Republic of Mauritius

NATIONAL DRUG OBSERVATORY REPORT 2020

National Drug Secretariat
Prime Minister's Office
December 2021

Acronyms

ADSU	Anti-Drug and Smuggling Unit
CUT	Collectif Urgence Toxida
CYC	Correctional Youth Centre
HCV	Hepatitis C Virus
IBBS	Integrated Biological & Behavioural Survey
MOHW	Ministry of Health and Wellness
MRA	Mauritius Revenue Authority
NDCMP	National Drug Control Master Plan
NDO	National Drug Observatory
NDS	National Drug Secretariat
NEP	Needle Exchange Programme
NGO	Non-Governmental Organisation
PWID	People Who Inject Drugs
PWUD	People Who Use Drugs
MAT	Medically Assisted Therapy
MST	Methadone Substitution Therapy
PMO	Prime Minister’s Office
NPS	New Psychoactive Substance
COVID	Corona Virus Disease

Table of Content

List of Tables

List of Figures

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Executive Summary

World Drug situation

More than a quarter of a billion people use drugs in 2019, an estimated 275 million people worldwide aged 15–64, or 1 in every 18 people in that age group, had used drugs at least once in the previous year. This corresponds to 5.5 per cent of the global population aged 15–64 (range: 3.5 to 7.4 per cent). Over the last decade, there has been a diversification in the substances available on the drug markets. In addition to traditional plant-based substances (cannabis, cocaine and heroin), the last decade has witnessed the expansion of a dynamic market for synthetic drugs and of the non-medical use of pharmaceutical drugs.

COVID-19 and Drugs

Data and qualitative information available to UNODC as of the first quarter of 2021 reveal that different dynamics emerged after the onset of the pandemic, with some drug markets experiencing no change and others quickly recovering after initial disruptions or undergoing opportunistic changes in routes and modi operandi. Overall, drug markets have largely proved to be resilient to COVID-19-related changes. After initial disruptions early in the pandemic, organized crime groups quickly adjusted to the changing circumstances, and by early 2021, drug trafficking appeared to be continuing at the same pace as before the COVID-19 pandemic or even at an increased pace. In Mauritius, disruptions in drug trafficking and dealing that happened in the initial stage of the lockdown due to the COVID-19 pandemic in March 2020, soon resumed almost at the same pace as witnessed by the number of arrests effected by ADSU in the months of March and April 2020. The MOHW showed resilience in the provision of services to people who use drugs.

Main Findings of IBBS 2020 Among PWIDs

In November-December 2020, an Integrated Behavioural and Biological Surveillance [IBBS] survey was carried out among People Who Inject Drugs (PWID) in the Island of Mauritius. According to the 2020 IBBS study, the population size of PWIDs, in 2020 was estimated at 6,600 active injecting drug users. Thus, in 2020, 1.4% of the male population aged 15-59 years were actively injecting drugs in the last six months preceding the survey, against 0.3% injecting drug users among the female population aged 15-59 years. In 2020, 1.4% of the male population aged 15-59 years were actively injecting drugs in the last six months preceding the survey, against 0.3% injecting drug users among the female population aged 15-59 years. HIV prevalence among PWIDs in 2020 was 21%. It was 18% among males and 32% among females.

Drug-Related Health Services

Among the 984 admissions in Public Health Institutions due to complications following consumption of drugs in 2020, the majority were males, representing 95% of admissions, while the remaining 5% were females with 52 admissions. Over 75% of the admissions were found in the age group 20 to 39. People aged 20 to 29 years accounted for 54% (529) of the admissions and those between 30 and 39 years old accounted for 22% (221) of the admissions. The younger age group that is those between 15 to 19 years of age accounted for 12% (113) of the admissions while 2 cases were between 10 to 14 years old and one admission was below 10 years old. Synthetic Drugs remain the main cause of admissions in Public Health Institutions following consumption of drugs, with 538 out of 984 cases representing 55% of the total admissions.

Harm Reduction Programme

In December 2020, there were 5,752 persons on the Methadone Maintenance Therapy programme, out of which 203 were females. Daily methadone dispensing was conducted at 44 different sites across the island, including 4 dispensing points within the Prison Services. The Needle Exchange Programme is implemented by the MOHW in collaboration with NGO Collectif Urgence Toxida (CUT).

Ministry of Youth Empowerment, Sports and Recreation

The Youth Section of the Ministry organised a series of programmes aimed at promoting healthy lifestyle and preventing substance abuse among young people aged 14-35 years old in 2020.

These activities fall under 3 intervention domains, namely:

1.Information, Education and Communication (IEC)

2. Targeted Intervention,

3. Youth Empowerment and Capacity Building.

Non-Governmental Organizations

Rehabilitation services for People Who Use Drugs in Mauritius is essentially provided by several registered Non-Governmental Organizations (NGOs). They use different therapeutic models, from drug free approach to medically assisted therapies, coupled with psycho-social support as well as rehabilitation and support services. The number of new cases registered for the year 2020 at 10 NGOs which provided disaggregated figures was 1,890 out of which 3.3% that is 64 cases were young people below the age of 18.

Deaths related to Drug Intake

In 2020, the number of deaths related to intake of drugs was 44 including 3 females. Two of the females were in the age group of 20-29 while one was between 40-49 years of age. In fact, just over one third (34%) of death related to intake of drugs in 2020 was among the 20-29 age group followed by the 30-39 age group with 32% while the 40-49 age group represented 18% of the total number of deaths.

Arrests by ADSU

Despite the unprecedented situation prevailing in 2020 due to the COVID-19 pandemic and lockdown that followed, activities related to drug trafficking/dealing, which had some disruptions soon continued at its own pace. The Anti-Drug and Smuggling Unit maintained its interventions to track people suspected to be involved in drug related offences. In 2020, ADSU made 3370 arrests for drug related offences, excluding 9 for Obstruction to Police and 8 arrests for Money Laundering.

Seizures of Drugs

The largest quantity of seizure in terms of weight is associated to Cannabis for the year 2020 (72.634 kg). According to the Crime, Justice and Security Statistics 2020, some 62,712 plants of cannabis were uprooted by ADSU in the year 2020.

Drug Offence Rate and Judiciary

In 2020, out of the 5,268 drug offences reported, 45.7% were cannabis related offences, 32.5% were heroin related offences while 19.4% of drug offences under the “other” category comprised mainly synthetic cannabinoids, as well as methadone and hashish. 2.0% of the drug related offences were for sedatives/tranquilizers and 0.4% for buprenorphine. The number of convictions for drug related offences in 2020 was 1574. The number of convictions for drug offences were relatively less than the previous years which is most probably related to the lock down due to the COVID-19 pandemic in that year.

Mauritius Prisons Service

In 2020, the Prisons Department registered 3345 admissions out of which 249 were drug related cases representing 7.4% of the total admissions. The vast majority (96%) of the drug related admissions were males that is, 239 of the 249 cases of admissions.

Forensic Science Laboratory

In 2020, 5348 exhibits were submitted to the Forensic Science Laboratory (FSL) for analysis with regard to 4637 cases.

World Drug Report 2021 - The Global Overview: Drug Demand and Supply

Extent of Drug Use

More than a quarter of a billion people use drugs in 2019, an estimated 275 million people worldwide aged 15–64, or 1 in every 18 people in that age group, had used drugs at least once in the previous year (range: 175 million to 374 million). This corresponds to 5.5 per cent of the global population aged 15–64 (range: 3.5 to 7.4 per cent). Between 2010 and 2019, the estimated number of past year users of any drug globally increased from 226 million to 274 million, or by 22 per cent, in part as a result of global population growth, which increased by 10 per cent among those aged 15–64. However, considering the wide uncertainty intervals of these estimates and the fact that the global estimates represent the best available data in any given year, any comparison of the estimates should be undertaken with great caution. Over the last decade, there has been a diversification in the substances available on the drug markets. In addition to traditional plant-based substances (cannabis, cocaine and heroin), the last decade has witnessed the expansion of a dynamic market for synthetic drugs and of the non-medical use of pharmaceutical drugs. Drugs are more potent nowadays and their increasing availability and consecutive or sequential use among occasional or regular users pose an even greater challenge than in the past to the prevention of drug use, treatment of drug use disorders and addressing the adverse health consequences thereof. In recent years, hundreds of NPS have been synthesized. The majority are stimulants, followed by cannabinoids and an increasing number of opioids, with unpredictable and sometimes severe negative health consequences, including death. The harm from use of NPS is more noticeable at the individual level than at the aggregated population level, with the exception of NPS opioids such as fentanyl analogues in North America and non-medical use of tramadol in Africa. Some 36 million people suffer from drug use disorders. Among the estimated 275 million past-year users of any drug, approximately 36.3 million (range: 19.6 million to 53.0 million), or almost 13 per cent, are estimated to suffer from drug use disorders, meaning that their drug use is harmful to the point where they may experience drug dependence and/or require treatment. This corresponds to a prevalence of drug use disorders of 0.7 per cent (range: 0.4 to 1.1 per cent) globally among the population aged 15–64. Between 2010 and 2016, the prevalence of drug use disorders remained rather stable globally, with the number of

people suffering from drug use disorders changing over that period mainly as a result of population growth. However, the prevalence estimates increased from 2017 onwards and the prevalence of drug use disorders (0.7 per cent) in 2019 was higher than previously estimated.

General population surveys: measuring the extent of drug use

The estimate of the extent of drug use among the general population measured by the prevalence of drug use (lifetime, past 12 months or past month) is one of the key epidemiological indicators of drug use and provides important information to help policymakers and programme planners design evidence-based interventions and services for the population at risk. In this regard, population-based surveys (household surveys) have been used as the main instrument to calculate the prevalence of drug use in the general population. However, population-based surveys, like other epidemiological indicators of drug use, have their limitations. Population-based surveys typically do not include institutionalized populations in their sampling design, for example, people who are in prison or in residential treatment, nor other marginalized population groups, which are sometimes difficult to reach. As a result, population-based surveys may underestimate drug use as such population groups usually have a higher prevalence of drug use, including high-risk or problematic drug use, than the general population. For these reasons a population-based survey is not the best recommended instrument to measure the prevalence of certain drugs such as heroin, that are most used by people who are not regularly living in households. Also, population-based surveys often rely on the self-reported use of drugs – a behaviour that may carry stigma or social and legal sanctions, and thus respondents may be reluctant or unwilling to reveal the true extent of their drug use behaviour. This in turn may lead to the extent of drug use in the population being underestimated, as has been noted in different population-based surveys. Indirect methods of estimation have been successfully used to overcome the underreporting of drug use behaviours in the general population. These methods, among others, include network scale-up methods used in population-based surveys, as well as surveys or studies among high-risk population groups (e.g., regular opioid users or PWID) that use sampling methods, such as respondent-driven sampling and multiplier/ benchmark or capture/recapture methods to estimate the extent of high-risk drug use. Estimates that are derived from indirect methods are then triangulated with those obtained from self-reported behaviour in population-based surveys in order to provide a more complete picture of the extent of drug use in the population.

Cannabis

Cannabis remains by far the most commonly used drug Worldwide, there were an estimated 200 million past year users of cannabis in 2019, corresponding to 4.0 per cent of the global population aged 15–64. The annual prevalence of the use of cannabis remains highest in North America (14.5 per cent), the subregion of Australia and New Zealand (12.1 per cent), and West and Central Africa (9.4 per cent). Just over a decade ago, in 2010, cannabis use, particularly among young people, was reported as stabilizing or declining in countries with established cannabis markets, such as in Western and Central Europe, North America and parts of Oceania (Australia and New Zealand). However, that trend was reversed after 2010 and offset by increasing consumption in many countries in Africa and Asia. The global number of past-year cannabis users increased by 18 per cent between 2010 and 2019.Over the past decade, an increasing number of cannabis products with high levels of potency have been introduced onto the cannabis market. These products tend to be high in Δ9-THC and low in CBD.

Opioids

Opioids present the greatest harm to the health of users. Opioids are a major concern in many countries because of the severe health consequences associated with their use, including non-fatal and fatal overdose. For example, in 2019, the use of opioids accounted for over 70 per cent of the 18 million “healthy” years of life lost due to disability and premature death (DALYs) attributed to drug use. In 2019, 62 million people were estimated to have used opioids (i.e., opiates and pharmaceutical and/or synthetic opioids) for non-medical reasons at the global level. This corresponds to 1.2 per cent (range 0.7 to 1.6 per cent) of the global population aged 15–64. The sub regions with the highest past-year prevalence of use of opioids were North America (3.6 per cent), the Near and Middle East/ South-West Asia (3.2 per cent) and Oceania (2.5 per cent, essentially Australia and New Zealand). In Asia, although the prevalence of past-year opioid use is at a comparable level to the global average, more than half (58 per cent) of the estimated global number of opioid users reside in that region. Although global estimates are not available, the non-medical use of pharmaceutical opioids is reported as a major concern in many countries, for example, in West and North Africa and in the Near and Middle East (tramadol) and in North America (hydrocodone, oxycodone, codeine, tramadol and

fentanyl). There are also signs of increasing non-medical use of pharmaceutical opioids in Western and Central Europe, as reflected in the increasing proportion of admissions to treatment for such use. Among users of opioids, nearly 31 million were past-year users of opiates (heroin and opium) in 2019, corresponding to 0.6 per cent of the global population aged 15–64. The subregions with the highest prevalence of use of opiates were the Near and Middle East/South-West Asia (1.8 per cent), South Asia (1.1 per cent), North Africa (1.1 per cent) and Central Asia and Transcaucasia (1 per cent). Nearly 70 per cent of the estimated global number of opiate users reside in Asia.

Vaping

Vaping devices, also known as e-cigarettes, e-vaporizers or electronic nicotine delivery systems, are battery-operated devices used by people to inhale an aerosol that typically contains nicotine, flavourings, other chemicals, CBD and possibly even Δ9-THC. More than 460 different e-cigarette brands are currently on the market in the United States, where the products are commonly known as e-cigs, e-hookahs, hookah pens and vapes. Vaping has become one of the more popular ways to consume both tobacco and cannabis (Δ9-THC) in some areas. Generally, vaping devices or e-cigarettes are considered less harmful than regular cigarettes and have been promoted as devices for those who want to quit smoking tobacco but they have considerably increased tobacco use among young people in the United States. In 2020, 3.6 million adolescents (3.02 million, or 19.6 per cent, of high-school students and 550,000, or 4.7 per cent, of middle-school students) in the United States were estimated to be current users of e-cigarettes, with 22.5 per cent of high school e-cigarette users and 9.4 per cent of middle-school users reporting daily use. Over the period 2019–2020, current use of e-cigarettes declined among both middle- and high school students (from 4.11 million, or 27.5 per cent, of high-school students and 1.23 million, or 10.5 per cent, of middle-school students in 2019). This was a reversal of the previous trend in increasing e-cigarette use among adolescents: during the period 2017–2018, frequent e-cigarette use had increased by 38.5 per cent among current e-cigarette users. By contrast, in the United Kingdom, based on different survey results over the period 2015–2017, 7 to 18 per cent of youths aged 11–16 reported having used e-cigarettes and 1 to 3 per cent reported regular (at least weekly) use. In the

United States, an outbreak of lung diseases was attributed to vaping in 2019. By the end of that year there had been more than 2,500 cases of users being hospitalized for vaping-related lung injury. By February 2020, 68 deaths in 29 states and the District of Columbia had been confirmed as attributed to vaping. The Centers for Disease Control initially suggested that nicotine vaping had been the cause of the outbreak, because the outbreak followed a large increase in nicotine vaping among adolescents in the United States. Further investigations based on case-control studies revealed that, in the majority of cases, users had vaped cannabis oils that were contaminated by vitamin E acetate, an additive found most notably in THC-containing e-cigarettes or vaping products. It does not usually cause harm when ingested as a vitamin supplement or applied to the skin, but research suggests that it may interfere with normal lung functioning when inhaled. In the United States, e-cigarettes and vapes were initially designated as tobacco products; the Food and Drug Administration regulation from 2016 that imposed minimal product safety regulations therefore did not require manufacturers to meet pharmaceutical safety standards or to disclose the ingredients of all e-liquid contents. In 2018, the requirement to disclose ingredients in e-cigarettes and vapes was announced and products that were already on the market were granted until 2022 to comply with the new Food and Drug Administration regulations.

New Psychoactive Substances

As defined by UNODC, New Psychoactive Substances (NPS) are substances that are not under international control, but which may pose a public health threat similar to substances that are under international control. Although classed as one group, NPS actually comprise diverse groups of substances that have emerged in the drug markets over the past few decades and have been referred to as “designer drugs”, “legal highs”, “herbal highs”, “bath salts”, etc. NPS include diverse chemical substances within broad groups of substances that are synthetic or plant-based. They include substances such as synthetic cannabinoid receptor agonists, synthetic cathinones, phenethylamines, piperazines, tryptamines, aminoindanes and NPS opioids. Plant-based NPS include substances such as kratom (Mitragyna speciosa), Salvia divinorum and khat (Catha edulis). Although termed as “new”, many of these substances have been around for decades, some being synthesized or patented in the 1970s

or even earlier. NPS users are a diverse group. They include mature, experienced and informed users, known as “psychonauts”, who buy substances, often on both the clear web and the dark web (darknets), consciously experiment with psychoactive compounds and their combinations and can also provide information on the effects of those substances to other users. NPS users also include users, especially young users, in recreational settings, including the straight and gay dance scenes, and in student populations and marginalized population groups, for example, homeless or socially marginalized people who inject drugs. Motivations for using NPS are similar to those leading to the use of controlled drugs and include curiosity, drug-induced sexual pleasure-seeking, sensation-seeking and self-exploration. Street, peer and online availability, perceptions of value for money and legality, poor quality of available controlled drugs, preferred desired and duration of effects, and habit or dependent use are also factors associated with NPS use. The use of different NPS varies across countries and among different population groups. In a survey undertaken in six European countries, for example, use of the following broad categories of NPS was reported (by order of their popularity): (a) synthetic cannabinoids (pure or as herbal blends), the use of which was most commonly reported in Germany, Poland and Hungary; (b) stimulants, the use of which was more commonly reported in the Netherlands and Ireland; (c) psychedelics, the use of which was most commonly reported in Portugal and Germany; and (d) dissociatives. The same survey revealed that the daily use of synthetic cannabinoids was higher among marginalized groups of users (17.9 per cent) as compared with those in nightlife settings (1.2 per cent) or those who were responding online to the questionnaire (2.8 per cent).

The prevalence of the use of different NPS in the general adult population or adolescents also remains much lower than the prevalence of the use of conventional controlled substances. For instance, in England and Wales in 2018, 0.5 per cent of the adult population reported use of NPS, mainly synthetic cannabinoids, in the past year. By comparison, 7.6 per cent of adults in England and Wales reported use of cannabis and 2.9 per cent use of cocaine in the past year.

Vulnerability of Women to Drug Use

Compared with men, overall drug use remains low among women. At the global level, women are three times less likely than men to use cannabis, cocaine or amphetamines and one in five people who inject drugs are women. By contrast, women are more likely than men to misuse pharmaceutical drugs, particularly pharmaceutical opioids and tranquillizers. This mainly reflects differences in opportunities to use drugs owing to the influence of social or cultural environments, rather than intrinsic gender vulnerability. The scientific literature shows that processes of drug use initiation, social factors and characteristics affecting people who use drugs, biological factors and progression to the development of drug use disorders vary considerably between men and women. Women typically begin using substances later in life than men. However, in the case of alcohol, cannabis, opioids and cocaine, once women have initiated substance use, they tend to increase their rate of consumption more rapidly than men and may progress more quickly than men to the development of drug use disorders. This has been consistently reported among women who use those substances and is known as “telescoping”. Women who use drugs also face particular health risks. For instance, women who inject drugs have a greater vulnerability than men to HIV, hepatitis C and other blood-borne infections. Women are more likely than men to identify trauma and/or stressors such as relationship problems, environmental stress and family problems as causes for their initiation or continuation of substance use. Moreover, internalizing problems such as depression and anxiety are much more common among women than among men. On the other hand, men are more likely than women to suffer from externalizing behaviour problems such as conduct disorder, attention-deficit hyperactivity disorder and anti-social personality disorder. Drug use disorders among men can be considered as part of the externalizing behaviour spectrum. Women with substance use disorders are reported to have high rates of post-traumatic stress disorder and may also have experienced childhood adversity such as physical neglect, abuse or sexual abuse. Childhood adversity seems to have a different impact on males and females. Research has shown that boys who have experienced childhood adversity use drugs as a means of social defiance. By contrast, girls who have experienced adversity are more likely to internalize it as anxiety, depression and social withdrawal and are more likely to use substances to self-medicate. While life expectancy and health outcomes are often poorer for men who have experienced childhood adversity, domestic abuse, sexual violence and other

forms of gender-based discrimination are more likely to be experienced by women and girls. Gender-based violence comprises multiple forms of violence against women, including childhood sexual abuse, intimate-partner violence and non-partner assault, as well as trafficking in women and sexual exploitation. Some studies show that women who use drugs have a prevalence of gender-based violence two to five times higher than women who do not use drugs. Literature reviews of studies in developed and developing countries have consistently found that in the context of gender-based violence, intimate-partner violence significantly increased the risk of acquiring HIV among different populations of women, including women who use drugs, although due to the complex nature of the issues (substance use, intimate-partner violence and sexually transmitted infections) it is difficult to ascertain the exact causal relationships between these factors. Post-traumatic stress disorder among women is most commonly considered to have derived from a history of repeated childhood physical and sexual abuse. Research shows that rates of dual diagnosis of post-traumatic stress disorder and substance use disorders for men are two to three times lower than for women, and typically result from combat or crime trauma. Among women, mood and anxiety disorders, including post-traumatic stress disorder, are often reported prior to substance use initiation, while among men, they are more often secondary to the diagnosis of substance use disorders. Childhood abuse, neglect and instability are transgenerational and impart a high risk of initiating drug use and developing substance use disorders to the children of individuals who have experienced childhood adversity and families that have experienced abuse and neglect.

Drug Use Among Adolescents and Young Adults

Adolescence and early adulthood are an important period of transition. It is a time of physical and psychological development, with changes occurring in the brain, and of cognitive and emotional development. For some, it is also a time of vulnerability to the use of drugs. Adolescence (12–17 years of age) is the critical risk period for substance use initiation. Within the population aged 15–64, the highest levels of drug use are seen among those aged 18–25. Cannabis is the most widely used drug among young people. Globally, it is estimated that there were about 14 million past-year users of cannabis among students aged 15–16 in 2019. This corresponds to an annual prevalence of cannabis use of 5.7 per cent among this age

group, a rate that is higher than the rate among the general population aged 15–64 (4 per cent) and reflects regional variations.

Health Consequences of Drug Use

The health consequences of drug use can include a range of negative outcomes such as drug use disorders, mental health disorders, HIV infection, hepatitis-related liver cancer and cirrhosis, overdose and premature death. The greatest harms to health are those associated with the use of opioids and with injecting drug use, owing to the risk of acquiring HIV or hepatitis C through unsafe injecting practices.

People in Treatment for Drug Use Disorders

For people with drug use disorders, the availability of and access to drug treatment services remain limited at the global level: only one in eight people with drug use disorders receive drug treatment each year. Information on those in drug treatment can provide useful insight into trends and geographical variations with respect to drug use disorders. However, that information reflects the level of demand for treatment of drug use disorders (the number of people seeking help or referred by the criminal justice system or by their families, for example) and the extent of the availability of drug treatment services, rather than the number of people with drug use disorders. Between 2010 and 2014, the proportion of people provided with treatment for the use of cannabis as the primary drug of concern, among all treatment admissions, increased in all regions other than Africa. After that, from 2014 to 2019, the trend varied across sub regions, but nearly half of the people treated in Africa, Oceania (Australia and New Zealand) and Latin America in 2019 were being treated for the use of cannabis as the primary drug of concern. Some of the factors that may have influenced the increase in the number of people in treatment for cannabis use disorders include changes in the number of those who actually need treatment, changes in the treatment referral system, changes in awareness of potential problems associated with cannabis use disorders and changes in the availability of and access to treatment for cannabis use disorders. While it may be argued that the development of cannabis use disorders could be linked to recent developments in cannabis markets, the increasing availability of different cannabis products (cannabis

concentrates and edibles) of a high-THC content and the fact that the average THC content of cannabis herb and resin has doubled in the past decade, such a relationship has not been fully established. To date, there is no established pharmacological treatment for cannabis use disorders. Psychosocial interventions that are aimed at changing behaviour and providing support, such as cognitive behavioral therapy or motivational interviewing, continue to be the mainstay of treatment for cannabis use disorder. These interventions may vary from one-time online contact or screening and brief interventions in an outpatient setting to a more comprehensive treatment plan, including treatment of other comorbidities in an outpatient or inpatient setting, depending on the severity of the disorder and the needs of the individual.

Achieving target 3.5 of the Sustainable Development Goals (Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol) As part of the monitoring of progress towards achieving the 2030 Agenda for Sustainable Development, under Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) and target 3.5 (Strengthen the prevention and treatment of substance use, including narcotic drug abuse and harmful use of alcohol), indicator 3.5.1 is dedicated to measuring the coverage of treatment interventions (including pharmacological, psychosocial interventions and rehabilitation and aftercare services) for substance use disorders. The indicator has been operationalized for drug use disorders as the proportion of people who received treatment for their drug use disorders over the total estimated number of people with drug use disorders in a given year. Focusing on the coverage of treatment for opioid use disorders, data show great variation between countries. Some countries reach coverage of over 60 per cent, while it is below 10 per cent in others. Progress in meeting the target for opioid use disorders is, however, visible in a few countries, although caution is required in interpreting differences in the coverage of drug treatment between countries. This is because they may, at least partly, result from differences in methodologies for estimating the number of people with drug use disorders and in the recording and reporting of people receiving treatment. Overall, identifying whether progress has been made towards achieving the target remains challenging. There is overwhelming evidence that the cost of providing evidence-based treatment of drug use disorders is much lower than the cost of untreated drug dependence. Scientific evidence-based treatment of drug use disorders not only helps reduce

drug-related harm but also improves the health, well-being and recovery of people with drug use disorders, while reducing drug-related crime and increasing public safety and positive community outcomes, for example, by reducing homelessness, requirements for social welfare and unemployment. Nevertheless, in many countries, there remains a large gap in national capacities and the provision of evidence-based services for the treatment of drug use disorders as part of a public healthcare system.

Looking towards 2030

How will demographic changes impact drug use? Trends in drug use are determined by a multitude of factors related to individual, family, community and environmental characteristics, as well as by the impact of national and local policy and service delivery. The interlinkage and complexity of these factors make drug use difficult to forecast and project. However, the size and composition of the global population are perhaps the only elements that can be easily considered to anticipate the global extent of drug use in the future. Notwithstanding the unpredictable trajectory of the prevalence of drug use, the total number of people who use drugs is a direct function of the population size. Therefore, using a population projection can provide a scenario of the size of the population using drugs in 2030, the target year for achieving the Sustainable Development Goals. While population growth definitely matters, it may not be the main driver of change in the number of people expected to use drugs by 2030. In addition to population growth, changes in levels of drug use are likely to occur over the next decade as a result of changes in drug policy and other factors, such as changes in legislation and in its implementation, changes in service provision, and changes in youth culture, risk perceptions and social norms, to name but a few. The impact of the COVID-19 pandemic may also lead to changes in drug use. Changes of that nature and their impact on drug use are, however, very difficult to predict and quantify at present. The population growth projection for 2030 translates into a potential increase of 11 per cent in the global population who use drugs, with a much greater impact in low-income than in high-income countries. With drug use being higher among young people than among those in older age groups, the fact that there is a larger proportion of young people in middle and low-income countries than in high-income countries is likely to exacerbate the increase in the total number of people using drugs, as is the trend towards urbanization. Finally, depending on the extent to which the prevalence of

drug use among women converges upwards towards that among men, additional impetus may be given to the number of drug users. However, even taken altogether, these changes and factors may not be the most important drivers of changes in drug use over the next decade. In 2018, an estimated 269 million (range: 166–373 million) people had used a drug at least once in the previous year, equivalent to 5.4 per cent (range: 3.3–7.5 per cent) of the global population aged 15–64. Assuming no change in the global prevalence of drug use, considering solely the projected increase in the global population would result in the global number of people who use drugs rising by an estimated 11 per cent, to 299 million people by 2030. This projection is purely a reflection of population growth. Such an increase at the global level would mask, however, important variations in growth rates across regions. The strongest growth in population, and thus in the projected number of people who use drugs, will take place in lower income countries (such growth is forecast to exceed 40 per cent over the period 2018–2030), while countries in more developed regions, in particular Europe, will likely see a decline in the number of people who use drugs by 2030. As a result of its projected population growth and relatively young population, Africa is likely to be particularly vulnerable to an increase in the number of people who use drugs by 2030 Of the 269 million people estimated, in 2018, to have used a drug in the previous year, about 60 million (range: 35–81 million) were located in Africa, representing 8.4 per cent (range: 5.0–11.4 per cent) of the population aged 15–64 in that region; the estimated prevalence of drug use in Africa was therefore higher than the estimated global prevalence in 2018. Africa is also forecast to have the largest population growth of any region over the period 2018–2030 and thus appears to be particularly vulnerable to an increase in the number of people who use drugs in the next decade, merely as a result of population growth.

Drug Cultivation and Seizures

Cannabis continues to be the most widely cultivated illicit crop worldwide. Since 2010, the illicit cultivation of cannabis has been reported, directly or indirectly, by 151 countries across all regions, covering 96 per cent of the global population.

Following a decline in the area under illicit opium poppy cultivation from a peak in 2017, global opium poppy cultivation rebounded in 2020, rising by 24 per cent compared with the previous

year, to reach 295,000 ha. This rise was primarily the result of an increase in opium poppy cultivation by 37 per cent in Afghanistan, the country in which the vast majority of opium is produced.

The quantities of most drug types seized have increased over the past two decades. The most marked increase has been in synthetic drugs, most notably synthetic NPS, pharmaceutical opioids (semi-synthetic or synthetic opioids) and ATS. Compared with 2001, when the first seizures of synthetic NPS, which mimic substances under international control but are not under international control themselves, were reported to UNODC, the amount of synthetic NPS seized in 2019 was 170 times larger.

For decades, the quantities of heroin seized have tended to be larger than those of pharmaceutical opioids, but data for 2019 show that, for the third time in the past five years, the total quantity of pharmaceutical opioids seized (228 tons) was larger than the total quantity of heroin seized (93 tons).

Following the scheduling in 2020 of 2 substances under the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol and 10 substances under the 1971 Convention, 294 psychoactive substances were under international control by the end of 2020. By comparison, the number of NPS identified by national authorities and forensic laboratories in 126 countries reached a total of 1,047 substances in December 2020 – triple the number of substances under international control. It should be noted, however, that many NPS emerge only for a short period of time before disappearing from the market.

Monitoring NPS by UNODC

Three indicators are used by UNODC to monitor the number of NPS:

1. Total number of NPS ever identified: the global cumulative number of all the different NPS ever reported to the UNODC early warning advisory on new psychoactive substances. Up until the end of 2020, a total of 1,047 NPS had been reported to UNODC. Several have since disappeared from the market, while others have been

placed under international control and are therefore no longer considered NPS. The total number of NPS placed under international control by the Commission on Narcotic Drugs between 2015 and 2020 amounted to 60 substances, including 17 substances (mostly fentanyl analogues) that were added to the Single Convention on Narcotic Drugs of 1961, as amended by the 1972 Protocol, and 43 substances that were added to the Convention of Psychotropic Substances of 1971. An additional eight NPS were placed under international control in March 2021.

2. Number of NPS identified in a given year: this number measures how many different, or distinct, substances were reported in a given year worldwide. A total of 541 different NPS were reported to the UNODC early warning advisory on new psychoactive substances in 2019.

3. Number of newly identified NPS in a given year: NPS identified for the first time anywhere in the world, based on reports to the UNODC early warning advisory on new psychoactive substances, in a given year. In 2019, the number of newly identified NPS at the global level amounted to 71 (including five whose effect has not yet been determined), based on information available (reflecting information received until end December 2020).

In 2019, brorphine was the latest addition to the list of non-fentanyl NPS opioids reported on the market. Despite having structural similarities to fentanyl, brorphine differs in key aspects from fentanyl and falls outside the scope of generic legislation aimed at covering fentanyl analogues.

Source: World Drug Report 2021 Booklet 2 (United Nations Publications)

COVID-19 and Drugs: Impact Outlook

Data and qualitative information available to UNODC as of the first quarter of 2021 reveal that different dynamics emerged after the onset of the pandemic, with some drug markets experiencing no change and others quickly recovering after initial disruptions or undergoing opportunistic changes in routes and modi operandi. The pandemic has also had a differentiated impact on drug use patterns and the delivery of services, varying by country and drug type.

Overall, drug markets have largely proved to be resilient to COVID-19 related changes. After initial disruptions early in the pandemic, organized crime groups quickly adjusted to the changing circumstances, and by early 2021, drug trafficking appeared to be continuing at the same pace as before the COVID-19 pandemic or even at an increased pace. The COVID-19 pandemic brought new trends in drug trafficking and accelerated some existing ones: an increased use of maritime and water routes was observed in many regions, including in countries in Europe, Latin America, North Africa and South-East Asia. These shifts may have been initiated or accelerated by border closures and difficulties in trafficking by land, as well as by the reduction in commercial flights. During the pandemic in 2020, several record seizures were recorded, for example, several seizures of more than 10 tons of cocaine in Western Europe. The COVID-19 pandemic led to shifts in drug use: overall, MDMA, LSD and cocaine were used less due to the closing of social and recreational venues; increased stress, boredom, more free time and changes in financial resources triggered an increase in the use of cannabis, as well as in the non-medical use of pharmaceutical drugs. The coronavirus disease (COVID-19) crisis has taken its toll on public health, the global economy and our way of life. Since the beginning of 2020, the world has experienced an unprecedented public health emergency that has caused a dramatic loss of human life and led many nations to introduce measures to contain the spread of the virus. These measures have affected almost all aspects of daily life, from freedom of movement to how and where free time is spent and how work is organized. Because drugs are trafficked clandestinely among streams of legal commerce and goods and distributed surreptitiously through the routine activities of citizens, illicit drug markets rely on a functioning licit economy. The fact that drugs are often used in social

settings such as bars and clubs mean that their consumption is also dependent to a significant extent on the service industry and opportunities for people who use drugs to do so together. Therefore, the fundamental changes in the social and economic activities of societies resulting from the restrictions on mobility and social distancing measures introduced by Governments to contain COVID-19 have the potential to affect drug supply, distribution and demand in different ways. Mobility restrictions and social distancing measures introduced during the pandemic have been heterogeneous across countries in terms of duration, intensity and timing, as have been the effects of those measures on drug markets. Across all regions, disruptions and changes in drug production, distribution and use and in the delivery of services and treatment to people who use drugs have been documented. COVID-19 has brought a number of important innovations to the provision of treatment and services to people who use drugs. In all regions, Member States introduced innovations and adaptations to overcome social distancing measures and to continue drug treatment and services in challenging circumstances. Examples of measures introduced or expanded by Member States to ensure the continuity of services during the pandemic include telehealth measures such as remote counselling and the delivery of treatment without the need for face to-face appointments, take-home opioid agonist therapy medication to reduce the requirements of daily visits. A global survey among addiction medicine professionals conducted between April and mid-May 2020 found increased use of pharmaceutical sedatives in 64 per cent of surveyed countries, while cocaine use decreased in 30 per cent of countries. The pandemic and related lockdowns aggravated the health situation of many people who use drugs: initial disruptions in the provision of services and treatment for people who use drugs were observed in many countries: a global rapid assessment of service delivery for mental, neurological and substance use disorders in the initial stages of the COVID-19 pandemic found that critical services for the prevention of adverse health consequences of drug users were partially or completely disrupted in 65 per cent of 130 reporting countries

COVID-19 has accelerated drug trafficking patterns. Larger shipment size increased use of private aircraft, increased use of waterway routes, contactless methods to deliver drugs to end-consumers. Overall, drug supply and trafficking

proved to be resilient to COVID-19 related changes. After initial disruptions, global drug production was largely unaffected by COVID-19 throughout 2020. Opiate production continued mostly unaffected. A combination of the timing of harvests in Myanmar and Mexico and coping strategies adopted by farmers in Afghanistan, such as a greater reliance on the family labour of women and children and on local workers, meant that global opium production in 2020 was virtually unaffected. As there are no indications of any disruption in the availability of precursor chemicals to manufacture heroin, global heroin production has likely not been affected by the pandemic. Coca leaf production was not affected, but the supply chain of cocaine-related products was disrupted in the early stages of the pandemic, when buyers in Colombia and Peru could not gain access to areas of coca production. However, production recovered soon after COVID-19- related restrictions were eased. The disruption was evident in the sharp drop in coca leaf prices, which declined by some 50 per cent in Colombia and Peru from the first to second quarter of 2020. Price data on legally sold coca leaf in the Plurinational State of Bolivia point to a similar situation in that country. Synthetic drug manufacture continued uninterrupted in South-East Asia, where the large quantities of seizures suggest that manufacturing may have even increased during 2020. However, initial difficulties in the manufacture of, for example, methamphetamine, due to limited precursor availability and mobility restrictions, were observed in North America and Europe, leading to price increases in some markets, and a disruption in the supply of methamphetamine, for example, was observed in Oceania. Drug trafficking may have slowed significantly during initial lockdown periods but resumed at the same or even increased levels soon after restrictions were lifted. In all regions, the quantities of drugs seized decreased significantly during the second quarter of 2020 but resumed at the same or even increased levels soon after. The decrease in global quantities of drugs seized points to reduced trafficking activities during the first months of the pandemic, although some countries reported changes in law enforcement capacity related to the COVID-19 pandemic, which may also explain the change. Seizures of drugs trafficked by air and land were most affected by the disruptions; maritime routes were less disrupted. Different drug markets were affected by the initial disruptions in different ways. While heroin trafficking continued by and large unabated, cocaine trafficking slowed down in Latin America during the second quarter of 2020, which was possibly related to supply shocks. In Europe, large seizures of cocaine in that period indicate that trafficking was not disrupted at any point, which might be due to the

momentum of the supply chain as existing drug inventories in the chain could be trafficked. Methamphetamine trafficking in South-East Asia was not affected. In Western Europe, a decrease of 20 per cent in wholesale prices of MDMA in the second quarter of 2020 points to reduced trafficking activity. However, there are indications that trafficking activity has since resumed. In North Africa, MDMA trafficking increased again later in the year, indicating a possible market recovery. Cannabis trafficking continued throughout the pandemic, possibly even at increased rates. Throughout 2020, a trend towards increased use of maritime and waterway routes and the use of private aircraft was observed, while the trafficking of small drug quantities by commercial air transport decreased. The COVID-19 pandemic may have accelerated existing trends of an increased use of sea and waterway routes for drug trafficking. Use of maritime and waterway routes was found to have increased in several regions and countries (Latin America, South-East Asia and in some African countries), possibly related to travel restrictions and increased land border controls worldwide. In Latin America, traffickers were increasingly using private aircraft to traffic drugs, as a result of greater difficulties due to land border controls. For some drugs, an increase in trafficking by mail was observed in many regions. During the COVID-19 pandemic an increase in the size of intercepted shipments of cocaine and heroin was observed in several regions (for example, heroin in South-West Asia, cocaine in Europe and various substances in North America), possibly indicating a global trend towards larger drug shipments trafficked. This trend may be related to the COVID-19 crisis as it is possibly a response to the need to clear inventories and/or to a reduction in opportunities for drug trafficking organizations; however, it is difficult to determine from available data whether that trend was concurrent to or caused by COVID-19. At the retail level, people who sell drugs to users quickly adapted and used novel ways to distribute drugs. In many countries, during periods of mobility restrictions, drug traffickers seized opportunities.

There was evidence of the strong resilience of drug trafficking organizations even during the early stages of the pandemic, when they quickly adapted to the situation and changed their modi operandi. This included increasingly concealing drugs in shipments of PPE equipment (in the Balkan countries), increasingly using alternative modes of transport such as private ships to be able to continue smuggling cocaine (as reported by Latin American countries), and increasingly relying on maritime trafficking routes. Once the restrictions were no longer

universal and countries started to open up again, drug trafficking resumed, often at a faster pace than before, as indicated by the increased seizures by law enforcement authorities in many countries. A possible explanation is that, at least in some countries and for some substances, drug inventories were built up during the period of lockdown measures and then entered the market later. Use of waterways and maritime routes further intensified during 2020, together with the use of private aircraft Several countries have indicated shifts in drug trafficking routes and more intense use of maritime or waterway routes by drug traffickers, in particular Bolivia (Plurinational State of), Brazil, Colombia, Ecuador and Panama and countries in North Africa, Europe and South-East Asia. These shifts may be explained by border closures and difficulties in trafficking by land, as well as a reduction in commercial flights, but they may also be a continuation of existing trends, possibly accelerated by COVID-19 measures, such as the increasing use of sea transport for cocaine trafficking to Europe. Countries in Latin America (Brazil, Colombia, Ecuador and Panama) observed an increasing trend in the use of private aircraft. In 2020, a trend towards larger shipments emerged Another pattern that emerged during the pandemic was that, at the wholesale level, shipments of trafficked drugs were less frequent but larger, as was observed in a number of countries, including shipments of opiates trafficked via Azerbaijan, Iran (Islamic Republic of) and Pakistan, and shipments of various substances trafficked from Mexico to the United States, with indications in Europe and West Africa of that trend being true of maritime trafficking in cocaine.

Drug traffickers ensured retail distribution continued unabated during lockdown conditions COVID-19 mobility restrictions led to an increase in home deliveries of drugs (as reported, for example, in Algeria, Ireland, Malaysia, Spain, the United Kingdom of Great Britain and Northern Ireland and countries in Latin America and the Caribbean), and drug distributors in many countries took advantage of the fact that the mobility restrictions did not apply to the transport of food. In the Philippines, for example, there have been examples of vehicles being marked to appear to be government vehicles that were then used to transport drugs disguised as essential commodities. In countries in Latin America, drug distributors reportedly disguised themselves as essential workers delivering food or driving ambulances. New transport and concealment methods have also emerged. In South-East Asia and Central Asia, for example,

there was an increase in the use of drones to transport drugs and the concealment of drugs in shipments of fruit and vegetables. In the Netherlands, drugs have been found in lorries and containers filled with PPE.

Source: World Drug Report 2021 Booklet 5 United Nations Publications

COVID-19 Drug Trafficking and Drug Related Services in Mauritius

After initial disruptions in drug trafficking and dealing during the lockdown related to the COVID-19 pandemic in March 2020, drug trafficking and dealing soon resumed almost at the same pace as witnessed by the number of arrests effected by ADSU in the months of March and April 2020. On the other hand, the MOHW showed resilience in the provision of services to people who use drugs.

Methadone Substitution Therapy Programme

Methadone dispensing services catering for around 5000 beneficiaries on a daily basis were maintained all throughout the lockdown situation whereby beneficiaries were allowed to attend dispensing points daily while maintaining all sanitary measures and precautions. This was made possible due to the dedication of the staff of the MOHW as well as the Police which was a major partner in facilitating movements of dispensing caravans and beneficiaries throughout the island. Furthermore, NGOs also played a key role in reaching out to beneficiaries who were unable to attend to dispensing sites personally. Some NGOs distributed masks to some methadone beneficiaries.

Methadone Induction is usually conducted in group of 10 -12 at three methadone centres. Due to logistics challenges- (Sufficient space, provision of meals and other risks factors), induction was put on hold for some time. However, it was decided to restart induction in the middle of lockdown with a limited number of clients to ensure safety of staff and clients

Codeine Based Therapy Programme

Codeine bases therapy is implemented by few NGOs which view it as an entry point to health services. Initially, the programme was stopped during lockdown but was restarted following request of NGOs. Clients were contacted by phone by the respective NGOs and were directed towards a centre of the MOH for renewal of prescription and collection of medications. A Medical officer of MOH ensured visits at one NGO which was operational twice weekly. Another NGO dedicated for female PWUDs was functional all throughout lockdown & was also provided services of a doctor from MOH. Some NGOs provided counselling services to PWUDs through telephone or other online platforms.

Needle Exchange Programme

The regular Needle Exchange Programme (NEP) of the MOHW was discontinued because of the risk of crowding. However, with the help of some NGOs, the NEP service was implemented in some specific regions of the country.

Main Findings of IBBS 2020 Among PWIDs

As at December 2020, the population of the Island of Mauritius was estimated at 1.27 million. Based on UNAIDS Spectrum estimation, it is estimated that the total number of people living with HIV in the country, in 2021, was around 14,000. The prevalence of HIV in the population among all ages was around 1%. Antenatal sentinel surveillance of HIV in public health settings, suggests that, in 2020, HIV infection rate was around 1% among pregnant women in the country. The number of newly detected HIV/AIDS cases among Mauritians, by the Ministry of Health and Wellness, was 318 (201 males and 117 females). The Mauritian HIV epidemic is concentrated among HIV high risk key populations. HIV prevalence among people outside these key populations, that is, in the remaining low risk (general) population was less than 1%.

In November-December 2020, an Integrated Behavioral and Biological Surveillance [IBBS] survey was carried out among People Who Inject Drugs (PWID) in the Island of Mauritius. The study was the fifth of a series of IBBS studies carried out every two years since 2009 among PWIDs, except in 2015.

According to the 2020 IBBS study, the population size of PWIDs, in 2020 in the Island of Mauritius, was estimated at 6,600 active injecting drug users (roughly 5,500 males, 1,000 females and less than 100 Transgender). Thus, in 2020, 1.4% of the male population aged 15-59 years of the Island of Mauritius, were actively injecting drugs in the last six months preceding the survey, against 0.3% injecting drug users among the female population aged 15-59 years. These injecting drug users were injecting drugs within different networks of people who injected drugs, with an overall mean network size of 21 PWIDs. Mean network size across regions varied from 11 PWIDs in Curepipe in the centre of the Island to 34 PWIDs in Port Louis in the northern region.

In 2020, PWIDs were from all age groups, 14% were aged less than 25 years against 86% aged 25 years or above. The civil status of male PWIDs were evenly distributed among those living in common, married PWIDs and divorced/separated PWIDs, on average 21% for each civil status group. Never-married singles stood at 33% of the male PWIDs population. Among

females PWIDs, singles accounted for only 6%, against 55% of females PWIDs living in common and 27% married. Despite the fact that 99% of PWIDs have ever attended school, 40% have not completed their secondary education cycle.

The mean age at first non-injecting drug use was 18 years (Male, 18 Years, female, 20 years). The study showed that among PWIDs, the majority (94%) had started with non-injecting drugs before practicing the injecting method. The non-injecting drugs used by PWIDs in 2020 were synthetic drugs, heroin, tranquilizers and cough syrup, by 25% - 49% of PWIDs, while cannabis stood at 59%. Other less important uses of non-injecting substances were codeine, buprenorphine, pregabalin, tramal and ecstasy, by 10% - 24% of PWIDs.

The mean age at the first injecting drug use was 21 years for PWIDs and nearly three quarter of them had started with this practice in the age group 15-24 years. An average male PWID in Mauritius can expect to stay 17 years on drug injecting practice against 12 years for their female counterparts. On the other hand, new PWIDs, that is, those who started injecting drugs within the last twelve months, accounted for 3.8% of this key HIV high-risk population. In fact, 63% of PWIDS in 2020 have been using the injecting method for 10 years or more. Among male PWIDs nearly half have been initiated to injecting drugs by friends as compared to 64% among female PWIDs. Most injecting drug users usually injected at home, 67%. In 2020, heroin continued to be the most popular injecting substance, with 99% of PWIDs having injected this drug in the last six months preceding the 2020 survey. 69% of PWIDs injected on a daily basis. 23% had injected only once in a particular day against 77% having injected two or more time in a particular day. 53% of PWIDs have ever shared previously-used needles/syringes and among them nearly one third had only one needle/syringe-sharing partner against 66% having 2 or more needle/syringe-sharing partners. The maximum number of needle/syringe-sharing partners recorded was 30 partners. Half of injecting drugs users had not shared any paraphernalia in the last three months preceding the 2020 IBBS survey. Among those who had cleaned their previously-used needles/syringes, only 40% had used boiling water. Even if the majority of PWIDs were aware that they could obtain new needles/syringes at private pharmacies (97%) and to a lesser extent at the NEP (63%), only a proportion of them actually got these materials from these places, that is, 63% at pharmacies and 22% at

NEP, showing a gap between awareness and utilization. In the same way 89% of PWIDS have heard of NEP, but only 51% have attended this program, while only 37% were currently involved in the program.

Almost 90% of PWIDs had started to be sexually active under the age of 20 years, on average at 16 years. Among three quarter of PWIDs who had sexual intercourse, the mean number of sexual partners of PWIDs in the last twelve months was 9 sexual partners. The average number of commercial sex partners was 2 for male PWIDs against 10 partners for females PWIDs. 88% were aware where to get male condom, however only 27% of male PWIDs and 29% of female PWIDs had used condom the last time they had sex, while 39% among male PWIDs and 74% among female PWIDs had used condom with their commercial sexual partners. Even if female condom use was high among female PWIDs in commercial sex, very few had used it with their non-paid regular sexual partners, 13%. The main reason why most male PWIDs did not use condoms, was that it reduces sexual pleasure and in many other cases it was just by nonchalance and not much importance was given to the risk involved in the absence of condom. Among HIV positive PWIDs, 49% had used condom at the time they had sex against 23% among HIV negative PWIDs.

HIV testing has increased by 18% in 9 years, 2011-2020. Out of 85% of PWIDs who had ever been tested for HIV, 90% had in fact received their HIV tests results. Among female PWIDs 98% have ever been tested for HIV and among them 92% had received their tests results. Pre-test and post-test counseling stood at 70% and 81% respectively among those ever tested for HIV.

HIV prevalence among PWIDs in 2020 was 21%. It was 18% among males and 32% among females. During the last three years, from 2017 to 2020, HIV prevalence decreased by 34% from a prevalence of 32% to 21%. HIV prevalence among male PWIDS has decreased by 45% from 33% in 2017 to 18% in 2020. Nevertheless, a slight setback was observed for female PWIDs HIV prevalence between 2017 and 2020, that is, a percentage increase of 10% from 29% to 32%. Furthermore, in the 9-year period 2011-2020, HIV infection among PWIDs decreased by 59%, that is, from 52% to 21%, respectively. In 2020, PWIDs HIV prevalence

varied across regions, 34% in the northwestern region of the Island, 16% in the southeastern region and 13% around the centre of the Island. HIV prevalence among PWIDs aged less than 25 years was 10% against 23% among those aged 25 years and above.

In 2020, prevalence of hepatitis B among PWIDs was 0.7%. Hepatitis C prevalence among male PWIDs was 89%, against 88% among females, while syphilis prevalence stood at 10%, with 7% among male PWIDs and 19% among female PWIDs. Syphilis prevalence showed regional disparities, with respective prevalence of 20% in the northwestern region of the Island, 9% in the southeastern region and 1% in the centre of the Island. During the past 9 years 2011-2020, syphilis has increased by 80% among PWIDs.

81% of PWIDs reported they have ever been arrested by Police, out of whom, 64% have been arrested for drugs, 21% for larceny and finally 7% for violence. Out of those who have ever been arrested, 76% had ever been sent to prison. Among respondents who have ever been stigmatized because they were People Who Inject Drugs, family members and friends were the two main sources of verbal insults. Correct knowledge of HIV was 53% at Port Louis survey site, 29% at Curepipe site and 25% at Mahebourg site, while overall correct knowledge was, 36.0%.

Source: IBBS 2020 MOHW

Drug-Related Health Services - MOHW

Substance Use Disorder (SUD) or addiction is a bio psychosocial disease characterized by compulsive engagement in rewarding stimuli despite adverse consequences.

Drug treatment intends to help people who use drugs stop compulsive drug seeking behaviours and use. Treatment and support can be provided in different settings and may take many forms and may also last for different length of time. Because of the relapsing nature of drug addiction short term and one-time treatment is usually not sufficient. Consequently, for most drug users who are dependent on substances treatment, is usually a long-term process involving multiple interventions and different skills and competencies. Medically Assisted Therapies (MAT) combined with behavioural therapies are usually provided side by side to help individuals cope with drug cravings and also help them to deal with and prevent relapses.

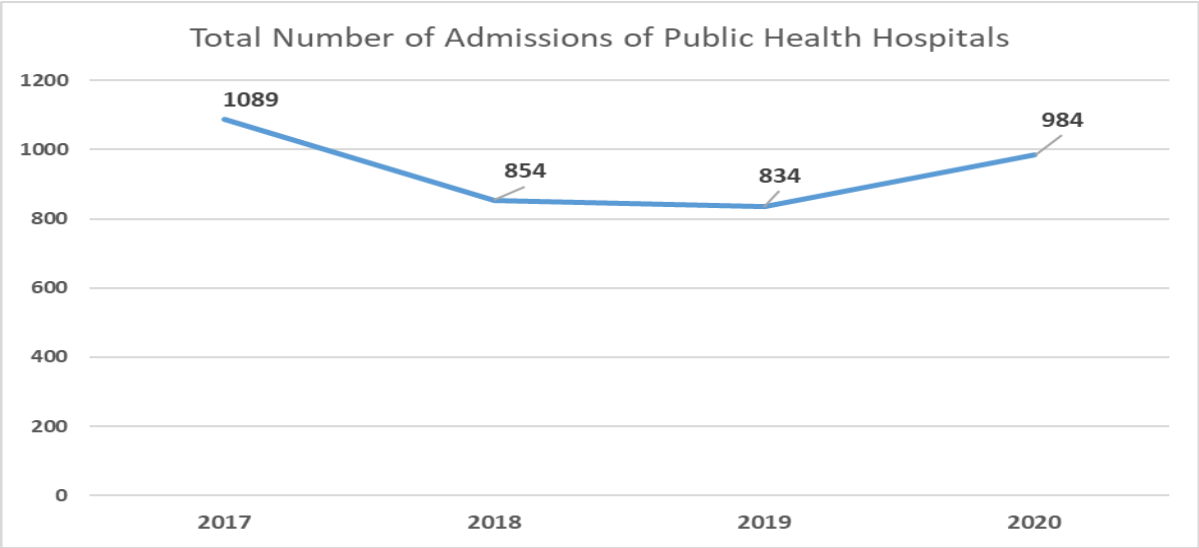
The MOHW provides a range of different treatment options through its specialized services set up within the 5 health regions in view to provide treatment and psychosocial support to people who use drugs namely through the Methadone Centres and 5 Addiction Units. The services offered by the MOHW are mainly: The Methadone Substitution Therapy Programme, Suboxone /Naltrexone based Detoxification Programme and Codeine Programme which is done in collaboration with NGOs. Acute cases requiring immediate medical care and interventions attend Public Health Institutions

Public Health institutions: Admissions due to consumption of illicit substances (including abuse of medicinal products)

Table I: Admissions in Public Health Institutions, 2017-2020

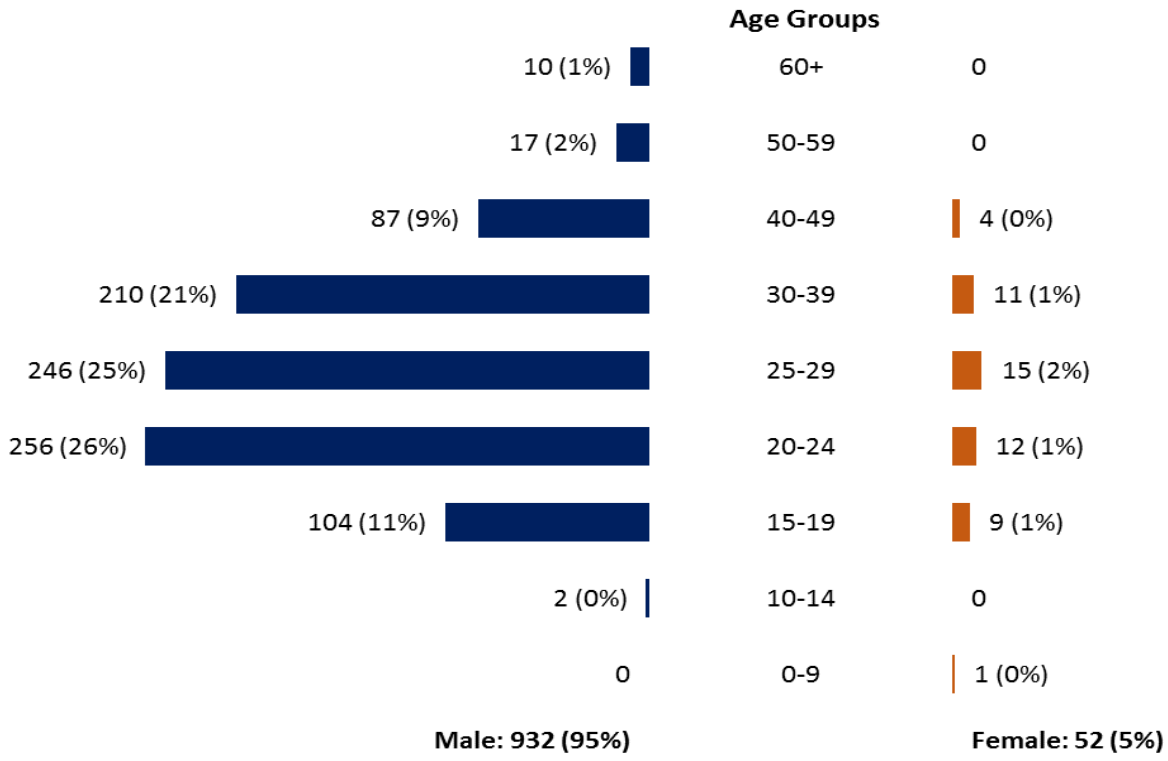
	2017	2018	2019	2020
Number of Admissions in Public Health Institutions	1,089	854	834	984

Figure I: Admissions in Public Health Institutions, 2017-2020



The number of admissions related to drug use in Public Health institutions in 2020 was 984 compared to 834 in 2019 and 854 in 2018 representing an increase of 18% in the number of admissions compared to 2019.

Figure II: Admissions in Public Health Institutions related to Consumption of Illicit Drugs by Gender and Age Group-2020

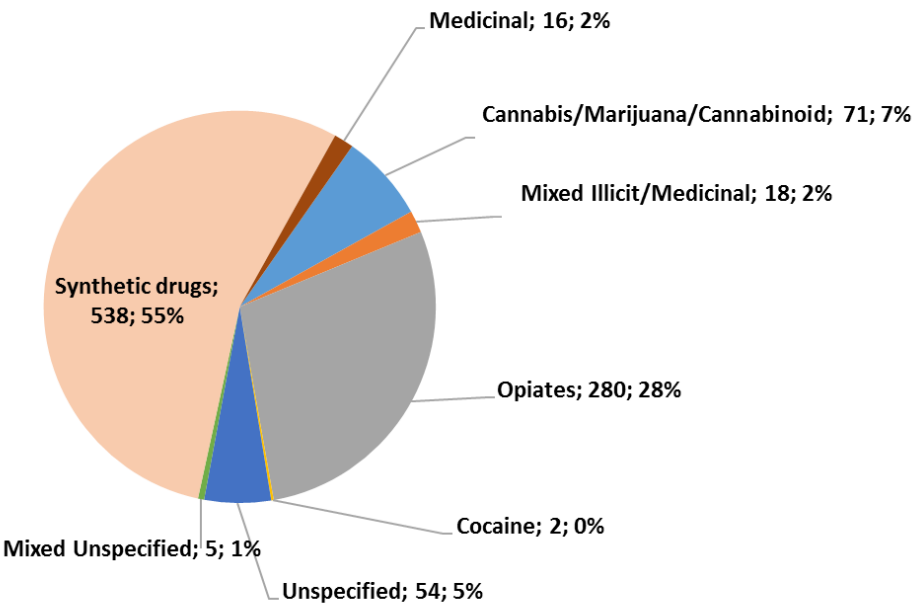


Among the 984 admissions in Public Health Institutions due to complications following consumption of drugs in 2020, the majority were males, representing 95% of admissions, while the remaining 5% were females with 52 admissions.

Over 75% of the admissions were found in the age group 20 to 39. People aged 20 to 29 years accounted for 54% (529) of the admissions and those between 30 and 39 years old accounted for 22% (221) of the admissions. The younger age group that is those between 15 to 19 years of age accounted for 12% (113) of the admissions while 2 cases were between 10 to 14 years old and one admission was below 10 years old.

Out of the 984 admissions in Public Health Institutions in 2020, 544 were admitted at BSMHCC of which 15 were females.

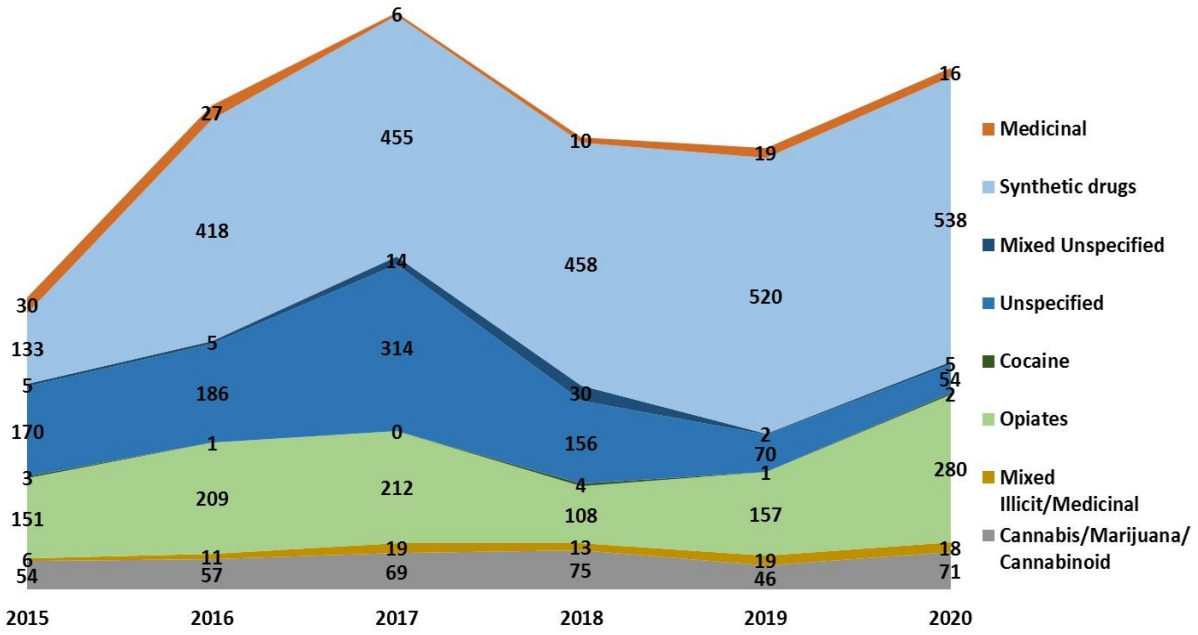
Figure III: Admissions in Public Health Institutions disaggregated by Type of Drugs-2020



Synthetic Drugs remain the main cause of admissions in Public Health Institutions following consumption of drugs, with 538 out of 984 cases representing 55% of the total admissions. With a rate of 28%, consumption of opiates is the second main cause of inpatient admissions, followed by Cannabis and related substances accounting for 7% of admissions.

Figure IV: Trend of inpatient treatment cases in Public Health Institutions disaggregated by Type of Drugs-

2015-2020



Unspecified substances are generally considered to be Synthetic Drugs. The number of admissions related to Synthetic Drugs combined with Mixed Unspecified and Unspecified Substances in 2020 was 597 representing 60.6% of admissions in Public Health Institutions for the year.

The trend in admissions by drug types for the past five years shows that synthetic drugs (including unspecified substances and mixed unspecified) remains the main cause for admissions in PHIs with around 600 admissions between 2016 and 2020 except for the year 2017. Admissions due to opiates consumption appears to be in the increasing trend with 280 admissions representing 28% in 2020 compared to only 108 and 157 opiates related admissions in 2018 and 2019 respectively.

Admissions following consumption of illicit substances combined with medicinal products are relatively stable for the past five years.

Figure V: Admissions in Public Health Institutions related to consumption of drugs disaggregated by District of Residence, 2020

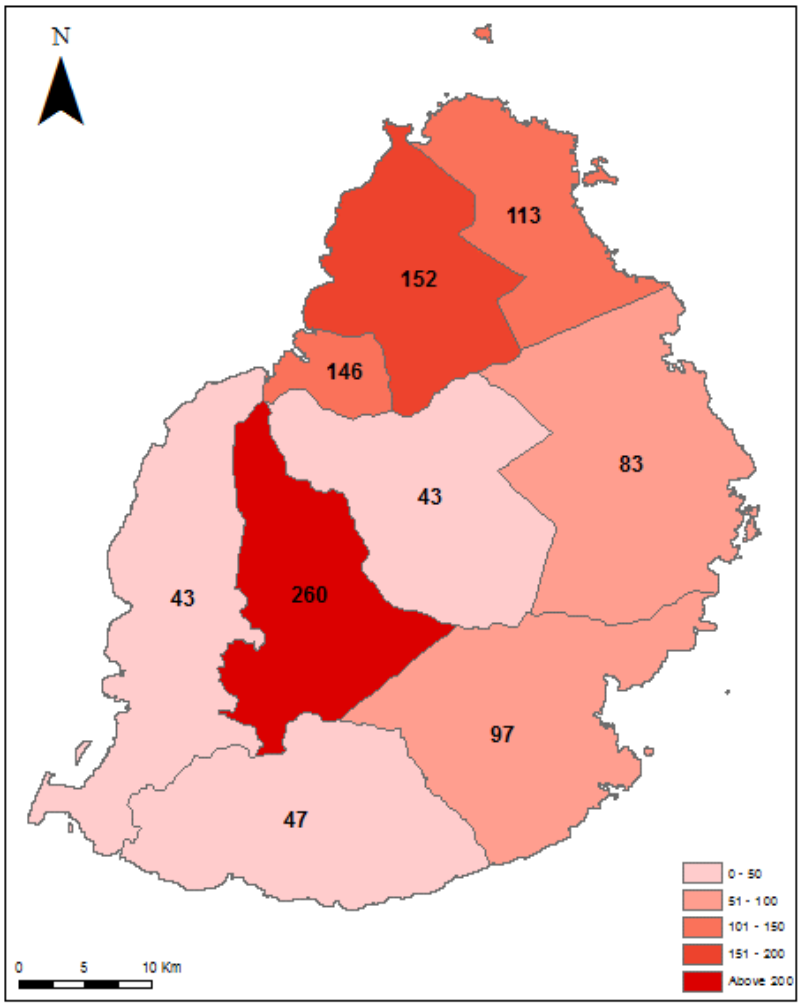


Table II: Admissions related to consumption of drugs by District of Residence- 2020

Districts	Admissions	%
Plaines Wilhems	260	26.40%
Pamplemousses	152	15.40%
Port Louis	146	14.80%
Riviere du Rempart	113	11.50%
Grand Port	97	9.90%
Flacq	83	8.40%
Savanne	47	4.80%
Black River	43	4.40%
Moka	43	4.40%
Total	**984**	**100%**

In terms of district of residence, most of the admissions in Public Health Institutions due to consumption of drugs are from the districts of Plaines Wilhems (26.4%) and Pamplemousses (15.4%), followed by Port Louis with 14.8% of admissions.

Admissions from the districts of Riviere du Rempart and Flacq represented 11.5 % and 8.4% respectively. The lowest proportion of drug-related admissions in 2020 were from the districts of Moka, Black River and Savanne, with between 4 to 5% of admissions each.

Addiction Units

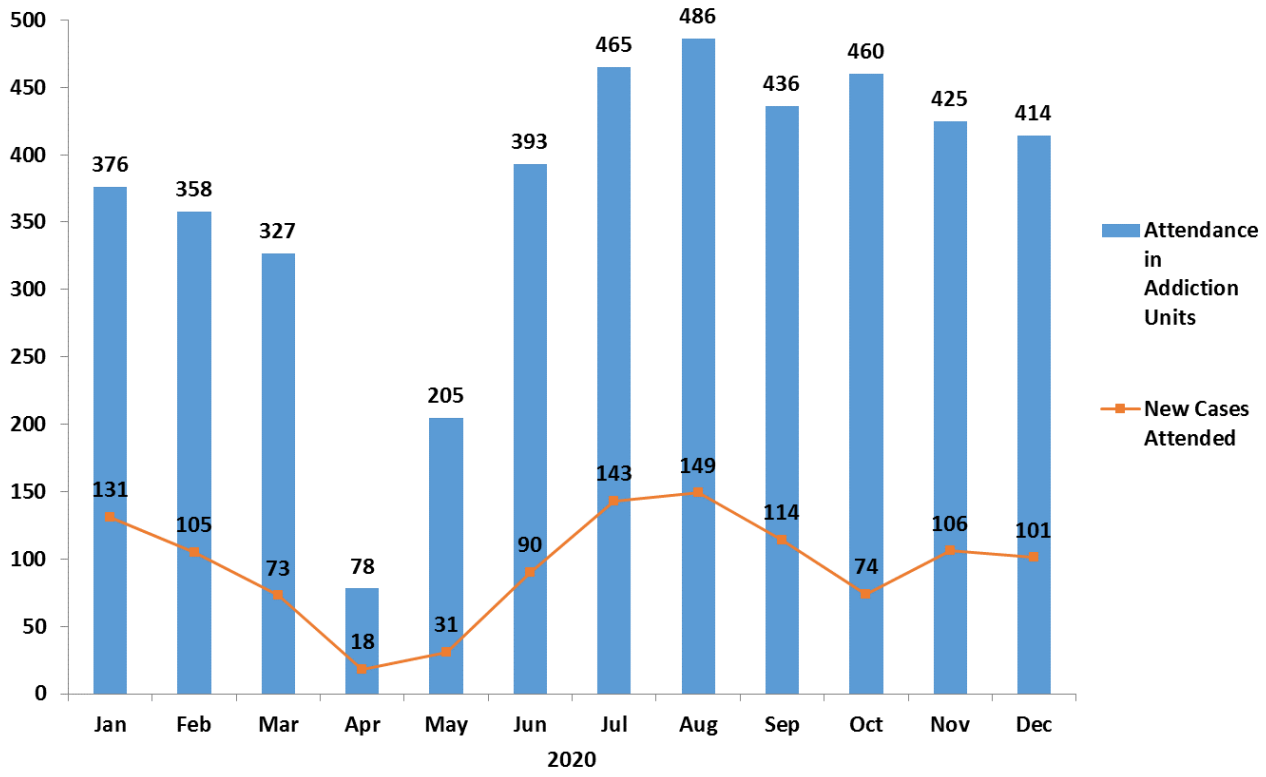
There are five addiction units in Mauritius, one in each health region. Each of the Addiction Unit operates under the care of a psychiatrist, offering outpatient services for substance use disorder. The Addiction Units are found at the Dr A.G. Jeetoo Hospital, Dr Bruno Cheong Hospital, Victoria Hospital, Mahebourg Hospital for the southern region and Long Mountain Hospital for the northern region. The Addictions Units operate from Monday to Friday between 9 a.m. and 4 p.m. and Saturday between 9 a.m. and Noon.

Table III: New cases registered in 2020 disaggregated by Gender

Addiction Units	Male	Female	Total
Dr A.G. Jeetoo Hospital	212	76	288
Long Mountain Hospital	182	1	183
Dr Bruno Cheong Hospital	292	3	295
Mahebourg Hospital	153	9	162
Victoria Hospital	196	11	207
Total	**1,035**	**100**	**1,135**

A total of 1135 new cases were registered at the five addiction units under the MOHW in 2020 of which 100 were females representing 8.8% of the total attendances. 76% of the females attended the addiction unit found at the Dr AG Jeetoo Hospital. The highest proportion of new cases attending the addiction units in 2020 was at Dr. Bruno Cheong Hospital (Flacq) with 26% of the new cases followed by Dr AG Jeetoo Hospital with 25% and Victoria Hospital with 18% of the attendances. Addiction Units at Mahebourg and Long Mountain Hospital recorded 14% and 16% of the total annual attendances with 162 and 183 cases.

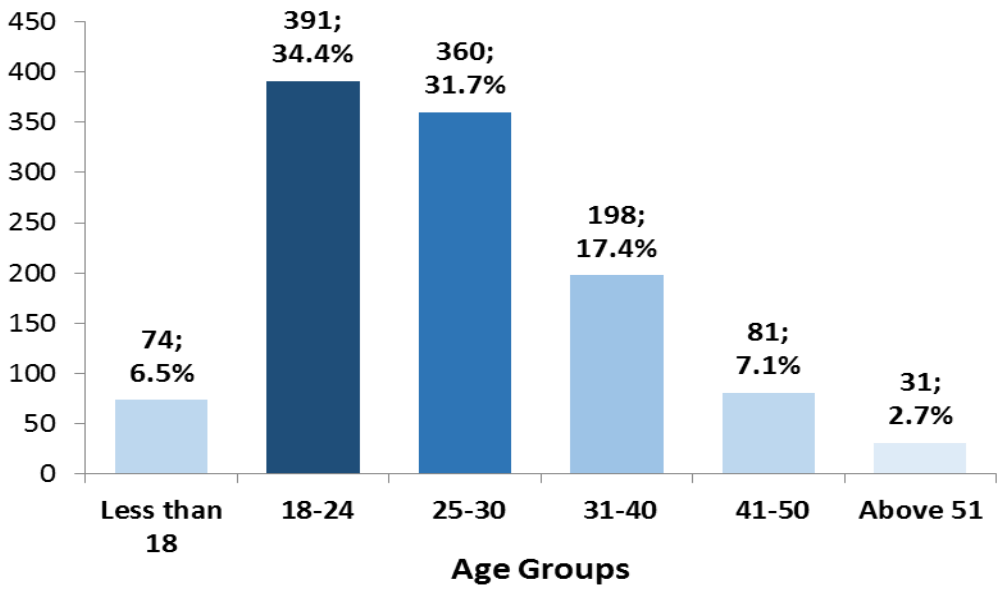
Figure VI: Attendances and new cases at Addiction Units, 2020



As shown in above figure, a total of 4,423 attendances were recorded in the five addiction units of MOHW in 2020, out of which 1,135 were new cases representing 26% of total attendance while the remaining 3288 attendances were for follow up purposes.

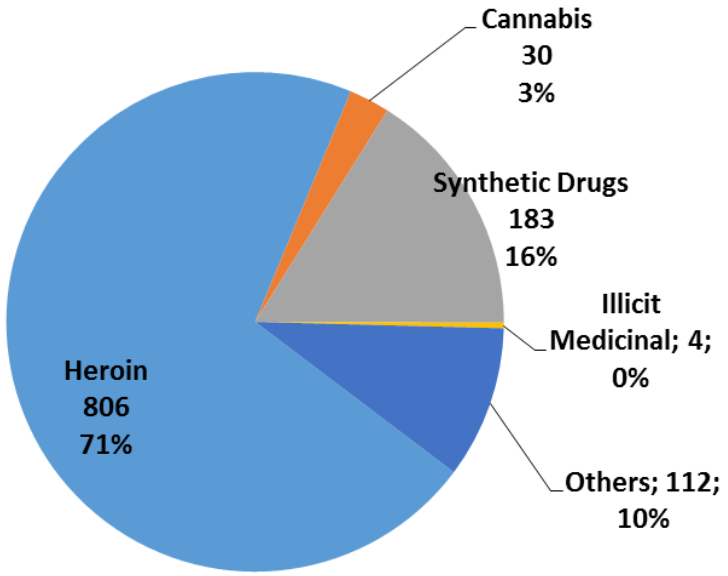
In 2020, the five Addiction Units registered around 370 attendances every month including new cases and follow ups.

Figure VII: New Cases at Addiction Units in 2020 disaggregated by Age Groups



Out of the 1,135 new cases that attended the five Addiction Units in 2020, 6.5% that is 74 were below 18 years, while 34.4% were young adults between 18 and 24 years followed by the age group 25 to 30 years constituting 31.7% of new cases and 17.4% of new cases pertaining to the age group 31 to 40 while the age group 41 to 50 and above 51 constitute around 10% of new cases altogether.

Figure VIII: New Cases at Addiction Units disaggregated by Type of Drugs



Services offered at Addiction Units are exclusively on an outpatient basis. Information gathered were related to the main drug of concern for seeking healthcare.

It has been found that 71% of the new cases that attended the five addiction units was related to Heroin while 16% that is 183 cases were due to Synthetic drugs. It is also noted that 3% of the new cases that attended the five addiction units was related to Cannabis as the prime drug of concern.

Compared to admissions in Public Health Institutions whereby most of the cases being admitted (55%) were due to Synthetic drugs, attendance at Addiction Units (71%) were mainly related to Heroin consumption as main drug of concern.

Treatment and Rehabilitation for minors and young people

Since 2018, the Nénuphar ward at Long Mountain Hospital offers Treatment and Rehabilitation services on a residential basis for minors and young people under the age of 24.

Table IV:333 Admissions in Nénuphar Ward at Long Mountain Hospital disaggregated by Type of Drugs and by Age Group-2020

MONTH	NUMBER OF ADMISSIONS	NUMBER OF NEW CASES	NUMBER OF RE-ADMISSIONS	NUMBER OF CASES OF SYNTHETIC DRUGS	NO. OF CASES OF HEROIN	AGE GROUP: 13-18	AGE GROUP: 19-24	AGE GROUP: >24
JAN	7	5	2	7	-	5	2	-
FEB	6	5	1	4	2	3	3	-
MAR	7	5	2	6	1	4	3	-
APR	**Lockdown**							
MAY								
JUNE	6	-	6	4	2	3	3	-
JUL	7	4	3	5	2	3	4	-
AUG	7	5	2	5	2	4	3	-
SEPT	9	8	1	4	5	6	2	1
OCT	5	5	-	3	2	2	3	-
NOV	3	-	3	1	2	3	-	-
DEC	8	6	2	3	5	6	2	
TOTAL	65	43	22	42	23	39	25	1

During the year 2020, a total of 65 young people aged up to 24 years followed inpatient treatment at Nenuphar ward of Long Mountain Hospital, out of which 39 were within the age group of 13 to 18 years. 43 admissions were new cases, while the remaining 22 have already been admitted in the ward at least once previously. The main drug of concern was predominantly Synthetic drugs. However, compared to 2019 whereby only 4 cases (4%) were admitted with Heroin as main drug of concern, it is noted that more young people 35% (23 out of 65) were admitted with Heroin as main drug of concern in 2020.

Suboxone-Naltrexone-Based Detoxification Programme

Table V: Admissions in Detox ward at Mahebourg Hospital-2020

MONTH	NUMBER OF ADMISSIONS	SYNTHETIC DRUGS	HEROIN
JAN	20	2	18
FEB	16	4	12
MAR	8	1	7
APR	-	-	-
MAY	-	-	-
JUNE	22	4	18
JUL	13	-	13
AUG	17	-	17
SEP	19	-	19
OCT	20	-	20
NOV	17	-	17
DEC	27	-	27
TOTAL	**179**	**11**	**168**

Age Group	No of Admissions
17-20	27
21-30	120
31-40	27
Above 40	5

The residential detoxification programme for people who use drugs using suboxone and naltrexone molecules is conducted at Mahebourg Hospital since 2016.In 2020 there was a total of 179 admissions, out of which 94% were related mainly to heroin consumption, while 6% were due to synthetic drugs as a main drug of concern. In terms of the age group 67% of admissions were within the age range of 21-30. 15% of the admissions were within the

category 31-40 years of age and only 3% were above 40 years of age while the remaining 15% were within 17-20 years of age.

Methadone Substitution Therapy Programme

The Methadone Substitution Therapy Programme is based on a multi stage process namely the induction phase, the dispensing phase, and the follow up phase. Since its introduction in 2006 in view to curb the propagation of HIV infection among People Who Inject Drugs the programme is implemented in collaboration with several NGOs. In 2020, induction was conducted on a day care basis at 3 methadone centres in the island.

Table below shows the number of screening conducted and the number of people induced at the 3 methadone centres in 2020.

Table VI: Screening and Induction at Methadone Day Care Centres - 2020

	Screening			Induction		
Centres	**Male**	**Female**	**Both**	**Male**	**Female**	**Both**
Bouloux Methadone Day Care Centre -Cassis	280	56	336	276	46	322
Mahébourg Methadone Day Care Centre	725	21	746	262	1	263
Sainte Croix Methadone Day Care Centre	391	nil	391	332	nil	332
Grand Total	**1396**	**77**	**1473**	**870**	**47**	**917**

In 2020, a total of 1473 people who use drugs registered at the 3 Methadone Centres, found at Sainte Croix, Cassis and Mahebourg respectively for the Methadone Programme.

Table VII: Induction at the three Methadone Centers in 2020

Year	2019	2020
Total Screened	1987	1473
Total Induced	942	917
Induction Rate	47.4%	62.3%

62% of people who attended the 3 methadone centers for the Methadone Programme in 2020 were induced that is, 917 out of a total of 1473. Of the 77 females who registered for Methadone Substitution Therapy Programme, 47 were induced while 870 males were induced out of 1396 who registered.

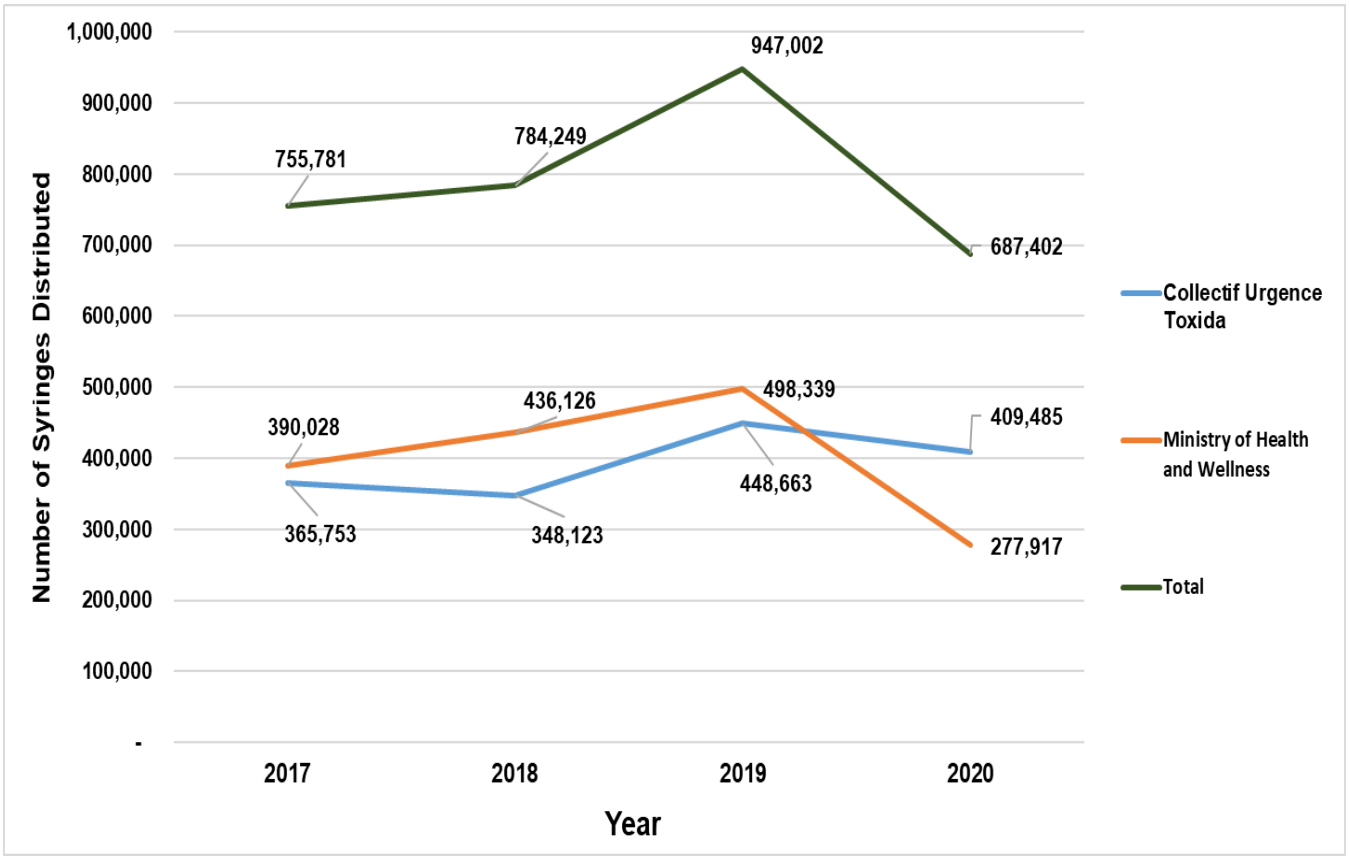
Methadone Dispensing

In December 2020, there were 5,752 persons on the Methadone Maintenance Therapy programme, out of which 203 were females. Daily methadone dispensing was conducted at 44 different sites across the island, including 4 dispensing points within the Prison Services.

Methadone was dispensed at twelve sites within the health care system of the Ministry of Health and Wellness namely Dr A.G. Jeetoo Regional Hospital, Bouloux Methadone Centre, St Croix Methadone Centre, Mahebourg Methadone Centre, Plaine des Papayes CHC, Piton CHC, Trou D'eau Douce CHC, Rose Belle AHC, Plaine Magnien CHC, L'Escalier Mediclinic, Yves Cantin Community Hospital and Hyderkhan Mediclinic, Plaine Verte.
Furthermore, dispensing was also carried out through caravans in the yard or nearby 24 Police Stations (26 dispensing sites) throughout the country between 6 a.m to 8 a.m. Two dispensing sites were located in the community.

Needle Exchange Programme

Figure IX: Syringes distributed, 2017-2020



The Needle Exchange Programme is implemented by the MOHW in collaboration with NGO Collectif Urgence Toxida (CUT). In 2020 a total of 687, 402 syringes were distributed among PWIDs. Out of this figure 60% were distributed by CUT. Compared to 2019, there was a significant decrease in the number of syringes provided to PWIDs through the Needle Exchange Programme which is explained mainly by interruption in the service due to the lock down related to the COVID-19 pandemic.

Drug Prevention Programme

The Harm Reduction Unit of the Ministry of Health and Wellness implements a Drug Sensitization Programme targeting mainly students and trainees of Educational and Training Institutions, employees of both, the public and the private sector, as well as members of the community.

The COVID-19 Pandemic has severely impacted on the drug prevention programmes since the number of people reached in 2020 was quite low compared to 2018 and 2019.

Table VIII: Number of People reached through Drug Sensitization Programme

YEAR	EDUCATIONAL INSTITUTION	COMMUNITY	WORKPLACE
2018	26,663	25,511	7637
2019	15,982	9,309	5,575
2020	6,677	2,616	1,568

- Some 6,677 students around the island participated in Drug Sensitization Programme in 2020 compared to 15,982 in 2019 and 26,663 in 2020.

- At Community level, a total of 2,616 people was sensitized in 2020.

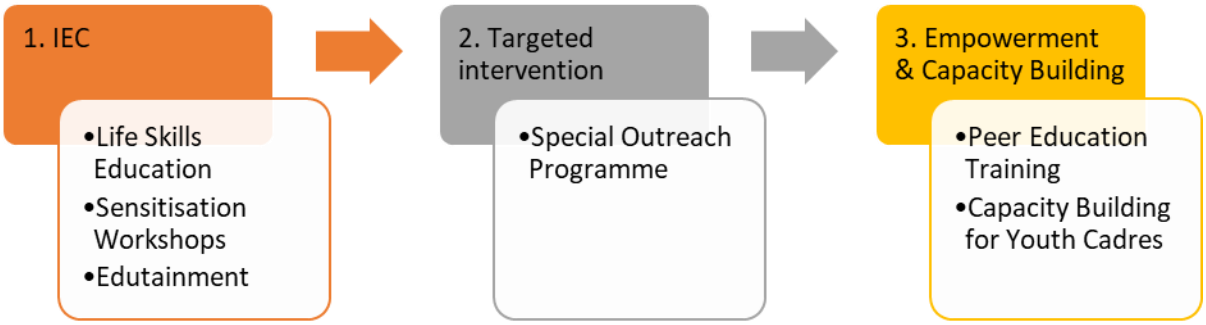
- A total of 1,568 participants have been sensitized at the level of workplace by the Harm Reduction Unit.

Ministry of Youth Empowerment, Sports and Recreation

Youth Section - Youth Activities on Prevention of Substance Abuse

The Youth Section of the Ministry organises a series of programmes aimed at promoting healthy lifestyle and preventing substance abuse among young people aged 14-35 years old. These activities fall under 3 intervention domains, namely:

1. Information, Education and Communication (IEC)
2. Targeted Intervention
3. Youth Empowerment and Capacity Building



Information, Education and Communication (IEC)

The Life Skills Education Programme is a 10-week comprehensive youth health programme which is designed to support adolescents to make healthy lifestyle choices. The programme is delivered using an interactive mode of instruction comprising games and activities. Upon completion of the programme, young people are equipped with relevant interpersonal, communication and values-based decision-making skills to help them become more resilient.

Sensitisation workshops on "Prevention of Substance Abuse" provide up-to-date information on substance abuse and create awareness about the risks associated with addictive behaviour. These one-day workshops provide an interactive platform for young people to reflect and discuss on issues related to substance abuse.

Edutainment activities encourage youth participation and engagement in driving prevention campaigns related to substance abuse. Two edutainment activities were organised at national level in 2020 using drama and youth-to-youth message design as methodology, namely:

I. Interactive Theatre on "Prevention of Addiction"
II. Info-Clip Competition in the context of World No Tobacco Day

Targeted intervention

The Special Outreach Programme is a comprehensive and ongoing programme of activities which targets vulnerable young people from at-risk neighbourhoods where they are regularly exposed to harmful influences. A youth mentoring approach is used to provide socio-emotional support to vulnerable young people as well as to enhance their coping skills and resilience.

Empowerment and Capacity Building

The Peer Education Training Programme targets young people aged 18-35 years old, preferably those with leadership aptitudes, to conduct educational and skills-building activities for their peers. It is a form of youth empowerment which relies on positive peer influence to encourage young people to make healthy lifestyle choices.

Capacity Building for Youth Cadres with comprehensive and up-to-date information on substance abuse in order to be able to successfully conduct sensitizations sessions with young people. It is also an opportunity for staff to consolidate their competencies and come up with creative strategies for sensitisation campaigns on Prevention of Substance Abuse among youth.

Other Youth Empowerment Activities

In addition, the Ministry has organised other youth empowerment and recreational programmes in 2020 to encourage young people to engage in healthy and meaningful activities. **The National Youth Civic Service (NYCS)** is a 12-weeks training programme targeting young people aged 17-25 years old. It helps them develop a set of competencies geared towards character building, positive lifestyle and employability. **The Duke of Edinburgh's International Award (DOFE)** is a programme which promotes individual achievement and autonomy among young people aged 14-24 years old. It operates at three recognized levels – Bronze, Silver and Gold- with the following four sections at each level: Voluntary Service, Skills, Physical Recreation, Adventurous Journey and a Residential Project for Gold level participants.

The Programme pour la Promotion de L'Entreprenariat Jeunesse (PPEJ) is a 3-months training programme targeting young people aged 18-35 years old. The programme supports the development of entrepreneurial culture, relevant skills and an active economic participation among young people.

The National Young Volunteer Scheme (NYVS) is a programme which aims at fostering civic participation and community engagement among young people aged 18-35 years old. The programme includes 4 components, which are Nation Building, Solidarity, Education and Environment. In 2020, two national activities were organised namely:

i. Waterwise (sensitisation course on water safety)
ii. Plan - T-Zenes (sensitisation course on home gardening)

Recreational Activities enable young people aged 14-35 years old to engage in healthy and safe leisure pursuit, with the aim of fostering positive youth development. In 2020, four national recreational activities were organised namely:

i. Zenes Montre to Talan (ZMTT) depi Lakaz
ii. Family Virtual Quiz
iii. Cyber Quest (Online Treasure Hunt)
iv. Online Concerts
v. Street Dance Battle
vi. Parkours

Informal education activities have also been organised in 2020 by 26 Youth Centres across the island including leadership training, community-based programmes, holiday programmes, educational tours, sensitisation on human values, Blue Venture diving initiation, and creativity projects for handicapped youth.

Key Stakeholders

The Drug Prevention Programme of this Ministry is delivered with the precious collaboration and contribution of stakeholders. Some of them are:

- ❖ Harm Reduction Unit of the Ministry of Health and Wellness
- ❖ Brigade des Mineurs, Mauritius Police Force
- ❖ NGOs active in drug prevention campaigns and programmes
  - Dr Idrice Goomany Centre
  - Centre D'Acceuil de Terre Rouge
  - Centre de Solidarite pour une Nouvelle Vie.

Active Mauritius - Youth on the Move

Vulnerable Youth Program

Program: Vulnerable Youth Program (Youth on the Move)

Target group: The population involves all those who fall into the category of socially vulnerable youth. Marginalized young people (characterized by violence, sexual abuse, negligence, substance abuse, crime, psychiatric or mental disorder) young people with transient problems.

The main aims are to:

- Provide a structured programme without any discrimination,
- Empower young people from marginalized communities,
- Helps youngsters to develop essential life skills that increase adaptive and positive behaviour addressing vulnerabilities that are linked to violence, crime and drug use.

Capacity Building (Vulnerable Youth Program)

On 11th and12th of June 2020, a training workshop was held at the Mauritius Sports Council to train Animateurs who would deliver sessions in Local Communities.

Fun Day events were also organized at Rehabilitation Youth Center/ Correctional Youth Center in collaboration with Mauritius Prison Services.

Table IX- Fun Day Events at RYC & CYC.

Center	Rehabilitation Youth Center Boys	Rehabilitation Youth Center Girls	Correctional youth Center Boys
Dates	16th September 2020	22nd September 2020	24th September 2020
Am 9hr-11hr	Exchange Program with The Finalist of Zeness Montre To Talent with The Boys	Exchange Program with The Finalist of Zeness Montre To Talent with The Girls	Flic En Flac Outdoor Center Line Up Live Up: RESPECT, PEERS, CONTROL, GOALS
Pm 13hr-15hr	Line Up Live Up: Respect, Peers, Control, Goals.	Line Up Live Up: Respect, Peers, Control, Goals.	Cleaning Campaign in The Area. Swimming Contest Including Boys and Officers.

Other Activities

Camp De Vacances- Cité Barkly and Chebel Kids

Swimming sessions at Serge Alfred Swimming Pool

Number of participants: 408 participants

After School Sports Fitness Program (ASSFP—Primary)

Well-structured fun and leisure activities are provided, under the supervision of qualified coaches, to harness the proven benefits of physical activities on the cognitive and academic performance of children.

Target group: Children of Primary institution of grades 4, 5 & 6 *(Mauritius & Rodrigues)* **The main aim** is to encourage kids to participate in physical activities while creating a love for sport for life.

Table X – After School Sports and Fitness Program – Primary

AFTER SCHOOL SPORTS AND FITNESS PROGRAM – PRIMARY				
SN	**GRADE**	**NUMBER OF SCHOOL**	**DETAILS**	**NUMBER OF PARTICIPANTS**
1	4, 5 & 6	256 – MRU 17 - ROD	**Number of Sessions:** 6 **Dates:** 03 Feb 2020 – 18 Mar 2020	**20,816**
2	4, 5 & 6	256 – MRU 17 - ROD	**Number of Sessions:** 8 **Dates:** 06 Oct 2020 – 19 Feb 2021	**20, 816**

After School Sports Fitness Program (ASSFP—Secondary)

Table XI - After School Sports and Fitness Program – Secondary

AFTER SCHOOL SPORTS AND FITNESS PROGRAM – SECONDARY				
SN	**GRADE**	**NUMBER OF SCOOLS**	**DETAILS**	**NUMBER OF PARTICIPNTS**
1	**Grade 7 & Extended Streams**	43 selected schools in Mauritius and 7 schools in Rodrigues	**Number of Sessions:** 5 **Dates:** 12 Feb 2020 – 18 Mar 2020	**1500**
2	**Grade 7 & Extended Streams**	52 selected schools and 7 schools in Rodrigues	**Number of Sessions: 6** **Dates:** 28 Sept 2020 – 18 Feb 2021 **(MRU)**	**1849**

Ministry of Education, Tertiary Education, Science and Technology

Drug Use Prevention Programme "Get Connected" in Secondary Schools

An evidence-based Drug Use prevention programme which is in line with the international standards for drug use prevention (UNODC & WHO collaboration) has been introduced in our secondary schools across the island, in line with the National Drug Control Master Plan 2019-2023. The target group for the programme are students of the Grade 8. The programme uses a life skills concept model with the aim to delay tobacco, alcohol and drug initiation among adolescents. The program is structured in three parts namely knowledge and attitudes, interpersonal skills and intrapersonal skills which are further divided into twelve units.

Activities Conducted: Year 2020:

- A training programme was held for 20 Educators from secondary schools of Rodrigues in from 27 to 30 January 2020.
- 3 days' catch –up session was held in September 2020 for both State and Private secondary schools and as at date a total number of 254 educators in Mauritius have already received training.

Additional Measures taken to prevent Drug use in schools are:

I. Introduction of four activity periods per week in secondary school time table to encourage students to participate in co- and extra- curricular activities such as observance of International Days on specific themes like Health and Drug Prevention, World No Tobacco day and International Day against Drug Abuse and Illicit trafficking;

II. Setting up of School Health Clubs to better address health issues in Private and State Secondary Schools; and

Sensitization campaigns

Sensitisation campaigns are ongoing in collaboration with the relevant stakeholders such as ADSU, Harm Reduction Unit of the Ministry of Health and Wellness.

Ministry of Gender Equality and Family Welfare

In 2020, several awareness sessions were conducted in the different Social Welfare Centres around the island reaching out to children, youth, women, senior citizens, community leaders and officers.

Furthermore, 250 officers of the SILWF attended a Training Programme on Substance Abuse held during the month of July and August 2020 which was conducted by Resource persons from Ministry of Health and Wellness.

The National Children's Council has also organised interactive/awareness campaigns on Substance Abuse in 2020:

i. 6286 students of primary and secondary schools were reached.
ii. One Atelier Partage Parents was organised in Lalmatie whereby 34 parents were sensitised on issues such as drugs and substance among others.
iii. An in-House Training was organised for child caregivers/ staff of Shelters managed by NCC whereby around 38 staff were sensitised on various issues on Drugs and Substance Abuse amongst others.

Non-Governmental Organizations

Rehabilitation services for People Who Use Drugs in Mauritius is essentially provided by several registered Non-Governmental Organizations (NGOs). They use different therapeutic models, from drug free approach to medically assisted therapies, coupled with psycho-social support as well as rehabilitation and support services. Some of these centres offer residential based services, while others operate on a day-care basis.

Ten NGOs (including CRAC from Rodrigues) reported new cases that attended their centres in 2020, disaggregated by Age Group and main drug of concern. The number of new cases for the year 2020 at the 10 NGOs was 1,890, out of which 89% were males, as shown in Table below. 207 new cases were females representing 11% of the total new cases who attended the ten NGOs. Out of this figure,60% (125) attended Chrysalide which is a female-dedicated centre found at Bambous.

Table XII: New cases at NGOs, disaggregated by Gender- 2020

NGOs	Male	Female	Total Attendance
ACTRESA	5	-	5
AILES	74	2	76
Centre de Solidarité PUNV	357	-	357
Chrysalide	-	125	125
Dr Idrice Goomany	333	26	359
Help De Addiction	372	27	399
Lacaz A	142	15	157
Sangram Seva Sadan	124	8	132
Groupe Renaissance de Mahebourg	248	2	250
Rodrigues – CRAC	20	-	20
Total	**1,675**	**205**	**1,880**
Percentage	**89%**	**11%**	

- Centre D'Acceuil de Terre Rouge offers residential treatment and rehabilitation services at Terre Rouge and day care services at Flacq to PWUD. The NGO reported a total of 530 new cases registered at Terre Rouge and Flacq, for the year 2020.

ACTRESA

Table XIII: New cases at ACTRESA, by Drug Type and Age Group- 2020

Substance	Less than 18	19 to 29	30 to 39	40 to 49	Above 50	Total
Brown Sugar / Heroin	-	2	1	-	-	3
Synthetic Drugs	-	2	-	-	-	2
Grand Total	**-**	**4**	**1**	**-**	**-**	**5**

ACTRESA which is located at Calebasses cater primarily for people who are alcohol dependents. With regard to drugs, ACTRESA reported 5 new cases for the year 2020, out of which 3 were related to Heroin/Brown Sugar while the 2 remaining were due to Synthetic drugs.

AILES

Table XIV: New cases at AILES by Drug Type and Age Group- 2020

Substance	Less than 18	19 to 29	30 to 39	40 to 49	Above 50	Total
Brown Sugar / Heroin	1	29	28	12	6	76
Grand Total	**1**	**29**	**28**	**12**	**6**	**76**

NGO Ailes reported 76 new cases at its centre found at Cité Mangalkhan. All the cases were exclusively related to the use of Heroin/Brown Sugar. In terms of age group concerned, only 1 case was under 18 years of age.

Centre de Solidarité Pour Une Nouvelle Vie

Table XV : New cases at Centre de Solidarité Pour Une Nouvelle Vie by Drug Type and Age Group- 2020

Substance	Less than 18	19 to 29	30 to 39	40 to 49	Above 50	Total	Percentage
Brown Sugar / Heroin	13	150	61	14	2	240	67.23%
Synthetic Drugs	2	19	4	4	-	29	8.12%
Cannabis	1	1	-	-	-	2	0.56%
Polysubstances	3	32	8	3	3	49	13.73%
Unspecified	-	9	8	11	9	37	10.36%
Grand Total	**19**	**211**	**81**	**32**	**14**	**357**	**100%**

292 out of the 357 new cases reported by Centre de Solidarité Pour Une Nouvelle Vie situated at Rose Hill, were within the age group of 19 to 39 representing 82% of the total new cases. Only 5.3 % (19) cases were below 18 years of age while 46 were above 40 years of age. The main drug of concern remains by far Brown Sugar/Heroin with 67% of the new cases seeking treatment, care and support at CDS. Those seeking Treatment and Rehabilitation with regard to Synthetic drugs as main drug of concern represented only 8%.

Chrysalide

Table XVI: New cases at Chrysalide by Drug Type and Age Group- 2020

Substance	Less than 18	19 to 29	30 to 39	40 to 49	Above 50	Total	Percentage
Brown Sugar / Heroin	1	33	18	1	-	53	42.4%
Synthetic Drugs	-	6	5	1	-	12	9.6%
Cannabis	-	4	2	1	-	7	5.6%
Polysubstances	1	22	9	4	-	36	28.8%
Opiods	-	4	5	1	-	10	8.0%
Unspecified	-	4	1	1	1	7	5.6%
Grand Total	**2**	**73**	**40**	**9**	**1**	**125**	**100%**

The only female dedicated Treatment and Rehabilitation Centre, Chrysalide found at Bambous, reported 125 new cases in 2020 of which 113 cases were within 19 to 39 age group. 42% of females who attended Chrysalide reported Heroin/Brown Sugar as main drug of concern, with 10% identifying Synthetic drugs as the main drug of concern.

Dr Idrice Goomany Centre

Table XVII: New cases at Dr Idrice Goomany Centre by Drug Type and Age Group- 2020

Substance	Less than 18	19 to 29	30 to 39	40 to 49	Above 50	Total	Percentage
Brown Sugar / Heroin	15	155	59	32	1	262	72.98%
Synthetic Drugs	2	9	9	4	2	26	7.24%
Cannabis	2	3	-	1	1	7	1.95%
Polysubstances	-	34	13	-	1	48	13.37%
Psychotropic	-	2	1	-	-	3	0.84%
Illicit Methadone	-	9	4	-	-	13	3.62%
Grand Total	**19**	**212**	**37**	**5**	**86**	**359**	**100%**

73% of the 359 new cases reported by Dr Idrice Goomany Centre found at Plaine Verte, were related to consumption of Heroin/Brown Sugar. 7% of new cases reported consuming Synthetic drugs while only 2% sought treatment at Dr Idrice Goomany Centre with regard to Cannabis consumption. The majority of the new cases attending Dr Idrice Goomany Centre in 2020 were between 19 to 29 years of age representing 59% of the total new cases.

Dr Idrice Goomany Centre registered 19 new cases below the age of 18.

Help De Addiction

Table XVIII: New cases at Help de Addiction by Drug Type and Age Group- 2020

Substance	Less than 18	19 to 29	30 to 39	40 to 49	Above 50	Total	Percentage
Brown Sugar / Heroin	6	150	73	30	22	281	70.43%
Synthetic Drugs	8	28	12	3	1	52	13.03%
Cannabis	1	33	21	7	4	66	16.54%
Grand Total	**15**	**211**	**106**	**40**	**27**	**399**	**100%**

NGO Help De Addiction reported 399 new cases at its centre found at Cassis in 2020. Out of this figure, 70% were related to consumption of Brown Sugar and Heroin followed by Synthetic drugs and Cannabis with 13% and 16% of cases respectively. In terms of age group, 15 new cases were below 18 while 317 representing 79% were between 19 to 39 years.

La Caz A- Groupe A de Cassis

Table XIX: New cases at La Caz A by Drug Type and Age Group- 2020

Substance	Less than 18	19 to 29	30 to 39	40 to 49	Above 50	Total	Percentage
Brown Sugar / Heroin	2	19	18	6	9	54	34.39%
Synthetic Drugs	1	5	-	2	-	8	5.10%
Polysubstances	1	28	25	12	3	69	43.95%
Unspecified	1	3	6	10	6	26	16.56%
Grand Total	**5**	**55**	**49**	**30**	**18**	**157**	**100%**

NGO Groupe A de Cassis which operates a day care centre at La Caz A in the heart of the capital, Port Louis reported 157 new cases out of which 104 were in the age bracket of 19 to 39. Most of the cases (44%) were reported as Polysubstance users. Heroin/Brown Sugar users represented 34% of the total cases while Synthetic drugs users were 5.10%. Two-third of the cases that is 66 % were related to the age group 19-39 while only 5 cases were below 18 years.

Sangram Seva Sadan

Table XX: New cases at Sangram Seva Sadan by Drug Type and Age Group- 2020

Substance	Less than 18	19 to 29	30 to 39	40 to 49	Above 50	Total
Polysubstances	2	79	34	11	6	132
Grand Total	**2**	**79**	**34**	**11**	**6**	**132**

The St Paul based NGO Sangram Seva Sadan reported, 132 new cases for the year 2020. All of the new cases were reported as polydrug users. 60% of the new cases were in the age bracket of 19 to 29. Only 2 cases below 18 years attended Sangram Seva Sadan in 2020.

Groupe Renaissance de Mahebourg

Table XXI: New cases at Groupe Renaissance de Mahebourg by Drug Type and Age Group- 2020

Substance	Less than 18	19 to 29	30 to 39	40 to 49	Above 50	Total	Percentage
Brown Sugar/ Heroin	-	3	4	4	-	11	4.4%
Synthetic Drugs	3	7	4	-	-	14	5.6%
Cannabis	-	-	-	1	1	2	0.8%
Polysubstances	-	64	41	12	3	120	48%
Opioids	4	35	12	-	-	51	20.4%
Unspecified	2	29	20	1	-	52	20.8%
Grand Total	**9**	**138**	**81**	**18**	**4**	**250**	**100%**

Of the 250 new cases reported by Groupe Renaissance de Mahebourg only 4% that is 11 cases were related to consumption of Brown Sugar/ Heroin, unlike the situation at all other NGOs where Heroin/Brown Sugar were overwhelmingly the main drug of concern. Only 9 new cases were age less than 18 years and 219 out of the 250 new cases were between 19 to 29 years of age.

Rodrigues – CRAC

Table XXII: New cases at Rodrigues – CRAC by Drug Type and Age Group- 2020

Substance	Less than 18	19 to 29	30 to 39	40 to 49	Above 50	Total	Percentage
Brown Sugar / Heroin	1	7	5	-	1	14	70.0%
Synthetic Drugs	-	3	-	-	-	3	15.0%
Cannabis	-	1	-	-	-	1	5%
Polysubstances	-	2	-	-	-	2	10.0%
Grand Total	**1**	**13**	**5**	**-**	**1**	**20**	**100%**

CRAC of Rodrigues reported 20 new cases that sought treatment for substance abuse. Out of this figure only 1 was below 18 years of age while the vast majority (90%) was between 19 to 39 years of age. In terms of main drug of concern 70% were related to consumption of brown sugar / heroin and 15 % related to synthetic drug use. It is to be noted that all 20 cases were patients from Mauritius.

The majority of the new cases that attended the 10 NGOs in the tables above were related to use of Brown Sugar/ Heroin with 994 cases out of 1880 representing 53%. With regard to synthetic consumption the 10 NGOs reported 146 cases for the year 2020 which represented 8% of the cases. However, 456 cases (24%) were reported as polysubstance users which probably include both Brown Sugar or Synthetic Drugs. Furthermore, 122 cases that is 6% of the total cases that attended the NGOs in 2020 were reported under the unspecified group of substances which might be synthetic drugs.

The 10 NGOs reported a total number of 73 minors (below 18) who sought treatment representing 4% of new cases registered at their centres in 2020. It is to be mentioned that out of this figure, 53% reported use of Brown Sugar/Heroin while 22% were related to consumption of Synthetic Drugs. It has also been observed that polysubstance use was mostly among the 19-29 age group as reported by NGOs

Codeine Programme

Table XXIII : Total Number of Patients who followed Codeine Treatment -2017 to 2020

SN.	Centres	2017	2018	2019	2020
1	Chrysalide-Bambous	59	38	32	53
2	Centre de Solidarité-Rose Hill	106	100	128	147
3	Dr I. Goomany Centre-Plaine Verte	240	227	303	261
4	Help de Addiction-Cassis	110	118	111	126
5	Sangram Seva Sadan- St Paul	87	76	79	132
	Total	**602**	**559**	**653**	**719**

Five NGOs provide a Codeine based treatment programme in collaboration with the MOHW. The NGOs are namely:

- Dr I. Goomany Centre-Plaine Verte
- Centre de Solidarité Pour Une Nouvelle Vie-Rose Hill
- Help de Addiction-Cassis
- Chrysalide-Bambous
- Sangram Seva Sadan- St Paul

Figure X: Number of Patients who followed Codeine Treatment at Chrysalide: 2017- 2020

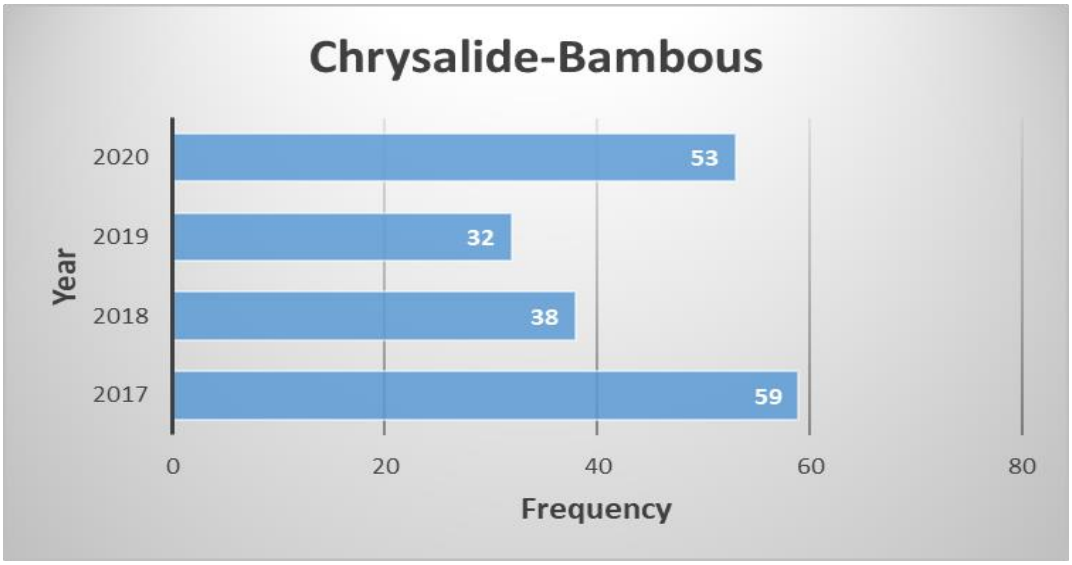


Figure XI.: Number of Patients who followed Codeine Treatment at Centre de Solidarite: 2017- 2020

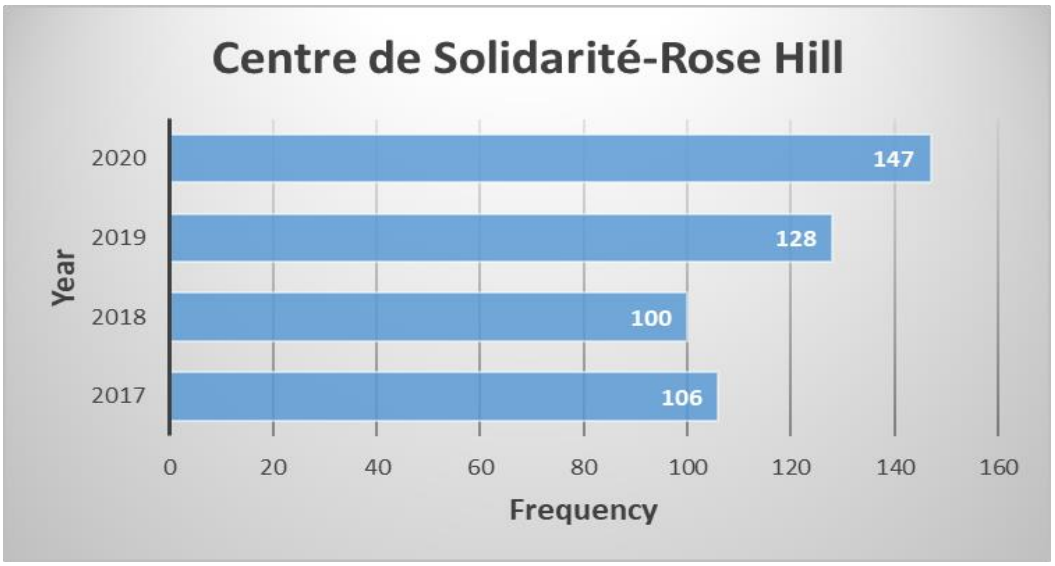


Figure XII.: Number of Patients who followed Codeine Treatment at Dr I. Goomany Centre: 2017- 2020

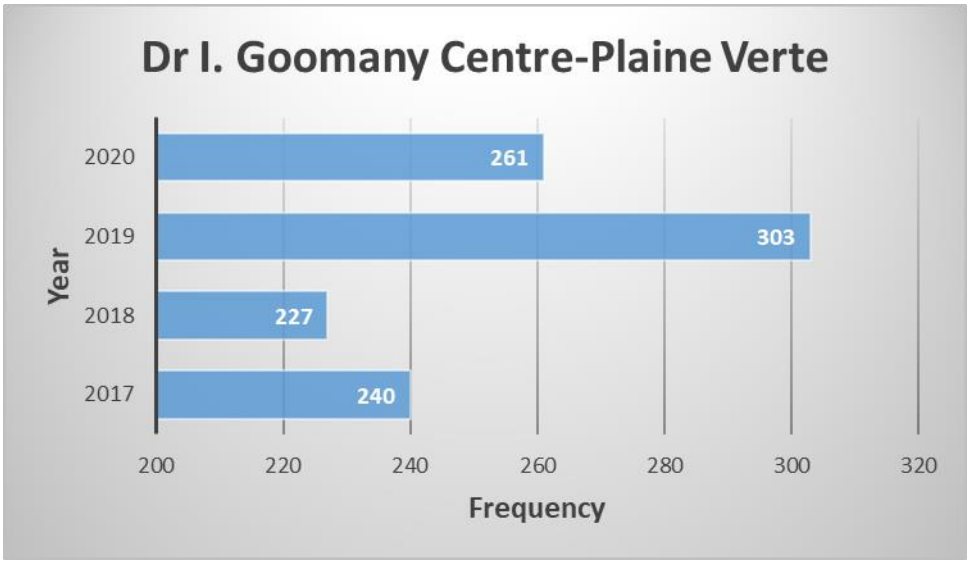


Figure XIII: Number of Patients who followed Codeine Treatment at Help de Addiction: 2017- 2020

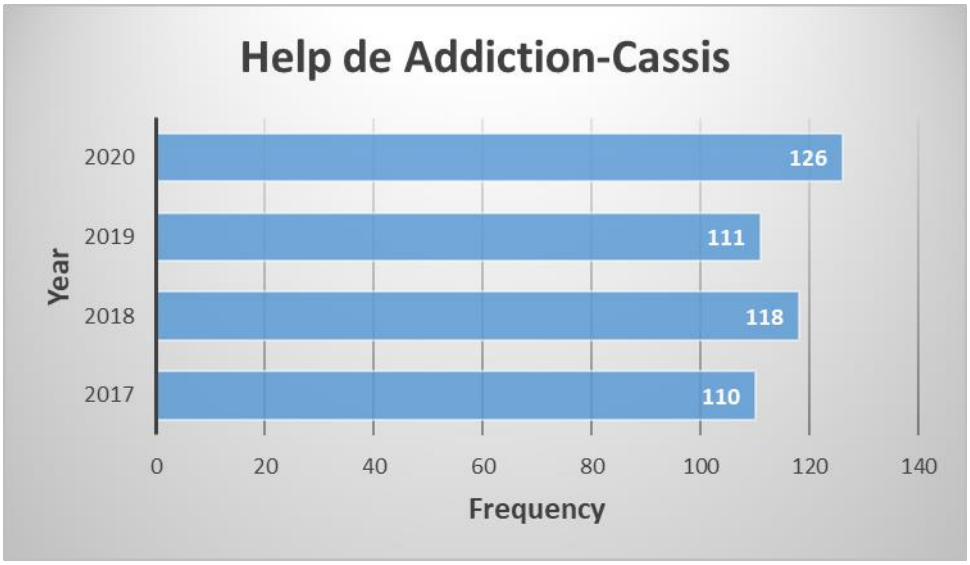
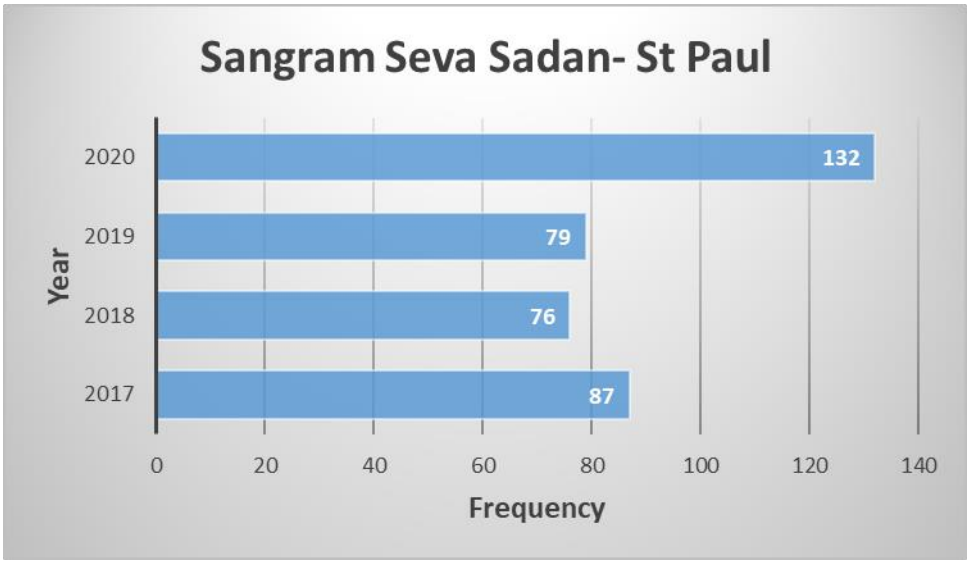


Figure XIV: Number of Patients who followed Codeine Treatment at Sangram Seva Sadan: 2017- 2020



Despite a lockdown situation which lasted for over two months in 2020, attendance for the Codeine Programme increased at 4 of the NGOs namely **Centre de Solidarité Pour Une Nouvelle Vie, Help de Addiction, Chrysalide and Sangram Seva Sadan** in comparison with the 2 previous years. However, a decrease was noted at **Dr I. Goomany Centre** compared to 2019.In fact, in 2020, 719 persons who use drugs were provided Codeine-based Therapy while this figure was 559 and 653 in 2018 and 2019 respectively. This indicates an increase of 10% in 2020 compared to 2019 and a 29% increase compared to 2018.

Death related to Drug Intake in 2020

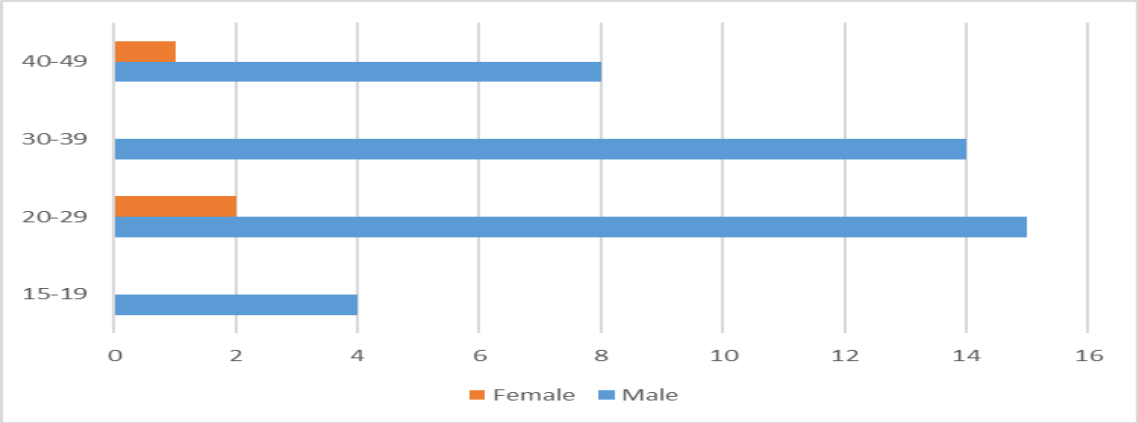
All cases of death suspected to be related with intake of drugs are referred to the Police Medical Unit for Post Mortem and Forensic Analysis. The number of deaths related to intake of drugs is compiled at the level of Police Medical Unit of the Mauritius Police Force. As such death classified as related to intake of drugs is based on autopsy findings, case history and supported by findings of the FSL following analysis of samples of body fluids of the deceased.

Number of Death by Age Group and Gender

Table XXIV: Death Cases by Age Group and Gender

Age Group	Male	Female
15-19	4	0
20-29	15	2
30-39	14	0
40-49	8	1
Total	**41**	**3**

Figure XV: Death Cases by Age Group and Gender



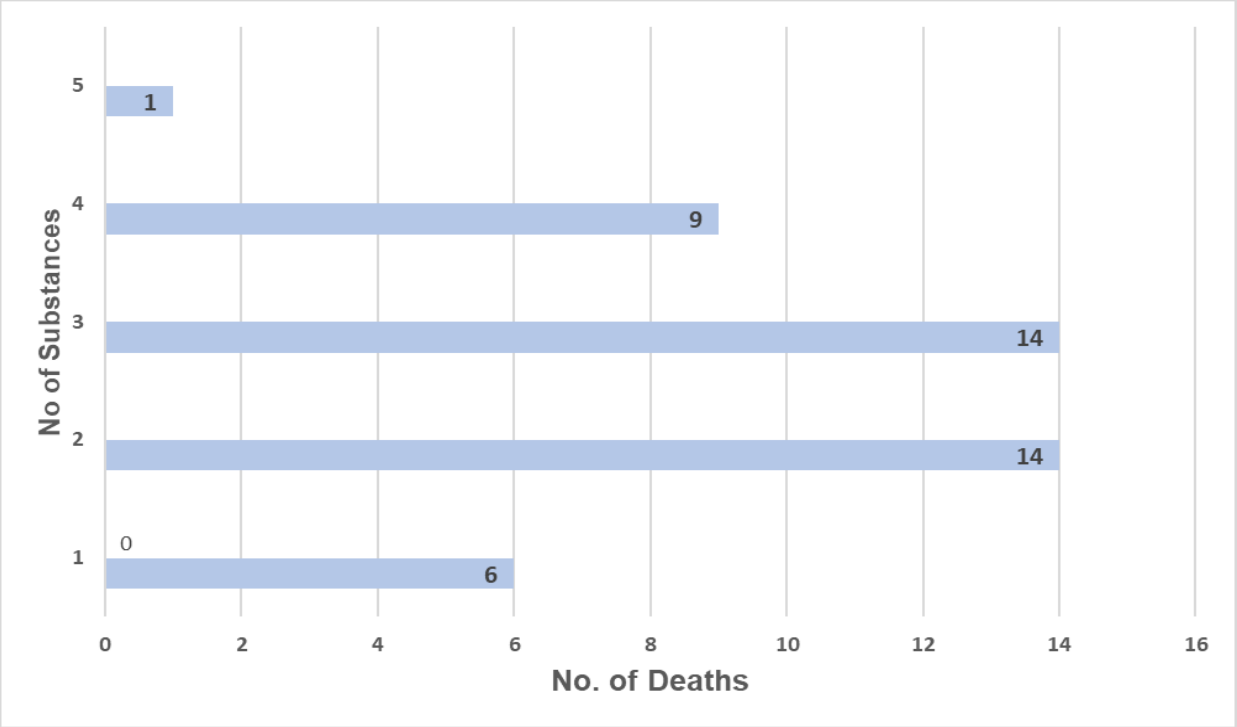
In 2020, the number of deaths related to intake of drugs was 44 including 3 females. Two of the females were in the age group of 20-29 while one was between 40-49 years of age. The vast majority of death among males was found in the 20-39 age group with 29 out of the 44 deaths representing 66% of the total death. Over one third (39%) of death related to intake of drugs in 2020 was among the 20-29 age group followed by the 30-39 age group with 32% while the 40-49 age group represented 20 % of the total number of deaths. It is to be noted that 4 deaths were among the younger age group of 15-19 years of age.

Death Cases by Number of Substances Detected

Table XXV: Death Cases by number of substances detected - 2020

No of Substances	1	2	3	4	5
No. of Deaths	6	14	14	9	1

Figure XVI: Death cases related to Intake of Drugs by number of substances detected - 2020



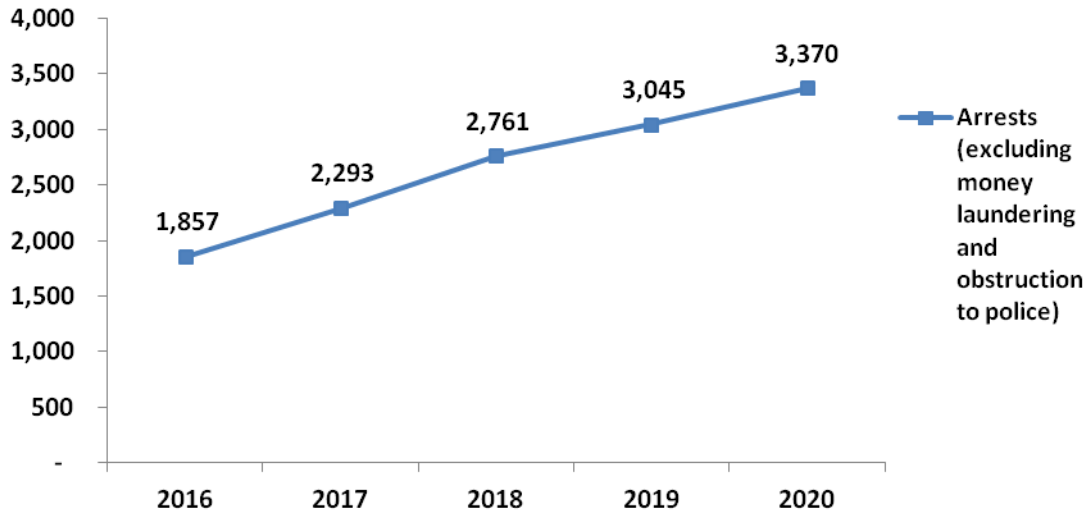
The drug taking behavior of PWUD in Mauritius is characterized by a polydrug use nature. This is also reflected by the number of substances detected by the FSL in samples submitted by the Police following deaths suspected due to intake of drugs. Out of the 44 deaths related to intake of drugs in 2020, Morphine was detected in 31 cases representing 70% of the death cases. In many of these cases, other substances were also detected mainly Alcohol, Methadone as well as Codeine. It is to be noted that one substance was detected in only 6 cases.

Supply Reduction

Arrests by ADSU

Despite the unprecedented situation prevailing in 2020 due to the COVID-19 pandemic and lockdown that followed, activities related to drug trafficking/dealing, which slowed down initially soon continued at its own pace. The Anti-Drug and Smuggling Unit maintained its interventions to track people suspected to be involved in drug related offences.

Figure XVII: Number of Arrests by ADSU, 2016-2020



The trend in the number of arrests effected by ADSU for the past 5 years shows a constant increase. In 2020, ADSU made 3370 arrests for drug related offences, excluding 9 for Obstruction to Police and 8 arrests for Money Laundering. Compared to 2019, in 2020, the number of arrests effected by ADSU has increased by 11%.

Table XXVI: Cases and Arrests by ADSU, by Type of Offence- 2020

Type of Offence	Number of Cases	Number of Cases Unknown Accused	Number of Arrest	Percentage of Arrest (%)
Possession	1671	-	1,678	49.5
Dealing	1479	-	1521	44.9
Cultivating	518	339	148	4.4
Importation	41	28	23	0.7
Obstruction to Police	7	-	9	0.3
Money Laundering	4	-	8	0.2
Others	17	17	0	-
Total	**3,737**	**384**	**3,387**	**100**

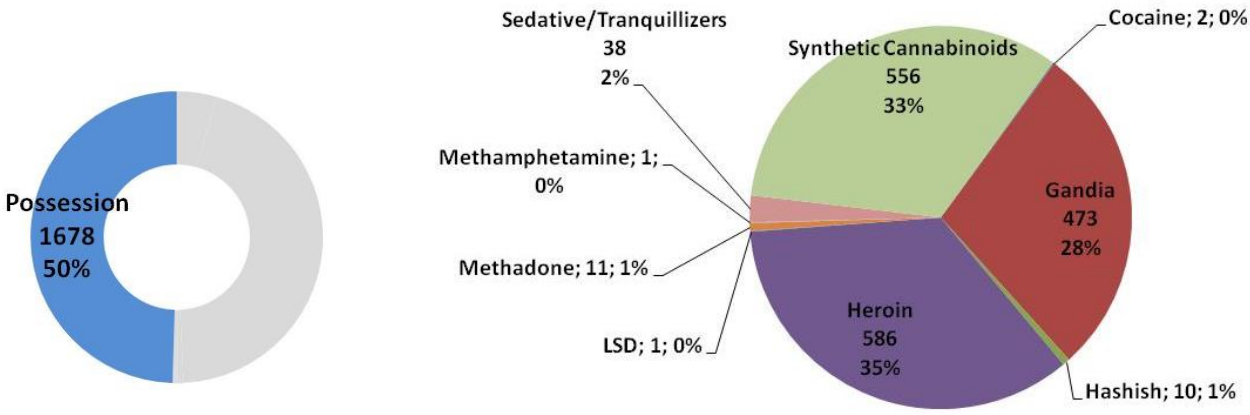
In 2020 with a total number of 3,737 drug-related cases ADSU effected 3,387 arrests, as shown in Table above. Almost 50% of the arrest (1678) were for possession of drugs for a total of 1,671 cases and 45% (that is 1521) of the arrests were for dealing indicating a substantial increase compared to arrest for dealing in 2019 whereby 993 arrests were made for dealing representing 32% of drug related arrests for that year. It is to be noted that out of 518 cases concerning cannabis cultivation, only 148 arrests were made while in the case of importation, 23 arrests were effected for 41 cases in the year 2020. As such the highest proportion of arrest by type of offence is for possession (49.5%) followed by dealing (44.9%).

Table XXVII: Arrests by ADSU, by Type of Offence disaggregated by Gender- 2020

Type of Offence	Male	Female	Juvenile Male	Total Number of Arrests
Possession	1614	51	13	**1,678**
Dealing	1404	96	21	**1521**
Cultivating	144	3	1	**148**
Importation	22	1		**23**
Obstruction to Police	5	4		**9**
Money Laundering	7	1		**8**
Total	**3196**	**156**	**35**	**3,387**
Percentage (%)	**94.4**	**4.6**	**1.0**	

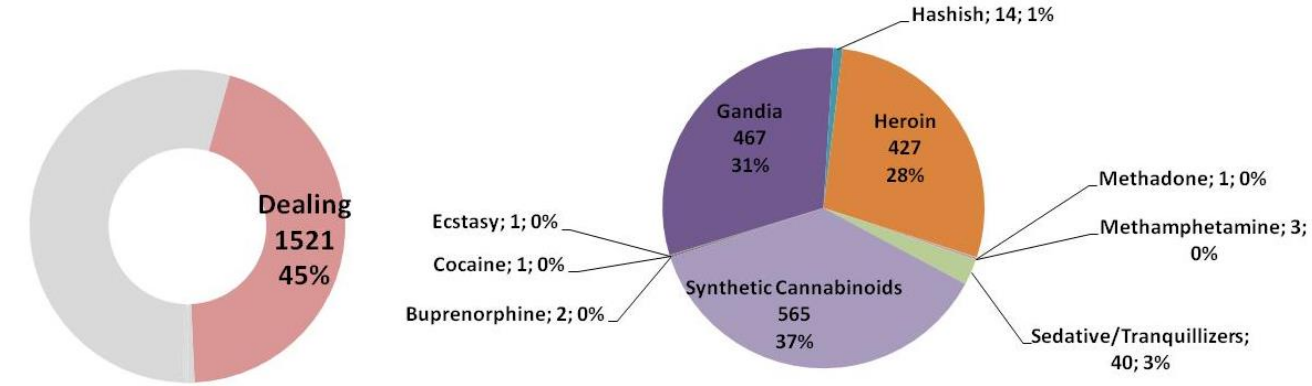
In 2020, 94.4% of the total number of arrests conducted by ADSU concerned adult males whereas adult females accounted for 4.6% of the arrest. The remaining 1.0%, that is, 35 arrests precisely, accounted for Juvenile arrest out of which 21 for dealing and 1 for cultivation.

Figure XVIII: Arrests by ADSU for Possession Offence, disaggregated by Type of Drugs-2020



Heroin, Synthetic cannabinoids and Cannabis (Gandia) are the three main drugs being consumed by people in Mauritius. As such most of the arrests (that is 96%) made by ADSU with regard to possession concerned the three (3) main drugs mentioned above. The proportion of arrest for possession offence by drug type were 35% Heroin, 33% Synthetic Cannabinoids and 28% Gandia.

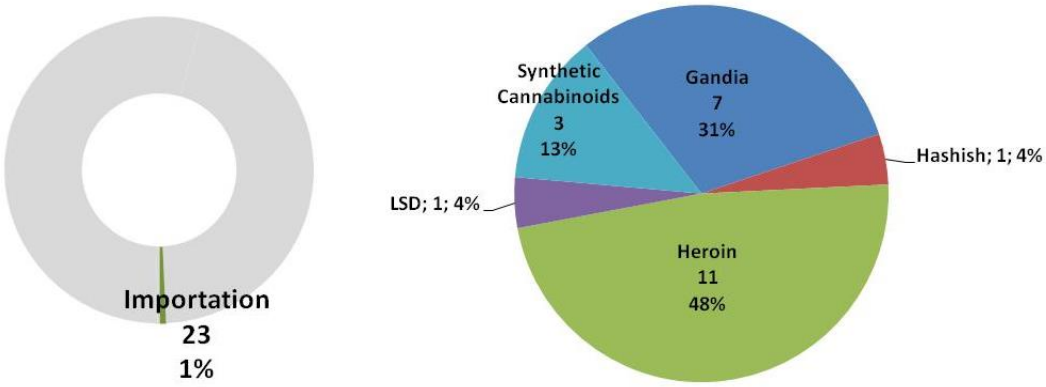
Figure XIX: Arrests by ADSU for Dealing Offence, disaggregated by Type of Drugs-2020



Under the dealing offence ADSU made 1521 arrests in 2020 compared to 993 in 2019. In fact, the dealing offence represented 45% of drug related arrest made by ADSU in 2020. The three main drugs of concern under the dealing category of offence are the same as those under the

possession category of offence namely synthetic cannabinoids (37%), gandia (31%) and heroin (28%).

Figure XX: Arrests by ADSU for Importation Offence, disaggregated by Type of Drugs, -2020



Compared to the year 2019, there was a significant decrease in the number of arrests related to importation offence. In 2019, out of 102 cases of importation there were 108 arrests effected while in 2020, 41 cases only were registered with 23 arrests which might be related to the closing of borders due to the COVID-19 situation. In terms of the proportion of arrest by drug type for importation offence, arrest for heroin importation was the highest with 48% followed by Gandia with 31% of arrest and Synthetic Cannabinoids representing 13 % of the arrest.

Seizures of Drugs

Table XXVIII: Quantity of Drugs Seized by Law Enforcement Agencies in 2020 (ADSU & MRA)

Drug Type	Quantity
Cannabis	72 Kg 634 g
Heroin	22 Kg 815 g
Synthetic Cannabinoids	12 Kg 100g
Cocaine	472 g
Hashish	3 Kg 087 g
Ecstasy	30 Tablets
LSD	19 Patches
Buprenorphine	136 Tablets
Sedatives - Tranquilizers	13977 Tablets
Methamphetamine	56 g

**Quantity of seizures are indicative pending confirmation by FSL.*

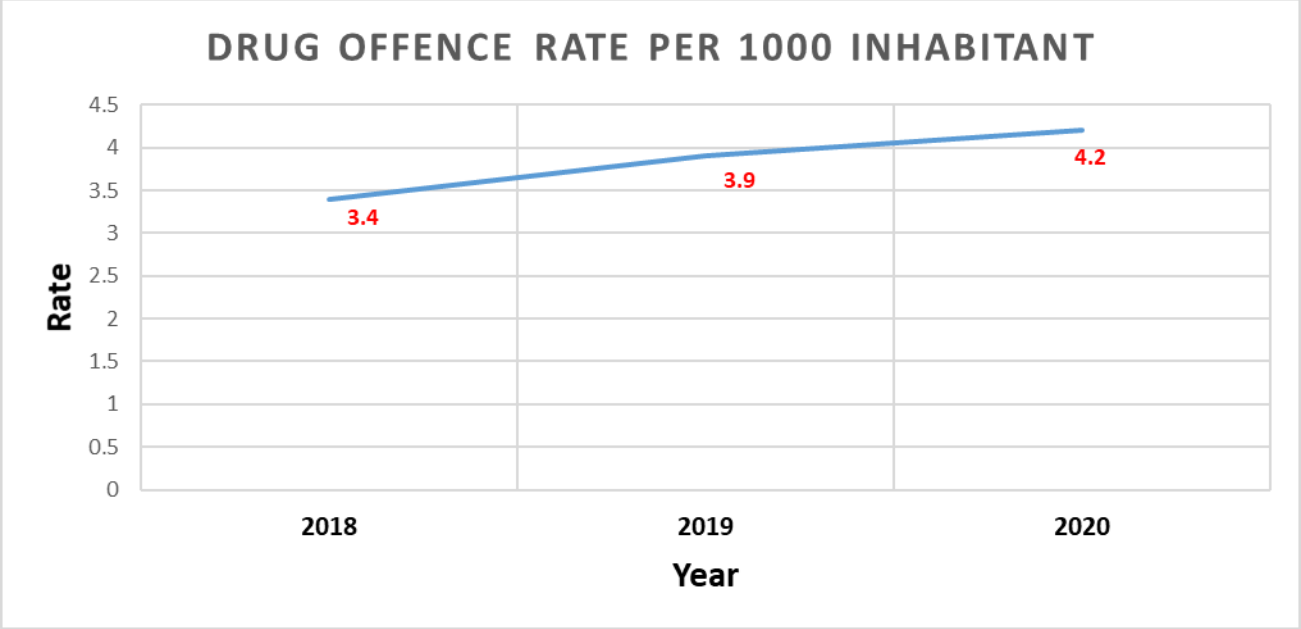
From the table above, it is noted that the largest quantity of seizure in terms of weight is associated to Cannabis for the year 2020 (72.634 kg) while in 2019 it was Cocaine with 93.7 kg of seizures. According to the Crime, Justice and Security Statistics 2020, some 62,712 plants of cannabis were uprooted by ADSU in the year 2020 compared to 46,318 in year 2019.

Drug Offence Indicators

Drug Offence Rate

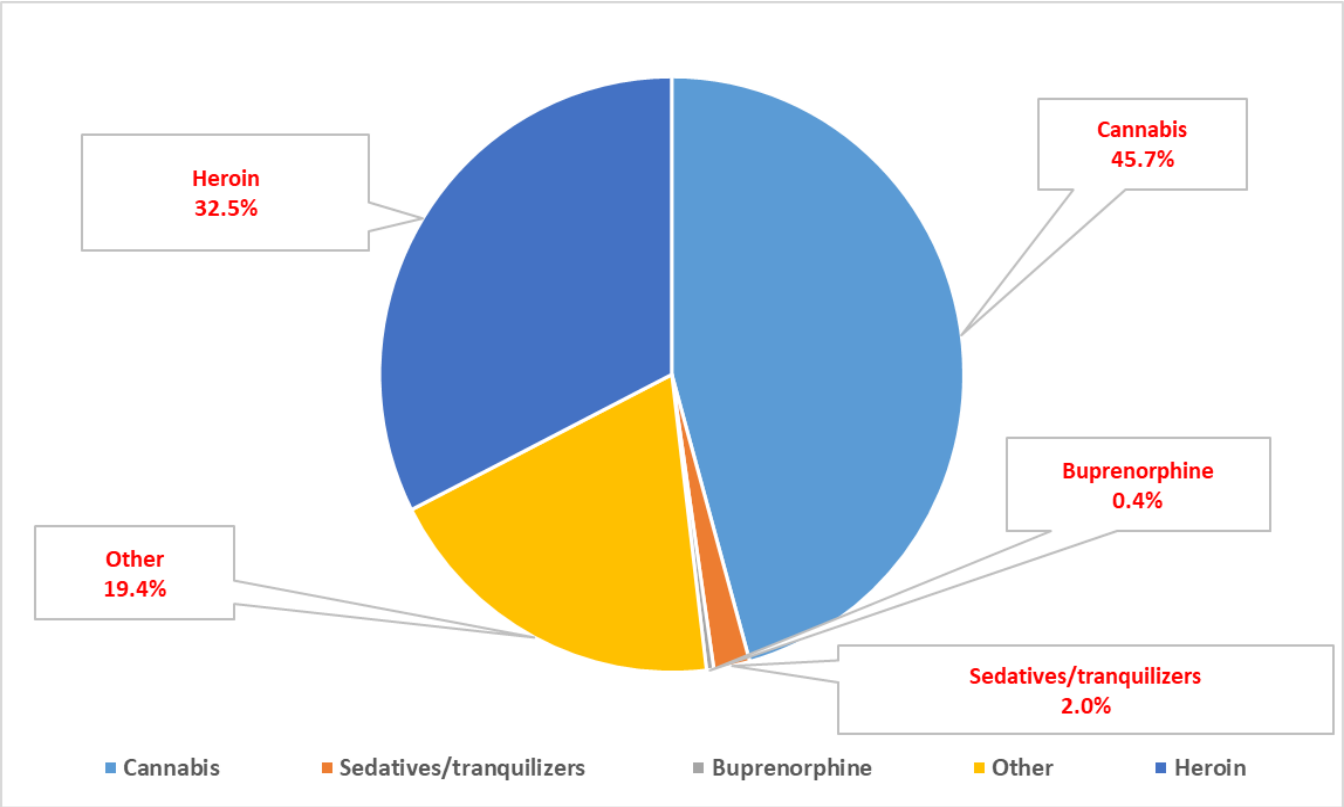
Drug offences are classified in two categories namely crimes and misdemeanours depending on the severity of the offence as defined in the Dangerous Act 2000. In 2020 out of a total of 55,402 offences which excludes Road Traffic Contraventions reported by the police, 5268 were Drug related offences representing 9.5% of the total offences.

Figure XXI: Drug Offence Rate 2018-2020



In the year 2020 the drug offence rate was 4.2 per 1000 inhabitants. This figure is slightly in the rise compared to the year 2018 and 2019 when the drug offence rate was 3.4 and 3.9 respectively.

Figure XXII: Drug Offences by Drug Type in the Republic of Mauritius, 2020



In 2020, out of the 5,268 drug offences reported, 45.7% were cannabis (locally known as “Gandia”) related offences, 32.5% were heroin related offences while 19.4% of drug offences under the “other” category comprised mainly synthetic cannabinoids, as well as methadone and hashish. 2.0% of the drug related offences were for sedatives/tranquilizers and 0.4% for buprenorphine.

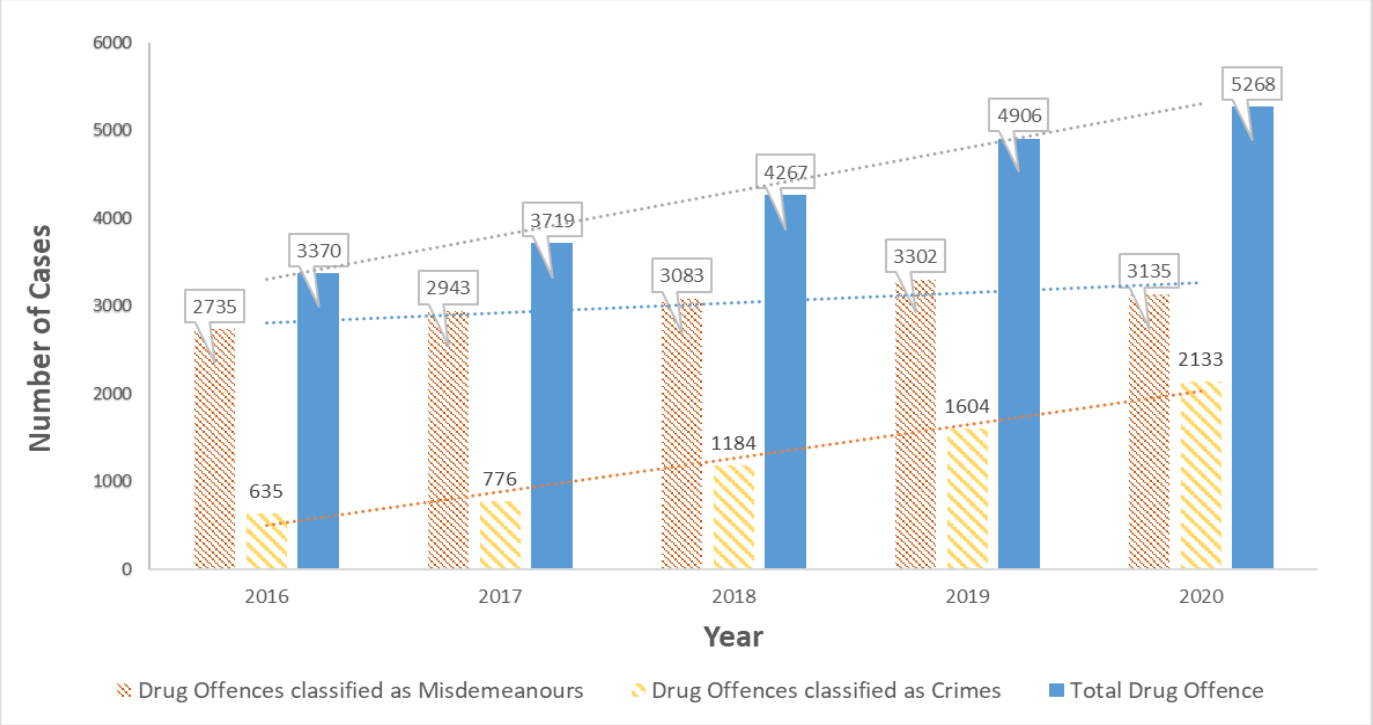
Type of Drug Offences

Table XXIX: Drug-related Crime Offences and Drug related Misdemeanours on total offences`

Drug Offence Indicators	2017 (%)	2018 (%)	2019 (%)	2020 (%)
Drug related Crime Offences as a percentage of Total Crime Offences	11.96	18.02	24.62	31.66
Drug related Misdemeanours as a percentage of Total Misdemeanour Offences	7.13	7.93	8.58	6.44
Total Drug Related Offence as a percentage of Total Offences (excluding contraventions)	7.78	9.39	10.90	9.51

55,402 offences *(excluding contraventions)* were reported by the Police in 2020. Of this figure, 6,738 were categorized as Crime cases, out of which 31.66%, that is 2,133 were drug-related offences. Similarly, misdemeanors for the year 2020 amounted to 48,664 offences, out of which 6.44% were drug related Misdemeanors, with 3,135 offences.

Figure XXIII: Drug offences disaggregated by Type of Case, 2016-2020

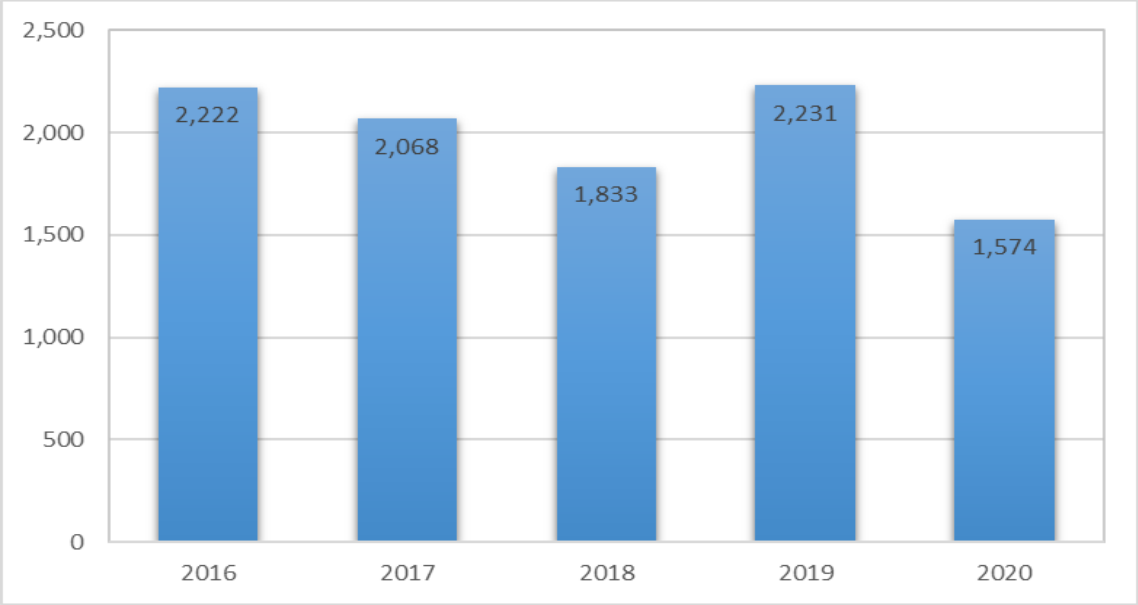


It is being observed that over the last 5 years, the proportion of drug offence classified as Crime is on an increasing trend. From 19% of the total drug offences in 2016, drug related crime cases increased year after year to reach 40% of the drug related offences in 2020, that is 2,133 offences out of 5268 total drug offence, as shown in the above figure.

Judiciary

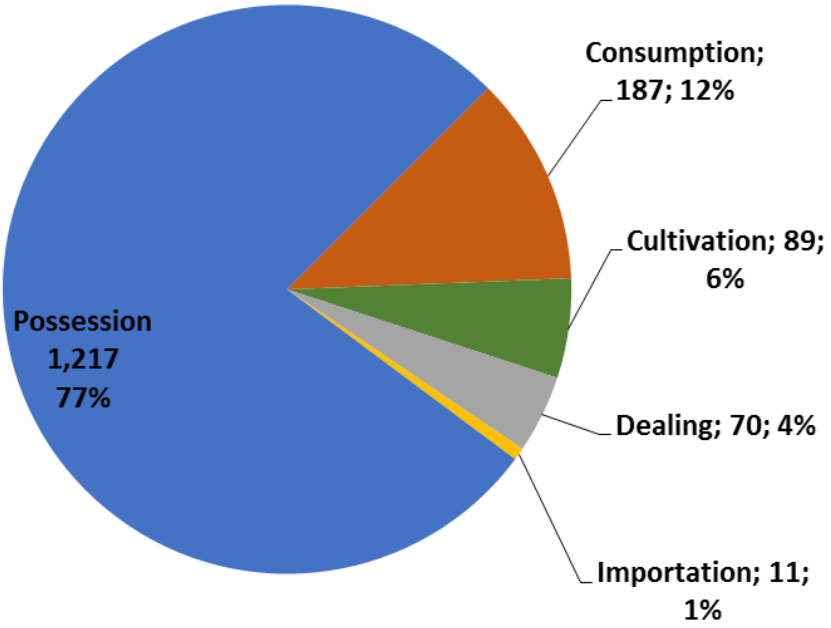
Drug Offences Convicted

Figure XXIV: Drug Offences Convicted, 2016-2020



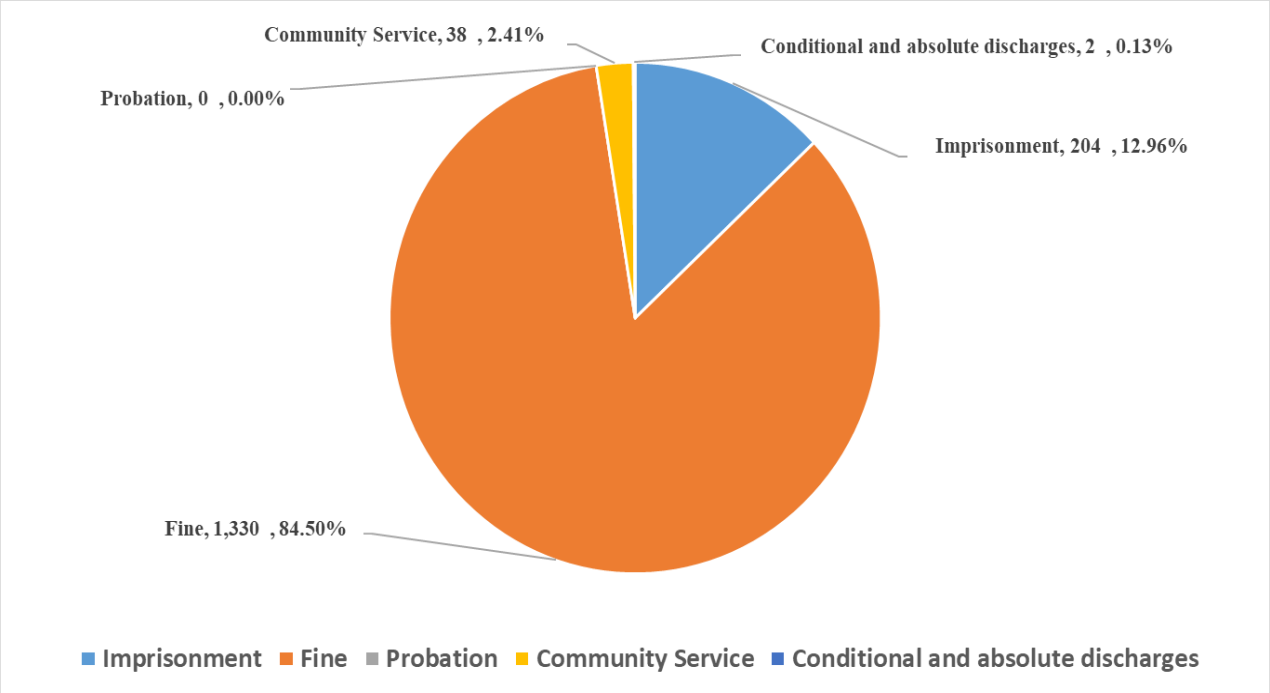
The number of convictions for drug related offences in 2020 was 1574. The number of convictions for drug offences were relatively less than the previous years which is most probably related to the lock down due to the COVID-19 pandemic in that year.

Figure XXV: Drug offences convicted by Type of Offence- 2020



Over three quarters (77%) of convictions in 2020 related to drug offences were for possession of drugs and 12% were for consumption. Only 4% of conviction was for drug dealing, 1% for importation and the remaining 6% for cultivation.

Figure XXVI: Drug offences convicted by Type of Sentence- 2020

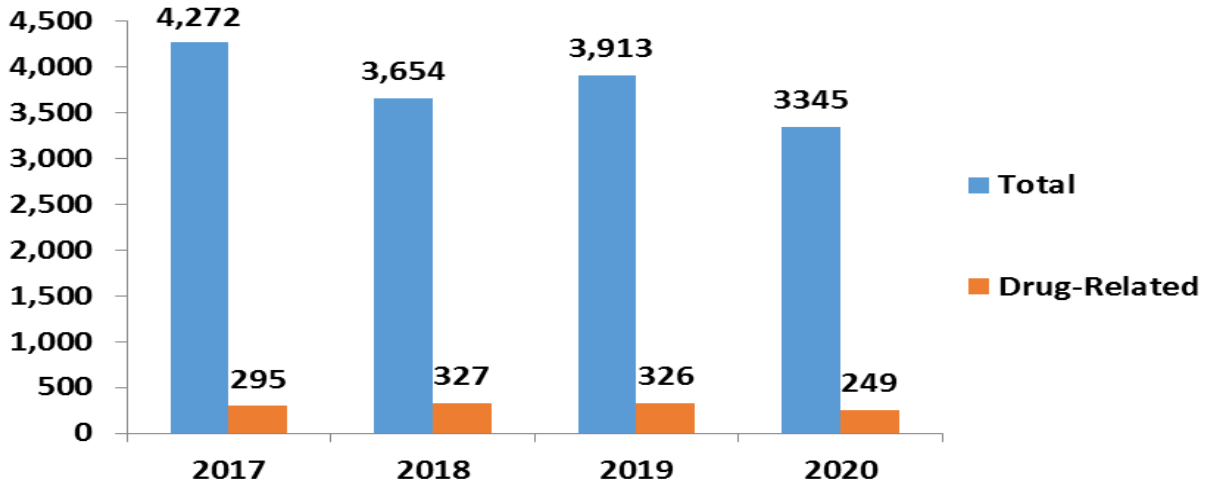


Out of 1574 Convictions for drug offences, only 2%, that is, 38 cases were sentenced to Community Service compared to 25 cases in 2019. Sentence to imprisonment remained at 13% in year 2020 while 1330 cases representing 85% of convictions were sentenced to a fine.

Source: Crime, Justice and Security and Statistics, 2020

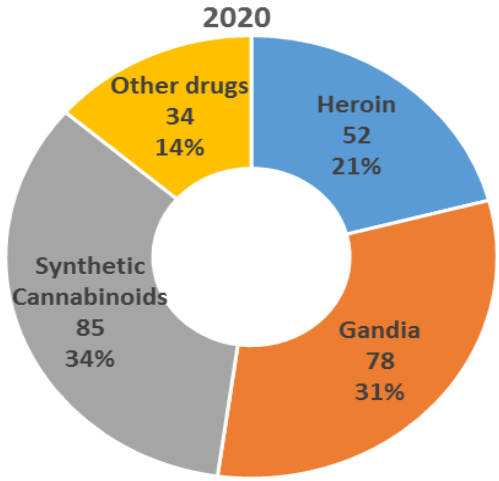
Mauritius Prisons Service

Figure XXVII: Drug cases in Prisons Department, 2017-2020



In 2020, the Prisons Department registered 3345 admissions out of which 249 were drug related cases representing 7.4% of the total admission. The vast majority (96%) of the drug related admissions were males that is, 239 of the 249 cases of admissions.

Figure XXVIII: Drug related admissions in Prisons in 2020



Most of the drug related admissions in prisons in 2020 were linked to Synthetic Cannabinoid (85) representing 34% of admissions followed by Gandia with 31% of admissions and heroin representing 21% of admission. The remaining 14% of admissions includes methadone, benzodiazepines, buprenorphine and other dangerous drugs.

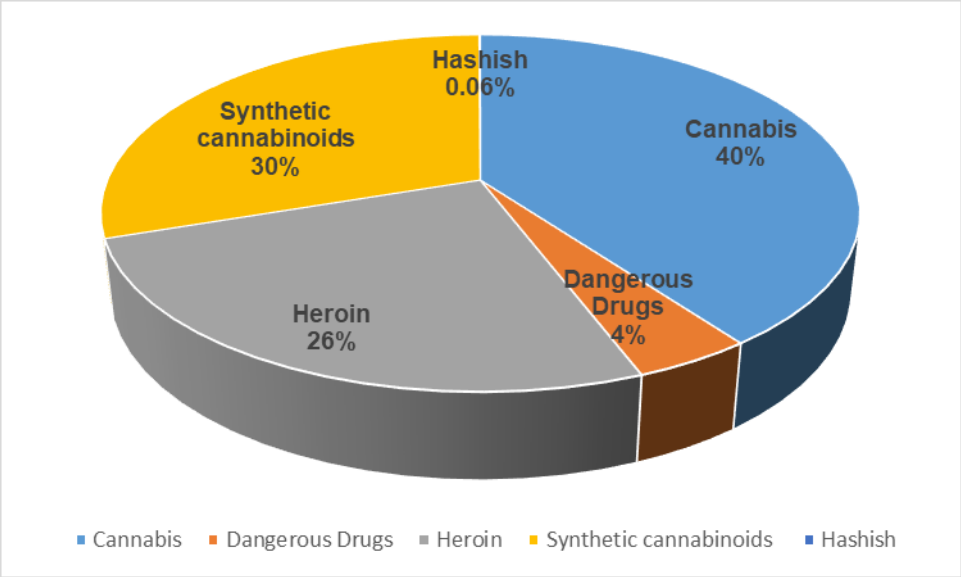
Forensic Science Laboratory

In 2020, 5348 exhibits were submitted to the Forensic Science Laboratory (FSL) for analysis with regard to 4637 cases. Most of the cases were related to cannabis, heroin and synthetic cannabinoids as in the table below.

Table XXX: Types of Drug Cases Submitted for Analysis- 2020

Month	Cannabis	Dangerous Drugs	Heroin	Synthetic Cannabinoids	Hashish	Hemp	Total
January	167	12	123	160	-	-	462
February	152	16	100	158	1	-	427
March	98	13	53	93	1	-	258
April	86	11	70	102	-	-	269
May	157	23	100	148	-	-	428
June	164	19	142	147	-	-	472
July	137	26	123	115	-	-	401
August	148	18	111	110	-	-	387
September	231	18	98	103	1	-	451
October	150	10	84	84	-	-	328
November	191	15	83	95	-	-	384
December	169	18	101	82	-	-	370
Total	**1850**	**199**	**1188**	**1397**	**3**	**-**	**4637**

Figure XXIX: Drug Cases submitted for Analysis by Drug Type -FSL-2020



4,637 drug cases were submitted to FSL for analysis in 2020, out of which 1850 concerned Cannabis representing 40% of the total cases. Synthetic cannabinoids and Heroin represented 30% and 26% of cases dealt by the FSL. In 2020 the monthly average of number of cases submitted for analysis to the FSL was around 400 except for the months of March, April and November with 258, 269, and 328 cases respectively.