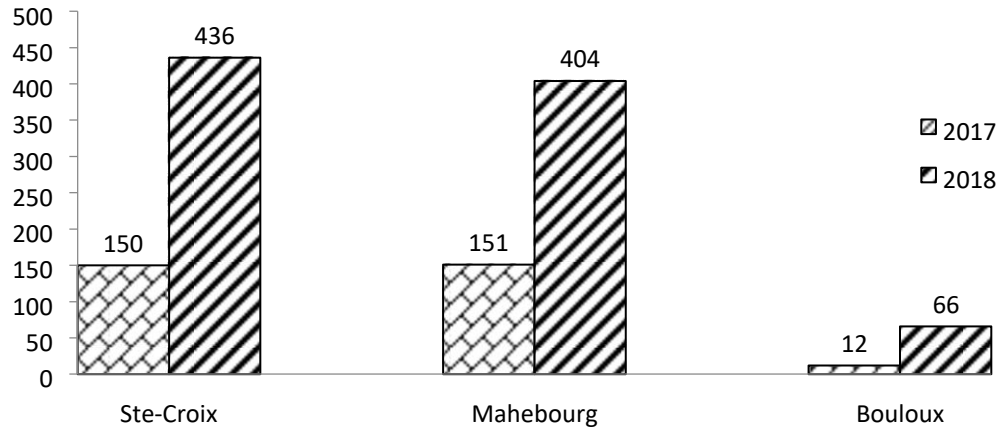
The Bouloux Methadone Centre is dedicated for female induction.

The methadone dispensing is carried out daily at 44 sites throughout the island. The number of people attending one of these methadone dispensing sites to access their daily doses was around 5000 by the end of December 2018. Out of the 44 methadone dispensing sites, 13 are found at health care settings, 23 at police stations, 4 within the community and 4 are found in the prison services. Methadone dispensing is conducted between 6 am and 8 am daily.

Table 6.

Number of Induction at Methadone Day Care Centres (MDCC) for years 2017 - 2018			
	Ste-Croix MDCC	Mahebourg MDCC	Bouloux MDCC
2017	150	151	12
2018	436	404	66
<b>Total</b>	<b>586</b>	<b>555</b>	<b>78</b>

Figure 5.



For the year 2017, the number of induction is for a period of six months only as the Methadone induction programme restarted in July 2017.

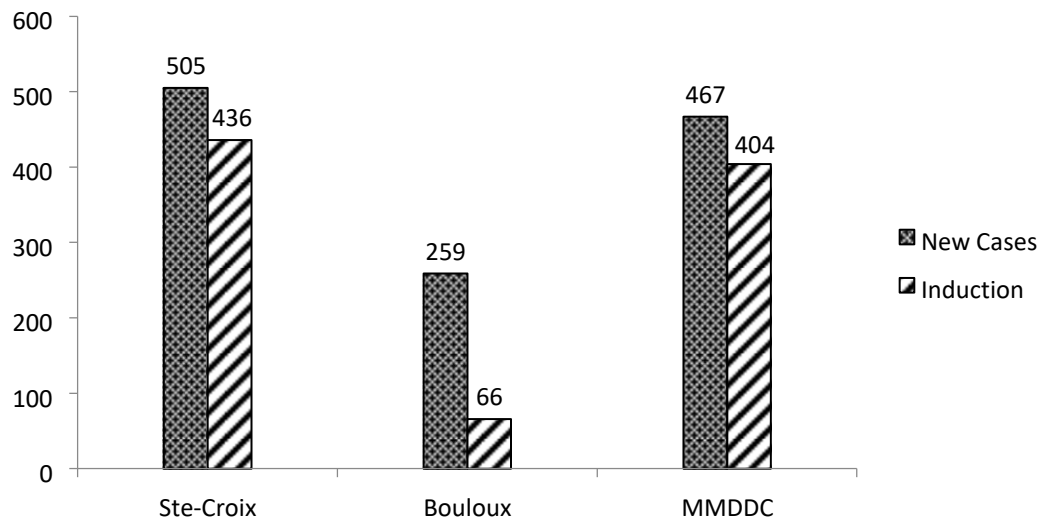
Since the restart of Methadone Induction, for the period between July to December 2017 there were 313 people who were induced on Methadone out of whom only 12 were females.

A total of 906 people were induced on Methadone in 2018, out of which 66 were females.

For the period June 2017 to December 2018, a total of 1219 persons have been embarked on the Methadone Substitution Therapy Programme out of which 78 were females.

**Figure 6.**

**Number of Methadone induction compared to new cases registered at Methadone Centres in 2018**



The number of people who use drugs having registered for the Methadone Substitution Therapy Programme at the different centres in 2018 was 1231 out of which over 900 were induced on methadone meaning that nearly 75% of them were successfully embarked on the programme.

Obviously some of those who got registered at the center did not complete the procedures for induction while others were simply unreachable.

**Integration of methadone dispensing in Primary Health Care Settings**

The Ministry of Health and Quality of life has since June 2018 started to review the methadone dispensing programme and has gradually shifted some Methadone Dispensing Sites from the yards of Police Stations to a primary health care service found in the region concerned. As at date, the project has been implemented at eight dispensing sites as shown below:

- Piton CHC
- Plaines Des Papayes CHC
- Bambous AHC
- L'Escalier Medi-clinic
- Rose Belle AHC
- Plaine Magnien CHC
- Hyderkhan Medi-clinic, Plaine Verte
- Trou D'Eau Douce CHC

## THE NEEDLE EXCHANGE PROGRAMME (NEP)

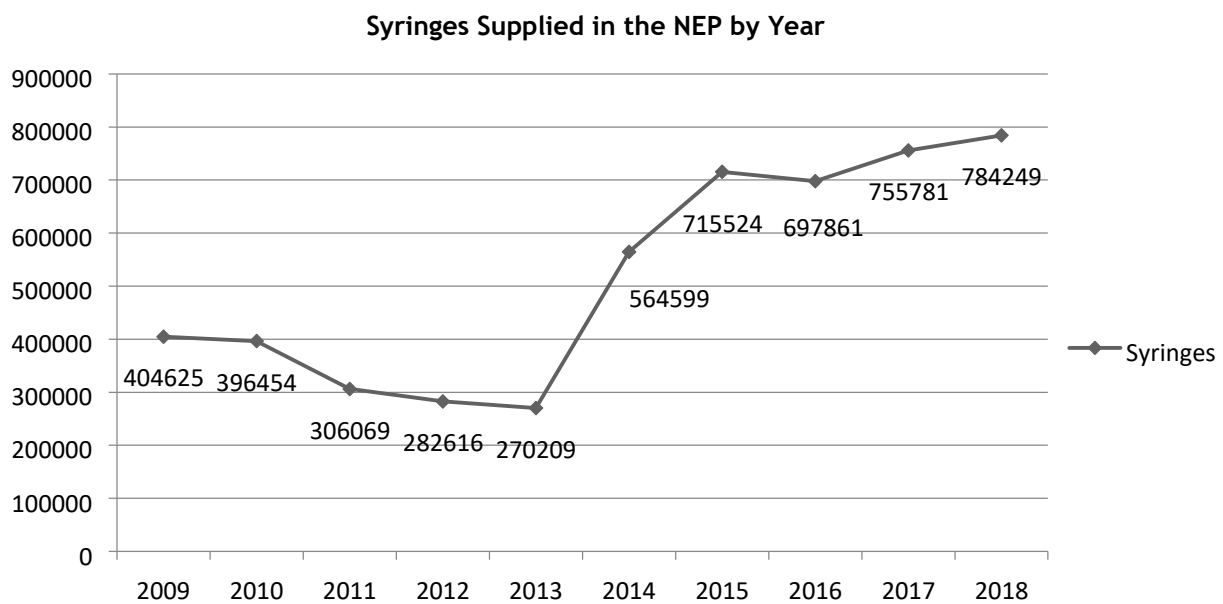
In view to curb blood borne diseases mainly HIV and to reverse the negative health consequences among PWIDs, the Needle Exchange Programme was started in Mauritius in 2006. The NEP is jointly implemented by the Ministry of Health and Quality of Life, NGO Collectif Urgence Toxida (CUT) as well as NGO AILES on a limited scale.

There are 47 sites where the NEP is conducted throughout the country. The NEP is conducted by the MOH&QL through a caravan service, based on the concept of same day, same time, same site basis.

CUT conducts NEP through street based fixed sites, community based service, back pack outreach as well as a caravan mobile service.

In the year 2018, a peer driven NEP has been initiated in specific localities as a pilot project by the MOH&QL.

**Figure 7.**



The number of syringes distributed through the Needle Exchange Programme has increased significantly during the past several years. In fact from 2013 onwards the number of syringes distributed by the Needle Exchange Programme implemented by both the Ministry of Health and Quality of Life and NGOs is on the increasing trend with a total of 784,249 syringes supplied to over 3000 clients of the programme in 2018.

The number of clients reached by the Needle Exchange Programme in 2018 is as below:

Table 7.

	Number of clients
Ministry of Health and Quality of Life	2019
Collectif Urgence Toxida	1200
<b>Total</b>	<b>3219</b>

Out of the estimated 6000 active PWIDS (IBBS Survey 2017), slightly over 3200 were reached by the NEP in 2018(both Ministry of Health and Quality of Life and Collectif Urgence Toxida) indicating that over 50% of active PWIDS access the Needle Exchange Programme to collect clean injecting materials.

## Suboxone Detoxification Programme

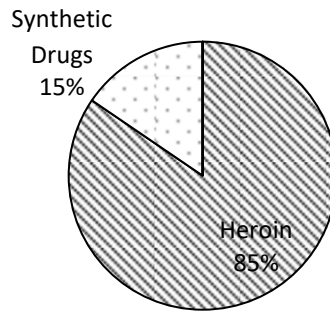
Table 8.

### Admissions at the Treatment Detoxification and Rehabilitation Ward Mahebourg Hospital -2018

	Number of Admissions	Drug Type	
		Synthetic	Heroin
Total	142	22	120

Figure 8.

### Percentage of admissions by type of drug at the Treatment, Detoxification and Rehabilitation ward, Mahebourg - 2018



142 people were admitted at the Detoxification Ward situated at Mahebourg Hospital over the twelve months period between January to December 2018. This ward caters for People Who Use Drugs who are above 18 years old. Out of the 142 admissions, 34 cases were repeaters i.e. had ever been admitted previously for the same programme. With regard to the main drug of concern, it has been observed that nearly 85% of cases were related to heroin consumption while the remaining 15% were related to synthetic drugs although not mutually exclusive.

Since the start of the Suboxone/Naltrexone programme in January 2016 up to December 2018, cumulatively a total of 682 people including 124 repeaters have been admitted to the ward. Overall, only 15 females have been admitted for the Suboxone Detoxification Programme.



## Rehabilitation Ward for minors and young people (Nénuphar Ward) Long Mountain Hospital

**Table 9.**

### Number of admissions at Nénuphar Ward by type of drug

Month	Number of Admissions	Synthetic Drugs	Heroin	Cannabis	Other Drugs
Aug	4	4	1	4	-
Sep	12	12	-	8	1
Oct	17	17	1	9	-
Nov	10	10	2	6	-
Dec	4	4		2	-

Age group: 13 - 19 years

It is well known that minors and adolescents are often a soft target for drug dealers. Unfortunately, some of them do get entangled in the drug scourge with all the dreadful consequences with regard to their health and future. Although Mauritius has been providing drug related services to people who use drugs for quite some time now through different drug demand reduction programmes implemented by the MOH&QL and NGOs, the absence of a dedicated service for minors and adolescents with substance use problems was always highlighted by the stakeholders.

In August 2018, the Nénuphar Ward was set up to cater for minors and young People Who Use Drugs at Long Mountain Hospital.

Between August to December 2018, there were 47 admissions at the Nénuphar Ward at Long Mountain Hospital. The vulnerability of young people to synthetic drugs is clearly shown as all those admitted between August and December 2018 had consumed synthetic drugs. However the concomitant use of heroin or cannabis with synthetic was also a fact as nearly 62% of those admitted stated having consumed cannabis as well as synthetic drugs. This is completely in contrast with the situation at Mahebourg Hospital where adults are admitted and the primary drug of concern being by far heroin. In fact 120 out of the 142 admissions at the Treatment and Rehabilitation Ward of Mahebourg in 2018 were related to heroin as the main drug of concern.

## Chapter 2: The Non Governmental Organisations (NGOs)

There are several NGOs which are involved in the provision of services to People Who Use Drugs (PWUDs) in Mauritius. The services include codeine based treatment, sensitisation and awareness activities, harm reduction as well as rehabilitation programmes amongst others.

Three NGOs offer residential based rehabilitation programme for people with substance use disorder namely Centre D'Accueil de Terre Rouge (CATR), the Centre de Solidarité Pour Une Nouvelle Vie through Centre de Flamboyant situated at Solitude and Chrysalide which is a female dedicated centre based at Bambous. The other NGOs offer Day Care or outpatient based services to PWUDs.

Six NGOs are involved in the Methadone Substitution Therapy Programme providing referral services for People Who Use Drugs wishing to embark on the methadone therapy. They also provide psychosocial follow-up for MST beneficiaries. These NGOs are: HELP-De Addiction Centre, Dr Idrice Goomany Centre, Groupe A De Cassis (Lacaz A), Groupe Renaissance de Mahebourg, Sangram Sewa Sadan and AILES (Mangalkan).

### The services provided by the NGOs are:

- Psychosocial support
- Prevention programmes and relapse prevention
- Counselling (individual and in group)
- Codeine based treatment programme
- Family therapy and aftercare
- Teenagers' activities, prevention and education programmes in schools, community, etc
- Recreational activities, yoga, etc...
- Positive thinking education
- Re-insertion programmes
- Ayurvedic treatment including medication and ayurvedic detoxification massage
- Home visits
- Medical Clinics
- Referral Services

Table 10.

## Number of new cases attending NGOs by type of drug Jan - Dec 2018

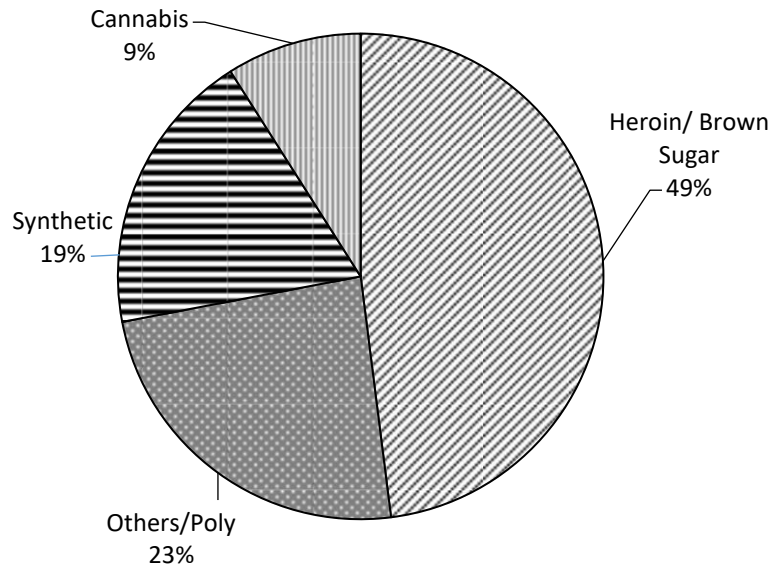
NGO	New Cases	Heroin / Brown Sugar	Synthetic Drugs	Cannabis	Others / Poly
HELP-DeAddiction Centre	443	217	48	128	50
Dr Idrice Goomany Treatment Centre	324	211	93	9	11
Centre D'Accueil Terre Rouge	234	130	73	7	24
Centre De Solidarite	224	140	83	1	0
Groupe A De Cassis(Lacaz A)	201	66	6	3	126
Sangram Sewa Sadan	85	0	4	0	81
Chrysalide	82	15	4	0	63
Centre Accueil Rehabilitation St-Gabriel Rodrigues	0	0	0	0	0
Centre Alcoologie Paille en Queue Mont Lubin	27	10	4	0	13
<b>Total Republic of Mauritius</b>	<b>1620</b>	<b>789</b>	<b>315</b>	<b>148</b>	<b>368</b>
%		48.7	19.4	9.1	22.7

In 2018, 1593 People Who Use Drugs attended the 7 different centres run by NGOs in Mauritius as shown in table above while only 27 cases were registered in Rodrigues at "Centre Alcoologie Paille en Queue Mont Lubin". 37% of the cases in Rodrigues i.e. 10 out of 27 cases were related to consumption of heroin and 4 cases related to synthetic drug consumption. It is worthwhile mentioning that all the 27 cases admitted for detoxification and rehabilitation at Centre Alcoologie Paille en Queue, Mont Lubin were exclusively from Mauritius

Centre Accueil Rehabilitation St-Gabriel, Rodrigues did not report any drug case as it is involved essentially with follow-up of alcohol dependent people and prevention activities.

Figure 9.

Percentage of new cases by drug type as reported by NGOs in 2018



The information gathered regarding type of drugs being consumed is collected at the first contact. Despite considerable amount of seizures effected by the ADSU in 2017 and 2018 with regard to heroin, there are indications that heroin continues to be available to a large extent with almost half of the number of new cases attending NGOs in 2018, i.e. 49% reported at the first contact that they were consuming heroin. The 23% within the category of “others” are generally poly drug users which also includes heroin among the different substances consumed while 19% consumed synthetic drugs and the remaining 9% consumed cannabis. However the poly drug use nature of people who use drugs in Mauritius is very well known meaning that these figures are not mutually exclusive.

## THE CODEINE BASED TREATMENT PROGRAMME

Five NGOs implement the codeine based treatment programme. These are:

1. Dr. Idrice Goomany Treatment Centre - Plaine Verte
2. HELP De-Addiction Centre - Cassis
3. Centre de Solidarité Pour Une Nouvelle Vie - R. Hill
4. Chrysalide Centre - Bambous
5. Sangram Sewa Sadan - St Paul

Table 11.

Number of clients who followed the codeine based treatment programme in 2017 & 2018

	CENTRES	2017	2018
1	CHRYSLIDE, BAMBOUS	59	38
2	CENTRE DE SOLIDARITE, ROSE HILL	106	100
3	DR IDRICE GOOMANY TREATMENT, PLAINE VERTE	240	227
4	HELD DE ADDICTION, CASSIS	110	118
5	SANGRAM SEWA SADAN, ST PAUL	87	76
	<b>TOTAL</b>	<b>602</b>	<b>559</b>

This programme is implemented by NGOs in collaboration with the Ministry of Health and Quality of Life. Besides, the provision of a Medical and Health Officer to attend to clients of the codeine based treatment programme at the five different NGOs, the Ministry of Health and Quality of Life also ensures the dispensing of the prescribed medications to clients of the programme. In 2018, 559 People Who Use Drugs attended the five NGOs for the Codeine Based Therapy compared to the 602 clients of 2017. Around 40% of the clients who followed the Codeine Based Treatment Programme were from Dr Idrice Goomany Treatment Centre in 2018 as well as in 2017.

Prevention activities implemented by NGOs

Table 12.

YEAR - 2018	Centre de Solidarité (CDS)*	Sangram Sewa Sadan (SSS)*	HELP De Addiction Centre @	Dr. I. Goomany*	Etoile D'Esperance*	Ayurveda Centre ACTReSA*/@	CHRYSLIDE*	Group A de Cassis (Lacaz A*/@)	Centre d'Accueil et Rehabilitation (Rodrigues)*
No. of Prevention Sessions	63	9	64	60	73	88	23	179	164
No. of Participants	1500	275	2395	4963	376	3122	628	4884	4819

NGOs are actively involved in prevention against drug use at different levels. Some NGOs report activities exclusively organised as primary prevention programmes(\*) while others report adjunct(@) activities organised by their centres like yoga or youth related activities as drug prevention programmes.

The drug prevention programme implemented by Centre Accueil Rehabilitation St-Gabriel Rodrigues targets mainly students and the youth. Centre Accueil Rehabilitation St-Gabriel Rodrigues conducts awareness sessions systematically with all secondary students in Rodrigues including students of grade 6 at primary school level.

## **Chapter 3: Control of Narcotics and Psychotropic Drugs in Mauritius by the Pharmacy Board of the Ministry of Health and Quality of Life**

### **Introduction:**

Mauritius is signatory of the following Conventions of the International Narcotic Control Board (INCB)

1. The Single Convention on Narcotics drug (1961)
2. The 1971 Convention on Psychotropic substances and
3. The 1988 Convention against illicit traffic in Narcotic drugs and Psychotropic substances, which contains detailed provisions and requirements relating to the control of precursors.

As a party to the above Conventions, Mauritius has the dual challenge of

- (i) limiting the use of Narcotics and psychotropic substances to medical and scientific purposes and at the same time
- (ii) ensuring their availability for the above purposes.

The licit movement of Narcotics and Psychotropic substances in and out of the country is carried out under the Eagle's eye of INCB through statistical returns of imports and exports to INCB on a regular basis for prescribed periods. Fortunately, Mauritius is not involved in the manufacture of either Psychotropic substances or narcotics.

The import and export of Narcotics and Psychotropic substances are regulated by the Pharmacy Act 1985 and the Dangerous Drugs Act 2000. New regulations have also been passed to further strengthen the control of these two categories of drugs.

### **The Regulatory Unit:**

The Pharmacy Board of the Ministry of Health and Quality of Life has a dedicated unit for the control on import of Narcotics and Psychotropic Substances and precursors. The activities of this unit are briefly discussed below.

### **Allocation of quota for Dangerous Drugs**

The Ministry of Health and Quality of Life allocates annual quota to all importers (Wholesale Pharmacies) of Dangerous Drugs Schedule III based on their yearly returns. The criteria used for the determination of quota are: (1) Quantity used during the previous year (2) Quantity remaining at the end of year (3) Any necessity to further curb down the import in case of reported drug abuse. (For instance the import of all brands of pregabalin was reduced by almost 50 % in year 2014 as it was found that the same was abusively and irrationally prescribed).

Wholesale pharmacies in turn allocate quota to private pharmacies to ensure that their stocks last for one year. No extra quota is allocated to wholesale pharmacies during the course of the year especially for psychotropic drugs having a high propensity of abuse.

**IMPORT OF DANGEROUS DRUGS FOR THE YEAR 2018**

A. The importation of dangerous drugs Schedule III are as follows:

Table 13.

S/N	Name of Drug	Quantity imported in Gm
1	Pregabalin	245,061.937
2	Gabapentin	16,770
3	Zopiclone	2,696.25
4	Diazepam	4,910.28
5	Nitrazepam	1,799.95
6	Tramadol	86,402.5
7	Phenobarbital	630.24
8	Midazolam	385.3352
9	Clonazepam	857.5
10	Zolpidem	1,920
11	Prazepam	800
12	Clorazepate	1,492.75
13	Alprazolam	621.245
14	Chlordiazepoxide	999.95
15	Lormetazepam	160
16	Bromazepam	3,420
17	Lorazepam	200
18	Pentazocine	Nil
19	Pentobarbital	Nil



**B. Imports of Dangerous Drugs Schedule II are as follows:**

**Table 14.**

S/N	Name of Drug	QTY Imported in 2018
1.	Alfentanyl	Nil
2.	Fentanyl	29.453 g
3.	Methadone	38.110 kg
4.	Morphine	1043.005 g
5.	Pethidine	7 kg 365.42g
6.	Remifentanil	3.2 g
7.	Etorphine	90.16 mg
8.	Sufentanil	8 g
9.	Buprenorphine	2.32 g

As regard to Dangerous Drugs Schedule II, quota is allocated to private clinics based on their trend of use and past historical data. These private clinics procure their annual requirements of Schedule II drugs through the registered local wholesalers for pharmaceutical products. It is to be noted that wholesalers are not allowed to keep stocks of Schedule II Drugs.

**Control on the sale of psychotropic drugs in private pharmacies**

Psychotropic drugs are mandatorily sold against valid prescriptions; satisfying all conditions of sections 18 & 19 of Dangerous Drug Act 2000. All sales of psychotropic drugs are recorded in the Dangerous Drug Register and are subject to verification by Pharmacy Inspectors. Psychotropic drugs are kept under lock & key in the private pharmacies and are under the sole custody of the Pharmacist in Charge. Any malpractice as regards to illicit sale of psychotropic drugs is reported to Pharmacy Board for appropriate action. As per the Dangerous Drug Act, all private pharmacies must submit their annual returns of sale of psychotropic drugs at the end of each year. As at now, 35 molecules marketed under different brand names are registered at MOH&QL and are presently being marketed in Mauritius.

Inspection of private pharmacies has been organized in such a way that a private pharmacy is visited at least twice a year by Pharmacy Inspectors. At present we have approximately 350 retail pharmacies registered in Mauritius.

### **Control of illicit import of dangerous drugs at the point of entry**

All the consignments of dangerous drugs entering into Mauritius through the different port of entries namely sea port, airport and the postal office, are thoroughly scrutinized by the Government Pharmacists along with other law enforcement officials such as MRA Customs and ADSU. Strict control measures have been put in place to prevent the entry of dangerous drugs by illegal means.

### **Strengthening of Control Measures through appropriate regulations and instructions**

The Dangerous Drugs Act is periodically reviewed through regulations to further strengthen the control measures. In 2015, new regulation was passed to include pregabalin and its derivatives in Schedule III of the Dangerous Drug Act as the same was being grossly misused for recreational purposes especially by the teenagers. Likewise Rohypnol, also known as rape drug was moved from Schedule III to Schedule II for stricter control. Similarly in our fight against designer drugs (synthetic drugs), new regulations have been passed to include these drugs in Schedule I of the Dangerous Drugs Act with a view to ensure that these drugs do not find their way in the Mauritian market by illegal means.

Regarding the requisition of Dangerous Drugs Schedule III from wholesalers, retail pharmacists are now required to have their requisition forms stamped by the Ministry. This measure was implemented as from 1<sup>st</sup> June 2019 following discovery of huge amount of dangerous drugs being diverted from the main circulation.

### **Control of Import of Precursors**

Precursors are starting materials used for the illegal manufacture of designer drugs. However, precursors whether direct or indirect are licitly used for other purposes such as chemical industries and for household use. The import of all precursors is controlled by the Pharmacy Board. Since June 2018, a quota system has been introduced with a view to further strengthen the control on the importation of precursors. 414 import permits were issued in 2018 for the importation of the following precursors:

**Table 15.**

1. Acetic anhydride	7. Methyl Ethyl Ketone
2. Acetone	8. Potassium Permanganate
3. Ephedrine	9. Pseudoephedrine
4. Ergotamine	10. Sulphuric Acid
5. Ethyl Ether	11. Toluene
6. Hydrochloric acid	

It is worth noting that out of the 21 precursors listed in Schedule IV of the Dangerous Drugs Act, only 11 items are currently being imported. All importers of precursors are duly registered at the Pharmacy Board and their trends of imports are carefully monitored.

**Reporting to INCB.**

All dangerous drugs including precursors, imported into Mauritius, are notified to INCB through returns of various INCB forms. Returns of Dangerous Drugs Schedule II are done on a quarterly basis while returns of psychotropic substances and precursors are done on yearly basis. Any seizure of dangerous drugs is also reported on an annual basis.

## Chapter 4: LAW ENFORCEMENT AND DRUG OFFENCES

### Police Reported Offences

In Mauritius, law enforcement against drugs is driven by the Mauritius Police Force and its Anti Drug and Smuggling Unit (ADSU). Another strategic stakeholder involved in curbing the entry of drugs in the country is the Mauritius Revenue Authority.

This chapter contains drug related statistics published by Statistics Mauritius in the digest of Crime, Justice and Security statistics 2017 and report of the Economic and Social Indicator 2018 as well as those provided by the Anti Drug and Smuggling Unit and the Mauritius Revenue Authority.

**Table 16.**

**Total offences (excluding contraventions) and drug offences reported by the Police in the Republic of Mauritius 2014 -2018**

Year	2014	2015	2016	2017	2018
<b>Total Offences (Excluding contraventions)</b>	42034	44498	45801	47792	45457
<b>Of which drug offences</b>	3631	3468	3370	3719	4267

*Source: Digest of Crime, Justice and Security Statistics 2017 - Statistics Mauritius  
Twelfth issue of Economic and Social Indicators - Statistics Mauritius 2018*

The number of police reported offences with regard to crime and misdemeanors (excluding contraventions) decreased by 4.9% in 2018 compared to the year 2017, i.e. from 47,792 offences to 45,547.

However, for the same period, i.e. January 2018 to December 2018, drug offences reported by the Police increased by 14.7% compared to the year 2017 i.e. 4267 cases were registered in comparison to the 3719 cases for the previous year.

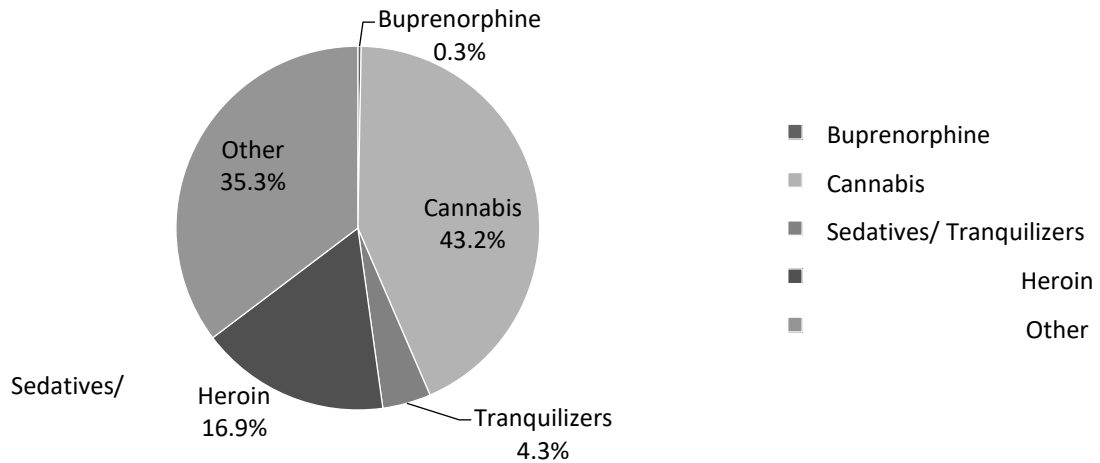
Consequently the drug offence rate per 1,000 populations increased from 2.9 in 2017 to 3.4 in 2018.

61 906 plants of cannabis were uprooted by ADSU in 2018 against 42 278 in 2017.

Table 17.

Percentage of Police reported drug offences by drug type in 2018	
Drugs related Offences by type of drug 2018	%
Buprenorphine	0.3
Cannabis	43.2
Sedatives/ Tranquilizers	4.3
Heroin	16.9
Other	35.3

Figure 10.



In the year 2018, the police reported a total of 4267 drug offences out of which 43% were related to Cannabis (gandia). Slightly over one third of the drug offences (35%) concerned other type of drugs which includes synthetic cannabinoid, methadone and hashish.

Heroin related offences reported by the police for the 12 months period January 2018 - December 2018 was 16.9% while 4.3% concerned the Sedatives/Tranquilizers category and 0.3% were buprenorphine related offences.

Anti - Drug & Smuggling Unit (ADSU)

Table 18.

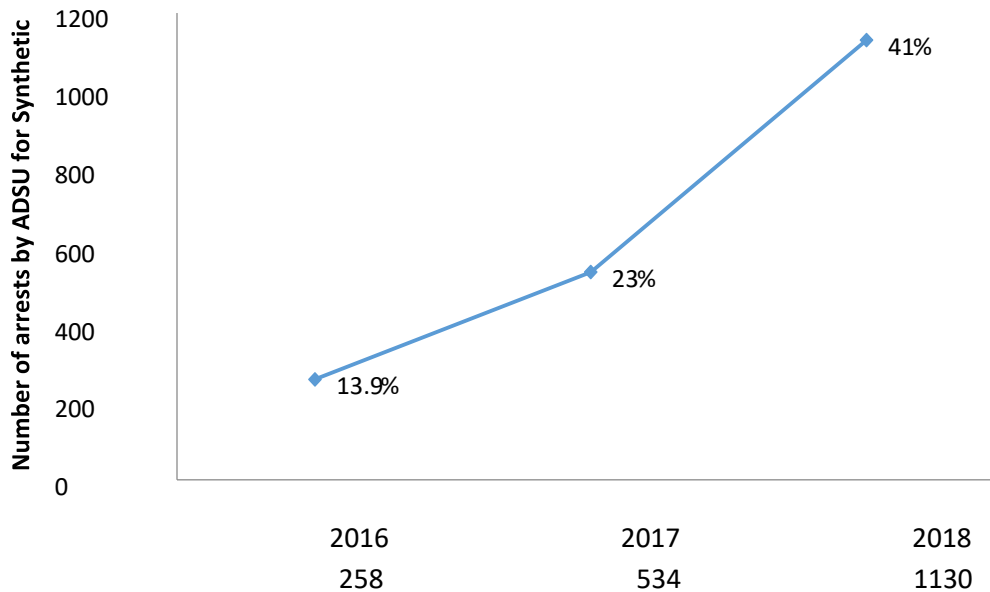
Arrests by ADSU by type of drug and gender 2016 - 2018

Drug type	2016				2017				2018			
	M	F	J	Total	M	F	J	Total	M	F	J	Total
Cannabis	702	28	35	765	716	25	14	755	757	37	20	814
Heroin	653	19	2	674	746	28	3	777	531	38	8	577
Cocaine	1			1	5			5	12			12
Amphetamine/Methamphetamine	2			2	4	1		5				0
Sedatives/ Tranquilisers	71	5	1	77	97	4		101	101	3		104
Subutex	14	2	2	18	22	1		23	6	1		7
Others	7			7	21	6		27				0
Synthetic Cannabinoid	243	4	11	258	510	9	15	534	1059	40	31	1130
Hashish	15	1		16	16			16	67	4		71
Methadone	36	3		39	45			45	37	3		40
Ectasy				0	5			5	6			6
<b>Total</b>	<b>1744</b>	<b>62</b>	<b>51</b>	<b>1857</b>	<b>2187</b>	<b>74</b>	<b>32</b>	<b>2293</b>	<b>2576</b>	<b>126</b>	<b>59</b>	<b>2761</b>

The number of arrests by ADSU increased significantly in 2018 compared to the number of arrests effected in the two previous years. The number of arrests made by ADSU was 1857 and 2293 for the years 2016 and 2017 respectively while in 2018 the number of arrests was 2761. This situation is directly linked to the synthetic drug phenomenon.

Figure 11.

Percentage of arrests by ADSU related to Synthetic Drugs (2016 -2018)

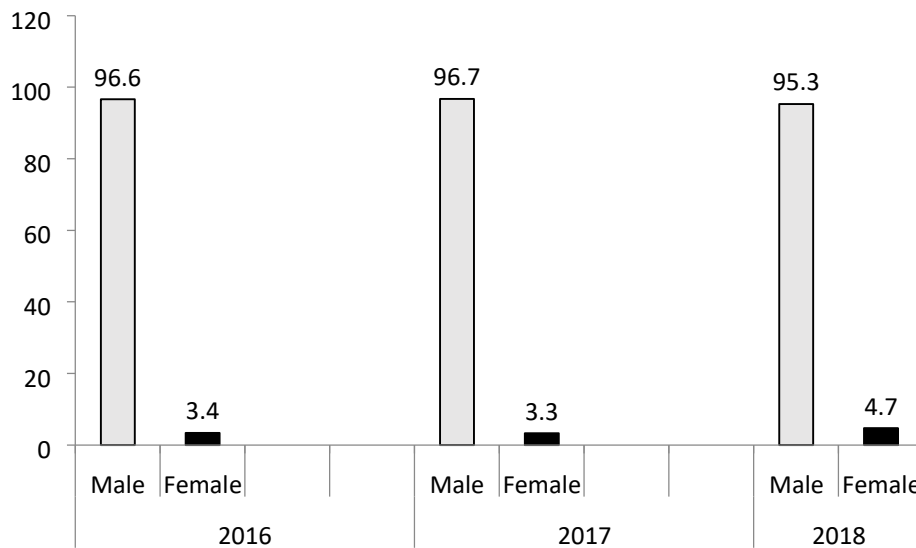


In fact, arrests by ADSU related to synthetic drugs increased exceptionally in 2017 and 2018. In 2016 only 258 out of 1857 arrests made by ADSU was related to synthetic drugs representing 14% of total arrests for that year. In 2017, ADSU carried out 534 arrests related to synthetic drugs representing 23% out of a total of 2293 for the year.

41% of arrests by ADSU in 2018, that is 1130 out of 2761 cases were related to synthetic drugs. The number of arrests for heroin represented only 21% of the arrests in 2018 compared to 36 % in 2016.

**Figure 12.**

**Percentage of arrests by gender (excluding juvenile) as reported by ADSU (2016 -2018)**



Please note that the juvenile category is not disaggregated by gender. In 2018, juvenile arrests represented 2.1% of the total arrests made by ADSU compared to 2.7% and 1.4% in 2016 and 2017 respectively.

Female arrest represents 4.7% of the total arrests (excluding juvenile) by ADSU for drug related offences in 2018. The percentage of arrests for females was 3.4% and 3.3% for the years 2016 and 2017 respectively.

Obviously, the highest percentage of arrests by gender concerned males with over 95% year after year.

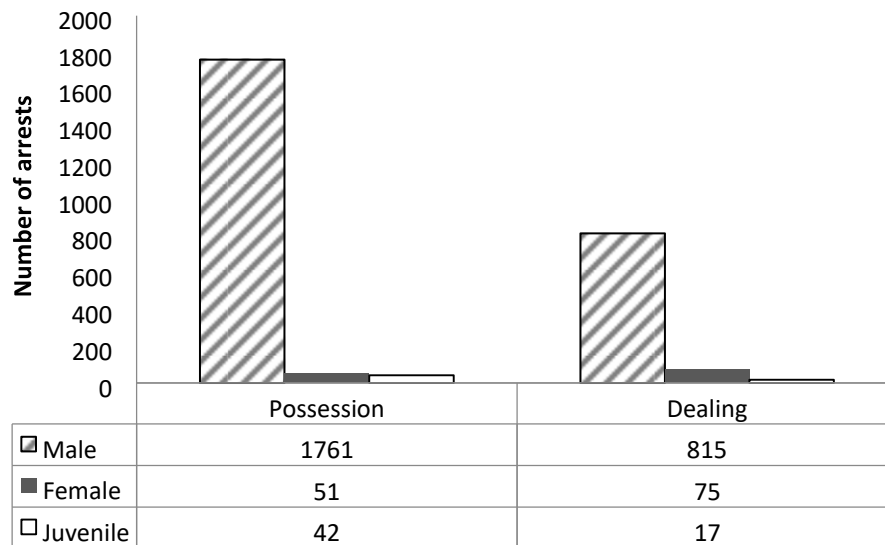
Table 19.

Arrests by ADSU by type of offence (excluding money laundering and others) 2018

Drug Type	Possession				Dealing				Total Persons Arrested (excluding money laundering & others)
	M	F	J	TOTAL	M	F	J	TOTAL	
Cannabinoid	721	14	19	754	338	26	12	376	1130
Buprenorphine	4	0	0	4	2	1	0	3	7
Cannabis	513	20	19	552	244	17	1	262	814
Hashish	39	0	0	39	28	4	0	32	71
Heroin	386	12	4	402	145	26	4	175	577
Methadone	37	3	0	40	0	0	0	0	40
Sedatives	61	2	0	63	40	1	0	41	104
Cocaine	0	0	0	0	12	0	0	12	12
Ecstasy	0	0	0	0	6	0	0	6	6
<b>Total:</b>				<b>1854</b>				<b>907</b>	<b>2761</b>

Figure 13.

Arrests by ADSU by type of offence and gender Jan - Dec 2018



Arrests by ADSU in 2018 have been classified under two main offences namely possession and dealing. One out of every 3 arrests by ADSU is related to dealing.

1854 arrests were made by ADSU for possession representing 67% of the total number of arrests made in 2018 out of which 2.8% were females.



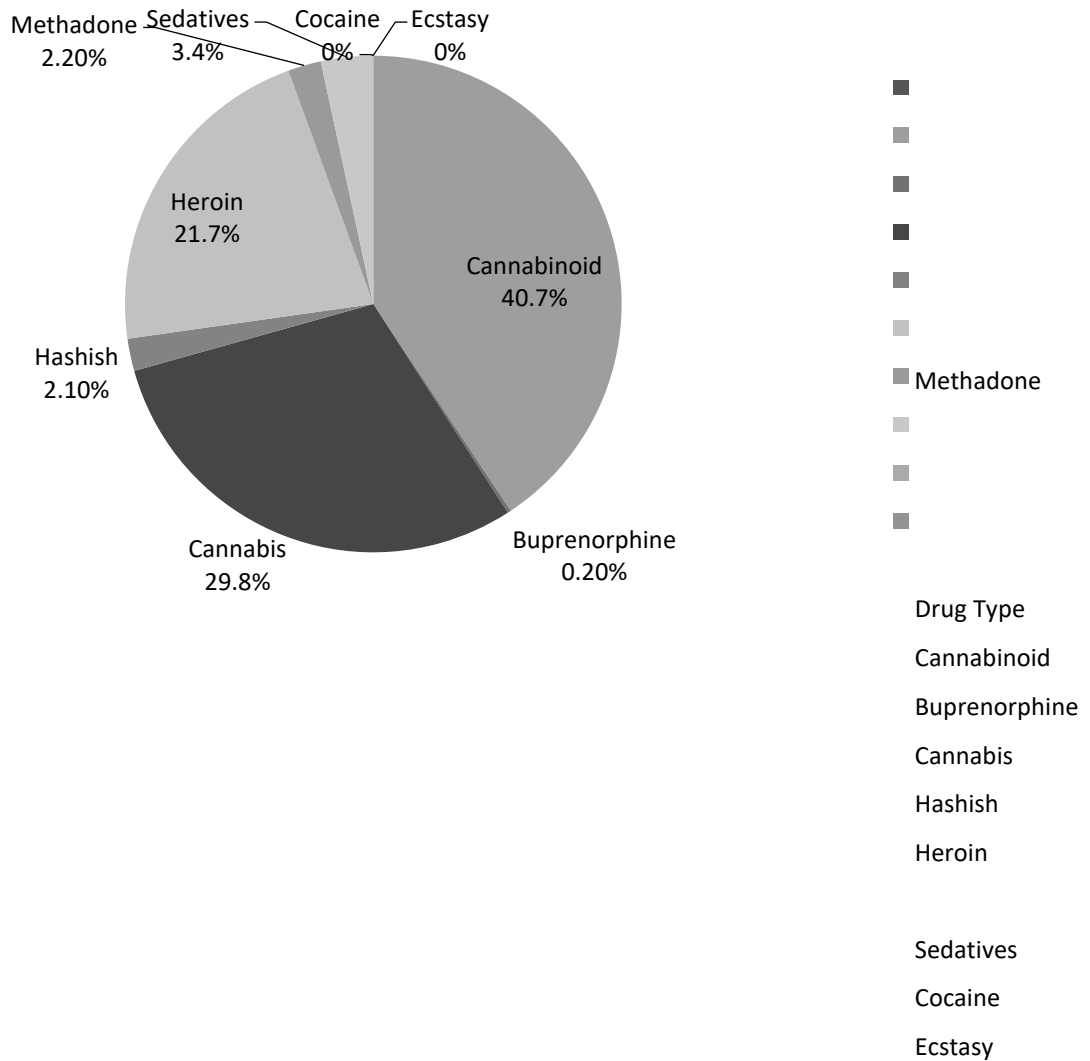
33% of the arrests were for dealing out of which 8.3% were females.

On overall female related arrests for both dealing and possession was 4.7% in 2018 (excluding juvenile).

The number of juvenile related arrests for possession was 42 while 17 were arrested for dealing.

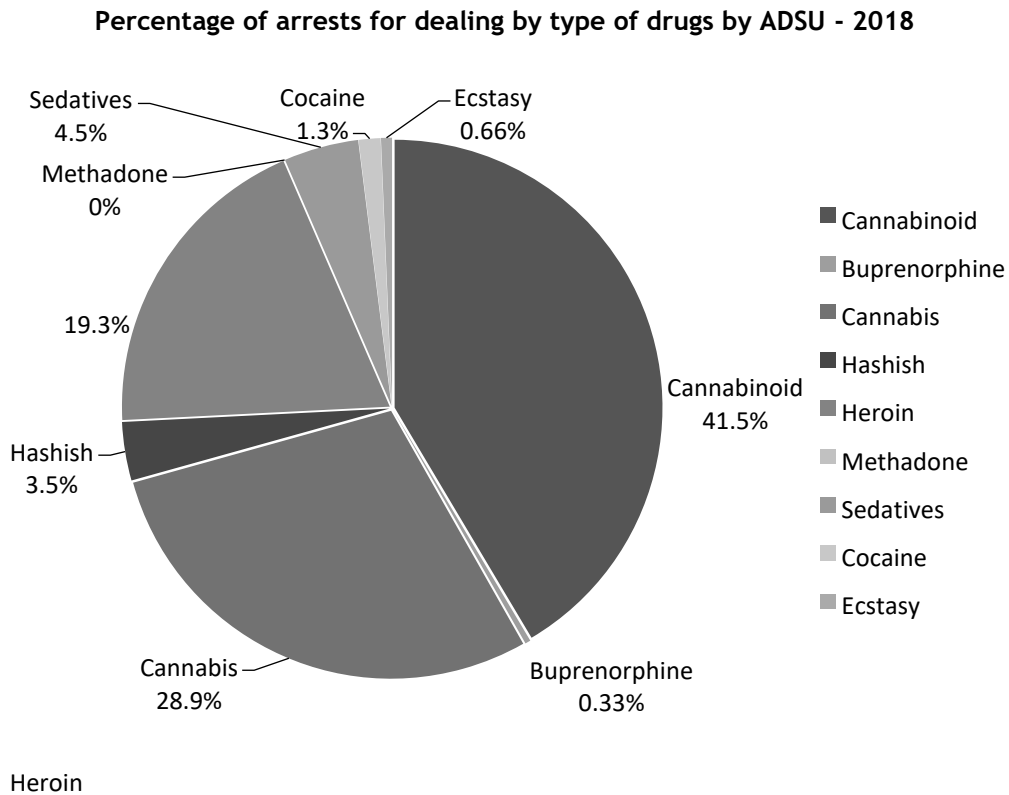
Figure 14.

Percentage of arrests for possession by type of drug - ADSU year 2018



Out of the 67% of arrests for possession of drugs by ADSU in 2018, 40.7% was for synthetic drugs and nearly 30% was for cannabis with arrests for possession of heroin representing around 22%. The proportion of arrest for possession of Hashish and methadone were 2% each while arrests for possession of sedatives represent the remaining 3% of arrests in this category and buprenorphine related arrests was less than 0.5%.

Figure 15.



**Arrests for dealing**

The number of arrests by ADSU for dealing in the year 2018 was 907 out of the 2761 arrests made.

The percentage of arrests for dealing by drug type is as follows:

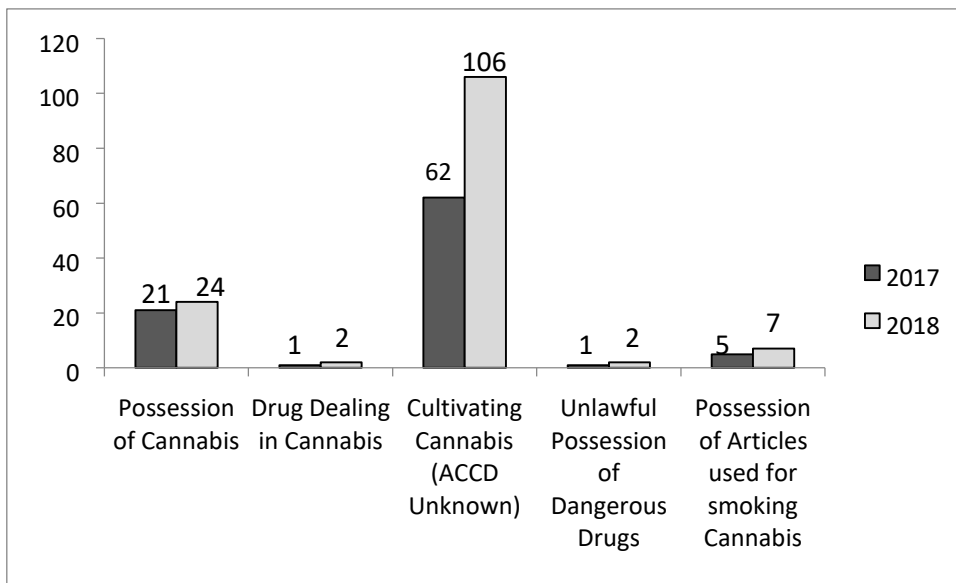
- Synthetic Cannabinoid represented 41% of arrest for dealing.
- 29% of arrests for dealing was related to cannabis.
- The proportion of arrests for dealing in Heroin was 19%.
- 4% of arrests was linked to dealing in Hashish.
- Arrest for dealing in sedatives was 5% of the total number of arrests.
- 1% of the arrests concerned dealing in cocaine.
- 1% of the arrests was related to dealing in ecstasy.

Table 20.

Return of Drug Cases established by ADSU - Rodrigues			
Offence	Number of Cases		
	Year	2017	2018
Possession of Cannabis		21	24
Drug Dealing in Cannabis		1	2
Cultivating Cannabis (ACCD Unknown)		62	106
Unlawful Possession of Dangerous Drugs		1	2
Possession of Articles used for smoking Cannabis		5	7
Total		90	141

Figure 16.

Return of Drug Cases established by ADSU - Rodrigues by type of offence



On overall, ADSU Rodrigues established 141 drug cases in 2018 representing a percentage increase of around 56% in the number of drug cases compared to 2017.

139 out of the 141 cases were related to cannabis out of which 106 were cultivating cannabis.

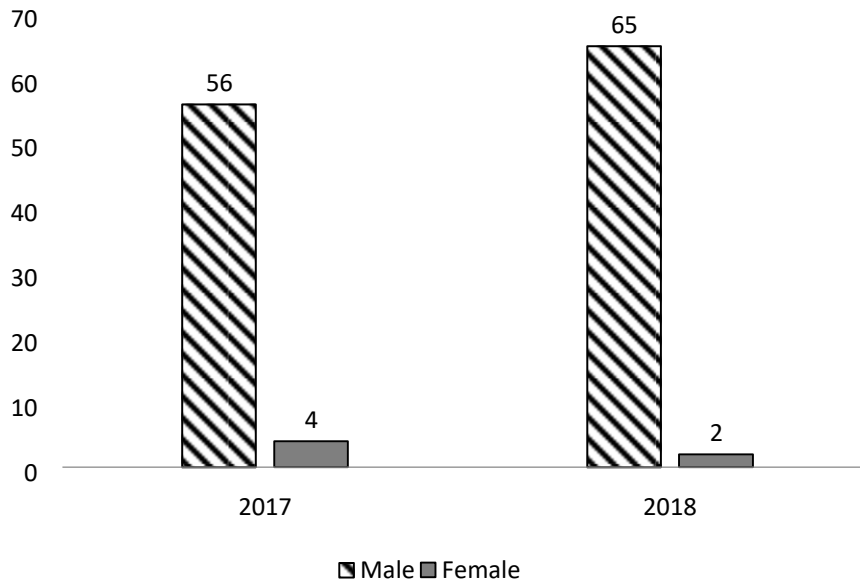
Source: National Drug Control Master Plan 2019-2023

Table 21.

Arrest for Drug Offences in Rodrigues by ADSU		
	2017	2018
Male	56	65
Female	4	2
Juvenile	2	
Total	62	67

Figure 17.

Arrest for Drug Offences by Gender in Rodrigues by ADSU (excluding Juvenile)



In 2018, ADSU in Rodrigues made 67 arrests for drug related offences compared to 62 in 2017. Out of these numbers only 4 were females in 2017 while in 2018, 2 were females.

Source: National Drug Control Master Plan 2019-2023

The Mauritius Revenue Authority

Table 22.

MRA - Cases of Seizures by Drug Type 2017

	Cannabis	Cannabis Seeds	Hashish	Ecstasy	Cocaine	Heroin	Synthetic Drugs	Psychotropic Substances
Jan	2		1			1		
Feb	3	1	1			1		
Mar	4		1	1		6	3	
Apr		1		1				
May	1	1	1			2	1	5
Jun	1	1				1		1
Jul	2		1			2	1	1
Aug	1			1			1	1
Sep	1				1			
Oct	1	2		1	1	3		
Nov						2		1
Dec	3			1		2	4	
Total	19	6	5	5	1	20	10	9
%	25.3	8	6.7	6.7	1.3	26.7	13.3	12

Table 23.

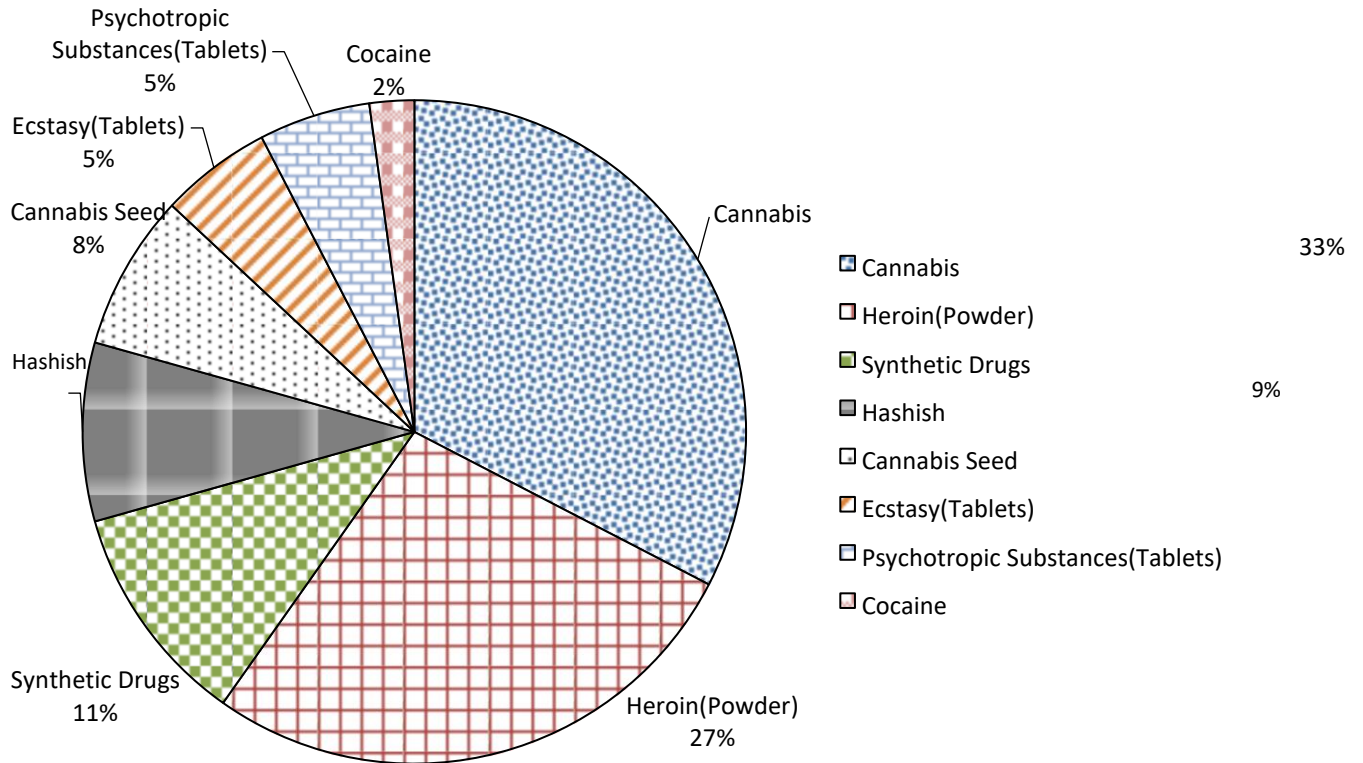
MRA - Seizures by Drug Type 2018

	Cannabis	Cannabis Seed	Hashish	Ecstasy (Tablets)	Cocaine	Heroin (Powder)	Synthetic Drugs	Psychotropic Substances	Total
Jan	2	1	1			1	1		6
Feb			1			2	2		5
Mar	1	1				3	5	1	11
Apr	2					2			4
May	5		2	1				2	10
Jun	3	2		2	1	1			9
Jul	4		1			4	2		11
Aug	4	1		1	1	1			8
Sep	1	1	1			4		1	8
Oct	2		1			2		1	6
Nov	1	1		1		2			5
Dec	5		1			3			9
Total	30	7	8	5	2	25	10	5	92
%	32.6	7.6	8.7	5.4	2.2	27.2	10.9	5.4	

In 2018, MRA made 92 seizures compared to 2017. Most number of seizures was related to cannabis with 45 out of 92 cases in 2018 and 30 out of 75 cases in 2017. Number of seizures related to heroin and synthetic were 25 and 10 respectively for 2018.

Figure 18.

MRA - Percentage of number of seizures by drug type 2018



Seizures conducted by MRA are exclusively carried out at entry points in Mauritius.

For the period January to December 2018 the Mauritius Revenue Authority reported having effected 92 seizures in total compared to 75 seizures in 2017. Half of the seizures in 2018 were related to cannabis, including cannabis seed and hashish representing 50% of the total number of seizures. 27% of the number of seizures in 2018 was for heroin. 11% of the number of seizures concerned synthetic drugs in 2018 while in 2017 the figure was 13%.

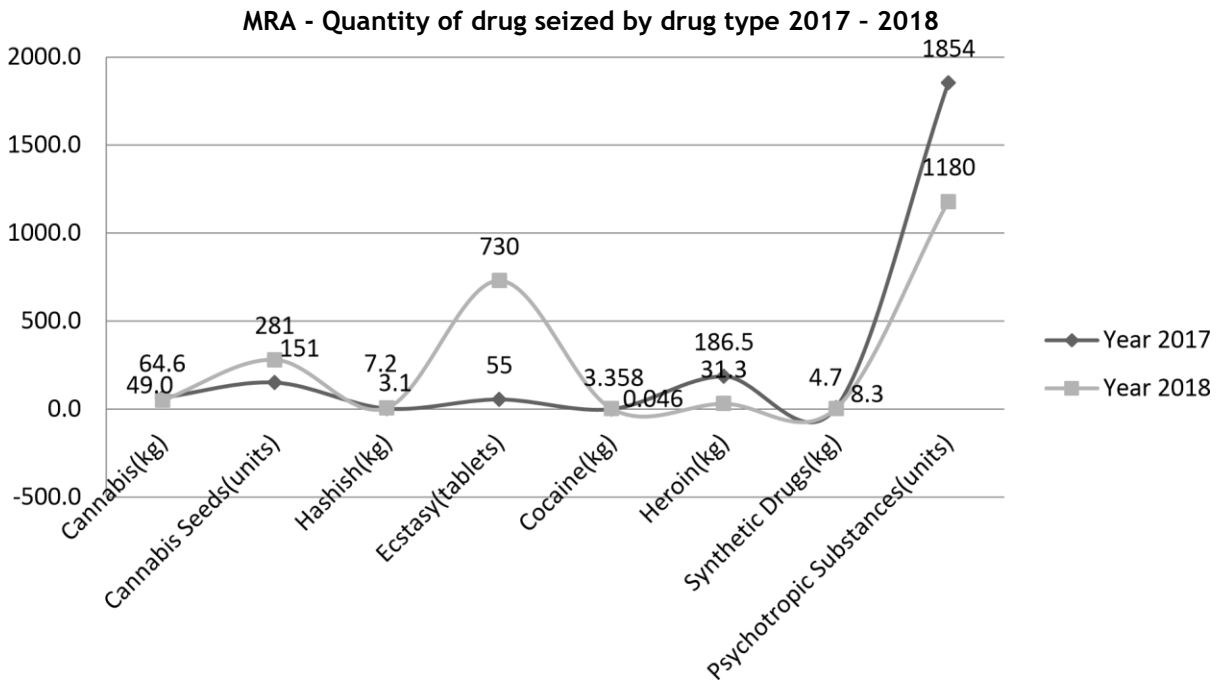
Seizures regarding psychotropic substances (tablets) represented 5% of the total number of seizures by MRA Customs in 2018 while the number of cocaine related seizure represented only 2% for the same period.

Table 24.

MRA - Quantity of Drug Seized by Drug Type

	Year 2017	Year 2018
Cannabis(kg)	64.6	49
Cannabis Seeds(units)	151	281
Hashish(kg)	3.1	7.2
Ecstasy(tablets)	55	730
Cocaine(kg)	0.046	3.358
Heroin(kg)	186.5	31.3
Synthetic Drugs(kg)	8.3	4.7
Psychotropic Substances(units)	1854	1180

Figure 19.



31.3 kg of heroin was seized by MRA Customs in 2018 compared to 186.5 kg in 2017 while in 2016 the quantity of heroin seized was 9.9 kg.

Cannabis related seizures by MRA Customs in 2018 amounted to 49 kg compared to 64.6 kg in 2017 and 3.1 kg in 2016.

For the year 2018, a significant increase in quantity of cocaine seized was observed i.e. 3.3 kg compared to only 46 g for the year 2017.

Chapter 5: The Judiciary and Prison Services

Table 25.

Drug offences convicted, Republic of Mauritius, 2018 by type of drug

Drug	Type of offence	2018
Heroin	Importation	1
	Dealing	17
	Possession (heroin & articles)	482
	Consumption	48
	Other	0
	<b><i>Subtotal Heroin</i></b>	<b>548</b>
Cannabis	Importation	5
	Cultivation	99
	Dealing	48
	Possession (gandia & articles)	580
	Consumption	178
	Other	0
<b><i>Subtotal Gandia</i></b>	<b>910</b>	
Other drugs	Importation	3
	Dealing	22
	Possession (drugs & articles)	339
	Consumption	11
	Other	0
	<b><i>Subtotal Other drugs</i></b>	<b>375</b>
<b>TOTAL (All drug offences)</b>		<b>1,833</b>

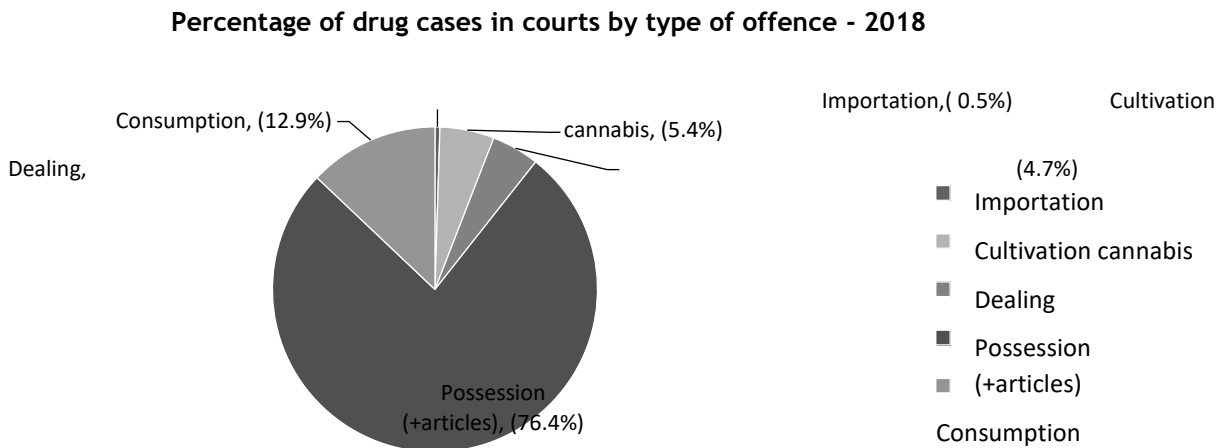


In 2018, there were overall 1833 drug offences dealt by the different courts of the Republic of Mauritius. Out of this, 50% were related to Cannabis, 35% concerned Heroin while the remaining 20% were for other drugs.

**Table 26.**

Number of drug offences in the different courts by type of offence 2018	
Offence	No.
Importation	9
Cultivation cannabis	99
Dealing	87
Possession (+articles)	1401
Consumption	237
<b>Total</b>	<b>1833</b>

**Figure 20.**



Regarding the type of offence for the cases in court in 2018, the vast majority i.e. 89.3% was linked to possession and consumption, that is, 1638 out of 1833 cases.

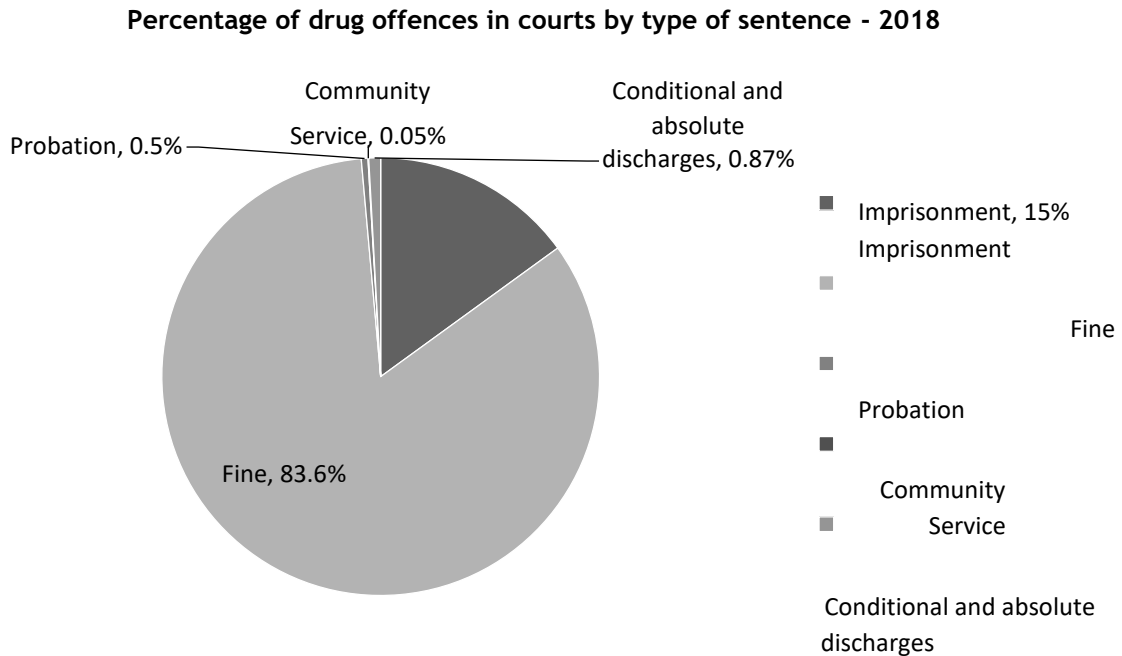
5.4% of the cases were due to cultivation of cannabis while 4.7% of the cases dealt by the Judiciary in 2018 were related to dealing and around 0.5% of the cases were linked to importation of drugs.

Table 27.

Number of drug Offences* in different courts, by type of sentence 2018	
Sentence	2018
Imprisonment	275
Fine	1532
Probation	9
Community Service	1
Conditional and absolute discharges	16
Total	1833

\*An offence may involve one or more persons

Figure 21.



In the year 2018, out of the total 1833 drug related cases in courts, 16 of them representing less than 1% of the cases were given absolute or conditional discharge. Only 1 case was sentenced to community service while 9 cases were granted probation. 83.6% of the cases were sentenced to fine i.e. 1532 out of the 1833 cases.

Only 15% of the drug offences in the different courts were convicted to imprisonment i.e. 275 out of 1833 cases for the period January to December 2018.

MAURITIUS PRISON SERVICE

Admissions for drug related offences in prisons by type of offence - Republic of Mauritius  
2018

Table 28.

	Convictions by type of offence in 2018
Drug Possession for any purpose/use	284
Drug Dealing	8
Drug Trafficking	0
Drug Importation	10
Cultivation	17
Other	8
<b>Total admissions related to drug offences</b>	<b>327</b>
<b>Total Number of convicts admitted</b>	<b>3654</b>

In 2018, a total of 3654 convicts were admitted in the prisons of the Republic of Mauritius (excluding remand). Out of this figure, 327 cases were related to drug offences while the remaining 3327 were convicted for other crimes. Out of the 327 drug related cases, 8 were convicted for dealing and 10 convicted for drug importation while 17 admissions were related to cultivation. In 2018, only 284 admissions were related to drug possession/use.

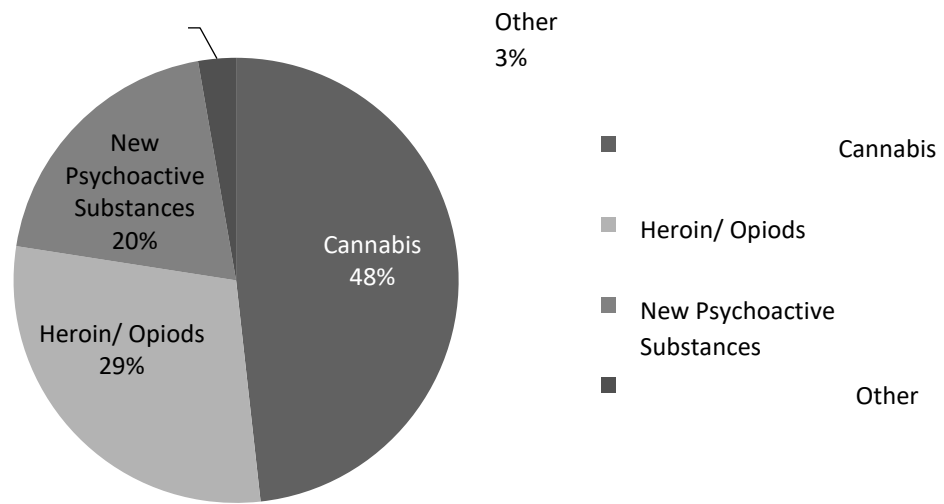
Table 29.

Number of admissions in prisons who reported drug use by type of drug - 2018 (including unconvicted)

Cannabis	1496
Cocaine	0
Ecstasy	0
Heroin/ Opioids	906
Methamphetamine/ Amphetamine	0
New Psychoactive Substances	614
Other drugs	85
<b>Total</b>	<b>3101</b>

Figure 22.

Percentage of admissions in prisons by type of drug in 2018



In 2018, there were 3101 admissions in prisons who reported drug use at the point of entry. This figure includes convicts as well as those on remand. Out of the 3101 admissions, 1496 representing around 48% stated consuming cannabis followed by those consuming heroin and opioids standing at 29% while 20% stated consuming new psychoactive substances. Around 3% of the admissions, were taking other drugs as reported by the Mauritius Prison service.

Since the implementation of the Methadone Maintenance Therapy in 2006, the Prison Service has ensured continuity of the methadone therapy to detainees already induced at community level. In November 2011, a Prison Methadone Induction Unit was set up for induction on methadone for PWIDs.

From January to December 2018, the number of PWIDs induced on methadone in prisons was 53.

The number of detainees admitted in prisons on a community prescription for methadone in 2018 was 882.

**Chapter 6:**

**Ministry of Education and Human Resources, Tertiary Education and Scientific Research**

Adolescents and young people whether in or out of school are vulnerable to falling prey to the drug scourge. It is of public knowledge that some students do consume psychoactive substances for an array of reasons. However, it is to be noted that for the period January to December 2018, one case of dealing in drugs by student/trainee of MITD has also been reported by the Ministry of Education and Human Resources, Tertiary Education and Scientific Research.

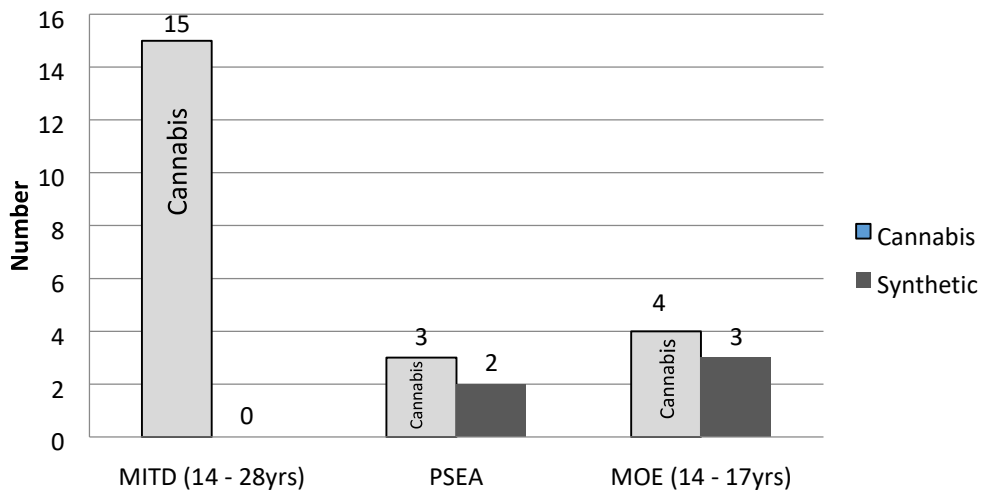
**Table 30.**

**Drug related cases as reported by the Ministry of Education and Human Resources, Tertiary Education and Scientific Research for Educational and Training Institutions -2018**

	Number of Cases
<b>MITD (14 - 28yrs)</b>	<b>15</b>
<b>PSEA (Private Secondary Education Authority)</b>	<b>5</b>
<b>MOE (14 - 17yrs)</b>	<b>7</b>
<b>Total</b>	<b>27</b>

**Figure 23.**

**Number of cases reported in Educational/Training Institutions by drug type - 2018**



27 drug related cases were reported by the different educational/training institutions under the Ministry of Education and Human Resources, Tertiary Education and Scientific Research(MOE), including the Mauritius Institute for Training and Development (MITD) as well as the Private Secondary Education Authority for the year 2018. Over 50% of these cases were reported by the MITD that is 15 out of 27

cases while 7 and 5 cases were reported by the MOE and PSEA respectively. The main drug of concern is cannabis with 22 out of the 27 cases related to it and the remaining 5 cases were related to synthetic drugs.

**Table 31.**

**Drug related cases as reported by the MOE for State Secondary Educational Institutions by drug type - 2018**

Zone	Number of Cases	Incident	Drug Type	Age(Yrs)
1	1	Possession	Cannabis	14
1	1	Consumption	Synthetic Drugs	14
2	2	Possession	Synthetic Drugs	17
3	1	Consumption	Cannabis	14
4	1	Consumption	Smoking Illicit Substance	16
4	1	Possession	Cannabis	16

7 incidents related to drugs in State Secondary Educational Institutions were reported by the MOE for the year 2018. Out of this figure, 2 cases were from each of the three zones namely Zone 1, Zone 2, Zone 4 and 1 case was reported from Zone 3. The age group of those involved was between 14 - 17 years. 3 cases were related to either possession or consumption of cannabis and 3 others were related to possession or consumption of synthetic drugs while one case was for smoking illicit substance.

**Table 32.**

Drug related cases reported by PSEA by type of drug 2018	
Drug Type	Number of Cases
Cannabis	3
Synthetic Drugs	2

The PSEA reported only 5 drug related cases in 2018 out of which 3 were for cannabis and 2 were related to synthetic drugs.

Table 33.

**Drug related cases reported by the MITD by drug type 2018**

Number of Cases	Incidence	Drug Type	Age(Yrs)
2	Consumption	Cannabis	14
1	Dealing	Cannabis	14
1	Possession	Cannabis	15
1	Consumption	Cannabis	17
10	Consumption	Cannabis	18 -28

Most of the drug related cases reported by the MOE in 2018 were from the Mauritius Institute of Training and Development (MITD) i.e 15 out of 27 cases representing 55% of the total cases.

Out of the 15 drug related cases reported by the different centers of the MITD, 66% were within the age group of 18 - 28. One case of dealing was also reported by a MITD centre involving a trainee of 14 years age. Regarding the drugs concerned, all the cases were exclusively related to cannabis.

**Measures taken by MOE:**

**Preventive Measures**

- **Directorate Health and Wellness**

- i. Setting up of a Health and Wellness Directorate to look into the Drug Use Prevention in schools among other roles and responsibilities.

- **Anti-Drug Education in Curriculum**

Drug use prevention materials have been infused in a few subjects of the new primary and secondary school curriculum and this will provide an opportunity to expand the anti-drug education component in a larger number of subjects for Grades 7, 8 and 9.

- **Collaborative networking**

- I. A structured, extensive prevention programme at the level of educational institutions conducted with MOHQL and the assistance of ADSU, the Brigade pour la Protection des Mineurs and NGOs to address the drug problem as well as share information.
  - II. The Ministry of Education & Human Resources, Tertiary Education and Scientific Research also hosts a multi sectorial meeting on “Indiscipline and Substance Abuse Prevention Programmes in Schools” yearly with all the major stakeholders such as MOHQL, Mauritius Police Force, PSEA among others.

- **Sensitization campaigns**

Sensitisation campaigns are ongoing in collaboration with the relevant stakeholders such as ADSU, Harm Reduction Unit of MOHQL.

- **Protocol on Substance Abuse in Schools**

Protocol in place to act as a guideline for management to handle a case whereby a student is caught in possession of a suspected illicit substance. This protocol also advocates close monitoring and follow up at the level of the school including pastoral care and support from Educational Psychologists. Psychological back up services and counselling are provided by the Educational Psychologists. Educational Social Workers establish the School/Home links and facilitate the rehabilitation of the needy student.

- **Other Actions**

Ministry of Education, Human Resources, Tertiary Education and Scientific Research has partnered with the United Nations Office on Drugs and Crime and the CIM group to introduce a Drug Use Prevention Programme: UNPLUGGED.

“UNPLUGGED” program, is a tested and approved curriculum, based on the comprehensive social influence approach with potential for preventing drug use in the youth. It was developed and tested within the realm of EU- Drug Abuse Prevention trial and uses universal prevention which refers to activities aiming to avoid or delay the use of substances by all youths, irrespective of their background risk profile. “Unplugged” was contextualized to the Mauritian context in May 2018 and validated as “Get Connected”. The program is designed to be a classroom interactive session for students aged 12-14 years, with the teacher serving as the trainer. The program’s duration is of approximately 12 hours over a course of 12 weeks with, each hour corresponding to a particular lesson and focuses on developing the intrapersonal, interpersonal skills as well as the knowledge and attitudes of the students.

A sensitization session on drug use prevention was held by the UNODC representatives for the Top management of the Ministry of Education as well as the Rectors and Managers of Secondary Schools.

A training of trainers’ session was held in July 2018 and included participants from Mauritius Institute of Education, Nursing Officers of the Harm Reduction Unit of Ministry of Health and Quality of Life, Educational Psychologists and Educational Social Workers from MOE and PSEA, as well as trainers from 3 NGOs namely Dr Idrice Goomany Centre, Centre D’Accueil de Terre Rouge, Centre de Solidarité pour une Nouvelle Vie.



## Chapter 7: Drug Prevention Programme - Harm Reduction Unit MOH&QL

Primary drug prevention programmes target to provide information, education and support necessary to prevent drug consumption in communities, schools and the workplace. Drug abuse prevention is an important first step in informing individuals about the dangers of addiction, prevention techniques and also where to find recovery help and support if it should be deemed necessary for themselves or their closed ones.

With a view to empower the youth with the right knowledge about the ill effects of drugs, drug prevention programmes are conducted in educational and training institutions, among out of school youth, including those in close settings (CYCs and RYCs) through awareness activities, debates, exhibitions, and other activities . Apart from the ongoing awareness sessions to reach the mass of students , the MOH&QL is collaborating with the Ministry of Education and Scientific Research to implement a standard prevention programme (Get Connected) since January 2019 targeting the students between 12 and 14 years of age (around 2000 students) in 24 educational institutions in Mauritius .

Training of all stakeholders involved in the project was conducted in 2018 in collaboration with the UNODC.

At the level of the community there are ongoing activities to create awareness against substance abuse among the population through talks at Social Welfare Centers, Community Centers, Women Centers among others.

A series of drug prevention activities are implemented at the level of workplace including both the public as well as the private sector namely, manufacturing, agricultural and tourism sectors just to name a few.

On the other hand, advocacy and sensitisation sessions on the drug issue is also conducted regularly with different cadres of the private and the public sector through training workshops organised by the Ministry of Labour.

Moreover, 67 training sessions for nurses and health care assistants and paramedical staff have been conducted by the Harm Reduction Unit of the MOH&QL in the different hospitals as well as in private clinics in 2018.

Table 34.

## Sensitisation sessions against drugs conducted in 2018

Month	Educational institution		Community		Workplace		Other Activities
	Class	No. of Students	No. of Sessions	No. of Participants	No. of Sessions	No. of Participants	
January	46	986	5	175	17	414	
February	155	3814	34	1231	34	911	
March	191	5387	17	2036	32	969	1475
April	96	2670	52	1608	34	887	2460
May	222	6186	43	1593	39	932	2630
June	128	3508	54	2231	48	1696	882
July	52	1451	36	1166	17	434	36
August	61	1581	15	532	6	196	800
September	44	1080	18	497	9	274	1645
October	-	-	8	177	17	421	350
November	-	-	16	501	10	454	3050
December	-	-	8	236	3	49	200
<b>Total</b>	<b>995</b>	<b>26663</b>	<b>306</b>	<b>11983</b>	<b>266</b>	<b>7637</b>	<b>13528</b>

In 2018, a total of 995 sensitisation sessions have been conducted in schools reaching 26,663 students while 306 awareness sessions were conducted in the community targeting 11,983 persons. 266 awareness activities were conducted at workplace of the private as well as the public sector and 7637 people were sensitised on drugs and its harmful consequences. Some 13,528 people were sensitised through other activities such as exhibitions.

Drug prevention activities targeting students are conducted mainly during the first and second semester and include talks, debates, exhibitions, slams and 'témoignage' by people who have been using drugs. Several sensitisation sessions have been conducted with Parent Teachers Associations (PTA) of different secondary educational institutions and a few primary schools.

## **MINISTRY OF YOUTH AND SPORTS**

Young people are particularly vulnerable with regard to drugs. Primary prevention against drugs is generally limited to sensitisation and awareness by disseminating information on the harmful consequences of drug use. This is done very often through talks, lectures and debates amongst others. However, the mere fact of being informed about drugs is not a guarantee that young people will abstain from consuming drugs. It is therefore essential that alongside educating young people about the drug issue, they are also offered healthy alternatives in terms of entertainment as well as other meaningful activities to keep them away from the dangers of drugs.

In this context, the Ministry of Youth and Sports has a series of programs and activities known as **Youth Development Programmes** targeting young people in Mauritius. These are:

### **1. National Youth Civic Service**

The **National Youth Civic Service** project is a Training Programme designed to enable young people aged 17 years old to 25 years old to practice and exercise citizenship, develop life skills, and enhance their employability and learning outcomes.

Through its 9 modules the programme aims at:

- Developing a confident, intelligent, active, resilient and daring youth community.
- Cultivating positive characteristics and a value based life approach among the younger generation.
- Develop a set of competence geared towards a positive lifestyle with a high level functioning on a personal and social level, together with enhanced employability skills.
- Instill a spirit of caring and volunteering among youth.
- Developing a spirit of citizenship and patriotism among the young generation.
- Enhancing unity among the various sections of a multi-ethnic society.

### **2. The Duke of Edinburgh's International Award - Mauritius**

The **Duke of Edinburgh's International Award** is known as the world's leading youth achievement programme, equipping young people for life. It operates at three recognisable levels of Bronze, Silver and Gold. It is voluntary, non-competitive and available to anyone aged 14-24. It is about individual challenge as young people design their own Award Programme, set their own goals and record their own progress. They choose a Voluntary Service, Skills, Physical Recreation and go on Adventurous Journey, and to achieve a Gold Award, take part in a Gold Residential Project. The Award is freely offered to our young people. Last year around 5, 000 youth enrolled for the Programme and more than 10, 000 were actively participating therein.

### 3. National Young Volunteer Scheme

In line with **Government's Programme 2015-2019**, this Ministry has launched a **National Young Volunteer Scheme** under the appellation Volunteer Mauritius. The programme aims at promoting volunteering spirit among the youth by creating a pool of trained young volunteers to develop shared experience and engage in voluntary actions at local, regional and national levels. The four main components of the scheme are Nation Building, Solidarity, Education and Environment. Volunteer Mauritius inculcates in youth a sense of compassion and service to others in society. A Volunteers Academy is organised each year to provide intense training to young volunteers and volunteer groups unite efforts to mark the International Volunteers Day on 05 December every year.

### 4. Life Skills Education Programme

A comprehensive youth health programme which encompasses physical, mental and interpersonal wellbeing supports youth in making healthy lifestyle choices. **Life Skills Education Programme** of the Ministry provides young people the opportunities to learn and appreciate themselves, to interact positively with others, set great life goals and take informed decisions pertaining to their sexuality, career, relationships and work life challenges. Sensitisation campaigns against social ills enable our youth to cultivate the necessary skills, attitudes and knowledge **to be able to resist negative peer pressure which drives us towards substance abuse, delinquent behaviours and other related problems.**

### 5. Youth Entrepreneurship

Entrepreneurship is a key driver of our economy. Wealth and a high majority of jobs are created by small businesses started by entrepreneurship-minded individuals, many of whom go on to create big businesses. People exposed to entrepreneurship frequently express that they have more opportunities to exercise creative freedoms, higher self-esteem, and an overall greater sense of control over their own lives. Thus, a series of training and capacity building actions, as well as mentoring and support to budding entrepreneurs have been put in place to enable the youth to be economically independent. The aim is also to promote a culture of entrepreneurship among the youth. A Three-month training called PPEJ( *Programme pour la Promotion de l'Entrepreneuriat Jeunes*) is organised each year for potential young entrepreneurs from April to July. The course ends with Best Business Plans competition and 10 best projects are awarded cash prizes as start-ups. Young entrepreneurs also have the opportunity to showcase their enterprises in a “ *Salon des Jeunes Entrepreneurs*” organised every year.

## **6. Recreational and leisure**

It is important to help young people organize their leisure activities as these offer a number of health, social, environmental and historical benefits. During each School Holiday period- Easter, Winter and Summer- a series of activities including Outings, “Animation régionale”, “Interquartier” activities, camping, “Pédaler en sécurité”, and Street Battle among others, are organised especially for secondary school students.

## **7. Carrefour des Jeunes**

The “Carrefour des Jeunes” is a 3 day residential programme for young people where a series of interactive activities like sports, music, arts and theatre are organised.

During the camp, youth with the support of resource persons are able to share their feelings on issues affecting them like alcohol and drug addicts. They are helped to be models for their peers in their schools, work place and communities.

## **8. Service d’écoute**

It is observed that young people who are participating in the projects of the Ministry like “Carrefour des Jeunes”, outreach programme and National Youth Civic Service are faced by a number of issues and challenges.

Youth Cadres who are involved in these projects are trained to provide the required help and support to these young people.

## **9. Artistic pursuit**

Artistic activities are an integral part of youth development.

In addition to the many activities organized at regional levels, the following projects have been implemented:

- Courses in “La Flute” targeting mostly young adolescents
- “Zenes Montrer to Talan” - a platform where young people showcase their talents □ Street battle

## References

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