

National Drug Control Master Plan 2019-2023

*A safer and healthier Republic of Mauritius
with effective policies for drug control.*

Republic of Mauritius



Contents

Contents.....	1
Foreword by the Prime Minister	3
Message from the UNODC Regional Representative for Eastern Africa.....	4
List of Acronyms	5
Executive Summary.....	7
CHAPTER 1. Background	7
1.1 Introduction.....	7
1.2 Country Profile	8
1.3 Drug Trafficking and Drug Use Situation	9
CHAPTER 2. Institutional Framework.....	16
2.1 Prime Minister’s Office.....	16
2.2 Ministry of Defence and Rodrigues (MoDR).....	17
2.3 Ministry of Foreign Affairs, Regional Integration and International Trade	17
2.4 Attorney General’s Office	17
2.5 Independent Commission Against Corruption	18
2.6 Integrity Reporting Services Agency	19
2.7 Financial Intelligence Unit.....	20
2.8 Assets Recovery Investigation Division (ARID).....	20
2.9 Anti-Drug Smuggling Unit/Mauritius Police Force	21
2.10 Central Criminal Investigations Division/ Mauritius Police Force	21
2.11 The Mauritius Revenue Authority	22
2.12 Passport and Immigration Office / Mauritius Police Force	23
2.13 Mauritius Post Ltd.....	23
2.14 Forensic Science Laboratory	23
2.15 Mauritius Prisons Service.....	24
2.16 Probation and After Care Service	24
2.17 Central Informatics Bureau	24
2.18 Statistics Mauritius	25
2.19 Human Rights Commission	25
2.20 Ministry of Health and Quality of Life.....	25
2.21 Ministry of Education & Human Resources, Tertiary Education and Scientific Research	26
2.22 Ministry of Youth and Sports.....	27
2.23 Ministry of Local Government and Outer Islands	27
2.24 Ministry of Gender Equality, Child Development and Family Welfare	27
2.25 Ministry of Social Security, National Solidarity and Environment and Sustainable Development	28
2.26 Ministry of Social Integration and Economic Empowerment	28
2.27 Non-Governmental Organizations	29

2.28	The Private Sector.....	29
	Private Health Institutions	29
	The Business Private Sector	29
	Private Couriers Services.....	29
2.29	Major Gaps Identified in the National Response and Areas for Improvement.....	30
CHAPTER 3. The Strategic Pillars.....		32
NDCMP Vision Statement.....		32
NDCMP Mission Statement.		32
Strategic Pillars.....		32
3.1	Strategic Pillar 1: Drug Supply Reduction	32
3.2	Strategic Pillar 2: Drug Demand Reduction (Drug use prevention, drug use disorders treatment, rehabilitation and social reintegration)	33
3.3	Strategic Pillar 3: Harm Reduction.....	33
3.4	Strategic Pillar 4: Coordination Mechanism, Legislation, Implementation Framework, Monitoring & Evaluation and Strategic Information	34
LOGFRAME		37
	Strategic Pillar 1: Drug Supply Reduction	37
	Strategic Pillar 2: Drug Demand Reduction (Drug use prevention, Drug Use Disorders Treatment, Rehabilitation and Social Reintegration)	47
	Strategic Pillar 3: Harm reduction	61
	Strategic Pillar 4: Coordination Mechanism, Legislation, Implementation Framework, Monitoring & Evaluation and Strategic Information.....	66
Appendix 1. List of Persons Consulted for the Preparation of the National Drug Control Master Plan 2019-2023		69
Appendix 2. List of Representatives of Ministries, Departments and NGOs who participated to the National Drug Control Master Plan 2019 – 2023 Drafting and Finalization Workshops		71
Appendix 3: Terms of Reference of National Drug Secretariat.....		74
References		76

Foreword

In December 2014, the population overwhelmingly and very clearly expressed its faith and trust in my Government to bring meaningful change to the daily life of our people and to lead them towards happiness, prosperity and a better future.

To this end, my Government made a pledge to the population to combat drug consumption and drug trafficking. As a caring Government, we could not remain indifferent to the thousands of men and women who have been suffering from this scourge. Compassion is crucial in this fight and my Government remains sensitive to families, especially young people who have their careers and lives compromised. On one hand, drugs and drug trafficking are leading to an upsurge in drug related crimes such as stealing from parents, grand-parents and spouses to be able to buy one's drugs. On the other hand, the drug barons and traffickers are unscrupulously enriching themselves.

The adverse impact of illicit cultivation, trafficking, production and abuse of drugs on the island is profound. Hence, the National Drug Control Master Plan (NDCMP) 2019-2023 proffers an integrated approach that will address a range of drug-related issues. These include illicit drug supply and drug demand reduction, harm reduction as well as coordination mechanism, implementation framework, monitoring and evaluation and strategic information based on International Drug Control Conventions.

I am optimistic that proposals outlined in the NDCMP 2019-2023 will provide a solid platform to strengthen responses to drug-related issues that will promote the health, security and well-being of all citizens of the Republic of Mauritius.

I hereby reiterate my Government's commitment to providing the required resources for the implementation and sustenance of drug control activities and invite the population to participate fully in our fight against drugs.

I extend my appreciation to the United Nations Office on Drugs and Crime for its contribution and support in the area of drug control in Mauritius.

The NDCMP 2019-2023 is our national roadmap with one vision to ensure that we have a safer and healthier Republic of Mauritius with effective policies for drug control. I encourage all stakeholders to embrace this vision and contribute to this national plan leading to a more coordinated and innovative response to drugs.

There is much we can do to safeguard our youth, who represent the future of our nation.

The Hon Pravind Kumar JUGNAUTH, Prime Minister,
Minister of Home Affairs, External Communications and National Development Unit,
Minister of Finance and Economic Development.

Message from the UNODC Regional Representative for Eastern Africa, Dr. Amado De Andres

The use of mind and behaviour-altering substances continues to take a major toll on the health of individuals, families and communities in the world. The 2018 World Drug Report depicts the needs of the international community to step up its responses to cope with these challenges. With the increase production of Heroin and Cocaine, we are mostly looking at a supply-driven expansion of the drug markets. Markets for cocaine and methamphetamine are reaching other regions while new technologies like drug trafficking online using the darknet is gradually growing, despite successes in dismantling several such marketing platforms. Abuse of prescription drugs is on the rise in certain parts of the world to epidemic proportions. The opioid crisis in North America is one vivid example.

An estimated 275 million people worldwide, about 5.6 per cent of the global population aged 15–64 years, used drugs at least once during 2016. 31 million of people who use drugs suffer from drug use disorders, that requisite treatment. Earlier global estimates indicate that, 13.8 million young people aged 15–16 years used cannabis in the past year, equivalent to a rate of 5.6 per cent. Around 450,000 people died because of drug use in 2015, according to WHO. Of those deaths, 167,750 were directly related to drug use disorders (mainly overdoses). The rest were associated to drug use and included deaths related to HIV and hepatitis C related to use of contaminated injecting equipment.

The Mauritius Drug Control Master Plan 2019-2023 proposes, in line with outcome and commitment of the 2016 UN General Assembly Special Session on World Drug Problem, a balanced and integrated response to effectively address and counter Mauritius' drug problem. The national plan is the fruit of a collaborative and consultative process that brought national stakeholders involved in illicit drug supply, drug demand reduction, harm reduction and HIV and AIDS responses. It also addresses research, legislation, institutional frameworks, law enforcement and interdiction, protection of the borders, drug supply reduction, international cooperation and evaluation. It is an instrument that will aim at supporting the development and implementation of scientific evidence-based policies and programmes that are aligned with the goals and objectives of the three international drug control conventions.

I am confident that the master plan will contribute significantly to the implementation of coordinated interventions both from the supply reduction and health sectors and will contribute to the reduction of the harms caused by substance use and drug use disorders at all levels, individuals, families and communities. It is a tool to build resilience and help society flourish.

This National Drug Control Master Plan summarises authoritatively the key national goals, defines implementation priorities and allocates responsibilities and resources for the national drug control efforts. It is one more tool at the hand of all Mauritians to reach the 2030 agenda and the Sustainable Development Goals. I am optimistic that strategies outlined in the Mauritius Drug Control Master Plan 2019 -2023 will bring a solid platform to strengthen responses on drug related issues that will promote the health, security and wellbeing of all Mauritians.

I acknowledge the remarkable commitments and leadership of the Hon Prime Minister Pravind Kumar Jugnauth, and congratulate the heads of the various participating ministries, Departments and Agencies and also the Civil Society organizations and the Private sector for their dedication and contributions in the development of this document.

I also like to take the opportunity to thank the multi-disciplinary team at the UNODC Regional Office for Eastern Africa and thank Dr. Rey Chad Abdool, International Consultant, for his thorough guidance in formulating and finalizing the Mauritius Drug Control Master Plan 2019-2023.

January 28, 2019.

List of Acronyms

ADSU	Anti-Drug and Smuggling Unit
AGO	Attorney General's Office
AHC	Area Health Centre
AIDS	Acquired Immuno-Deficiency Syndrome
APIS	Advanced Passenger Information System
ARID	Assets Recovery Investigation Division
ARINSA	Asset Recovery Inter-Agency Network for Southern Africa
ART	Anti Retroviral Therapy
BDM	La Brigade pour la Protection des Mineurs
BOM	Bank of Mauritius
BNI	Bearer Negotiable Instruments
CBT	Cognitive Behavioural Therapy
CCID	Central Criminal Investigation Division
CCTV	Close Circuit Television
CHC	Community Health Centre
CIB	Central Informatics Bureau
COMESA	Common Market for Eastern and Southern Africa
CSR	Corporate Social Responsibility
CYC	Correctional Youth Centres
DCP	Decentralised Corporation Programme
DDA	Dangerous Drugs Act
DPP	Director of Public Prosecutions
DUD	Drug Use Disorders
ESAAMLG	Eastern and Southern Africa Anti-Money Laundering Group
FIU	Financial Intelligence Unit
FIAMLA	Financial Intelligence and Anti Money Laundering Act
FSL	Forensic Science Laboratory
GNI	Gross National Income
HCA	Health Care Assistant
HDI	Human Development Index
HIECU	Health Information, Education and Communication Unit
HIV	Human Immunodeficiency Virus
NHRC	National Human Rights Commission
HRU	Harm Reduction Unit
HTC	HIV Testing and Counselling
IBBS	Integrated Biological & Behavioural Surveillance
ICAC	Independent Commission against Corruption
ICT	Information and Communication Technology
IEC	Information, Education and Communication
IOC	Indian Ocean Commission
IORA	Indian Ocean Rim Association
IRP	Independent Review Panel
IRSA	Integrity Reporting Services Agency
IT	Information Technology
MEF	Mauritius Employers' Federation
M&E	Monitoring & Evaluation
MGECDWF	Ministry of Gender Equality, Child Development and Family Welfare
MI	Motivational Interviewing
MLA	Mutual Legal Assistance
MMT	Methadone Maintenance Treatment
MDR	Ministry of Defence and Rodrigues
MoEHRTESR	Ministry of Education and Human Resources, Tertiary Education and Scientific Research
MoFARIIT	Ministry of Foreign Affairs, Regional Integration and International Trade
MoH & QL	Ministry of Health & Quality of Life
MoLG&OI	Ministry of Local Government & Outer Islands
MOU	Memorandum of Understanding
MOYS	Ministry of Youth and Sports
MPACS	Mauritius Probation and After Care Service
MPF	Mauritius Police Force

MPS	Mauritius Prisons Service
MPSC	Marshall Plan Social Contract
MRA	Mauritius Revenue Authority
MSIEE	Ministry of Social Integration and Economic Empowerment
MSW	Medical Social Worker
MTCI	Ministry of Technology, Communication and Innovation
NDS	National Drugs Secretariat
NCSRf	National Corporate Social Responsibility Foundation
NDCMP	National Drug Control Master Plan
NDO	National Drug Observatory
NEF	National Empowerment Foundation
NSEP	Needle Syringe Exchange Programme
NGO	Non-Governmental Organisation
NSP	Needle and Syringe Programme
NPS	New Psychoactive Substances
OHCHR	Office of the High Commissioner for Human Rights
OPCW	Organization for the Prohibition of Chemical Weapons
OST	Opioid Substitution Therapy
PBAT	Public Bodies Appeal Tribunal
PFFPU	Police Family Protection Unit
POCA	Prevention of Corruption Act
PHC	Primary Health Care
PIO	Passport and Immigration Office
PNR	Passenger Name Record
PMO	Prime Minister's Office
PWID	People Who Inject Drugs
PWUD	People Who Use Drugs
RYC	Rehabilitation Youth Centre
SADC	Southern African Development Community
SDG	Sustainable Development Goal
SOP	Standard Operating Procedure
ToT	Training of Trainers
UNDP	United Nations Development Programme
UNODC	United Nations Office on Drugs and Crime
UNRCO	United Nations Resident Coordinator Office
UPU	Universal Postal Union
WCO	World Customs Organization
WHO	World Health Organisation
ZEP	Zones d'Education Prioritaires

Executive Summary

The Republic of Mauritius is facing a serious problem of drug trafficking and drug abuse, thereby compromising public health and safety and national security. The formulation of this National Drug Control Master Plan (NDCMP) 2019 – 2023 is the expression of the Government of Mauritius' firm commitment and determination to address drug control comprehensively, efficiently and in a balanced manner. The NDCMP is the outcome of a consultative collective national effort, bringing together several key Ministries, non-Governmental organizations, Civil Society and the private sector, with the support of the United Nations Office on Drugs and Crime (UNODC). This plan has been developed on the basis of the vision of 'A Safer and Healthier Republic of Mauritius with effective policies for drug control' for the next five years. The NDCMP rests on four strategic pillars, namely, Drug Supply Reduction, embracing law enforcement and financial crimes; Drug Demand Reduction, comprising drug use prevention, drug use disorders treatment, rehabilitation and social reintegration; Harm Reduction, such as Methadone Maintenance Therapy and the Needle Exchange Programme; and finally a Coordination Mechanism relating to Legislation, Implementation Framework, Monitoring & Evaluation and Strategic Information.

The NDCMP is premised on three critical cross-cutting issues, capacity building, respect and observance of human rights and gender mainstreaming. All stakeholders engaged in intense and open brainstorming in the four thematic areas, critically analysing the current response and identifying several policy and operational gaps and they finally outlined twenty-six Strategic Objectives. The attainment of these objectives rests on several innovative proposals towards enhancing collaboration, coordination, effectiveness and results. The NDCMP also features a costed annual operational plan with targets and performance indicators that will be measured annually to ascertain its timely and effective implementation.

The NDCMP is a comprehensive and pragmatic plan and its successful implementation will require the harnessing of national competencies and the collaboration and support of the population in its endeavour to create a safer and healthier Mauritius.

CHAPTER 1. Background

1.1 Introduction

The Republic of Mauritius has ratified the three International Drug Control Conventions, namely the Single Convention on Narcotic Drugs of 1961, as amended by the 1972 Protocol; the Convention on Psychotropic Substances of 1971; and the Convention against illicit trafficking on Narcotic Drugs and Psychotropic Substances of 1988. Mauritius has also ratified the United Nations Convention against Transnational Organized Crime of 2000 and has enacted several drug related legislations thereby signifying its strong commitment to address the drug problem holistically.

This National Drug Control Master Plan (NDCMP) 2019-2023 is the product of the collective efforts of key stakeholders in the country, both Governmental and non-Governmental organisations, concerned with drug trafficking, drug use disorders, harm reduction and their criminal, societal and public health ramifications. It was developed through a consultative and collaborative process against the backdrop of the United Nations General Assembly Special Session on the World Drug Problem held in 2016 and its Outcome document which recognizes:

'that successfully addressing and countering the world drug problem requires the implementation of comprehensive, integrated and balanced approach and close collaboration and coordination among national authorities and other stakeholders at all levels, particularly in the health, education, justice and law enforcement sectors, taking into account their respective areas of competence under national legislation.'

The NDCMP aims at addressing all the controlled narcotic and psychotropic substances mentioned under the three international Conventions, as well as the emerging New Psychoactive Substances. It is also in line with the United Nations Sustainable Development Goal (SDG) 3:

'Ensure healthy lives and promote well-being for all ages' and specifically target 3.5 that purports to 'strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.'

1.2 Country Profile

The Republic of Mauritius is a group of islands in the South West of the Indian Ocean, consisting of the main island of Mauritius, Rodrigues, Agalega and Chagos Archipelago and several outer islands located at distances greater than 350 km from the main island. Mauritius has been successively a Dutch, French and British colony. Mauritius became independent of Britain in 1968 and acceded to the status of Republic in 1992. The country has a Westminster type of Parliamentary Government. The official language is English, but French is widely spoken.

As at end of 2018, its population stood at 1,265,637 comprising 626,261 males and 639,376 females with a population increase of 0.03% compared to end of 2017. The islands of Mauritius and Rodrigues, with a total area of 1,979 sq. km, have an overall population of 639 persons per sq. km. (Statistics Mauritius 2018).

The Mauritian economy has diversified from sugar cane monocrop economy in the 1970's to one based on sugar, manufacturing (mainly textiles and garments) and tourism in the 1980's. Global business (offshore) and Freeport activities have also been growing continuously since the mid-1990s. About 43% of the area is allocated to agriculture, 25% is occupied by built-up area and 2% by public roads. The remaining consists of abandoned cane fields, forests, scrubland, grasslands and grazing lands, reservoirs and ponds, swamps and rocks. The economy in 2017 grew by 3.8% and the Gross National Income per capita at market prices reached 368,299 rupees. Unemployment rate is estimated at about 7.1% while inflation stood at 3.7% in 2017 (Statistics Mauritius, 2017).

Mauritius' HDI value for 2017, 0.790, places the country in the high human development category, positioning it at 65 out of 189 countries and territories. (UNDP HDR 2017). Mauritius' GNI per capita increased from less than US\$ 2,000 in 1987 to US\$ 10,130 in 2017 (World Bank, GNI, 2017).

The Mauritian economy has diversified from sugar cane monocrop economy in the 1970's to one based on sugar, manufacturing (mainly textiles and garments) and tourism in the 1980's. Global business (offshore) and Freeport activities have also been growing continuously since the mid-1990s. About 43% of the area is allocated to agriculture, 25% is occupied by built-up area and 2% by public roads. The remaining consists of abandoned cane fields, forests, scrubland, grasslands and grazing lands, reservoirs and ponds, swamps and rocks. The economy in 2016 grew by 3.7% and the Gross National Income per

capita at market prices reached 341,752 rupees. Unemployment rate is estimated at about 7.3% while inflation stood at 1.0% in 2016 (Statistics Mauritius, 2016). Mauritius' HDI value for 2015, 0.781, places the country in the high human development category, positioning it at 64 out of 188 countries and territories. (UNDP HDR 2016). Mauritius' GNI per capita increased from less than US\$ 2,000 in 1987 to US\$ 9,760 in 2016 (World Bank, GNI, 2016).

The island of Rodrigues, being part of the Republic of Mauritius, is included in this Master Plan. While it is understood that the severity of drug use and trafficking is limited, relevant necessary actions as defined in the log frame will be undertaken to protect health and combat drug-related crime. According to ADSU reports, cannabis is the main drug used in Rodrigues. It is cultivated and distributed throughout the island. A few cases of the use of heroin and synthetic drugs have also been reported.

In support of the long-term national priorities of Mauritius and its Three-year Strategic Plan, the Government and the United Nations Country Team (UNCT) comprising UN agencies, funds and programme, namely UNDP, WHO, IOM, ILO, UNODC, UNIDO, UNESCO, UNFPA, UNAIDS, FAO, IFAD, IAEA, UNECA, UN HABITAT, UNWOMEN, OCHA, OHCHR and UNEP) are developing a Strategic Partnership Framework (SPF) for the period 2019-2023. One of the areas of focus of this upcoming partnership framework will be to enhance the capacity of health professionals to improve public health service delivery and emerging health demands including the fights against substance abuse and HIV and AIDS. The framework will be finalized before Q2 2019. (UNRCO).

1.3 Drug Trafficking and Drug Use Situation

Mauritius has experienced a serious drug use and trafficking problem since the 1980's. Given its strategic geographical location, an extensive air network and being a major seaport, and an important tourist destination, the country has been the target of drug trafficking networks and an upsurge in drug trafficking is being observed. Drug use is also quite significant on the island, especially cannabis and heroin. Since October 2013, the country has witnessed an emergence of the use of new synthetic cannabinoids drugs. Injecting heroin use has also translated in a concentrated HIV epidemic and high prevalence of hepatitis C among this vulnerable population.

The Government of Mauritius has expressed its firm commitment to address drug trafficking and provide effective prevention to the population and treatment to People Who Use Drugs (PWUD). The country has passed a number of legislations in order, on one hand, to curb drug trafficking, money laundering and financial crime, and on the other, to provide evidence-informed policies and interventions to protect and promote the health and well-being of its citizens. The Dangerous Drugs Act 2000, the HIV and AIDS Act 2006, the Financial Intelligence and Anti Money Laundering Act 2002, henceforth known as FIAMLA, Prevention of Corruption Act (2002), and the Bank of Mauritius Act 2004 are examples of these legislations.

In September 2015, the Government established a Commission of Inquiry on Drug Trafficking, chaired by a former Judge of the Supreme Court. Its terms of reference were to inquire into, and report on, all aspects of drug trafficking in Mauritius, including the scale and extent of the illicit drug trade and consumption in Mauritius and its economic and social consequences and also the sources/points of origin/routes of illicit drugs, the channels of entry and distribution of drugs in Mauritius and the channels of entry and distribution of drugs in prisons. It also inquired into the availability of new types of drugs, including synthetic and designer drugs, in Mauritius and the linkages between drug trafficking, money

laundering, terrorist financing and other crimes. The Commission looked into the adequacy of existing legislations, the operational effectiveness of the various agencies involved in the fight against drug trafficking and the adequacy of the existing resources, including human expertise, technology and equipment, to detect and counter any attempt to introduce drugs, including designer and synthetic drugs, in Mauritius. The Commission submitted its Report to the Government on 24th July 2018 which was released to the public two days later. The findings and recommendations of the Commission are taken into consideration in the implementation of the NDCMP.

The National Drug Observatory (NDO) was set up in November 2015 under the Harm Reduction Unit of the Ministry of Health and Quality of Life. Its main objectives are to monitor illicit drug use, drug abuse and drug trafficking in the country. It also aims at providing evidence-based information for an appropriate response to the drug problem in the country. A first NDO report was published in August 2016 and the second was released in March 2018. Data collection for the third NDO Report has been completed and this will be published in 2019.

Table 1. Return of Admissions due to Intake of Illicit Drugs in Public Health Institutions (01 January 2015 – 30 November 2018)

<u>Type of Drug</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>
<u>Illicit Drugs</u>				
<u>Cannabis/Marijuana</u>	<u>54</u>	<u>57</u>	<u>52</u>	<u>71</u>
<u>Heroin/Brown Sugar</u>	<u>28</u>	<u>114</u>	<u>129</u>	<u>72</u>
<u>Cocaine</u>	<u>3</u>	<u>1</u>	<u>0</u>	<u>4</u>
<u>Others</u>	<u>18</u>	<u>32</u>	<u>18</u>	<u>14</u>
<u>Unspecified*</u>	<u>105</u>	<u>267</u>	<u>36</u>	<u>12</u>
<u>Synthetic Drugs (Cannabinoids)</u>	<u>133</u>	<u>418</u>	<u>374</u>	<u>407</u>
<u>Medicinal products</u>				
<u>Subutex</u>	<u>1</u>	<u>2</u>	<u>0</u>	<u>0</u>
<u>Methadone</u>	<u>6</u>	<u>7</u>	<u>3</u>	<u>4</u>
<u>Valium</u>	<u>8</u>	<u>2</u>	<u>0</u>	<u>0</u>
<u>Other Medicinal</u>	<u>15</u>	<u>16</u>	<u>3</u>	<u>4</u>
<u>Mixed Illicit/Medicinal Drugs</u>	<u>6</u>	<u>11</u>	<u>12</u>	<u>12</u>
<u>Mixed Unspecified Drugs*</u>	<u>170</u>	<u>186</u>	<u>275</u>	<u>182</u>
<u>*Please note the 'Unspecified' and 'Mixed Unspecified Drugs' most probably refer to 'Synthetic Drugs'.</u>				

Figure 1. Return of admissions due to intake of illicit drugs in Public Health Institutions (01 January 2015 - 31 December 2018)

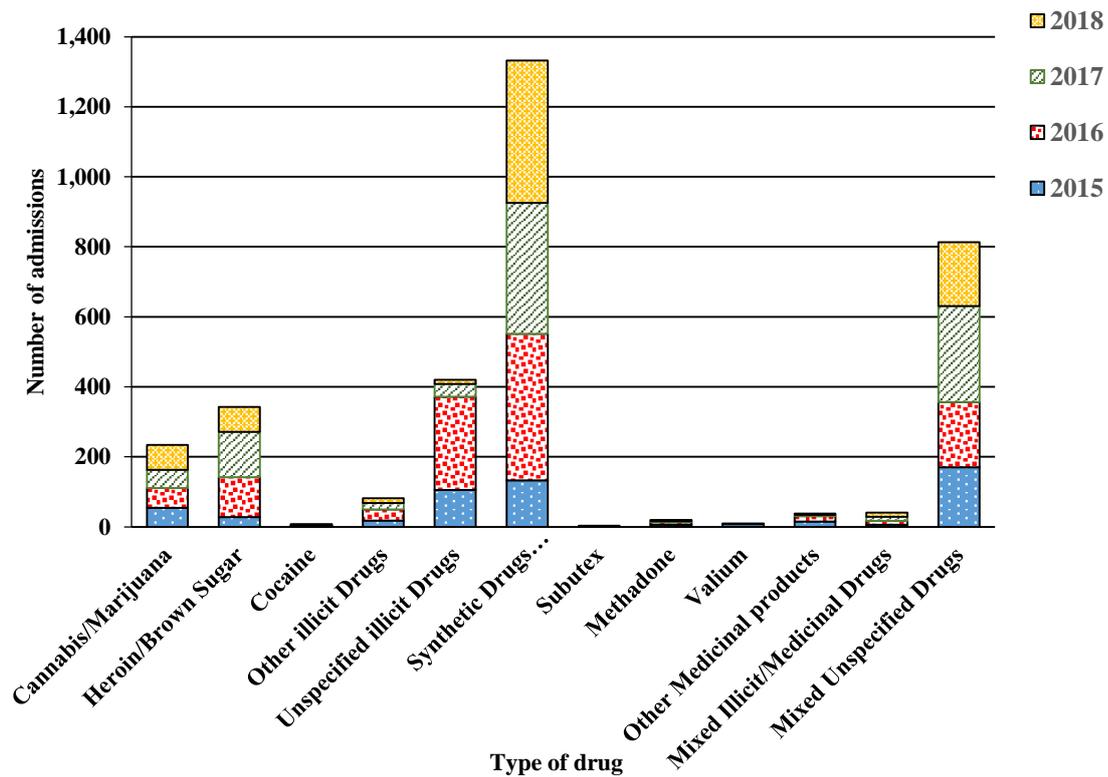


Table 2. Drug Seizures in Mauritius (January 2016 – 31 December 2018)

Type of drug (in gm or kg)	Year 2016	Year 2017	Year 2018
Cannabis plants	72,086	42,278	61,946
Cannabis Herb	82 kg573.349	65 kg 013.300	64,162.808
Heroin	17 kg 134.080	173kg132.520	142kg417/563
Cocaine	1kg 022	0kg87.920	8kg565.350
Amphetamines-Type stimulants	Nil	Nil	Nil
Sedatives/Tranquilizers	6215	18551	3949
Subutex	7	12792	618
Hashish	1kg79.670	2kg11.380	9kg585.200
Synthetic Cannabinoids	1kg005.1	3kg352.660	13kg204.554
Methamphetamine	36.45 gms	1kg666.300	1kg040

Figure 2. Drug seizures in Mauritius (January 2016 - 31 December 2018)

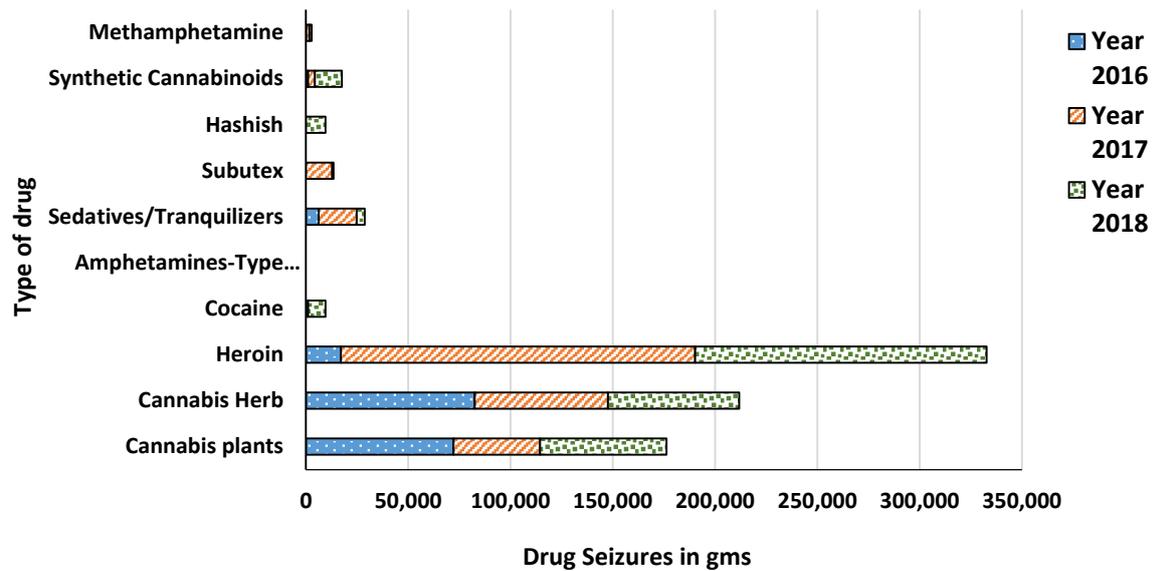


Table 3. Arrests for drug possession or trafficking in Mauritius (January 2015 – 31 December 2018)

Arrest by type of drug	YEAR 2015				YEAR 2016			
	Male	Female	Juvenile Male	Juvenile Female	Male	Female	Juvenile Male	Juvenile Female
Cannabis plant	115	7	2	0	110	6	2	0
Cannabis herb	753	19	32	10	592	22	31	2
Heroin	544	21	5	0	653	19	2	0
Cocaine	0	0	0	0	1	0	0	0
Amphetamine Type Stimulant	0	0	0	0	0	0	0	0
Sedatives/Tranquilizers	80	2	0	0	71	5	1	0
Subutex	17	0	0	0	14	2	2	0
Other	2	1	0	0	7	0	0	0
Synthetic Cannabinoid	91	3	9	0	243	4	10	1
Hashish	7	0	0	0	15	1	0	0
Methadone	30	0	0	0	36	3	0	0
Methamphetamine	0	0	0	0	2	0	0	0
Ecstasy	0	0	0	0	0	0	0	0

Arrest by type of drug	YEAR 2017					YEAR 2018			
	Male	Female	Juvenile Male	Juvenile Female		Male	Female	Juvenile Male	Juvenile Female
Cannabis plant	103	5	0	0		128	4	1	0
Cannabis herb	613	20	14	0		631	34	17	2
Heroin	746	28	3	0		532	38	7	1
Cocaine	5	0	0	0		9	0	0	0
Amphetamine Type Stimulant	1	0	0	0		0	0	0	0
Sedatives/Tranquilizers	97	4	0	0		100	3	0	0
Subutex	22	1	0	0		7	1	0	0
Other	21	6	0	0		6	6	0	0
Synthetic Cannabinoid	510	9	15	0		1059	39	31	0
Hashish	16	0	0	0		67	4	0	0
Methadone	45	0	0	0		37	3	0	0
Methamphetamine	3	1	0	0		0	0	0	0
Ecstasy	5	0	0	0		6	0	0	0

Figure 3. Arrests for drug possession or trafficking in Mauritius (January 2015 - 31 December 2018)

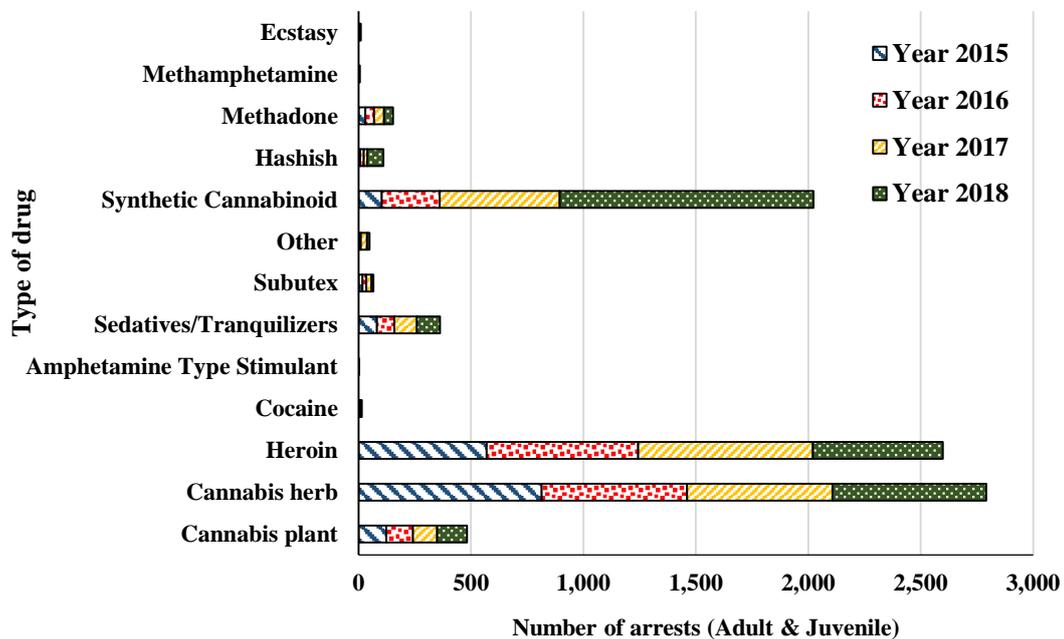


Figure 4. Arrests for drug possession or trafficking in Mauritius for males, females and juveniles (January 2015 - 31 December 2018)

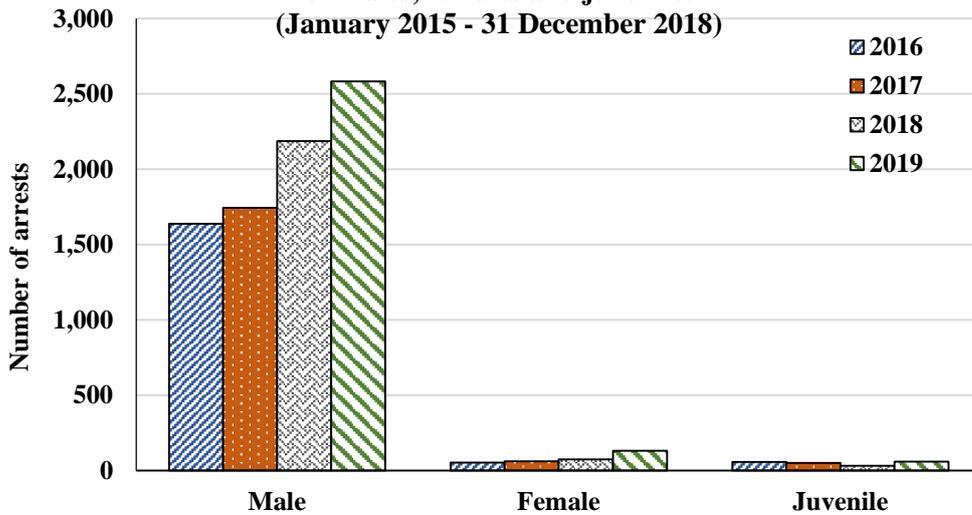


Table 4. A return of drug cases established by Rodrigues ADSU Team during year 2017-2018

Offence	Number of Cases	
	2017	2018
Possession of Cannabis	21	24
Drug Dealing In Cannabis	1	2
Cultivating Cannabis (Accd unknown)	62	106
Unlawful possession of dangerous drugs	01	02
Possession of articles used for smoking cannabis	05	07

Figure 5. A return of drug cases established by Rodrigues ADSU Team during year 2017 -2018

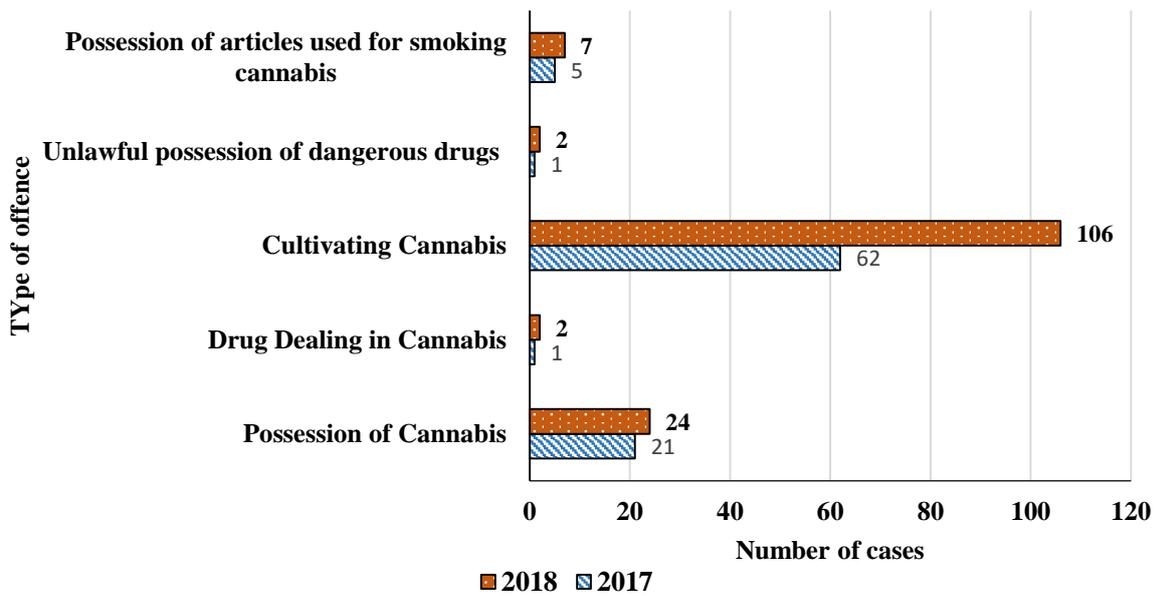
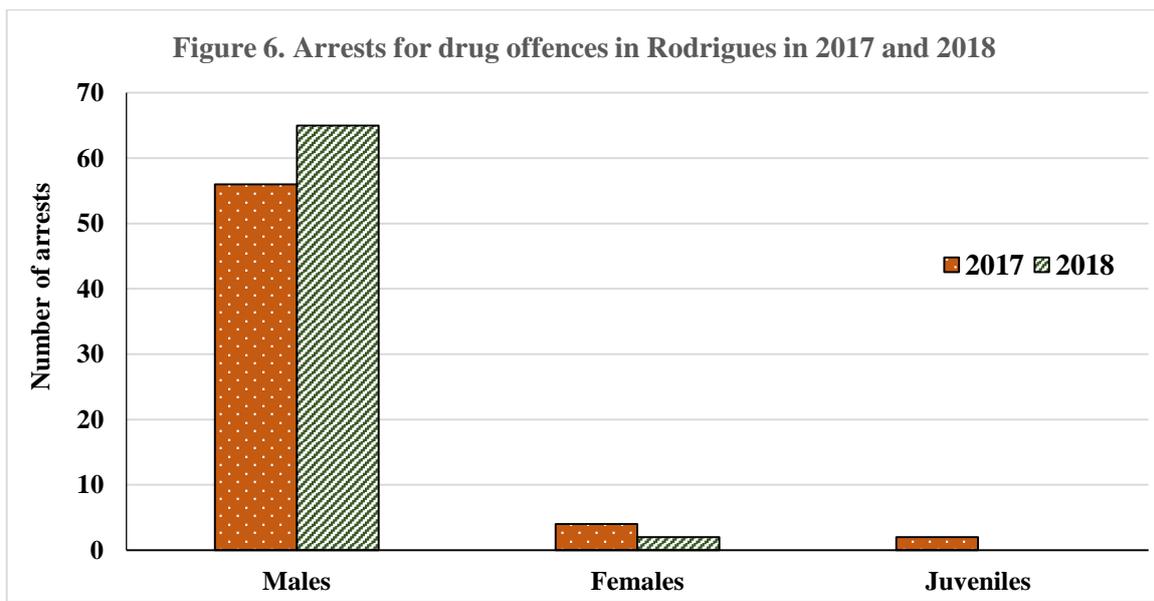


Table 5. Arrests for drug offences in Rodrigues in 2017 and 2018

	<u>2017</u>	<u>2018</u>
Males	56	65
Females	4	2
Juveniles	2	-
Total	62	67

Figure 6. Arrests for drug offences in Rodrigues in 2017 and 2018



CHAPTER 2. Institutional Framework

Several Government institutions have supported the national response to drug control. This section is so organized as to reflect all these institutions with a short elaboration of their respective roles in the areas of policy and legislation, drug supply reduction, financial regulations, tracking of financial flows related to drug trafficking, drug use prevention, drug use disorders treatment, rehabilitation and social integration and harm reduction. Non-Governmental organizations (NGOs) have played a significant role in supporting this response on the health side. These institutions, as well as others identified, are expected to play a key role in the planning, implementation, monitoring and evaluation of this NDCMP. Several gaps have been identified in the national response across sectors and concrete actions for improvement are recommended.

2.1 Prime Minister's Office

The Prime Minister's Office (PMO), through its Home Affairs Division, offers services through proactive, quality and customer focused policies and administrative practices to improve the daily lives of the citizens of Mauritius. This includes enhancing national security and securing the borders of Mauritius, preventing the abuse of immigration and citizenship laws and managing migration, amongst others. It is expected that the PMO will provide the overall leadership for all drug control activities in the country and oversee the implementation framework of the NDCMP and monitor progress. The Forensic Science Laboratory operates under the PMO since 17 January 2019.

The Government has set up a High Level Drug and HIV Council, under the aegis of the Prime Minister's Office to –

- (a) propose, formulate, review and validate national policies on Drugs and HIV;
- (b) make recommendations, as appropriate, and provide guidelines on issues related to Drugs and HIV to the National Drugs Secretariat and the National AIDS Secretariat, respectively;
- (c) coordinate and monitor the national Drugs and HIV response by overseeing the implementation of the National Drug Control Master Plan 2019-2023 and the National Action Plan for HIV and AIDS 2017-2021;
- (d) ensure that allocation of funds for purposes of implementation of Drugs and HIV-related programmes are effectively administered and accounted for;
- (e) initiate, facilitate and monitor the preparation and dissemination of information and educational materials and any communication on strategies related to Drugs and HIV;
- (f) facilitate and monitor research in Drugs and HIV related fields; and
- (g) advise and make recommendations, as appropriate, on changes and amendments which it considers necessary to legislation or policies in the furtherance of its objectives.

The Council is chaired by the Honourable Prime Minister and comprises representatives of relevant Ministries/Departments/NGOs/Civil Society Organisations and the Private Sector.

2.2 Ministry of Defence and Rodrigues (MoDR)

The Ministry of Defence and Rodrigues is the parent Ministry for the Mauritius Police Force, Mauritius Prisons Service, the Mauritius Probation and After Care Service (PACS) and Continental Shelf and Maritime Zones Administration and Exploration (CSMZAE) and is responsible for policy decisions related to those departments. It aims to provide efficient, effective and quality services for the enhancement of national security, management and rehabilitation of offenders, protection and administration of maritime zones, sovereign rights and territorial integrity, and safety and well-being of the citizens of the Republic. This Ministry, in collaboration with the PMO, initiated the process for the development of the National Drug Control Master Plan (NDCMP) 2019-2023.

The Ministry also provides the necessary resources to the Police, Prisons, Probation Services and CSMZAE through training and capacity building, and by signing agreements on intelligence and information sharing with foreign countries to make the fight against drug trafficking more effective.

2.3 Ministry of Foreign Affairs, Regional Integration and International Trade

This Ministry works towards upholding the sovereignty and territorial integrity of the Republic Mauritius and promoting and safeguarding the national interest of Mauritius at bilateral, regional and international levels. The Ministry cooperates with other countries in terms of Mutual Legal Assistance (MLA) and Extradition. In April 2018, during the Ministerial Committee on Maritime Security, under the Chair of Mauritius, a cooperation agreement was signed between the UNODC and the IOC to contain the scourge of drug trafficking in the Indian Ocean region. A bilateral agreement of a similar nature was also signed between Mauritius and the UNODC on the same day. Moreover, Mauritius adopted on 29 October 2016 the Colombo Declaration aimed at countering drug trafficking in the Indian Ocean.

2.4 Attorney General's Office

The Attorney General's Office (AGO) is the only institution that interacts with the three constitutional powers namely the Legislature (National Assembly), the Judiciary (Courts) and the Executive (Government/Ministries). The Attorney-General is the principal legal adviser to the Government of Mauritius and the Solicitor-General is the highest ranking public officer of the Attorney General's Office.

Whereas the Director of Public Prosecutions is constitutionally responsible for all criminal matters, the law officers and attorneys of the Attorney General's Office, under the administrative control of the Solicitor-General, handle all civil matters. The AGO therefore represents, and appears on behalf of the State, in inter-alia all civil matters before the Supreme Court, other Courts and specialist tribunals and also intervenes in its capacity as Ministère public (Litigation). The Office tenders legal advice to all Government departments and ministries in an independent and impartial manner (Advisory). Legislative drafting constitutes a vital component of the work of the Attorney General's Office as all Government Bills and Regulations are drafted and vetted, as the case may be, by the Legislative Drafting Unit of the AGO under the supervision of the Parliamentary Counsel. All law officers of the AGO have responsibilities relating to legislative drafting. The AGO does not make policy

decisions but drafts and vets legislation as per the instructions received from Government and plays a prominent role in upholding the Rule of Law in that it ensures that every piece of legislation operates within the bounds of the Constitution.

Officers of the AGO are called upon to represent the Attorney-General or the Solicitor-General and participate actively, from a legal perspective, in various statutory Boards, Committees and other instances. A representative of the AGO is a member of the National Drug Observatory. Two law officers of the AGO assisted the Commission of Inquiry on Drug Trafficking set up in 2015. The Deputy Solicitor-General is a member of the Task Force set up to coordinate the implementation, by the relevant investigative agencies, of the recommendations contained in the Report of the Commission of Inquiry on Drug Trafficking in relation to certain areas.

The Attorney-General is the Central Authority of Mauritius under the Mutual Assistance in Criminal and Related Matters Act to make and receive all requests for mutual assistance. The AGO also assesses the legal implications of the ratification of Treaties and advises the Government on the international legal obligations that bind the State and AGO officers are called upon to prepare and vet various instruments and reports to be submitted to international and regional bodies.

The AGO undertakes other litigation work including arbitration where the Government is a party and appears before specialist bodies (such as the Assessment Review Committee, the Environment and Land Use Appeal Tribunal, the Public Bodies Appeal Tribunal (PBAT), the Equal Opportunities Tribunal or the Independent Review Panel (IRP)). It is noted also that the Law Reform Commission falls under the aegis of the Attorney General' Office. The AGO receives and processes complaints against law practitioners (barristers, attorneys or notaries). The Attorney-General through the Legal Secretary is responsible for the registration of law firms in Mauritius and all applications are received and handled by the Office.

2.5 Independent Commission Against Corruption

The Independent Commission Against Corruption (ICAC) was set up on 01 April 2002, following the enactment of the Prevention of Corruption Act 2002 (PoCA 2002). The ICAC has as mandate, to detect and investigate corruption and money laundering cases (under the Financial Intelligence and Anti Money Laundering Act 2002).

In that respect, the ICAC has, amongst its four divisions, the Investigation Division (ID) which is composed of 61 officers and 23 police officers on secondment. The ID plays an important role in the supply reduction of dangerous drugs. ICAC believes that the main aim of drug traffickers is enrichment. This enrichment not only leads to the acquisition of immovable and moveable properties, but it also leads to the re-introduction of the proceeds of drug trafficking for the consolidation of the drug network. The ultimate aim of the ICAC is the prosecution of the main protagonists as well as the 'prête noms' ("front-men") for money laundering and the confiscation of the proceeds of criminal activities. In that respect, ICAC has its own Legal Division, consisting of lawyers and attorneys.

Since July 2016, the ID has rendered its investigation strategy more effective and proactive through a fully dedicated field intelligence team and professionals specialised in asset tracing, analysis of financial information and digital evidence. It is equipped with up to date

software such as bank scan and a full-fledged Digital Forensic Laboratory, to assist it in its functions. In parallel, the ICAC is also continuously building the capacity of its staff by availing them with state-of-the-art training courses on issues pertaining to financial crimes and investigation, both locally and abroad.

The field intelligence team carries out surveillance and gathers information on persons who are reasonably suspected to be involved in drug trafficking and money laundering. This contributed to a significant increase in the number of search operations undertaken by the ID and an overall increase in the number of persons subject to money laundering investigations related to drug trafficking, as compared to previous years. Access to bank accounts or telephone billing is obtained following application to the Supreme Court and these are scrutinized. The assets which are reasonably suspected of having been acquired with proceeds of drug trafficking, as well as bank accounts are put under judicial control pending the completion of ongoing investigations, through the application of Attachment Orders. The net value of properties attached amounted to approximately MUR 246 million, for the period 1st July 2017 to 30th June 2018 with properties relating to drug trafficking, constituting a non-negligible percentage of it.

In its quest to fight corruption and money laundering in Mauritius, the Commission also considers that it is imperative that all the national law enforcement agencies which are engaged in this venture join forces in order to attain more effectiveness in their actions. In this context, a Working Group, constituting several heads of several Law Enforcement Agencies (LEAs), was created for greater and more effective collaboration and coordination and for the sharing of information and intelligence.

Subsequently, on 31st August 2018, the Ministerial Committee chaired by the Honourable Prime Minister on the Report of the Commission of Inquiry on Drug-Trafficking (COIDT) dated 24th July 2018, set up a Task Force to coordinate the implementation, by the relevant investigative agencies of the recommendations contained in the Report of the said Commission of Inquiry. The Task Force comprises the Director General of the ICAC as Chairperson, the Commissioner of Police, the Director General of the MRA, the Director of FIU, the Director of IRSA, the Deputy Solicitor General and the Commissioner of Prisons. The Task Force was set up with clear terms of references including coordination and collaboration between the various law enforcement agencies. Investigations in relation to money laundering and other drug related offences are ongoing.

2.6 Integrity Reporting Services Agency

The Integrity Reporting Services Agency was established under the Good Governance and Integrity Reporting Act 2015 which principally deals with civil seizure of unexplained wealth. The Act is intended to deny the benefits of illicitly obtained wealth to those who possess it and is therefore a key weapon in combatting drug trafficking and other serious and organised crimes whose sole motivation is financial gain.

If respondents cannot show, on the balance of probability, that funds from their legal emoluments or other legitimate sources were used to acquire property of MUR 10 million or more, this unexplained wealth is liable to confiscation by way of an Unexplained Wealth Order. And the Court does not need the alleged person to be criminally convicted before ordering confiscation of their unexplained wealth.

Mauritian agencies are statutorily obliged to report to and assist the Agency if they have reasonable suspicions that a person possesses unexplained wealth.

The Agency can therefore help other agencies by short-cutting lengthy and uncertain criminal proceedings to remove the financial underpinnings of drug trafficking networks and deny traffickers the means to finance their operations.

In 2017, in its first full year of operation, the Agency investigated cases referred to it amounting to MUR 1.4 billion, most of which arose from a failed investment scheme. In 2018, 33 additional cases amounting to MUR 631 million were investigated. These were completed in 10 cases amounting to MUR 274 million and the remaining 23 cases are still under investigation at an estimated value of MUR 357 million. These were necessary and useful investigations which allowed the Agency to recognise and propose amendments to improve the Act and became a springboard for more focused, criminally-based asset seizures.

2.7 Financial Intelligence Unit

The Financial Intelligence Unit (FIU) was set up under the Financial Intelligence and Anti Money Laundering Act 2002. With a staff of 38, it is the central agency in Mauritius responsible for receiving, requesting, analysing and disseminating to investigatory and supervisory authorities disclosures of information concerning suspected proceeds of crime, alleged money laundering offences and financing of terrorism. FIU also shares information and cooperates with its foreign counterparts in relation to intelligence-sharing for both local and international cases. In January 2016, the FIU took over the Asset Recovery function from the DPP. It also conducts analysis of information disclosed or obtained by it in relation to drug offences and shares its findings with law enforcement agencies who use the intelligence as part of their enquiries. It has other statutory functions ranging from awareness creation to training and research.

The Financial Intelligence and Anti Money Laundering Act (FIAMLA) 2002 was significantly amended in 2018 to create new reporting obligations for all reporting persons under this legislation. Cash transactions reports are now covered under Section 14A and Electronic transfers of money in and out of Mauritius under Section 14B. However, it must be noted that these sections are not operational yet, as regulations will have to be made to prescribe the key elements of both provisions.

In addition, the Business Registration Act 2002 and The Civil Status Act 1981 were amended to allow FIU to share information collected remotely from the Companies and Business Registration Department (CBRD) and Civil Status Division (CSD) databases with third parties. While Section 81 of the Prevention of Corruption Act (POCA) has been amended to enable the ICAC to share information with the FIU. The FIU had not yet signed an MOU with the Bank of Mauritius to access the Mauritius Credit Information Bureau (MCIB) database. The FIAMLA Regulation 2003 was repealed.

2.8 Assets Recovery Investigation Division (ARID)

The Enforcement Authority ("EA") was established following the enactment of the Asset Recovery Act 2011 to recover property and instrumentality derived from an unlawful activity. Formerly, the Director of Public Prosecutions, for the purposes of the Act, was the EA. The Act came into operation on the 1st February 2012 and an Asset Recovery Unit ("ARU") was created to implement the new legislation. On the 26th of January 2016, the said Act was amended and the powers of the Enforcement Authority were conferred to the Director of the

Financial Intelligence Unit (FIU) and the office is now known as the 'Asset Recovery Investigation Division' (ARID). Cases are referred to Enforcement Authority, ARID following enquiry from law enforcement agencies (Police & ICAC) and from FIU as per criteria:

- a) All offences committed for benefit involving a total amount of 100 000 rupees or above;
- b) All drug dealing cases involving amount of 100 000 rupees or above;
- c) Any cases where the Police have seized money amounting to 100 000 rupees or more in circumstances which are deemed suspicious;
- d) Instrumentality cases where a vehicle, house or other valuable property was used or was concerned in the committing of the offence; and
- e) Any other cases which the Division/Branch/Unit deems fit for referral to the Enforcement Authority.

2.9 Anti-Drug Smuggling Unit/Mauritius Police Force

The Mauritius Police Force Strategic Plan 2015-2018 focuses on improving the quality of life of citizens, improving the quality of service, reducing intervention time, improving investigation techniques and detection methods and reinforcing the fight against trafficking and drug use.

The Anti-Drug Smuggling Unit (ADSU), as stipulated in para. 2 'Interpretation' of the Dangerous Drugs Act (DDA) 2000 'is organized for the prevention and detection of offences in connection with dangerous drugs. The Police Standing Orders No. 86 assigns it as the Unit responsible for prevention and detection of all offences connected with dangerous drugs. It has a force of 437 officers and is headed by a Deputy Commissioner of Police. In 2008, the Anti-Piracy Unit was merged with the "Police des Jeux" and placed under ADSU command. ADSU is responsible for enforcing the DDA 2000 and other related laws, arresting drug offenders (consumers and traffickers) and ensuring their successful prosecution, identifying, investigating, disrupting and dismantling drug trafficking organizations and their facilitators through the use of its intelligence capabilities, locating and destroying cannabis plantations, conducting crackdown operations in drug prone areas and preventing the entry of illicit drugs at entry points, namely, the airport, seaport and Postal Services. An Intelligence Cell at its Headquarters compiles, analyses and disseminates data on drug networks and users. It works in partnership with other units of the Mauritius Police Force (MPF) and foreign drug law enforcement counterparts, Customs, the public, the private sector and communities to dismantle drug networks.

In addition, ADSU addresses the financial infrastructure of drug trafficking organizations, and tracks down money tainted with fraud, by working in close collaboration with the Independent Commission against Corruption (ICAC), the Financial Intelligence Unit (FIU), specifically ARID. It liaises with specialized Agencies of the United Nations, Interpol, and other organizations on matters relating to international drug control programmes. It operates on a 24/7 basis, on the evidence of intelligence inputs gathered on the ground, from crime mapping, informers, complaints, preventive patrols, especially in hot spots and through 'Stop and Search' of vehicles and persons.

2.10 Central Criminal Investigations Department/ Mauritius Police Force

The Central Criminal Investigations Department (CCID) has a workforce of 1,020. It derives its budget from the Police Force which has an overall budget of Rs.7 billion. The CCID is

ISO Certified and conducts joint operations and investigations and shares intelligence with ADSU in drug trafficking and money laundering cases. It coordinates the activities of 'La Brigade pour la Protection des Mineurs' (BDM), Crime Prevention Unit, and the Police Family Protection Unit (PFPU). These units are involved in awareness and sensitization campaigns in communities, schools, colleges, universities and NGOs. 95% of the cases it sends to Court are successfully prosecuted. It also controls the taking of DNA samples from suspects in all criminal cases, including drug cases, to get scientific evidence to prove cases in Courts.

2.11 The Mauritius Revenue Authority, Customs Department

The Mauritius Revenue Authority (MRA), Customs Department, is mainly responsible for implementation of measures to facilitate legitimate trade, collect revenue for the Government, enforce border control and protect the society. Sixty five (65) Customs Officers are posted in the Customs Anti-Narcotics Section with the mandate for drug interdiction and combating money laundering.

These officers are engaged in the profiling and checking of high risk passengers for illicit drugs, monitoring of CCTV networks at Port and Airport for profiling and targeting of suspects, and vehicles for checking, they also carry out controls on travellers for physical cross-border transportation of currencies and bearer negotiable instruments. They scrutinize cargo and courier manifests to target suspicious consignments for examination, search aircrafts and vessels, use non-intrusive inspection equipment such as scanners, drug trace detectors, field test kits and narcotic sniffer dogs to detect concealment of illicit drugs and currencies. The acquisition of additional low-bed scanners and a mobile scanner has reinforced the control in the port, airport and freight stations. The MRA is proposing to procure additional scanners for screening of all passengers luggage, a body scanner to detect any body concealment of illicit substances by passengers at the Airport and a mobile container scanner to scan suspected containers within or outside the port area.

The MRA Customs makes use of portable contraband busters which measure the density of surfaces of objects at different points to detect changes and thus give an indication of concealments therein, fiberscopes for searching and detecting concealments by viewing in real time images of angles, tubes and difficult access points on vessels, aircrafts, vehicles and cargo and hand held trace detection devices for detecting traces of narcotics, precursor chemicals and explosives through the analysis of trace particles or vapour samples, drones for aerial surveillance for intelligence gathering in the port and outside the harbour and patrol boats for intervention at sea in and outside the harbour.

Various local, regional and international networks are used for gathering, sharing and dissemination of drug related data. These include the Customs Enforcement Network (CEN) which is a global enforcement system to support an enhanced Customs' fight against transnational organised crimes, the Pre-Export Notifications Online System, which is used by member states of the International Narcotics Control Board (INCB) for easy online exchange of information on precursor chemicals in conformity with article 10 of the 1988 Convention against Illicit Traffic in Narcotics Drugs and Psychotropic Substances and the World Customs Organisation Regional Intelligence Liaison Offices (RILO) which enables the global exchange of information on trafficking/smuggling of all sorts among the 183 Member States, of the World Customs Organization.

MRA has a dedicated link – 'stopdrugs@mra.mu' – on the MRA website- www.mra.mu and a hotline 8958 in place to enable the general public to anonymously report cases of drug trafficking. Since, the setting up of these platforms in June 2016, eighty four (84) pieces of information were shared by the public. Some of these were corroborated and successfully responded to by the MRA. Those information dealing with drug consumption at various location of the island were disseminated to ADSU for appropriate actions.

2.12 Passport and Immigration Office / Mauritius Police Force

The Passport and Immigration Office (PIO) operates under the Home Affairs Division of the Prime Minister's Office. It is responsible for border control at the airport and the port and deals with about 6,000 passengers daily and up to 14,000 daily during peak periods. The main tools it uses to detect suspected drug traffickers is the profiling of passengers, face-to-face contacts and interviews and a computerized system to check the frequency of travel and history of travellers. The implementation of a new Advance Passenger Information System, the PNR System, the biometric passport and e-visa system will greatly enhance their detection capability. All suspected cases of drug trafficking are referred to ADSU. The Passport and Immigration Office is ISO certified.

2.13 Mauritius Post Ltd

The Mauritius Post operates under the aegis of the Ministry of Technology, Communication and Innovation. It was established under the Postal Service Act 2002 and is a member of the Universal Postal Union (UPU) in Berne. It is responsible for the outward and inward transfer of mail, parcels and packets and collects mail bags at the airport to be transported to an internal mail facility bearing the seal of Customs. CCTVs and systems have been installed and upgraded at the parcel post office and the Office of Exchange which is the main entry point of parcels and packets, with the aim of having a clear picture and recording to identify culprits. It has established strict control measures and submits an e-manifest to Customs daily for assessment. All parcels are screened by a sophisticated scanner and by sniffer dogs and no parcel is released without the clearance of Customs. The Mauritius Post collaborates with Government Pharmacist, MOHQL and the Ministry of Agriculture.

The advent of e-commerce industry has significantly taxed its ability to exercise optimal control having to deal with a volume of 50,000 small packets monthly. The entry of synthetic cannabinoids has been detected in mail and parcels. Undelivered parcels are disposed of under a Court Order.

2.14 Forensic Science Laboratory

The Forensic Science Laboratory (FSL) operates under the PMO as an independent autonomous body to provide Forensic Services to the Police and Judicial Department of Mauritius and the region. It has a staff capacity of 60 with an annual budget of Rs. 139 m. The FSL performs scientific analyses of seized materials submitted by ADSU of the Police Department, Customs and other related departments, submits analytical reports used for court purposes. Its reporting officers depone in Courts of law as expert witnesses, as and when required. FSL is involved in drug profiling and drug intelligence provision.

Its drug analysis services fulfil international standards as demonstrated by its accredited status since 2011 and meet the ISO/IEC 17025:2005 requirements, demonstrating technical competence and operation of a laboratory Quality Management System (QMS). It has the technical capability to analyse the emerging New Psychoactive Substances (NPS). The FSL will be required to have a MoU with both MRA Customs and Ministry of Health and Quality of Life in order to implement the required service provision.

The FSL has so far identified 40 different types of NPS, namely 36 synthetic cannabinoids, two synthetic opioids and two synthetic cathinones.

2.15 Mauritius Prisons Service

The Mauritius Prisons Service manages 8 prisons for men including a Correctional Youth Centre for boys and 4 for women, a Rehabilitation Youth Centre and a Correctional Youth Centre for girls. In Rodrigues, there is an adult prison for men and one (1) for women.

The total prison population is 2,928 detainees, including 159 women and 3 babies. In 2017, there were 317 detainees – 278 men and 39 women – incarcerated for drug related offences. From January to December 2018, there were 383 detainees incarcerated for such offences, including 75 Women.

The prison population has a disproportionately high percentage of the most marginalized groups, such as people who use drugs and those who engage in sex work. Many of them have poor health and suffer from chronic untreated conditions.

In order to improve the physical and mental wellbeing of prison inmates, a team of health workers comprising prison doctors, nurses and prison officers (Dynamic Security Support Unit) provides round the clock medical services. There is equally access to dental and specialist consultation as well as outpatient follow up in the fields of medicine, surgery, dermatology, psychiatry, HIV, orthopaedics, ear, nose and throat (ENT) and harm reduction services. There is also a full time psychologist on the prison establishment.

A Methadone Induction Unit has been set up at the central prison for induction and dispensing of methadone for people who inject drug (PWID) in Year. In addition, there are four methadone dispensing site in the prison system, including one at the women prison. A drug rehabilitation unit, Lotus Centre, provides rehabilitation to PWUD at Beau Bassin Central Prison and Eastern High Security Prison.

The National Preventive Mechanism Division (NPMD) of the National Human Rights Commission received complaints in the past that not all drug offenders benefit from methadone in prison. Only those who were previously on methadone while at liberty continue to benefit from the same. The Prisons Authorities claimed that it is not (financially) possible to provide the treatment to all drug offenders.

2.16 Probation and After Care Service

The Probation and After Care Service (PACS) falls under the Ministry of Defence and Rodrigues. Under Sect. 34 of the DDA (2000), the Court may refer convicted drug using offenders for a social enquiry report (SER) to ascertain their suitability for rehabilitation and social reintegration. The PACS would then refer the case to a prescribed drug detoxification centre and make arrangements for treatment. However, follow-up is not made by the PACS but rather by the person in charge of the centre who shall notify ADSU for any non-compliance by the offender.

The court may also apply provisions of the Probation of Offenders Act 1947 (amended in 2009), whereby the offender could be granted a probation order with (a) Attendance Centre requirement, ordering him to follow pro social skills training program including a module on 'substance abuse'; and (b) drug treatment requirement, whereby the offender will have to follow detoxification in a centre. Follow-up of the offender is effected by PACS with the centre and any non-compliance to treatment is reported to the Referral Court. PACS also delivers talks on drug use prevention to schools and the community.

2.17 Central Informatics Bureau

The Central Informatics Bureau (CIB) is a department of the Ministry of Technology, Communication and Innovation whose main function is to plan and coordinate

computerisation within the Civil Service. The CIB works in close collaboration with the Central Information Systems Division which deals with the operational aspects (support) of ICT projects and the IT Security Unit which acts as a key contact point for IT Security in Government. The CIB in collaboration with the Central Information Systems Division could assist Ministries in drug use prevention through the use of Social Media.

2.18 Statistics Mauritius

Statistics Mauritius is the central statistical authority and depository of all official statistics produced in Mauritius. It is responsible for the collection, compilation, analysis and dissemination of official statistics relating to all aspects of the economic, demographic and social activities - with a few exceptions like fisheries and health statistics which fall under the responsibility of the respective Ministry, and banking and balance of payment statistics for which the Bank of Mauritius is responsible. This organisation disseminates administrative data on drug offences from the Police Office of Public Prosecutions, the Judiciary, Prison Service and Probation & Aftercare Service through yearly "Economic and Social Indicators" in June and "Digest of Statistics" in September. It has also set up both a database for the monitoring and reporting of data related to the Sustainable Development Goals (SDGs) as well as a Board to develop sets of SDGs Indicators relevant for Mauritius.

2.19 Human Rights Commission

Although not directly involved in drug control, the Human Rights Commission (HRC), has a purview on the well-being and human rights of detainees, including those convicted for drug related offences and ensures that they are treated with dignity in line with the universal principles of human rights. It conducts regular site visits to places of detention and makes recommendations where necessary to ensure that they are in conformity with international human rights conventions and treaties to which Mauritius is Party. It also processes requests for sentence remission and investigates complaints against inhumane treatment to detainees and makes appropriate recommendations thereafter.

The National Human Rights Commission does not process requests for sentence remission. This is done at the level of the Commissioner of Prisons when a detainee petitions the Commission on the Prerogative of Mercy for remission or reduction of sentence. The Commissioner seeks the views of his Senior Officers and Prison Welfare Officers and causes an enquiry to be made on the facts and other justification put forward in the Petition (either by Police or Prisons Officers). It is for them to meet the relatives of detainees. The Commissioner thereafter forwards the Petition to the Commission on the Prerogative of Mercy.

The NHRC is otherwise empowered to enquire into an application from a detainee convicted for drugs offences or other offences by the Supreme Court for a review of his case should the detainee provide fresh and compelling evidence which would enable the Human Rights Division to refer his case to the Supreme Court for a review of his conviction. No detainee has been able up to now to produce such fresh and compelling evidence. The procedure described above does not apply to convictions at the level of the Intermediate Court and the District Court.

2.20 Ministry of Health and Quality of Life

The Ministry of Health and Quality of Life (MOH&QL) is responsible for the national health policy. Its vision is that of a healthy nation with a constantly improving quality of life. Its mission is to transform existing health services into a modern high performing quality health

system that is patient-centred, accessible, equitable, efficient and innovative, to improve the quality of life and well-being of the population through the prevention of communicable and non-communicable diseases, promote healthy lifestyles and an environment conducive to health and to ensure that the available human, financial and physical resources lead to the achievement of better health outcomes.

The national harm reduction response is guided by successive National Strategic Frameworks since 2006 for HIV and AIDS 2013-2016 and informed by the HIV and AIDS Act 2006. It is articulated around the 4 core United Nations recommended interventions for harm reduction. In 2018, 3,223 PWIDs benefited from a Needle Exchange Programmes (NEP) across 47 sites in the country, 36 by Harm Reduction Unit of MOHQL and 11 by an NGO (CUT). Methadone dispensing has been decentralized since February 2015 at 40 community sites and 4 sites in prisons, and servicing 4,700 PWUDs. MST induction was stopped in July 2015, opioid detoxification using Suboxone and Naltrexone for relapse prevention started in January 2016. Induction on MMT was reintroduced in June 2017.

In August 2018 MOHQL established a rehabilitation ward in Long Mountain Hospital, the Nenuphar Centre, for the treatment and rehabilitation of young males aged 12 to 22 years using drugs.

Several departments of the Ministry are involved in drug-related issues. The Brown Sevard Mental Health Care Centre is a 660-bed psychiatric hospital and provides treatment to people using drugs with co-morbid conditions. In 2018, the hospital provided treatment to 733 males and 32 females for a drug related condition, mostly for synthetic drugs use (239) and for the use of an unspecified drug (294), most probably synthetic drugs. 32 of them, 30 males and 2 females were admitted. Addiction Units in five regional hospitals were set up in August 2016. The Pharmaceutical Division formulates legislation related to import, manufacture, sale and distribution of pharmaceutical products, regulates the pharmacy practice and contributes to the elaboration and amendment of the dangerous drug legislation. The Harm Reduction Unit (HRU) is responsible for the prevention, harm reduction, treatment and rehabilitation of PWIDs while hospital services provide treatment for substance use disorders for PWUDs in acute phase.

Medical Officers from Harm Reduction Unit/MOHQL collaborate with several NGOs in providing codeine-based treatment to people who use drugs.

The Health Information Education and Communication Unit (HIECU) engages in prevention campaigns on all health matters and diseases, including raising awareness on the health consequences of substance use. The Statistics Unit is involved in the preparation of the National Drug Observatory (NDO) report.

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

Government expenditure on education was estimated at Rs.17,708 M representing 12.6% of total Government expenditures. There was a total of 1,422 educational institutions ranging from pre-primary to tertiary with a student population of 287,901. Enrolment for pre-primary and primary was 100% and 100% respectively (Education Statistics, 2018). Since 2016, the MOHQL is conducting a structured, extensive prevention programme at the level of educational institutions with the assistance of ADSU, the Brigade pour la Protection des Mineurs and NGOs. The Health and Wellness Directorate has been set up at the MOEHRTESR and is driving the drug use prevention programmes in schools. Drug use materials have been infused in a few subjects of the primary school curriculum and the

planned curriculum reform in the secondary sector is also an opportunity to expand the drug education component in a larger number of subjects for Grades 7, 8 and 9. (MOEHRTESSR, 2017). The Ministry has embarked on a national drug use prevention programme focussing on 12-14 years old in schools, based on an evidence informed and tested methodology. This programme is implemented in partnership with the private sector, namely the Cim Group and the United Nations Office of Drug and Crime.

2.22 Ministry of Youth and Sports

The Ministry of Youth and Sports (MOYS) has a formidable existing infrastructure of 29 youth centres across the island, each manned by 2 to 3 full-time youth cadres with university degrees in any social science field, including youth development work or social work. It also has a network of 500 youth clubs, 47 sports federations affiliates and a corps of 1,200 youth aged between 14-25 years, both men and women under a scheme called 'Volunteers Mauritius'. Some of them, after training on evidence-informed drug prevention, are deployed in the field to implement youth programmes on drug use prevention. The Ministry's target audience is the 14-35 year old group. (MOYS, 2017)

2.23 Ministry of Local Government and Outer Islands

The Ministry of Local Government and Outer Islands is responsible for overseeing the local authorities and formulating appropriate policies and legislative framework to ensure that local authorities operate smoothly.

The Ministry has a network of municipal and district councils across its 12 Local Authorities which may be made available to prevention workers, upon request, to raise public awareness on the harmful consequences of drug use. Welfare officers in these centres may also be trained in drug use prevention and basic counselling in the community to improve the well-being of the population.

2.24 Ministry of Gender Equality, Child Development and Family Welfare

This Ministry (MGECDFW) has a national infrastructure of 15 Women Empowerment Centres, 136 Community Centres and 57 Social Welfare Centres. Under its Community Child Protection Programme targeting the 0-18 age-group, the Ministry has established 9 District Child Protection Committees where it engages with host communities to create and to sustain a social protection net for young people. This Ministry also runs a Family Welfare Protection Unit and a Safe Neighbourhood Programme (MOGECDFW, 2017). It plays a key role in mobilizing women, mothers, families and communities to assume a pro-active role in drug use prevention for their own protection as well as that of their children and of their families.

2.25 Ministry of Social Security, National Solidarity and Environment and Sustainable Development

This Ministry manages the National Pensions Fund and the Social Register of Mauritius. Under the Social Aid Scheme, it gives financial assistance to needy persons, including dependents of people who use drugs following rehabilitation, treatment or service a term of imprisonment.

In line with its mission to promote and enhance social security and national solidarity, the Ministry of Social Security, National Solidarity, and Environment and Sustainable Development (Social Security and National Solidarity Division) is responsible for the provision of financial assistance under different schemes and programmes, targeting the vulnerable groups, including PWUDs and their dependents.

The Ministry operates through a network of 40 Social Security Offices for the provision of its services and financial assistance. It manages the National Pensions Scheme which caters for contributory and non-contributory pensions. It is also responsible for the maintenance of the Social Register of Mauritius (SRM), which is a large database of potential and actual social welfare programme beneficiaries. The SRM makes provision for a Proxy Means Test (PMT) to be carried out by the Ministry, with a view to targeting the efficiency of Social Aid and other social programmes. Under the Social Aid scheme, financial assistance is provided to needy persons, including dependents of PWUDs, PWUDs following rehabilitation programmes, treatment or serving a terms of imprisonment including for drug related offences.

2.26 Ministry of Social Integration and Economic Empowerment

The vision of the Ministry of Social Integration and Economic Empowerment (MSIEE) is to eradicate extreme and chronic poverty and to strive towards the creation of an inclusive and more equitable society. Its mission is to support and empower the vulnerable groups, who are registered and found eligible under the Social Register of Mauritius, with a view to mainstreaming them in society and improving their quality of life in a sustainable manner.

The Ministry manages the National Empowerment Foundation (NEF), the National Corporate Social Responsibility Foundation (NCSRF), and the Decentralized Cooperation Programme (DCP) and implements a Marshall Plan Social Contract (MPSC) for vulnerable families. This involves working closely with key service providers including the Ministry of Health which is responsible for the offer of relevant services, programmes, guidance and information to vulnerable persons on substance use.

The NCSRF funds will be allocated to NGOs to enable them to undertake programmes and projects for the benefit of specific groups in approved intervention priority areas. These include health problems resulting from substance abuse and poor sanitation.

With regards to the National Empowerment Foundation (NEF), various sensitization campaigns were carried out in year 2015 through a “National Substance Abuse Counselling Project” in various locations across the island. In 2018, some 300 NEF beneficiaries have been inculcated with life skills education and introduced to a module on Substance Abuse in the course of a Life Enhancement Education Programme (LEEP). Participants who voluntarily inform that they are HIV positive are referred to Ministry of Health and Quality of

Life and other authorities for medical follow up and treatment. Furthermore, suspected cases of substance abuse are referred to ADSU.

Various organizations collaborate in the context of Community Working Groups led by the NEF to work in identifying and helping people who use drugs and people living with HIV. Beneficiaries eligible under the Social Register of Mauritius (SRM) have the opportunity to undertake a Rapid HIV testing during the regular medical screenings which are carried out throughout the island.

With regards to the National CSR Foundation (NCSRF), in 2017 and 2018, Rs7.1 million and Rs9.5 million respectively were allocated to organizations involved in the fight against substance abuse.

2.27 Non-Governmental Organizations

Several Non-Governmental Organizations (NGOs) are pioneers in drug use prevention, treatment, rehabilitation and harm reduction and are key partners in the national drug response and operate on different fronts. A few provide drug use prevention programmes in private secondary schools and communities, while others engage in drug use disorders treatment, perform HTC and refer clients to MOHQL for HIV Testing and Counselling and methadone induction and maintenance. Some also provide follow up and psychosocial support to PWUD. Two NGOs are currently actively engaged in providing outreach services to PWIDs and operate an NSEP service. NGOs also advocate for more effective drug policies.

2.28 The Private Sector

Private Health Institutions

Mauritius has a well-established private health sector, with a number of private practitioners and one private clinic providing a wide array of medical services, including in psychiatry and drug use disorders treatment. These institutions are expected to continue to play an important role in reducing the harmful effects of drug use disorders.

The Business Private Sector

The Business Private Sector representatives expressed their deep concern about the worsening drug use and trafficking situation in the country and the early onset of drug use among young people. In light of this situation and given the scarce resources available to non-Governmental organizations to address drug use prevention comprehensively, they expressed their interest to pledge a percentage of their Corporate Social Responsibility fund to support a few NGOs to conduct drug use prevention activities in schools for the 12-14 year old age group, informed by evidence-based methods. The Cim Group is partnering with the MOEHRTESR on this initiative.

Private Couriers Services

Private couriers in Mauritius belong to international private courier companies. The courier services adhere to and enforce strict corporate rules and regulations in the recruitment of staff, following established corporate guidelines, with vetting, screening, references and background checks, and going 'beyond the Certificate of Character requested by the law'. They undertake strict monitoring of their operations, risk management, profiling system and mitigation to limit the entry of illicit drugs and have strict procedures for ad-hoc customers.

All incoming and outgoing packets and parcels are under Customs control. The control before release of packets at the airport is done by Customs through scanning, sniffing operations by MRA Customs narcotics sniffer dogs and examination and completion of Customs formalities of those packets selected after profiling of courier manifests. Furthermore, suspicious packets are also selected on risk base for joint examination by ADSU. The courier services have installed CCTV in their warehouses for better monitoring and control.

All courier packets and parcels are handled by the two airport freight operators, namely, Plaisance Airport Transport Services (PATS) and Ground2Air. The packets are scanned by MRA in presence of ADSU and the operators' representatives for selection of suspect packets and parcels for thorough examination. The couriers services also use an online tracking system for tracing the whereabouts of courier packets and parcels once exported. With regard to undelivered or unclaimed parcels, they track the sender at origin through their parent company. They are not allowed to open suspected parcels except if requested by the Customs authorities to do so and this in their presence. Private couriers collaborate with ADSU and Customs for Controlled Delivery operations whenever requested to do so after a case of drug seizure.

2.29 Major Gaps Identified in the National Response and Areas for Improvement.

While several stakeholders, mainly Government and NGOs, are involved in the national response, there is no overarching national architecture for all drug-related issues. This gap was identified.

The conflicting interpretation of relevant sections of the DDA 2000 and the HIV and AIDS Act 2006 continues to impede the safe use of clean injecting equipment by PWIDs. Gaps in the legislative framework regarding financial flows, their monitoring and the absence of an effective disclosure mechanism are obstacles to the smooth running of operations and to ensuring a high level of effectiveness.

Law enforcement agencies have made a number of significant drug seizures during the year 2017/2018. However, the absence of a formal intelligence-sharing platform amongst the law enforcement agencies and those involved in the financial enforcement and regulatory sector has been an impediment to the effective running of interdiction and suppression operations. The working arrangement between ADSU and Customs, and to a lesser extent with PIO, at points of entries, was identified as requiring some structural and organisational review.

The working arrangement with international and regional organizations, in particular the SADC, also requires institutional review. Mauritius ratified the SADC Protocol on Combatting Illicit Drugs which mentions the Drug Control Committee (SDCC) to oversee the implementation of the Protocol, which was limited to a European Union-funded SADC Drug Control Programme (2005-2010). SDCC should be revived with a larger mandate and should not necessarily await donor funding. This could cater for the current absence of a regional network/framework to deal with both supply reduction and demand reduction issues.

The need to enforce strict screening procedures of law enforcement personnel, including ADSU, Customs, Prisons and other drug enforcement officers, in order to minimize the risk of infiltration, security breach, leakage of intelligence, all likely to undermine the integrity of the units and their operations was identified. Enhancing prison security to prevent drug trafficking by prisoners and drug entry in prisons was also identified as requiring urgent attention.

The Probation and After Care Service, upon request of the court, can refer PWUDs to prescribed treatment facility. This can only be done when the person is convicted. This may sometimes take several years, during which time the severity of the individuals' drug use is likely to deteriorate.

The MoHQL has conducted regular Integrated Biological and Behavioural Surveys (IBBS) on PWIDs and the size estimation of this key population. In addition, another survey, commissioned by PILS, was conducted in 2015 on the perception of drug use in Mauritius. There is now a need to conduct a national survey on the patterns, trends and prevalence of drug use given that the last one was conducted more than a decade ago.

In the field of drug use prevention, stakeholders often work in silos with little shared vision, joint planning, cooperation or coordination, with ad hoc activities and no monitoring and evaluation or impact assessment. Evidence-based prevention methods are not always used and there are no standardized drug use prevention methodologies used while targeting specific age-groups and the settings where these prevention programmes are delivered.

The MoHQL is providing MMT to 5,000 PWIDs out of a total estimated PWID population of 10,000. 625 PWUDs have benefitted from Suboxone/Naltrexone detoxification programme. Several gaps were identified by clients and implementers. The MMT Protocol or Standard Operating Procedures (SOP) has been updated and validated in 2018. Concerns have been expressed by communities where MMT services are provided. Courtyards of police stations for service dispensing are still used and such locations were not deemed to be an appropriate setting for both OST dispensing or the provision of psychosocial support to PWIDs. Integration of methadone dispensing in primary health settings is being done in the following sites: Piton Community Health Centre (CHC), Trou D'eau Douce CHC, Plaines des Papayes CHC, Bambous CHC, Plaine Magnien CHC, L'Escalier Medi Clinic, Hyderkhan Medi Clinic and Yves Cantin Community Hospital.

The Ministry is considering to start a new project where methadone will be dispensed at the pharmacy counters of Area Health Centres and Medi Clinics during working hours.

The emerging threat of NPS is an area which needs to be addressed urgently.

NGOs can play a more significant role in providing psychosocial support to PWUD/PWID before MMT induction starts, and during the induction, maintenance and detoxification phases, including in prison settings. Government support to the NGOs through MoHQL and Ministry of Social Integration and Economic Empowerment (MSIEE) and the National CSR Foundation (NCSRF) is being done.

While PWIDS have been prioritized for OST with a view to reduce HIV and hepatitis B and C infections it is recommended that evidence-based DUD treatment and related services available to non-injecting users including psychosocial support be also provided to PWIDS.

The rehabilitation and social reintegration of former PWUD or those on treatment have not received sufficient attention or the funding they deserve. The NCSRF funds are strategically placed to fill this funding gap.

The Harm Reduction Unit of the Ministry of Health and Quality of Life and NGOs provide services to PWUDs and moreover areas for improvement were identified particularly in the psychosocial support services offered for those on Methadone Maintenance Therapy (MMT).

CHAPTER 3. The Strategic Pillars

NDCMP Vision Statement.

A safer and healthier Republic of Mauritius with effective policies for drug control.

NDCMP Mission Statement.

To empower institutions, communities and individuals in their response to drug trafficking and use through law enforcement, prevention, harm reduction and treatment for a safe and healthier Mauritius while maintaining human rights.

Strategic Pillars

This NDCMP rests on 4 strategic pillars as follows:

1. Drug Supply Reduction;
2. Drug Demand Reduction, namely drug use prevention, drug use disorders treatment, rehabilitation and social reintegration;
3. Harm Reduction; and
4. Coordination Mechanism, Legislation, Implementation Framework, Monitoring & Evaluation and Strategic Information.

This NDCMP is premised on three critical cross-cutting issues, namely capacity building, respect and observance of human rights and gender mainstreaming. A critical pre-condition for implementers to perform their work effectively, in whichever area they intervene, is for them to increase their understanding of their subject-matter and to enhance their skills in their respective areas of work. This NDCMP puts a strong emphasis on the capacity building of different cadres in several sectors in order to improve efficiencies and impact.

Access to health is recognized as a human right¹. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, and political belief, economic or social condition². A deep respect for human rights will be a strong feature cutting across all the NDCMP activities. Similarly, emphasis will be laid on mainstreaming gender considerations across the NDCMP.

3.1 Strategic Pillar 1: Drug Supply Reduction

Strategic Objectives (SO) under Strategic Pillar 1: *Law Enforcement*

- | | |
|---------|--|
| SO 1.1 | To effectively combat the entry, production and cultivation of illicit drugs in all their forms in Mauritius and the Outer Islands; |
| SO 1.2. | To establish effective national law enforcement information sharing; |
| SO 1.3 | To strengthen international law enforcement information sharing to combat drug trafficking and money laundering; and |
| SO 1.4 | To establish an effective regional and national intelligence picture related to drug trafficking and money laundering for future policies, strategies and interventions. |

¹ 1966 International Covenant on Economic, Social and Cultural Rights

² The Right to Health, Fact Sheet Number 31. WHO and Office of the High Commissioner for Human Rights (OHCHR)

Strategic Objectives (SO) under Strategic Pillar 1: *Regulatory Financial Institution*

- SO 1.5 To establish a universal culture of crime reporting, especially related to corruption, drug-related offences and money laundering.
- SO 1.6 To harmonize legislation and improve the regulatory framework to enhance intelligence gathering and sharing of information among relevant agencies;
- SO 1.7 To establish an effective and secure informer network;
- SO 1.8 To improve the effectiveness of asset tracking and seizure; and
- SO 1.9 To increase the success rate of prosecutions of drug dealers and prête-noms(**frontmen**) for money laundering and asset forfeiture.

3.2. Strategic Pillar 2: Drug Demand Reduction (Drug use prevention, drug use disorders treatment, rehabilitation and social reintegration)

Strategic Objectives (SO) under Strategic Pillar 2: *Drug use prevention*

- SO 2.1 To render the individual, the family, the community and the society at large more resilient to substance use;
- SO 2.2 To enhance, in line with national and international standards, the quality, availability and accessibility of drug use prevention programmes in all educational (primary, secondary and tertiary) and vocational institutions with a view to empowering students with drug resilience skills;
- SO2.3 To strengthen the quality, availability and accessibility of tailored drug use prevention programmes among identified vulnerable groups, namely out-of-school youth, ZEP pupils, and those in close settings (CYCs RYCs, Prisons);
- SO 2.4 To increase access to and stimulate the development of evidence-based workplace prevention programmes in the public and private sectors;
- SO2.5 To strengthen the capacity for front-line health workers with regard to drug use disorders in order to reinforce prevention and improve management of PWU/ID; and
- SO 2.6 To raise public awareness on the harmful health and social consequences of drug use in the population through specific multimedia methods.

Strategic Objectives (SO) under Strategic Pillar 2: *Drug Use Disorders Treatment, Rehabilitation and Social Reintegration.*

- SO 2.7 To provide improved drug use disorders treatment to PWUDs/PWIDs through scaled up Government and NGO services and professional capacity; and
- SO 2.8 To strengthen rehabilitation and reintegration services to PWUDs/PWIDs within the mainstream society.

3.3. Strategic Pillar 3: Harm Reduction

Strategic Objectives (SO) under Strategic Pillar 3:

- SO 3.1 To reduce stigma and discrimination towards people who use drugs and people who inject drugs and their families;
- SO 3.2 To enhance the quality and accessibility of the MMT services in order to ensure MMT (and ART if relevant) treatment adherence to reduce incidence of blood borne infections among PWU/ID;
- SO 3.3 To strengthen the psycho-social management of PWID through comprehensive and evidence-informed approaches to promote their social reintegration;

- SO 3.4 To scale up MMT and NSP by including additional service points in the primary health care system and NGO providers so that PWUDs including minors' rights to health services of PWUDs are ensured;
- SO 3.5 To scale up comprehensive NESP to reduce incidence of blood borne infections (HIV, Hepatitis B and C) among PWIDs and reducing morbidity and mortality among them; and
- SO 3.6 To scale up provision of comprehensive drug use and HIV related services in prisons settings and referral to care services in the community upon their release.
- SO 3.7 To strengthen rehabilitation and reintegration services on Methadone Maintenance Therapy (MMT) within the mainstream society.

3.4. Strategic Pillar 4: Coordination Mechanism, Legislation, Implementation Framework, Monitoring & Evaluation and Strategic Information

Strategic Objectives (SO) under Strategic Pillar 4:

- SO4.1 To set-up a Secretariat for the Coordination Mechanism, Implementation Framework and Monitoring and Evaluation of the NDCMP and all drug control activities;
- SO 4.2 To generate strategic information on drug use and related consequences through operational research, the National Drug Observatory and the Monitoring & Evaluation system;
- SO 4.3 To review, harmonize and amend specific legislations with a view to further strengthening drug control capability and its financial ramifications; and
- SO 4.4 To formulate a national drug policy to reduce harmful social and health consequences among PWUDs.

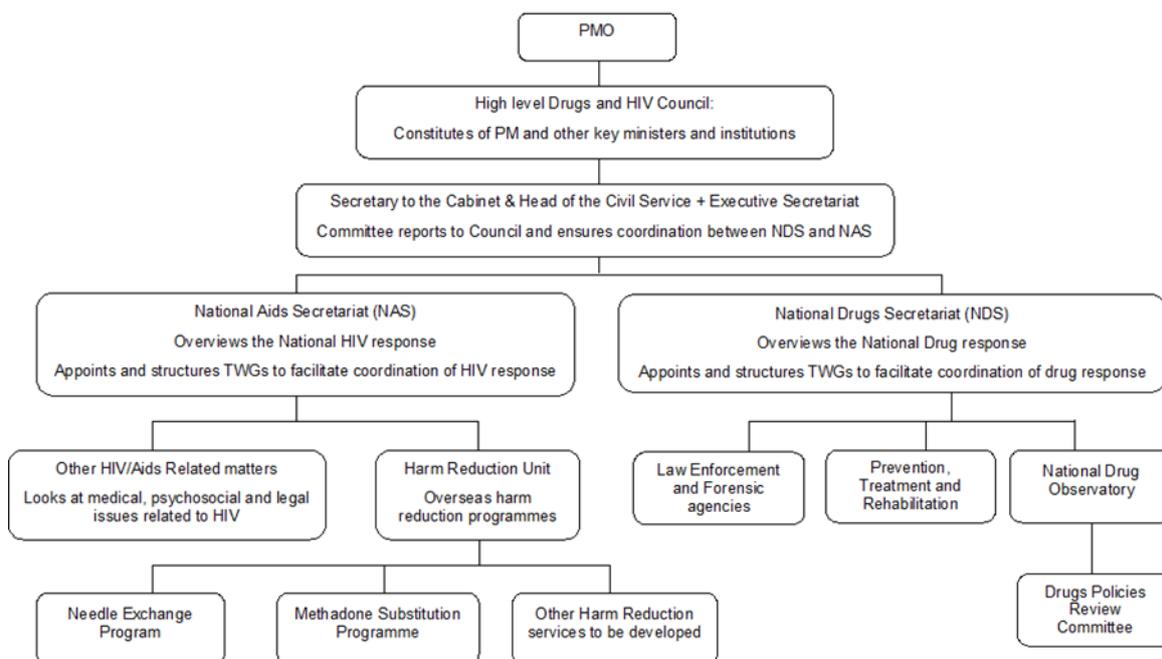
Management and Governance Structure

The Government announced the establishment of a High-Level Drugs and HIV Council in January 2019 under the Chairmanship of the Prime Minister. It is composed of 28 members which include several key Ministries, institutions, departments, 2 NGOs and the Private Sector, which are leading the drug and HIV response in the country. The institutional structure and organigram of the National AIDS Secretariats and National Drug Secretariat have been proposed for discussion and review before finalization.

The NDS will also be responsible for the data collection, analysis, reporting in the form of a quarterly Bulletin and for the preparation of the annual National Drug Observatory Report.

The National Drug Control Master Plan will be implemented by a number of Lead Ministries and collaborating agencies and partners, including NGOs, for the specified thematic areas outlined in the log frame.

Figure 7. Proposed Management and Governance Structure of the High Level Drugs and HIV Council



Indicative Budget

The core budget required for the implementation of the NDCMP will come from Government and will mainly derive from the annual budget allocated to Ministries and Departments. This will be supplemented by the Corporate Social Responsibility (CSR) Foundation funds managed by Ministry of Finance and Economic Development, and private sector CSR funds. It is expected that other international development partners may contribute to specific items through grants or direct implementation.

	2019 Rs. (m) (a)	2020 (+5%) Rs. (m) (b)	2021 (+5%) Rs. (m) (c)	2022 (-10%) Rs.(m) (d)	2023 (-20%) Rs.(m) (e)
Funds allocated in normal budget					
Supplementary Funds	SP 1: 231	211	211	180.9	162.8
	SP 2(P): 5.6	5.9	5.9	4.48	4
	SP 2(T): 48.3	24.5	24.5	19.6	17.64
	SP 3: 23.9	25	25	22.5	20
	SP 4: 25	21	21	20	18
Total	333.8	287.4	287.4	247.5	222.4
Grand Total					1,378.5

Explanatory note on budget table.

- (a): Budget for 2019: (a) 333.8 m
- (b): Budget for 2020: (a: 333.8) – capital expenditures (SP1:Rs. 30 m + SP2: Rs. 21 m + SP4: Rs. 5 m) = 277.8 x 105% (increase by 5%) = Rs. 287.4
- (c): Budget for 2021: As (b) = Rs. 287.4
- (d): Budget for 2022: Rs. 277.8 x 90% (reduce by 10%): Rs. 250 m.
- (e): Budget of 2023: Rs. 277.8 x 80% (reduce by 20%): Rs. 222.3 m

LOGFRAME

Strategic Pillar 1: Drug Supply Reduction

Strategic Pillar 1: Drug Supply Reduction (Law Enforcement)				
Strategic Objective 1.1: To effectively combat the entry, production and cultivation of illicit drugs in all its forms in Mauritius and Outer Islands.				
Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Operational Plan Year 1/ (T:/I:) Indicative Budget
1.1.1. Reduced entry and supply of all illicit drugs in the territory.	<p>-The Dangerous Drugs Act and other related laws strictly enforced;</p> <p>-The Legal Framework <i>governing</i> supply chain of dangerous drugs strengthened;</p> <p>-Greater deterrence of malpractices by pharmacies, importers, private medical practitioners ensured, through enhanced pharmacy inspections by Ministry of Health/ADSU. Customs control on importation of psychotropic substances and monitoring of medical prescriptions issued by medical practitioners of the Ministry of Health;</p>	<p>(T:/I:): No. of arrests /seizures</p> <p>(T:/I:): No. of successful drug related operations & prosecutions</p> <p>(T:/I:): No. of cases of pharmacy malpractices reported.</p>	MRA Customs / ADSU/PIO/ARID/Postal Service/Fisheries Department/ National Coast Guard/ FSL/ MOHQL/ICTA	<p>(T:/I:):to increase the number of arrests& seizures of drug by 5%.</p> <p>(T:/I:):to increase the number of drug related operations by 5%(T:/I:): Actual rate of successful prosecutions (99.99%) maintained</p> <p>(T:/I:): At least 2 inspections carried out per community pharmacy yearly</p> <p>Budget: 2.5% of existing Police Budget</p>
<p>Activities</p> <p>1.1.1.1.To enhance the identification, investigation, disruption and dismantling of drug trafficking organizations and their facilitating agents by using operational and intelligence capabilities;</p> <p>1.1.1.2. To arrest drug offenders, both consumers and traffickers, and ensure their successful prosecution;</p> <p>1.1.1.3.To locate, seize and destroy cannabis plantations and undertake crackdown operations in drug-prone areas;</p> <p>1.1.1.4. To carry out outreach programmes to sensitise the community against the use of dangerous drugs;</p> <p>1.1.1.5. To carry out regular inspections of community pharmacies, ensure strict compliance with the laws over the importation of psychotropic substances and strictly reinforce the provisions of the laws governing the issue of prescriptions by private practitioners.</p> <p>1.1.1.6. To ensure stricter control on issuance of sim cards by telecom service providers.</p>				

Outcome	Output	Target/Indicators(T:/I:)	Lead Agency/ Partnering Agencies	Operational Plan Year 1/ (T:/I:) Indicative Budget
1.1.2. Improved border security at seaports, airport and Postal services & Outer Islands and enhanced counter cross-border drug trafficking interdiction through intensified controls	<p>Drug seizures at borders increased;</p> <p>Interception of travellers with fake and forged travel documents enhanced;</p> <p>Enhanced control on physical cross border transportation of undeclared currencies and bearer negotiable instruments in excess of allowed prescribed quantity;</p> <p>Sea routes prone to drug trafficking locked down;</p> <p>Improved servicing of import applications and invoice verification, enabling a thorough scrutiny of documents thus ensuring a total control on import of licit drugs;</p> <p>- Enhanced capacity to verify suspected drug consignments in a more systematic way thus mitigating drug trafficking.</p>	<p>(T:/I:) Increased no. of arrests and seizures related to drug trafficking;</p> <p>(T:/I:) Increased no. of successful drug related operations & prosecution</p> <p>(T:/I:) Increased no. of controls on cash couriers for detection of undeclared currency and bearer negotiable instruments.</p> <p>(T:/I:) No. of cases of unauthorized imports identified</p> <p>(T:/I:) Use of state of art detection tools & technologies</p>	MRA CUSTOMS, ADSU, ARID PIO,NCG,FSL, MOHQL	<p>(T:/I:) Market value of dangerous drugs seizures at borders</p> <p>Control delivery operations for all cases of illegal import of drugs carried out;</p> <p>A risk-based approach adopted to target at least 10 travellers per day ensure that physical cross border transportation of currency declarations exceeds Rs 500M yearly.</p> <p>(T:/I:) Efficacy in the identification of unauthorised</p> <p>Imports improved;</p> <p>(T:/I:)Obtain additional funding for procurement of drug detection tools and technologies</p> <p>Budget: Rs 200M yearly.</p>
<p>Activities</p> <p>1.1.2.1. To prevent the entry of illicit drugs at the entry points (airport, seaport, Postal Services and Outer Islands);</p> <p>1.1.2.2. To optimize the use of scanners and other detection equipment and tools, including deployment of narcotics and currency detection dogs;</p> <p>1.1.2.3. To increase law enforcement inter-agency cooperation and the number of joint intelligence-led operations with local enforcement agencies;</p>				

- 1.1.2.4. To enhance surveillance and profiling to target suspects, vessels and other means of conveyances through use of CCTV network, effective communication equipment and aerial surveillance through the use of mid-sized drones and radars;
- 1.1.2.5. To consolidate Field Intelligence Officers' operations to enhance intelligence gathering techniques and for interventions;
- 1.1.2.6. To scale up surveillance activities at different fish-landing stations and bays around the Island;
- 1.1.2.7. To improve monitoring of yachts in port and other mooring places;
- 1.1.2.8. To obtain and use intelligence received from Field Intelligence Officers, open sources, law enforcement agencies, regional and international bodies to improve operational interventions;
- 1.1.2.9. To exert a stricter control on arrivals, departures and transit of passengers at borders to target suspicious passengers involved in transnational crimes;
- 1.1.2.10. To provide training in passenger profiling, drug detection techniques, identification of fake and forged travel documents to enhance operational capabilities and efficiency;
- 1.1.2.11. To ensure that supply chain security objectives are fully observed during the transfer of postal and Courier packets from the point of entry to the Parcel Post Office, Office of Exchange and Courier Services.
- 1.1.2.12. To carry out Dornier aircraft Patrols in the maritime zones of Mauritius for tracking of suspicious vessels for National Coast Guard interventions.
- 1.1.2.13. To improve the monitoring of seafarers with a record of drug offences;
- 1.1.2.14. To ensure effective monitoring of cross border physical transportation of currencies and bearer negotiable instruments (BNI) of an amount of more than Rs 500,000 or such other amount as may be prescribed or its equivalent in foreign currencies with the use of non-intrusive inspection equipment and currency detection sniffer dogs.;
- 1.1.2.15. To procure state of art technologies for efficient drug detection;
- 1.1.2.16. To establish a dedicated unit for import authorization and invoice verification of dangerous drugs and precursor chemicals;
- 1.1.2.17. To post pharmacists at port of entries for more efficient and effective control on dangerous drugs.

Strategic Objective 1.2: To establish effective national law enforcement information sharing;

Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Operational Plan Year 1/ (T:/I:) Indicative Budget
1.2.1. An Intelligence sharing Platform set up between enforcement & intelligence agencies for greater operational efficiency.	<p>-Agreement reached among key partners to set up an Intelligence-sharing Platform;</p> <p>-MoU signed with relevant airlines, shipping agents, courier services, postal services, port and airport authorities and other bodies involved in the supply chain;</p> <p>MoU signed with banks, financial institutions and bodies to share information as regards suspicious financial transactions;</p>	<p>(T:/I:) Agreement signed;</p> <p>(T:/I:) MoU signed with transport, courier and supply chain operators</p> <p>(T:/I:) MoU signed with financial institutions</p>	PMO, Min of Defence, ADSU, MRA CUSTOMS, ARID, PIO, NCG, FSL, FIU, ICAC, MOHQL, others;	<p>Year 1</p> <p>(T:/I:) Enter into MOUs with all stakeholders after publishing of the report.</p> <p>Budget: Existing</p>

	- Joint committee under the aegis of ADSU for reviewing of all strategic & operational issues relating to drug trafficking set up;	(T:/I:) Committee set up with defined structure and TOR.	ADSU, MRA, MOHQL, FIU, ARID, PIO, POLICE, FSL, ICAC	(T:/I:) Committee under the chairmanship of the OIC of ADSU set up;
--	--	--	---	---

Activities

- 1.2.1.1. To convene a high-level meeting to reach an agreement to set up the Intelligence-sharing platform;
- 1.2.1.2. To set up the Intelligence-sharing platform;
- 1.2.1.3. To enter into a MoU among MRA, Police, ICAC, FIU, ARID and other relevant stakeholder for better sharing of intelligence and improved enforcement actions;
- 1.2.1.4. To sign a MoU with airlines, shipping agents, courier services, postal services, port and airport authorities and other bodies involved in the supply chain;
- 1.2.1.5. To sign a MoU with banks, financial institutions and bodies to share information as regards to suspicious financial transactions;
- 1.2.1.6. To attack the financial infrastructure of drug trafficking organizations, tracking down tainted money by collaborating with the Financial Intelligence Unit (FIU), and Independent Commission against Corruption (ICAC).
- 1.2.1.7. To work in partnerships with other units of the Mauritius Police Force (MPF) and foreign drug law enforcement counterparts, Customs, the public and private sectors and the community in drug prone areas to dismantle drug networks;
- 1.2.1.8. To increase the no. of joint blitz operations at Port and Airport in collaboration with all the enforcement agencies.

Strategic Objective 1.3: To strengthen international law enforcement information sharing to combat drug trafficking and money laundering.

Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Operational Plan Year 1/ (T:/I:) Indicative Budget
1.3.1. Combatting drug trafficking and money laundering through strengthened cooperation with international organisations and Member States in the region.	-Enhanced cooperation for greater efficiency at regional and international levels with UNODC, Interpol, Europol, WCO, ESAAMLG, SADC, COMESA, IORA, and IOC and with regional States to combat drug trafficking and money laundering.	(T:/I:) A Mutual Legal Assistance and a Mutual Administrative Assistance Agreement with International Administrations and Organisations.	Regional States/Interpol/ UNODC, WCO, AGO, Police, MRA Customs, ARID, CCID, FIU, ICAC, Immigration SADC, IOC, ARINSA and other Member States in the region.;	(T:/I:) A Mutual Legal Assistance and a Mutual Administrative Assistance Agreements signed increased Budget: Existing

Activities

- 1.3.1.1. To enhance cooperation with UNODC, Interpol, Europol, WCO, ESAAMLG, SADC, COMESA and IOC for sharing of information on drug smuggling and money laundering;
- 1.3.1.2. To enhance the capability and efficiency of officers through specialised training from donor countries on combatting illicit drug trafficking and money laundering. (E.g. US Immigration Customs Enforcement, National Academy of Customs / Excise Narcotics - India, AKMAL - Malaysia, ILEA – Botswana, Organisation for the Prohibition of Chemical Weapons (OPCW), World Bank, UNODC);
- 1.3.1.3. To enter into Mutual Administrative Assistance Agreements with other International Administrations for exchange of information and execution of controlled deliveries across borders;
- 1.3.1.4 To enter into Mutual Legal Assistance for identification of illicit properties, investigations and extradition.;
- 1.3.1.5 To coordinate with international bodies to organize seminars, conferences and workshops on combatting illicit drug trafficking and money laundering;
- 1.3.1.6 To enlist the support of international organizations and development partners to procure state-of-the-art technologies for drug detection as well as proceeds of drug trafficking;
- 1.3.1.7 To post officers in international organizations and Mauritian Missions in source countries to assist in intelligence collection to combat drug trafficking and other related crimes in Mauritius.

Strategic Objective 1.4: To establish effective regional and national intelligence picture related to drug trafficking and money laundering for future policies, strategies and interventions.

Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Operational Plan Year 1/ (T:/I:) Indicative Budget
1.4.1. A better understanding of all aspects of drug trafficking and money laundering including, precursor chemicals and emerging trends & patterns such as NPS in Mauritius and in the region.	<p>A National Drug Regulatory Agency set up;</p> <p>Improved targeting of traffickers and money launderers;</p> <p>- Improved traceability of precursor chemicals from source to end-users</p>	<p>(T:/I:) NDA</p> <p>(T:/I:) Advanced Passenger Information System (APIS);</p> <p>(T:/I:) Strategic Information, Bulletins, Alerts,</p> <p>(T:/I:) Illegal precursor chemicals seized;</p>	<p>NDO</p> <p>- ADSU/MRA CUSTOMS/ ARID, FSL/FIU/MOHQL/NCG/PIO/ICAC/POSTAL SERVICES</p> <p>FIU, ADSU, MRA, ICAC</p> <p>MOHQL, Dangerous Chemical Control board(DCCB), MRA, ADSU,</p>	<p>(T:/I:) A National Drug Regulatory Agency established;</p> <p>(T:/I:) Advanced Passenger Information System (APIS)/ Passenger Name Record (PNR) established by 2019</p> <p>(T:/I:) Strategic Information, Bulletins, Alerts disseminated</p> <p>(T:/I:) A database for precursor chemicals at MOHQL established;</p> <p>(T:/I:) To carry out at least two checks yearly at premises of importers/ dealers of precursor chemicals to ensure compliance with existing laws.</p> <p>Budget: Existing</p>

Activities

- 1.4.1.1. To set up a National Drug Regulatory Agency;
- 1.4.1.2. To procure tools and equipment for inspections, investigations and enhancement of enforcement techniques;
- 1.4.1.3. To establish the Advanced Passenger Information System (APIS), biometric border system, digital finger-printing and retinal (eye) scans and to enable authorised agencies to better target and monitor suspicious passengers movements to and from the island;
- 1.4.1.4. To collect and analyse strategic information on trends and patterns on dangerous drugs trafficking and money laundering in Mauritius and their relationship to international trafficking patterns;
- 1.4.1.5. To collect and analyse information from available sources to detect and intercept travellers, legal persons and criminal organisations using physical cross border transportation of cash by travellers and laundering money through trade based systems to disguise true ownership and transfer of illicit funds;
- 1.4.1.6. To issue risk profiles for targeting drug trafficking and money laundering by air, sea and courier services;
- 1.4.1.7. To issue alerts based on UNODC, WCO, and other international agencies' annual global reports;
- 1.4.1.8. To collate information on the emergence of new drugs on the local market (e.g. synthetic drugs and synthetic cannabinoids and their derivatives, etc.) by compiling information from NGOs, informants and other enforcement agencies for sharing with enforcement front line officers ;
- 1.4.1.9. To collect information from research, analysis of emerging trends with respect to poly drug use, misuse of prescribed controlled medicines that pose risks to health and safety;
- 1.4.1.10. To issue intelligence bulletins and alerts on new drugs and cases detected.
- 1.4.1.11. To carry out research on import/ use/ diversion of precursor chemicals and their intended use.
- 1.4.1.12. To use trade data for analysis of imports to target diversions of precursor chemicals and related crimes like preparation of improvised explosive devices(IED), synthetic drugs and violation of trade restrictions;
- 1.4.1.13. To use the INCB Pre-export and Pre-import notification system to monitor movement of precursor chemicals for legitimate purposes and target illicit trades;
- 1.4.1.14. To participate in coordinated joint operations and cooperation initiatives with WCO members, UNODC, INCB and other agencies targeting diversion of precursor chemicals.

Strategic Pillar 1: Drug Supply Reduction (Regulatory Financial Institutions)

Strategic Objective 1.5: To establish a universal culture of crime reporting, especially related to drug related offences and money laundering.

Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Operational Plan Year 1/ (T:/I:) Indicative Budget
1.5.1. An enhanced reporting culture from members of the public and NGOs; and an enhanced reporting/ referral culture from authorities dealing with	Enhanced public education against money laundering and corruption through sensitisation campaigns by the Corruption Prevention and Education Division of the ICAC, targeting the public at large. Reporting obligation to FIU for all stakeholders initiating drug related investigations.	(T:/I:) No. of campaigns conducted, (T:/I) No. of complaints and referrals received.	ICAC/PUBLIC/NGO, ARID	(T:/I:) At least two campaigns carried out; (T:/I:) Increase of at least 25 % in drug related complaints, thereby resulting in an increase in the number of investigations initiated Budget: Existing

drug cases (ADSU, Customs).	Common Platform for regular meetings of Heads of the organisations concerned and liaison officers	(T:/I:)No. of investigations initiated and (T:/I:) no. of cases lodged before court.	FIU/ICAC/ADSU/ MRA Customs	
-----------------------------	---	---	-----------------------------------	--

Activities

- 1.5.1.1. To conduct sensitisation campaigns by the Corruption Prevention and Education Division of ICAC, targeting the public at large;
1.5.1.2. To designate a liaison officer by the ICAC to facilitate reporting by NGOs and members of the public;
1.5.1.3. To designate liaison officers from enforcement institutions and the FIU to attend quarterly meetings for the optimal exchange of information and settlement of any matter needing to be resolved.

Strategic Objective 1.6: To harmonise legislation and improve regulatory framework to enhance intelligence gathering and sharing of information among relevant agencies.

Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Operational Plan Year 1/ (T:/I:) Indicative Budget
1.6.1. Instantaneous access to information through common database/programme (e.g GO AML, connection to public records like CSO, NTA, CBRD, Reg General, PIO, others) and common sharing platform (e-format). Instantaneous access of the FIU to the	Relevant legislations (PoCA 2002, FIAMLA 2002, FSA 2007, Civil Status Act, Finance Act, Companies Act, Customs Act, among others) amended to facilitate the setting up of this e-platform. A MOU signed among the concerned institutions. A MOU signed between MRA Customs and FSL to enable the rapid analysis of suspected substances detected at borders in order not to hinder the flow of legitimate trade. A MOU signed between BOM and FIU after relevant legal amendments to the Banking Act, BOM Act and FIAMLA.	(T:/I:).No. of reports exchanged between agencies. (T:/I:) MOU signed (T:/I:) MOU signed No. of referrals made by the FIU to investigating agencies	FIU/ICAC ADSU AGO ARID FIU/BOM/Banks and Financial Institutions MRA Customs /FSL	(T:/I:) Increase of 25 % in referrals from various institutions Finalisation and signature of MOU within this one year Budget: Rs. 30 m.

Mauritius Credit Information Bureau (MCIB) database				
A National Bank Register created to provide access to authorized authorities to all bank accounts in Mauritius.	A National Bank Register created			

Activities

- 1.6.1.1. To organize workshops, outreach sessions, and sector-specific publications to foster the MOU;
- 1.6.1.2. To train relevant officers, including in the securing of financial information;
- 1.6.1.3. To secure additional budget to set up an IT platform;
- 1.6.1.4. To make the following legal amendments to enhance the quality of intelligence reports disseminated by FIU to its stakeholders:
- To amend the Financial Intelligence and Anti Money Laundering Act 2002 (FIAMLA) to enable FIU to obtain Cash Transaction Reports and Reports of Electronic Fund transfers;
 - To amend the Business Registration Act 2002 and Civil Status Act 1981 so that the FIU can access and share information remotely;
 - To amend the Bank of Mauritius Act to provide FIU access to the MCIB database.

Strategic Objective 1.7: To establish an effective and secure informer network.

Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Operational Plan Year 1/ (T:/I:) Indicative Budget
1.7.1. Increased no. of informers reporting through an enhanced protection and reward scheme for them.	Better protection of Informers by Police Improved rewards set up for the informers; Laws amended to render informer-tampering a criminal offence.	(T:/I:) No. of complaints (T:/I:) No. of sensitisation campaigns on corruption and money laundering. (T:/I:) No. of people reached (T:/I) Amount of information received.	ICAC/ by Canadian Authority	(T:/I:) : No. of complaints treated (T:/I:) at least two sensitisation campaigns (T:/I:). An increase of at least 25 % in reports/information/complaints received from informers Sum of Rs 1 m will be budgeted in the next financial year

		(T:/I:) No. of responses to MLA No. and value of property identified Frequency of contacts with members of the network		
Activities				
1.8.1.1. To conduct Continuous Development Programs for staff in money trail and financial analysis;				
1.8.1.2. To secure additional budget for the purchase of software and innovative tools;				
1.8.1.3. To develop and fine tune capacity building in specific fields of money laundering investigation.				
Strategic Objective 1.9: To increase success rate of prosecutions of drug dealers and prête-noms				
Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Operational Plan Year 1/ (T:/I:) Indicative Budget
1.9.1. Improved rate of successful prosecution of drug traffickers and money launderers achieved through the use of refined and innovative investigative techniques and analysis of evidence.	Electronic devices (personal computer, laptop, smart phone etc) promptly examined for digital evidence and for speech to text transcription; Quality and integrity of investigations continuously promoted; Collection of quality evidence to secure conviction entailing asset forfeiture; Law amended for all proceeds of crime to be recovered irrespective of their amount and value (as against the current above Rs. 500,000. provision)	(T:/I:) No. of cases lodged before Court (T:/I:) No. of convictions (T:/I:) No. and value of assets forfeited (T:/I:) Law amended	ICAC Judiciary ICAC & Judiciary ICAC & Judiciary ARID	(T:/I:) Regular follow ups with ODPP. Lodging of formal charges within two weeks from advice. (T:/I:) 25 % Budget: Existing
1.9.1.1.To conduct Continuous Development Programme for investigators, in-house prosecutors and lawyers, including regular mock trials;				
1.9.1.2.To review and amend specific pertinent legislation;				
1.9.1.3. To review factors leading to dismissal of cases and corrective actions in subsequent investigations;				
1.9.1.4. To set up a legal framework to enable confiscation of cross-border transportation of undeclared currencies and bearer negotiable instruments (BNI) of an amount of more than Rs 500,000 or such other amount as may be prescribed or its equivalent in foreign currencies.				

Strategic Pillar 2: Drug Demand Reduction (Drug use prevention, Drug Use Disorders Treatment, Rehabilitation and Social Reintegration)

Strategic Objective 2.1: To render the individual, the family, the community and the society at large more resilient to substance use.				
Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Operational Plan Year 1/ (T:/I:) Indicative Budget
<p>2.1.1. Increased knowledge on harms of drug use in families and communities;</p> <p>2.1.2. FBOs and religious bodies active in drug prevention;</p> <p>2.1.3. Stigma and discrimination towards PWUDs reduced;</p> <p>2.1.4. Prevalence of drug use reduced.</p>	<p>Advocacy with community/religious leaders on substance abuse;</p> <p>Interaction between community leaders and families on substance abuse;</p> <p>Educate and sensitize communities on non-judgemental attitudes towards PWUDs and to value their contribution to national development and the society at large</p>	<p>T:100 communities I: 100 communities. Advocacy sessions; Families and FBOs involved; Stigma and Discrimination reduced; drug use reduced.</p>	<p>MOH /MGECDFW /MESRTE / MYS/MLGOI/MPF/N GO/CBO</p>	<p>T:20/I:20 communities I: 20. Advocacy sessions; Families and FBOs involved; Stigma and Discrimination reduced; drug use reduced.</p> <p>Budget: Rs. 1 m.</p>
<p>Activities</p> <p>2.1.1.1. To develop a Standardized National Drug Use Prevention Programme;</p> <p>2.1.1.2. To conduct Training of Trainers to roll out training and conduct activities in line with the Standardized National Drug Use Prevention Programme;</p> <p>2.1.1.3. To organize drug use prevention programmes for young people in-school and out-of-school;</p> <p>2.1.1.4. To organize and conduct sensitization programmes for community and religious leaders on drug use prevention;</p> <p>2.1.1.5. To sensitise parents through Parents Teachers Associations (PTAs) and Café Parents;</p> <p>2.1.1.6. To organise family oriented activities in relation to drug use prevention;</p> <p>2.1.1.7. To organise community events on drug use prevention.</p>				

Strategic Objective 2.2: To enhance, in line with national and international standards, the quality, availability and accessibility of drug use prevention programmes in all educational (primary, secondary and tertiary) and vocational institutions with a view to empowering students with drug resilience skills.

Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Operational Plan Year 1/ (T:/I:) Indicative Budget
2.2.1. Student population in all educational and vocational institutions empowered with drug resilience skills; Drug use among youth reduced.	Extensive sensitisation campaigns on the consequences of drug use in all educational institutions	T: 100,000 I: 100,000.	MOH MESRTE/MYS /NGOs / MPF	T: 20,000/year I: 20,000. Budget: Rs1m.

Activities

- 2.2.1.1. To train teaching and non-teaching staff of educational and vocational institutions on the drug issue and its prevention;
- 2.2.1.2. To organise and conduct sensitisation/educational programmes in educational and training institutions on drug prevention targeting students?;
- 2.2.1.3. To initiate peer education through health clubs in colleges;
- 2.2.1.4. To organise and conduct forums/debates in schools on drug use prevention;
- 2.2.1.5. To organise activities (exhibitions/role play/drama) in schools on harmful consequences of drug use;
- 2.2.1.6. To organise and conduct awareness sessions for Special Education Needs Schools, including "Temoignage" by rehabilitated PWUD.

Strategic Objective 2.3: To strengthen the quality, availability and accessibility of tailored drug use prevention programmes among identified vulnerable groups, namely out-of-school youth, ZEP students, and those in close settings (CYCs RYCs, Prisons);

Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Operational Plan Year 1/ (T:/I:) Indicative Budget
2.3.1. Reduced prevalence of drug use among children/ young persons from vulnerable groups including out-of-school youth , RYC, CYC, prison	Sensitisation of out of school /vulnerable children/youth with regard to substance abuse Counselling sessions for vulnerable children/youth	75 sessions (T:/I:) No. of referrals to existing treatment and other services	MGE / MSS / MESR / ZEP/ MYS / MPF / MOH/ NGOs	T: 15 sessions I:15 sessions Budget: Rs 30,000

inmates and minors through adoption of safe behaviours and healthy lifestyle and youth referral to appropriate treatment services according to their specific needs.				
<p>Activities</p> <p>2.3.1.1. To train Social workers, police officers, youth cadres, CDU Officers in drug use prevention among vulnerable youth; 2.3.1.2. To set up a network of social workers working with vulnerable youth involving CBOs; 2.3.1.3. To set up referral and follow up system for vulnerable youth; 2.3.1.4. To conduct drug use prevention sessions with out-of-school youth; 2.3.1.5. To train officers of CYC,RYC and prisons in drug use prevention and basic counselling skills; 2.3.1.6. To conduct drug use prevention and counselling sessions with vulnerable young people in CYCs and RYCs; 2.3.1.7. To conduct drug use prevention sessions with young prison inmates</p>				
<p>Strategic Objective 2.4: To increase access and stimulate the development of evidence-based workplace prevention programmes in the public and private sectors.</p>				
Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Operational Plan Year 1/ (T:/I:) Indicative Budget
Clear policies on substance use prevention at the workplace; and reduced substance use among workforce;	Policies on drug prevention developed and implemented by employers (private & public); Dissemination of factual information to raise knowledge and influence behaviour regarding substance use amongst the workforce.	(T:/I:) A Workplace Policy on Drug Use developed (T:/I:) No. of public and private institutions reached; (T:/I:) No. of prevention sessions conducted (T:/I:)No. of workers reached.	Ministry of Labour, MEF; Trade Unions. MoHQL and NGO's, MPF, MGE	T:/I:100 sessions at workplaces Budget: Rs 200,000

Activities				
2.4.1.1. To develop a National Workplace Policy on Drug Use prevention; 2.4.1.2. To conduct advocacy workshops with employers of the private sector; 2.4.1.3. To conduct advocacy sessions on drug-related issues with Trade Unions; 2.4.1.4. To conduct drug use prevention sessions at workplace, in both private and public sectors; 2.4.1.5. To conduct exhibitions on drug use prevention at workplace.				
Strategy objective 2.5: To strengthen the capacity of front-line health workers with regard to Drug Use Disorders in order to reinforce prevention and improve management of PWU/ID				
Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Operational Plan Year 1/ (T:/I:) Indicative Budget
2.5.1. Stigma against PWUD reduced; primary and secondary prevention scaled up; and improved access to health services by PWUD.	Capacity building for front-line health workers on drug use prevention and management of DUD	(T:/I:) :1000 number of front liners trained	MOH and QL and NGO's	T: 200 trained/year I: 200 trained/year Budget: Rs 300,000
Activities				
2.5.1.1. To organize and conduct training for front-line medical personnel in Regional Hospitals on DUD and their management; 2.5.1.2. To organize and conduct training for social workers, carers, on management of DUD.				

Strategic Objective 2.6: To raise public awareness on the harmful health and social consequences of drug use through population specific multimedia methods

Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Operational Plan Year 1/ (T:/I:) Indicative Budget
<p>2.6.1. The population at large educated on drug issues and encouraged to participate actively in drug use prevention programmes;</p> <p>Increased media participation in prevention through appropriate messages /articles;</p> <p>National hot line services for substance abuse available</p>	<p>Production and dissemination of IEC materials;</p> <p>Drug use prevention campaigns disseminated by the media;</p> <p>Setting up of website and hotline on drug use prevention.</p>	<p>(T:/I:)IEC materials developed; and disseminated 500,000 pamphlets</p> <p>Billboards</p> <p>10 campaigns T:/I:)</p> <p>T:/I: Website and Hotline operational</p>	<p>MOH &QL MOSSNSESD through its Social Security Offices print, radio, tv and electronic media organizations</p>	<p>(T:/I:) 100,000 annually</p> <p>Budget: Rs 1 m.</p> <p>(T:/I:) 2 campaigns/ year</p> <p>Budget: Rs 2 m.</p>
<p>Activities</p> <p>2.6.1.1. To design and print IEC materials such as pamphlets and posters, tokens;</p> <p>2.6.1.2 To design and print flex materials for exhibitions;</p> <p>2.6.1.3. To produce and vehicle radio and video clips;</p> <p>2.6.1.4. To design and display billboards;</p> <p>2.6.1.5. To produce and vehicle drug use prevention messages through multimedia channels and social media;</p> <p>2.6.1.6. To organise regular public events to sensitise the general public;</p> <p>2.6.1.7. To establish free hot-lines on drugs services.</p> <p>2.6.1.8. To empower young sport persons, artists, and personalities, as positive role models, to engage actively in drug use prevention as positive role models.</p>				

Strategic Objective 2.7: To provide improved drug use disorders treatment, rehabilitation and reintegration to PWU/ID through scaled up Government and NGO services and professional capacity building;

Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Operational Plan Year 1/ (T:/I:) Indicative Budget
2.7.1.Larger number of people with drug use disorders access and receive quality treatment	<p>Opioid detoxification and maintenance therapies offered to PWUDs within a reasonable time frame; Other treatment options offered to NPS and Polysubstance users who need it.</p> <p>Treatment offered to RYC, CYC, probation institutions, prisons and CDU shelters residents.</p>	<p>No. of PWUDs offered opioid detoxification (T:500/I:700) and maintenance treatments (T:500/I:800) both in community settings.</p> <p>No. of PWUDs offered opioid detoxification (T:500/I:500) and maintenance treatments after one month.</p> <p>No. of clients offered short-term in-patient (T:400) and out-patient (T:1600) treatment for synthetic NPS and polysubstance use in community.</p> <p>No of clients offered treatment for synthetic drug use in prison setting, RYC, CYC probation institutions, prisons and Shelters.</p>	<p>HRU (MoHQL)/ NGOs</p> <p>BSMHCC (MoHQL) and</p> <p>Psychiatric and Addictology units of 5 regional hospitals</p> <p>MPS/MoHQL/ MGECDWF</p> <p>Ministry of Defence and Rodrigues/NGOs</p>	<p>1 500 patients (700 enrolled on detoxification programme (400 by codeine and 300 by residential suboxone and 800 enrolled on MMT)</p> <p>Budget: Rs 6 m.</p> <p>2 000 patients (1600 out-patients and 400 in-patients) with poly-drug and NPS use</p> <p>50 % of residents with a DUD</p>

Activities				
2.7.1.1. To reinforce and improve treatment capacity and deliverables in MOHQOL and NGOs; 2.7.1.2. To recruit clients by NGOs and Addictology Units and channel to treatment units; 2.7.1.3. To screen and diagnose clients scientifically to match to specific treatment; 2.7.1.4. To manage clients medically in line with evidence-informed standards and protocols; 2.7.15. To ensure medical aftercare at all levels; 2.7.1.6. To adapt and implement the same protocols in closed settings.				
Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Operational Plan Year 1/ (T:/I:) Indicative Budget
2.7.2. Updated treatment Standard Operating Procedures (SOP) and protocols for opioid addiction and NPS guide evidence-based treatment strategies in line with international best practices developed and used.	New treatment SOP and protocols for opioid addiction and NPS developed and updated in line with WHO and UNODC guidelines developed and disseminated to all partners concerned. Stakeholders equipped with best tools for interventions; Patients benefit from sound medical care. Doctors, nurses, social workers and therapists trained in best service delivery.	SOP and Protocols for Methadone maintenance therapy (T:1), detoxification with suboxone or codeine and codeine (T:2), relapse prevention with naltrexone (T:1), Management of opioid overdoses (T:1), Management of NPS intoxication (T:1) and management of poly-drug addiction (T:1).	HRU-MoHQL BSMHCC-MoHQL/ NGOs, WHO, UNODC	6 Treatment SOP protocols developed (T:6/I:6). Budget: Rs 500,000 (sop) Budget: Rs 100,000 50 Health professionals from MoHQL and 50 social workers from NGOs are apprised of the SOP and Protocol and on best practices in DUD treatment.
Activities				
2.7.2.1. To develop SOP and the 6 Protocols; 2.7.2.2. To set up Technical Committees of doctors and paramedics to disseminate the SOP and 6 treatment Protocols; 2.7.2.3. To establish a calendar of training module on best practice/strategies on a yearly basis. 2.7.2.4. To dispense Continuous Medical Education (CME) Training according to international standards to multi-disciplinary teams; 2.7.2.5. To introduce other evidence-based heroin detoxification in PHC (eg.DF118) if needed.				

Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Operational Plan Year 1/ (T:/I:) Indicative Budget
2.7.3. A multi-disciplinary team approach to treatment is adopted.	Trained staff from different disciplines working as a team offering tailored treatment to meet clients' specific needs,	1 medical officer, 1 male and 1 female nurses/HCAs 1 clinical psychologist(T:5/I:5), 1 occupational therapist (T:5/I:5) and 1 medical social worker (T:5/I:5) working in each of the 5 health regions dedicated to management of patients with drug use disorder. 1 peer educator attached to each centre (T:5/I:5)	MoHQL	Costs of 5 full time Clinical Psychologists, 5 full time Occupational Therapists and 5 full time Medical Social Workers. Budget: Rs 5.5 million Allowances to 5 peer educators. Budget: Rs 700,000
<p>Activities</p> <p>2.7.3.1. To organize quarterly consultative meetings with all stakeholders by coordinating body; 2.7.3.2. To recruit 5 clinical psychologists; 2.7.3.3. To recruit 5 occupational therapists; 2.7.3.4. To recruit 5 medical social workers; 2.7.3.5. To enlist the services of 5 peer educators.</p>				

Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Operational Plan Year 1/ (T:/I:) Indicative Budget
2.7.4 The quality of psychosocial care delivery in the community reinforced by MoHQL and NGOs.	Drug Teams set up; Community Nursing Officers and Health Care Assistants working as community workers in each Health Region assessing and monitoring clients in the community, at AHCs, CHCs. Increased number of NGO counsellors providing psychosocial support to PWUD prior, during and after treatment. Clients with low compliance targeted and compliance increased	To recruit 5 nursing officers (T:5/I:5) and 5 Health Care Assistants (T:5/I:5) and 5 NGO social workers (T:5/I:5)	MoHQL/NGOs, MSIEE/NCFRS	(T5:/I:5) Salary costs of 5 Community Psychiatric nurses, 5 Health Care Assistants (T5:/I:5) and 5 NGO social workers (T5:/I:5) Budget: Rs. 5 m.
Activities 2.7.4.1. To recruit and set up a community team of one Nursing officer and one Health Care Assistant in the catchment areas of each of the 5 regional hospitals. 2.7.4.2. To support NGOs to recruit a larger number of counsellors to provide psychosocial support to PWUD prior, during and after treatment				
Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Operational Plan Year 1/ (T:/I:) Indicative Budget
2.7.5.A National Youth Drug Treatment & Rehabilitation Centre for young males aged between 12 to 22 established.	Youth-friendly treatment facility offering DUD treatment in a conducive environment in an existing infrastructure at Montagne Longue;	A dedicated and/ or “residential” centre (T:1/I:1) staffed with experienced and trained personnel, namely 1 doctor, 7 NOs, 4 HCAs, 1 Clinical Psychologist, 1 MSW and two teachers. Centre established and operational	MoHQL NGOs specialised in drug treatment. MoYS MoE	(T:/I:) : A residential Centre for 12-22 year olds established Cost of centre refurbishment. Cost of staffing + Premises costs. Budget: Rs 4 m.
Activities 2.7.5.1. To renovate and commission existing facilities; 2.7.5.2. To recruit and train the personnel;				

2.7.5.3. To provide youth-friendly DUD treatment.

Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Operational Plan Year 1/ (T:/I:) Indicative Budget
2.7.6.Capacity of existing in-patient women's drug treatment facility enhanced;	More women with DUD receive treatment, including MMT	No. of women offered in-patient (T:50/I:50) and out-patient (T:100/T:100) treatment for drug use disorder	Crysalide/ MoHQL	(T:150/I:150) women and girls receive treatment Existing staff budget at Dr.Bouloux Day Care Centre.

Activities

- 2.7.6.1. To discuss, agree on and sign a protocol of cooperation whereby HRU/MoHQL doctors provide medical assistance to women who use drugs in NGO residential settings;
- 2.7.6.2. To increase access of care for women who use drugs at Dr Bouloux Centre and with visiting MoHQL medical staff;
- 2.7.6.3. To conduct joint assessment of women who use drugs by NGOs and MoHQL at Dr Bouloux Centre in Cassis and at the NGO premises;
- 2.7.6.4. To upgrade existing facility at NGO providing services to women who use drugs;;
- 2.7.6.5. To commit additional staff by MoHQL.

Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Operational Plan Year 1/ (T:/I:) Indicative Budget
2.7.7. Drug using offenders received treatment instead of imprisonment.	Diversion scheme for drug using offenders to DUD treatment in lieu of imprisonment	No of court cases referred for treatment to NGO/MoHQL rather than sentencing (T:500/I:500)	DPP/Courts/ Probation Service, MoHQL, NGOs.	(T:500/I:500) Budget: Rs 100,000 (Day to day running cost)

Activities

- 2.7.7.1. NGOs/MOHQL to engage with the Office of DPP to ensure that all drug using young people arrested in possession of a small quantity of drugs to avoid prosecution and to be sent to treatment services *and social work*; and
- 2.7.7.2. To sign MoUs between NGOs/MoHQL and the Judiciary, Probation Service and the DPP to formalize these agreements.

Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Operational Plan Year 1/ (T:/I:) Indicative Budget
2.7.8. Relapse among PWUDs who received treatment decreased	Effective relapse prevention strategies operational; Training of staff in relapse prevention.	No. of staff trained in relapse prevention (T:200/I:200) Reduced number of relapses.	MoHQL/ NGOs UNODC WHO	(T:20/I:20) Cost of training for 200 staff by UNODC trained trainers. Budget: Rs 500,000 (See section 2.2.4.) (See section 2.2.3.)
Activities 2.7.8.1. To train 20 nurses and HCAs and NGOs social workers following Training of Trainers (ToT) in Relapse Prevention and Crisis Management; 2.7.8.2. To roll out Relapse Prevention and Crisis Management training to 200 by the trained trainers; 2.7.8.3. To provide vocational training and job placement to stabilized former PWUD to promote their economic empowerment.				
Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Operational Plan Year 1/ (T:/I:) Indicative Budget
2.7.9. Quality of treatment, care and support to PWUD enhanced at all levels.	Trained staff in basic counselling, CBT and MI providing quality DUD treatment.	(T:200/I:200) 8 Training Sessions *200 persons	MoHQL/ NGOs WHO UNODC	(T:20/I:20) 1 T o T training session Budget: Rs 3.5 m.
2.7.9.1. To conduct a training needs assessment per category of actors by the coordinating body with the help of all stakeholders; 2.7.9.2. To conduct ToT; 2.7.9.3. To enter in an Agreement with UNODC and WHO to conduct ToTs; 2.7.9.4. To roll out training by trained staff to other cadres.				

Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Operational Plan Year 1/ (T:/I:) Indicative Budget
<p>2.7.10. DUD treatment provided in 3 prisons (Eastern High Security, Beau Bassin and Petit Verger, including Women's prisons') CYC/RYP/Probation institutions/CDU shelters residents treated. (Referred to nearest treatment facility or in youth treatment centre)</p>	<p>DUD treatment facilities established in 3 prisons; Trained Prison Officers in DUD treatment; Prison doctors and nursing officers to be trained in management of opioid dependence; particularly opioid withdrawal features. Maintenance and detoxification treatment provided in prison Juvenile treatment protocol in RYC/CYC- boys and girls/Probation institutions Psychosocial support and reinsertion to be delivered by NGOs in prisons, RYC/CYC/ Probation institutions. To enhance Rehabilitation programmes at Lotus centres at Beau Bassin and Eastern High Security prisons</p>	<p>No. of prison officers (DSSU)trained(T:40/I:40) No. of probation officers trained (T:20/I:20) No. of prison doctors trained (T:5/I:5) No. of prison nurses trained (T:10/I:10) No. of Peer support (detainees) to train (200) No. of Welfare Officers to be trained for family support (10) No. of additional prison inmates who received maintenance (T:100) and detoxification (T:100) treatment Protocol for DUD treatment for clients in RYC/CYC Probation institutions elaborated. Rehabilitation programmes upgraded</p>	<p>Mauritius Prisons Service/ Probation Service NGOs HRU/MoHQL RYC/CYC</p>	<p>Cost of training of 75 staff by UNODC. Budget: Rs 150,000 In-house MoHQL training: no significant costs Budget: Rs 200,000 Budget: Rs 10,000 Costs of treating 200 additional inmates. Budget: Rs 750,000 (Total Budget: Rs 1.1 m.)</p>

Activities 2.7.10.1 To set up a dedicated medical facility in prison to manage the 30-40 new prisoners with DUD and withdrawal; 2.7.10.2. To train different cadres of staff in DUD treatment; 2.7.10.3. To set up treatment protocols for the treatment of juveniles.				
Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Operational Plan Year 1/ (T:/I:) Indicative Budget
2.7.11 Economic empowerment and reinsertion of a large number of PWUDs.	To achieve economic independence	No. of treated clients under the proxy means tests achieving economic independence	Min of Social Integration/ Min of social security/NGO	(T:/I:):20% of recovering substance users Budget: Rs 300,000
Activities 2.7.11.1. To sign a MOU between Mauritius Prison Service, NGOs and the Ministry of Social Integration and; 2.7.11.2. To provide vocational training to PWUD in recovery.				
Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Operational Plan Year 1/ (T:/I:) Indicative Budget
2.7.12. Drug overdose cases promptly managed in 5 regional hospitals/AHC/ Prison hospitals	Decreased mortality rate among PWUDs and PWIDs	(T:50/I:50) No of cases of overdose deaths reduced as compared to baseline	MoHQL NGOs	(T:50/I:50) No of cases of overdose deaths prevented
Activities 2.7.12.1. Emergency Naloxone kits to be provided to authorised Health professionals.				

Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Operational Plan Year 1/ (T:/I:) Indicative Budget
2.7.14. Availability of specialised laboratory drug testing facilities	Qualitative drug testing facilities to be available in the MoHQL hospitals	(T:/I:)No. of samples/exhibits sent to FSL. Proportion of sent samples/exhibits that test positive for drugs including synthetic drugs.	MoHQL/ FSL	(T:/I:) No. of samples/exhibits sent to FSL. Proportion of sent samples/exhibits that test positive for drugs including synthetic drugs. Budget: Rs 21 m.
<p>Activities</p> <p>2.7.14.1. To draw a MoU between FSL/MoHQL to enable MoHQL become a client of FSL;</p> <p>2.7.14.2. To prepare and sign a protocol between MoHQL for collection of samples for analysis at FSL;</p> <p>2.7.14.3. To enable profiling of body fluids (blood or urine) for drug metabolites by FSL.</p>				

Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Operational Plan Year 1/ (T:/I:) Indicative Budget
2.7.15.PWUDs receive better and efficient rehabilitation and social integration services	NGOs offering treatment and rehabilitation programme better skilled and equipped to better deliver their duty of care; Patients have a better recovery pathway	PWUD and PWID that have completed their detoxification protocol and also for those who do not want to go on MMT (T:/100)	NGOs/MoHQL/ HRU/Min of Social Integration.	Budget: Existing budget
Activities 2.7.15.1. To conduct regular outreach/visits to out-of-treatment PWUD and PWID to engage them into treatment and rehabilitation facilities available. 2.7.15.2. To set up of self-help/peer support groups within the treatment facility. 2.7.15.3. To set up of parents' support groups.				

Strategic Pillar 3: Harm reduction

Strategic Objective 3.1: To reduce stigma of and discrimination against people who use drugs and people who inject drugs and their families.				
Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Operational Plan Year 1/ (T:/I:) Indicative Budget
3.1.1. Stigma of and discrimination against PWUD decreased in society with minimal community resistance towards HR activities and drug use considered as a public health issue.	Effective communication campaign with regard to drugs and HR carried out with general public; Health personnel trained in DUD, HIV and HR; Policy makers, community and religious leaders view drug use as a health issue	(T3:/I3:): No. of campaigns conducted: 3 per year (T:/I:): No. of health personnel trained: 200 per year (T:/I:): No. of stakeholders sensitized: 200 per year	MoHQL & NGOs	(T3:/I3:): No. of campaigns conducted Budget: Rs. 4 m. (T:200/I200:): No. of health personnel trained Budget: Rs. 200,000 (T:200/I:200): No. of stakeholders sensitized Budget: Rs. 200,000

Activities

- 3.1.1.1. To set up a National Multi-sectoral committee (line ministries, civil society, CSRs, beneficiaries) to oversee drug response;
- 3.1.1.2. To conduct extensive communication campaigns (media, community based) on drugs and the benefits of harm reduction;
- 3.1.1.3. To carry out advocacy with policy makers, community and religious leaders;
- 3.1.1.4. To conduct training of all stakeholders including health personnel on harm reduction;
- 3.1.1.5. To set up and monitor a stigma and discrimination index with regards to drug use;
- 3.1.1.6. To conduct regular meetings with all stakeholders including law enforcement agencies;

Strategic Objective 3.2: To enhance the quality and accessibility of the MMT services in order to ensure MMT (and ART if relevant) treatment adherence to reduce incidence of blood borne infections among them

Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Operational Plan Year 1/ (T:/I:) Indicative Budget
3.2.1. Improved adherence and compliance to evidenced-informed MMT regimen, with reduced complaints about dosage	12 additional medical follow up and support service points set up in the different health regions. Sealed methadone doses provided to beneficiaries	(T:3/I:3) 3 per year I: system in place	MoHQL	(T:3/I:3) Budget: Rs 3 m. per year Budget: Rs 1 m. per year

Activities

- 3.2.1.1. To introduce new dispensing system for methadone in sealed bottles to ensure dosage and quality;
- 3.2.1.2. To set up 10 additional follow up clinics in different health regions;
- 3.2.3.3. To train the health care personnel in management of PWUDs.

Strategic Objective 3.3: To strengthen the psycho-social management of PWID through comprehensive and evidence-informed approaches to promote their social reintegration

Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Operational Plan Year 1/ (T:/I:) Indicative Budget
3.3.1. PWUDs receive comprehensive psychosocial support across services in integrated clinics increasing their treatment adherence, social integration and employment opportunities.	Low threshold HR model in place with integrated HCT, ART and MMT services and good psychosocial support for PWUDs, increasing their treatment adherence, social and professional reintegration, fully respecting human rights	T: 15 – 20% of PWIDs on treatment per year I: Number of people accessing comprehensive services	MoHQL/ Prisons & NGOs	(T:3/I:3): Integrated clinics provide comprehensive support to PWID Budget: Rs. 5 m.
<p>Activities</p> <p>3.3.1.1 To develop a comprehensive protocol/set of guidelines for psychosocial support for PWUDs;</p> <p>3.3.1.2. To provide comprehensive psychosocial support to PWUDs at service delivery points in collaboration with NGOs;</p> <p>3.3.1.3. To integrate HTC, ARV and MMT/MST services within same clinics;</p> <p>3.3.1.4. To advocate the recruitment and reintegration of PWUDs with employers;</p> <p>3.3.1.5. To conduct treatment literacy activities for PWUDs; and</p> <p>3.3.1.6. To support NGOs to recruit a number of counsellors (Ref. to Act.2.8.4.2 above)</p> <p>3.3.1.7 Methadone dispensing introduced in a phased manner on a take home basis, to enable MMT to be economically active.</p>				

Strategic Objective 3.4: To scale up MMT and NSP by including additional service points in the primary health care system and NGO providers so that PWUDs including minors' rights to health services of PWUDs are ensured

Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Operational Plan Year 1/ (T:/I:) Indicative Budget
3.4.1. Increased coverage and quality of MMT and NSP services	MMT and NSP dispensed in selected PHCs to increase access; NSP implemented by NGOs, and by private pharmacies with their agreement.	T: 5 per year I: 5 Number of PHCs and pharmacies offering NSEP	MoHQL/Pharmacies	(T:5/I:5) PHCs and pharmacies offering NSEP Budget: Rs 500,000

Activities

- 3.4.1.1. To update the MMT Protocol/Standard Operating Procedures in line with international best practice;
- 3.4.1.2. To induct PWI/UDs on MMT on a day care and outpatient basis;
- 3.4.1.3. To dispense MMT at selected primary health care clinics;
- 3.4.1.4. To provide NEP within selected primary health care services with safe collection and disposal of used materials;
- 3.4.1.5. To provide NEP services through private pharmacies with safe collection and disposal of used materials.

Strategic Objective 3.5: To scale up comprehensive NSP to reduce incidence of blood-borne infections (HIV, Hepatitis B and C) among PWIDs and reducing morbidity and mortality among them

Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Operational Plan Year 1/ (T:/I:) Indicative Budget
3.5.1. Provision of evidence-based NSP with reduced morbidity, mortality and overdose and prevalence of diseases among PWIDs	Appropriate prevention consumables provided to PWIDs, including in prisons; IEC on Safe Injecting Practices produced and disseminated; Overdose prevention and management measures available at all public and private health points.	I: Paraphernalia available on NSEP, T: 700,000 kit per year I: Materials available T: 5000 yearly I: Overdose management kits available : T: 5 sites per year	MoHQL/NGOs	(T: 700,000 kits/I:700,000 kits available annually) (T:5/I:5): Sites with overdose management kits Budget: Rs 5 m.

Activities
 3.5.1.1. To update the NEP SOP in line with international best practice;
 3.5.1.2. To develop and distribute Safe Injecting Practices IEC materials;
 3.5.1.3. To procure and distribute injecting paraphernalia through HRU and CSOs
 3.5.1.4. To train health personnel and stakeholders in overdose management;
 3.5.1.5. To provide overdose management services at primary health points.

Strategic Objective 3.6: To scale up provision of comprehensive drug use and HIV-related services in prison settings and referral to care services in the community upon their release.

Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Operational Plan Year 1/ (T:/I:) Indicative Budget
3.6.1. Improved management of DUD inmates; including in RYC/CYC; and reduced relapse/recidivism through quality mentoring of released detainees by NGOs	Proper logistics and infrastructure for hospital services; Adequate and trained human resources (Dynamic security support unit, welfare officers, medical officers, NGOs) in prisons; Comprehensive package including; MMT, NSP, Condoms, ARV offered in prisons, (NSP and condoms in prisons subject to a policy decision); Half way homes set up Pre-release sessions with detainees and their families Protocol on TB in prisons developed,	I: MMT induction in prison T: 360 per year I: NSP in prison I: Condoms in prison I: Number of half-way homes T: 3 over 5 years	MoHQL, NGOs, Prison services	(T:360/I:360): MMT inductions in prisons (T:/I:): NSP and condoms available in prisons (T:1/I:1): Half-way home established Budget: Rs. 5 m.

Activities
 3.6.1.1. To renovate existing prison health facilities up to same standards with community health facilities;
 3.6.1.2. To set up specialised units on Harm reduction, treatment and rehabilitation in prisons;
 3.6.1.3. To train different cadres of the prison staff working with PWUDs in prisons;
 3.6.1.4. To develop a Protocol for TB screening at entry and management in prisons;
 3.6.1.5. To provide HIV services in line with human rights standards in prisons;
 3.6.1.6. To set up half way homes for released prisoner managed by NGOs;
 3.6.1.7. To continue psychosocial support to ex-detainees and their families by NGOs in the community.
 3.6.1.8. To introduce a peer based Naloxone programme to prevent overdose deaths.

Strategic Pillar 4: Coordination Mechanism, Legislation, Implementation Framework, Monitoring & Evaluation and Strategic Information

Strategic Objective 4.1: To set up a Secretariat for the Coordination Mechanism, Implementation Framework and Monitoring and Evaluation of the NDCMP and all drug control activities				
Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Operational Plan Year 1/ (T:/I:) Indicative Budget
4.1.1. A High Level Drug and HIV Council established under the PMO	A High Level Drug and HIV Council established under the aegis of PMO	(T:/I:) High Level Council and National Drug Secretariat and National AIDS Secretariat are set up and functioning.	PMO/ Other Ministries, Departments, NGOs and Private Sector.	(T:/I:) Secretariat is functional Budget: Rs.15 m.
4.1.2. A National Drug Secretariat is set up, inclusive of the National Drug Observatory	The National Drug Secretariat is established			
4.1.3. A National AIDS Secretariat is set up,	The National AIDS Secretariat is already functional			
Activities 4.1.1.1 To finalize the Terms of Reference of the High Level Council on Drugs and HIV; 4.1.2.1 To finalize the Terms of Reference of the National Drug Secretariat; 4.1.3.1 To finalize the Terms of Reference of the National AIDS Secretariat; 4.1.4 To define the modalities of the monitoring and evaluation process of the implementation of the NDCMP.				

Strategic Objective 4.2: To generate strategic information on drug use and related consequences through operational research, the National Drug Observatory and the Monitoring & Evaluation system.

Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Operational Plan Year 1/ (T:/I:) Indicative Budget
4.2.1. The National Drug Observatory fully operational and a report on drug use prevalence and the types, nature, extent and patterns of drug use elaborated	The NDO functioning and Report published; A study conducted on prevalence and types, nature, extent and patterns of drug use;	(T/I): A Survey Report generated and the NDO Report published;	Ministry responsible for the Drug Secretariat and NDO	(T/I): A Survey Report generated and the NDO Report published; Budget: Rs. 5 m.

Activities

- 4.2.1.1 To develop the Terms of Reference and a Framework for the operationalization of the NDO unit;
- 4.2.1.2. To recruit a research team comprising a consultant and staff for the conduct of the survey;
- 4.2.1.3. To define the methodology of the survey;
- 4.2.1.4. To train the research team in the conduct of the survey;
- 4.2.1.5. To carry out the survey and submit the report to Government;
- 4.2.1.6. To disseminate the findings and recommendations of the survey to relevant stakeholders within an agreed deadline.

Strategic Objective 4.3: To review, harmonize and amend specific legislations with a view to further strengthening drug control capability and its financial ramifications

Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Operational Plan Year 1/ (T:/I:) Indicative Budget
4.3.1 Specific relevant laws reviewed and harmonized, namely: Dangerous Drugs Act 2000 and HIV and AIDS Act 2006;	A Technical Committee set up by the Ministry of Finance and ED, chaired by the DG of the ICAC is currently reviewing the legal and institutional framework in order to come up with an enhanced model	T: The legal and institutional framework reviewed in order to come up with an enhanced model to fight financial crimes	Parent Ministry responsible for each specific legislation in partnership with the relevant	T: Identification of proposed amendments within one year; I: Proposed amendments identified. Budget: Rs5 m

<p>Certificate of Character Act; Asset Recovery Act 2011; Financial Intelligence and Anti-Money Laundering Act 2002; Civil Status Act 1981; Business Registration Act 2002.</p>	<p>to fight financial crimes including drug dealing offences.</p>	<p>including drug dealing offences within one year; I: The legal and institutional framework reviewed and an enhanced model to fight financial crimes including drug dealing offences developed</p>	<p>Ministries/ Departments AGO</p>	
<p>Activities</p> <p>4.3.1.1. To set up a High-Level Steering Committee to determine whether there is a need to amend existing legislations;</p> <p>4.3.1.2. To seek inputs from key stakeholders involved at all stages of drug control, namely arrest, enquiry, prosecution, trial (conviction/sentencing), harm reduction, and treatment as to specific issues/problems encountered with the law and legal advice sought to ascertain the best course of action to be taken (passing new laws, amending existing laws, or non-legal measures and allocation of funds sourced from the Consolidated Fund for drug use prevention and drug use disorders treatment (policy/administrative measures or in application of the laws);</p> <p>4.3.1.3. To set up relevant Sub Committee(s) to examine thereafter the various proposals for specific legislation review (new laws and/or amendments) and come up with specific proposals for amendment/drafting of new laws whilst the Steering Committee will monitor /coordinate the exercise;</p> <p>4.3.1.4. To liaise with Parent Ministry which will thereafter seek legal advice with respect to proposed legislation review and/or send drafting instructions to the Attorney General's Office (Office of the Parliamentary Counsel); and</p> <p>4.3.1.5. To set up a Sub Committee to study the United Nations Comprehensive Package for HIV Prevention in Prison Settings with a view to adopting its recommendations for implementation in prisons in Mauritius.</p>				

Appendix 1. List of Persons Consulted for the Preparation of the National Drug Control Master Plan 2019-2023

Prime Minister's Office

Hon. Pravind K. Jugnauth – Prime Minister
Mr. Om Kumar Dabidin – Permanent Secretary, Home Affairs Division
Mr. Premode Neerunjun – Permanent Secretary

Ministry of Defence & Rodrigues

The Right Hon Sir Anerood Jugnauth GCSK, KCMG, QC Minister Mentor, Minister of Defence, Minister for Rodrigues
Mr. Premhans Jhugroo – Former Senior Chief Executive
Mr. Mr. Medha Gunputh - Permanent Secretary

Ministry of Health and Quality of Life

Dr. M. Anwar Husnoo – Minister
Mr. G. Gunesh - Former Senior Chief Executive
Mr. George Henri Jeanne - Senior Chief Executive
Dr. Mariam Timol - Ag. Director General Health Services

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

Hon.(Mrs) L.D. Dookun-Luchoomun – Minister
Mr. R. P. Ramlugun – Former Senior Chief Executive
Mr. S. Ragen - Senior Chief Executive

Ministry of Youth and Sport

Hon. Stephan Toussaint – Minister
Mr. Maubarakahmad Boodhun - Permanent Secretary

Ministry of Gender Equality, Child Development and Family Welfare

Mrs. N. Brinda V. Payneeandy – Deputy Permanent Secretary
Mrs D. L. Bootun, Deputy Permanent Secretary
Mrs S. Joomun-Sairally, Former Deputy Permanent Secretary
Mrs. K. Chooramun, Head Child Development Unit
Ms. S. Bhujun, Child Development Unit

Ministry of Local Government&Outer Islands

Hon. Mrs. Fazila Jeewa-Daureeawoo - Vice Prime Minister
Mr. M. S. F. Joomun - Permanent Secretary

Independent Commission Against Corruption

Dr. Navin Beekarry – Director General

Commission of Enquiry on Drugs

Judge Paul Lam Shang Leen (Chairman)
Dr. Ravind Domun (Assessor)
Mr. Samiollah Lauthan (Assessor)

Integrity Reporting Services Agency

Mr. Paul Keyton - Director

Mauritius Police Force

Mr. Choolun Bhojoo – Deputy Commissioner of Police/ADSU

Mauritius Revenue Authority

Mr. Vivekanand Ramburun – Director, Customs Department/MRA

Mr. Prabhas Reesaul – Team Leader, Customs Department/MRA

Mr. Fayzal Bundhun - Section Head, Customs Department/MRA and 12 Senior Customs Officers

.

Private Couriers

Mr. Jean Claude Perichon - Manager, DHL.

Mr. Ned Marguerite - Operations Manager, DHL.

Mr. Thierry Bosquet - Manager, UPS.

Mr. Presley Paul - FEDEX/TNT

Mr. Ludovic Desvaux - Manager, FEDEX/TNT

Business Private Sector

Mr. Tim Taylor – Chief Executive Officer, Cim Group

Mr. Ambrish Maharajah - Head of Corporate Affairs, Cim group

Ms. Rajeshri Moher – Corporate Social Responsibility Lead, Cim Group

Appendix 2. List of Representatives of Ministries, Departments and NGOs who participated to the National Drug Control Master Plan 2019-2023; Drafting and Finalization Workshops

Prime Minister's Office

Ms. Bhojeshwaree Kamulsing – Assistant Permanent Secretary

Ministry of Defence and Rodrigues

Mr. Premhans Jhugroo – Former Senior Chief Executive

Mr. Medha Gunputh, Permanent Secretary

Mrs. Pusmawtee Sohun, Deputy Permanent Secretary

Mr. Devendranath Joymungul - Assistant Permanent Secretary

Mr. Varun. K. Munoosingh – Assistant Permanent Secretary

Mrs. K. Burundoyal - Office Management Assistant

Mrs. V.D. Shivraj - Office Management Assistant

Forensic Science Laboratory (FSL)

Mrs. G. Madhub-Dassyne – Director, Forensic Science Laboratory

Mr. M. Aadeel Toofany– Forensic Scientist, Forensic Science Laboratory

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

Mr. A. C. Ramdewor – Assistant Director

Mr. Ajay Thacoor –Head National Educational Counselling Service

Dr. Neeshti Reetoo – Director, Health & Wellness

ZEP Unit

Mrs. Sarajadevi Somanah – ZEP Cluster Coordinator

Ministry of Foreign Affairs, Regional Integration and International Trade

Mr. P.A. Mohamudally - Deputy Director

Mrs. Vimla Huree-Agarwal – First Secretary

Ms. Tejaswinee Burumdoyal – Second Secretary

Ministry of Gender Equality, Child Development and Family Welfare

Mrs. Valerie Rene – Coordinator

Ministry of Health & Quality of Life

Harm Reduction Unit

Dr. Appalsamy Appadoo – Officer in Charge

Dr. Anil Jhugroo – Adviser, Substance Abuse

Mr. Sewraz Corceal – Harm Reduction Coordinator

Ministry of Local Government&Outer Islands

Mrs. Geeta Ramnauth – Assistant Permanent Secretary

Statistics Office

Mr. Jose Larhubarbe – Senior Health Statistician

AIDS Unit

Dr. Renganaden Ponnoosamy – Acting Head

BSMHCC Unit (previously BSH Unit)

Dr. (Mrs) Ameenah Sorefan – Consultant in Charge (Psychiatrist)

Pharmacy Department

Mr. Rajduth Bundhun – Principal Pharmacist

Ministry of Ocean Economy, Marine Resources & Fisheries and Shipping (Fisheries Division)

Mr. Ramudu Appanah Korada – Principal Fisheries Protection Officer

Attorney General's Office

Mrs. Asha Pillay Nababsing – State Counsel

Mauritius Police Force

ADSU

Mr. Choolun Bhojoo – Deputy Commissioner of Police

Mr. Lablanche – Superintendent of Police

Mr. Baptiste Louis Pierre – Assistant Superintendent of Police

Mr. Nawshad Maudhoo, Chief Inspector of Police

Mr. D Beerjoo – Inspector

CCID

Mr. Bhojesh Domun– Chief Inspector of Police

National Coast Guard

Mr. Russie – Police Inspector

Passport and Immigration Office

Mr. Narendrakumar Boodhram, Assistant Superintendent of Police

Mr. Devesh Sobrun – Police Inspector

Mr. Omneshwar Rampadaruth, Police Corporal

Brigade pour la Protection des Mineurs

Mr. Maneeraj Budree– Chief Inspector of Police

Mauritius Prisons Service

Mrs. Gunneeta Aubeeluck– Deputy Commissioner of Prisons

Mr. Cadress Rungen – Principal Hospital Officer

Ministry of Social Security, National Solidarity and Reform Institutions

Mr. Anirood Dowlutteea– Assistant Commissioner

Ministry of Social Integration and Economic Empowerment

Mrs. Daisy Rani Brigemohane – Assistant Secretary General

Ministry of Technology, Communication and Innovation

Mr. Jean Emmanuel Sem Fa – Programme Manager, Central Informatics Bureau

Ministry of Youth and Sports

Mr. Ravindradev Daiboo – Principal Youth Officer

Independent Commission Against Corruption

Mr. Dawoodarry Titrudeo – Director of Investigations

Ms. Yolaine Papain – Senior Investigator

Mr. S. Abdool Raman –Senior Investigator

Ms. P. Seeboruth –Investigator

Financial Intelligence Unit

Mrs. A. Radhakissoo – Legal Advisor

Mr. Sailesh Beesoan – Investigator

Mauritius Revenue Authority (Customs and Income)

Mr. Prabhas Reesaul – Team Leader (Customs Department)

Mr. Vinod Dabeea – Investigator (Fiscal Investigation Department)

Mauritius Post Services

Mr. Rajendra Jebodh – International Affairs Manager

National Human Rights Commission

Mr. Mamode Assad Joomun – Assistant Permanent Secretary

Probation and Aftercare Service

Mr. Jagdish Seegolam – Senior Probation Officer

Statistic Mauritius

Mrs. Chaya Bandinah – Statistician

Non-Governmental Organisations

A.I.L.E.S

Mrs. Brigitte Michel – Coordinator

Association Kinouette

Mr. Ibn Saoud Muthy – Counselling and Rehabilitation Coordinator

Centre de Solidarite

Mr. Edley Jaymangal – Director

Chrysalide

Ms. Marlene Ladine - Director

CUT

Mr. Kunal Naik – Advocacy and Communication Officer

Dr. Idrice Goomany Centre

Mr. A. Samad Dulloo – Counsellor

Groupe Tan nou La Voix

Mr. Noormamad Peerboccus

HELP De-addiction

Mrs. Devika Rajkumarsingh

Groupe A de Cassis/ LacazA

Ms. Ragini Rungen – Cordinator

LEAD

Mr. Danny Philippe – Outreach Worker

PILS

Ms. Nudhar Bundhoo – Advocacy Officer

Sangram Sewa Sadan

Mr. Rajiv Neewoor– Manager

Dr. Roodrassen Neewoor – Medical Officer

UNODC Regional Office for Eastern Africa

Ms. Sylvie Bertrand, Deputy Regional Representative, Regional Office for Eastern Africa
Dr. Fayzal Sulliman MD, MPH, Head, Regional Health and Social Development Programme
Dr. Rey Chad Abdool, Senior Consultant

Appendix 3: Terms of Reference of National Drug Secretariat

The National Drug Secretariat (NDS) is established to counter the threat posed by drug trafficking and drug use in Mauritius to national security and public health and to propose practical measures to protect the well-being of Mauritians. The NDS has a broad multi-sectoral mandate and is set up at the Ministry of Defence and Rodrigues. It will advise on the strategic vision and overall policy direction regarding all drug control related matters, ensure the coordination, monitoring and evaluation of programmes involving a large spectrum of key actors at national, regional and international levels and advocate and mobilize the resources needed to achieve the goals and objectives set. The National Drug Secretariat will inter alia:

- i. Ensure the overall coordination of all drug control activities in Mauritius for greater collaboration and synergy among partners, with a view to achieve greater results and impact;
- ii. Advise the Government on the adoption of evidence-based drug policies, strategies and programmes;
- iii. Engage in advocacy to raise evidence-based public or population-specific awareness on the harmful consequences of drug use;
- iv. Promote collaboration between law enforcement agencies and financial regulatory bodies in order to share intelligence and achieve greater efficiencies in combatting drug trafficking and financial crimes;
- v. Promote regional and international cooperation to decrease drug trafficking in the region with bodies such as the United Nations Office on Drugs and Crime, the Commission on Narcotic Drugs, the Southern Africa Development Community and the Indian Ocean Commission;
- vi. Ensure that demand reduction activities, namely the prevention of drug use, the treatment of drug use disorders and the rehabilitation of people who used drugs including those in prisons, are evidence-based and carried out in line with international standards and best practices;
- vii. Ensure that harm reduction activities aiming at reducing blood-borne infections and improving the quality of life of people who use drugs, and people who are in prisons are evidence-based and carried out in line with international standards and best practices;
- viii. Facilitate and coordinate human resources capacity development to address drug control with the highest competence;
- ix. Coordinate research in the multi-faceted aspects of drug trafficking and drug use to gather the best evidence to respond to the twin threats;
- x. Develop the Implementation Framework and Monitoring Mechanism of the National Drug Control Master Plan; monitor its implementation and evaluate it; and
- xi. Manage the National Drug Observatory, in collaboration with Government and NGO stakeholders to collect, analyse data and publish a brief statistical and analytic bulletin on a quarterly basis and a comprehensive National Drug Observatory Report annually to monitor types, patterns and trends in drug trafficking and drug use, as well as meet the country's international reporting obligations.

The National Drug Secretariat will operate under the aegis of the Ministry of Defence and Rodrigues and will be chaired by the Permanent Secretary of the Ministry. It will be guided

by and will report to a High Level Drug and HIV Council chaired by the Prime Minister and comprise the following:

- Ministry of Health and Quality of Life (MOH);
- Ministry of Education and Human Resources, Tertiary Education and Scientific Research;
- Ministry of Foreign Affairs, Regional Integration and International Trade;
- Ministry of Youth and Sports;
- Ministry of Social Security, National Solidarity and Reform Institutions;
- Ministry of Social Integration and Economic Empowerment;
- Ministry of Gender Equality, Child Development and Family Welfare;
- Ministry of Technology, Communication and Innovation;
- Ministry of Justice and Human Rights;
- Ministry of Local Government and Outer Islands;
- Office of the Attorney-General;
- Representatives of Non-Governmental Organizations; and
- Representatives of the Private Sector.

References

Mauritius Dangerous Drug Act 2000

Mauritius HIV and AIDS Act 2006

Mauritius National Drug Observatory Report, 2016

Mauritius National Strategic Framework for HIV and AIDS 2013-2016

Mauritius Police Standing Orders No. 86

Postal Service Act 2002

Probation Offenders Act 2004

Statistics Mauritius, 2016

WHO _OHCHR. The Right to Health, Fact Sheet Number 31. WHO and Office of the High Commissioner for Human Rights (OHCHR)

www.ohchr.org International Covenant on Economic, Social and Cultural Rights (1996)

www.un.org/sustainabledevelopment, United Nations Sustainable Development Goal (SDG) 3

United Nations General Assembly. Thirtieth Special Session, Outcome Document; Resolution adopted by the General Assembly on 19 April 2016. S-30/1. 'Our joint commitment to effectively addressing and countering the world drug problem.

www.undp.org UNDP Human Development Report 2016/Mauritius

UNODC and WHO International Standards for the Treatment of Substance Use Disorders

UNODC International Standards on Drug Use Prevention

www.unodc.org United Nations General Assembly Special Session on the World Drug Problem held in 2016 and its Outcome 2016 document

www.data.worldbank.org/GNI per capita of Mauritius 2016