



Republic of Mauritius

NATIONAL DRUG OBSERVATORY REPORT

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A publication of the Ministry of Health and Quality of Life



I am pleased to be associated with the publication of this first report of the National Drug Observatory (NDO), which has been modeled on similar organisations in European countries.

The NDO was set up with a view to collect information from various stakeholders so as to have evidence-based information and a true picture of illicit drug use in Mauritius. It also aims at facilitating information exchange and sharing among stakeholders so that prompt actions can be initiated to counteract the harmful effects of drug trafficking by addressing demand and supply issues and identifying trends in drug trafficking as early a stage as possible.

This first report comes at an opportune time. Many of our compatriots have expressed their apprehensions about the use of illicit drugs among certain groups of persons and this report will provide information that will be of great value to all those involved in the fight against drugs and to the country at large.

Substance abuse in any form or variety is a global problem. In the 1980's, Mauritius had a very serious social situation caused by the influx of brown sugar. Our youth then was being destroyed by the drug barons.

The then Government under Sir Anerood Jugnauth, GCSK, KCMG, QC, Prime Minister, Minister of Defence and Home Affairs set up a Commission of Enquiry on Drugs chaired by late former Chief Justice Maurice Rault in 1986. There were several witnesses who came forward to denounce the drug traffickers and the ramifications of the drug business. It was as a result of those denunciations, which were backed by evidence, that Mauritius was able to overcome the drug problem and to restore hope to our youth.

In 2015, the Right Hon Sir Anerood JUGNAUTH, GCSK, KCMG, QC, Prime Minister, Minister of Defence, Home Affairs, Minister for Rodrigues & NDU, has set up yet another Commission of Inquiry as no effective measures were taken by the previous régime to come to grips with the deteriorating drug problem.

Since the drug problem is a matter of concern to each one of us, it is incumbent on anyone who knows anything about drug trafficking and drug related information to alert the authorities as it is only then that we can effectively deal with this terrible scourge.

The United Nations General Assembly Special Session (UNGASS) meeting on Drugs held in April 2016 in New York, formulated an integrated and balanced strategy to counter the

world drug problem. I attended the WHO meeting in May 2016 where Ministers of Health across the world discussed the public health dimension of the global drug problem. From a public health perspective, the Government is committed to the core elements of drug policy that has emanated from the UNGASS 2016 and the WHO meeting held in May 2016.

The Commonwealth Secretariat has entrusted to Mauritius the task of leading a team to address all matters relating to substance abuse and alternative treatments. Work will start soon on this.

I am convinced that the NDO will establish itself as an important instrument in the fight against drug use and illicit trafficking. The structure of the NDO will continue to improve and future reports will be more structured to respond to the drug situation in Mauritius. Collecting information on drugs is a complex exercise. The data collected in this report has been processed, analysed and compiled in a form which will be helpful to all stakeholders and the public in general.

I want to commend Dr K. Pauvaday, Director General of Health Services at my Ministry, for steering the work of the NDO since its inception. I also wish to thank all those who have contributed to the publication of this report including the staff of my Ministry, the Rehabilitation Centres, the Mauritius Police Force, the Mauritius Revenue Authority, the Mauritius Prison Services, Education Authorities and Non-Government Organisations.

I am grateful to Dr R. Abdool, Independent Consultant, UNODC, who was gracious enough to go through this report and to validate it.

Combating drug use and abuse is a national priority. Government alone cannot win this battle. We have a collective responsibility to work together and to share all information so that we can protect our youth from harmful behaviour as we want them to have an opportunity to participate in the building of a modern and forward looking Mauritius.

Hon Anil Kumarsingh GAYAN, SC, M.P.
Minister of Health and Quality of Life

Acknowledgement

The National Drug Observatory Committee members wish to express their deepest gratitude and thanks to United Nations Office on Drugs and Crimes (UNODC) Consultants Dr Rey Chad Abdool and Professor Fatima El Omari for their assiduous work in providing us with knowledge on the principles of setting up a National Drug Observatory.

First report of the National Drug Observatory

The Government of Mauritius has set up the National Drug Observatory (NDO) under the aegis of the Ministry of Health and Quality of Life in November 2015. The main objective of the NDO is to monitor and assess the dangerous drugs situation in the country and to devise appropriate strategies to deal effectively with the problem of drug abuse.

The National Drug Observatory (NDO) is a new institution comprising officers of the Ministry of Health and Quality of Life, other Ministries and NGOs as well as other stakeholders.

Given the general public interest in up to date data on the prevalence of drugs and drug issues, the NDO has taken all precautions in presenting data and information available as at 30th June 2016. This Report also makes reference to the drug situation in 2015.

Since no standard questionnaire or recording schedule has been specifically designed in the data collection exercise, the core of this report contains secondary data (i.e data already collected by organizations other than the NDO working group).

Care should be taken in the interpretation of indicators (except those based on previous surveys) as they are essentially of a “reported” nature.

This report covers drug-related issues like the trends and patterns of illicit drugs use and trafficking, legislation and strategies, enforcement of drug control law, injecting-drug use, drug and imprisonment, drug-related health problems, suspected drug use in educational institutions, drug dependence treatment, rehabilitation and prevention programmes amongst others.

In view of the novelty of the task of the NDO, capacity building has been conducted by Consultants from the United Nations Office on Drugs and Crimes (UNODC).

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Executive Summary

The National Drug Observatory (NDO) was set up in November 2015. Its main objectives are to monitor illicit drug use, drug abuse and drug trafficking in the country. It also aims to provide evidence-based information for an appropriate response to drug problems in the country.

Over the years, several legal steps have been taken, through the enactment of different legal frameworks while, at the same time, adhering to International Conventions including the United Nations Drug Control Conventions. In order to respond to this ever evolving nature of the drug issue, the Dangerous Drugs Act of 1986 was repealed and replaced by the Dangerous Drugs Act 1992 and subsequently amended in 1994, 1995, 1996, and 2000. In 2013 further amendments to the Act introduced New Psychoactive Substances into the legislation as prohibited substances.

The drug situation has been constantly evolving, particularly with regard to New Psychoactive Substances, which are purposely manufactured with chemicals to bypass existing legislations. Consequently, in 2015, the Government reacted promptly by enacting Regulations to deal with the New Psychoactive Substances, including synthetic cannabinoids and their derivatives, which were not being captured by precedent amendments made in 2013.

Government has constantly shown strong resolutions to sustain the fight against drug trafficking through its different agencies namely the Mauritius Police Force and the Mauritius Revenue Authority (MRA) Customs Units amongst other agencies.

The Mauritius Police Force reported that, from 1st January to 14th June 2016, the number of arrests by Anti-Drug and Smuggling Unit (ADSU) for drug offences amounted to 825, out of which, 609 arrests (74%) were for possession of drugs and 199 (24%) were for dealing of drugs. The remaining 2% of reported arrests consisted of offences for importation of drugs, money laundering and obstruction to police.

For the years 2012 to 2014, the yearly average number of drug offences per 1,000 inhabitants was 2.8 and in 2015, it was 2.7 per 1000 inhabitants. The percentage of drug offences of all offences (*excluding road traffic contraventions*), as reported by the Mauritius Police Force, was 6.0% in 2015 as compared to 6.9% in 2010.

The Forensic Scientific Laboratory (FSL) conducted analysis of 2,841 exhibits in 2015. Cannabis represented 68% of the cases analyzed, followed by heroin, 21%, miscellaneous drugs (*pills, cough syrup, methadone, etc.*), 7% , and New Psychoactive Substances, 4%. In 2016, for the first six months, 109 cases of New Psychoactive Substances were analyzed by FSL.

With regard to seizures of illicit drugs by the Mauritius Revenue Authority (MRA) Customs, from 1st January 2015 to 30th June 2016, Rs 271.6 million street value of illicit drugs have been seized, out of which, Rs 178.5 million in the year 2015 against Rs 93.1 million for the first six months of 2016.

From 1st January 2015 to 30th June 2016, MRA Customs have seized 358.9 g of New Psychoactive Substances, (292.5 g in 2015 and 66.4 g for the first six months of 2016). Drug seizures by the authorities in 2015 indicate that the Parcel Post Office is a channel of choice for New Psychoactive Substances importation.

Based on the figures submitted by different Treatment and Rehabilitation centres, it has been observed that the vast majority of people attending the centres and who were reported to be using New Psychoactive Substances are polydrug users, using heroin or other drugs as well.

In 2016, for the period of 1st January to 14th June, arrests by Police ADSU for New Psychoactive Substances were as follows: 26 persons for dealing and 56 persons for possession. In 2015, Police ADSU arrested 28 persons for dealing of New Psychoactive Substances against 75 persons for possession.

With regard to the Mauritius Prison Services, a significant decrease in the percentage of male detainees convicted for drug offences has been noted. While the percentage of male detainees in 2001 was 29%, this figure has come down to 9% in 2015. In 2016, for the period 1st January up to 30th June, the percentage of male detainees convicted for drug offences was 9%.

According to figures submitted by the Ministry of Education and Human Resources, Tertiary Education and Scientific Research, in 2015, 18 secondary schools students were reported to have been involved in suspected drug use in schools, out of whom, 15 were reported in State Secondary Schools against 3 private secondary school students.

The same source indicated that in 2016, from 1st January to 30th June, 43 secondary schools students were reported to be involved in suspected drug use at schools, out of whom, 40 were reported in State Secondary Schools. However it is to be noted that out of the 43 students, 32 were involved in one particular case and were from the same educational institution.

Two Integrated Biological and Behavioral Surveillance (IBBS) surveys, carried out in the years 2009 and 2011, provided an estimated figure of around 10,000 active people who inject drugs (PWID) aged 15 years and over, in Mauritius. Over 6,800 PWID have been induced on the methadone programme since its start in 2006 and as at June 2016, 4,591 PWID were on the methadone substitution programme.

Over the months of January and February 2015, prior to decentralization of methadone distribution, each patient enrolled on the methadone substitution programme was seen and an access card with identity and dispensing site details were given to each of them. 4,831 such access cards were distributed. The retention of PWID in any drug treatment programme has always been a challenge for service providers across the world and Mauritius is not an exception to the rule.

The Needle Exchange Programme (NEP) is jointly conducted by the Ministry of Health and Quality of Life and Collectif Urgence Toxida (CUT), the only NGO involved. CUT receives funding on a monthly basis from the Ministry of Health and Quality of Life to cater for allowances of its fieldworkers. As at

date, 46 sites are operational throughout the island out of which 35 sites are run by the Ministry of Health and Quality of Life through mobile caravans and 11 sites are run by CUT.

In January 2016, an opioid detoxification programme, using suboxone, was started at Mahebourg Hospital. As at 30th June 2016, 109 (102 male and 7 female) patients had been admitted for the 2-week residential detoxification programme and out of them, 93% completed the programme, 67% were abstinent from opioid drugs and 74% were in employment.

The patients discharged from the detoxification centre of Mahebourg hospital receive a structured psychosocial aftercare programme which includes regular counseling sessions, family support and rapid intervention from the multi-disciplinary team at times of social or emotional crisis.

Oral naltrexone is offered to suitable and willing patients who have undergone successful opioid detoxification as a relapse prevention strategy. 72 patients had been initiated on naltrexone therapy and, as at 30th June 2016, 50 patients were still on naltrexone.

Regarding attendances to Brown Sequard Mental Health Care Centre due to illicit drug use, 225 new outpatient cases were recorded for the first six months of 2016 as compared to 292 new cases for the whole year of 2015. In 2016, 6% of all new outpatient cases were female as compared to 9% in 2015.

Regarding hospital admissions, between 1st January to 30th June 2016, 435 admissions were recorded due to illicit drug use problems in public health institutions (*including Brown Sequard Mental Health Centre*) as compared to 515 admissions for the whole year of 2015.

In 2015, 17 deaths were registered in the whole island of Mauritius due to drug use. For the period January to May 2016, 4 deaths have been registered and none of them were reported to be directly attributed to New Psychoactive Substances.

With regard to prevention strategies, the Ministry of Health and Quality of Life is conducting an extensive sensitization campaign on substance abuse mainly in educational institutions. There are plans to extend the prevention programmes to different sections of the population. The objective is to create awareness among the population at large and the youth in particular in view of empowering them with the right knowledge about the ill effects of drugs. Between April and July 2016, over 100 secondary institutions have been reached already.

The information provided in this NDO report is factual and non-judgemental, and will be helpful to all stakeholders including policy makers. The structure of the NDO will evolve with time and it is important that the NDO maintains its status as an “Observatory” body in view of providing a full picture of the drug situation in the country.

Introduction

Evolution of the Mauritian illicit drug and substance abuse problem.

Mauritius has been facing the drug issue over the last several decades. During the 70's some young Mauritians, became hooked on new drugs of abuse such as Mandrax and other hallucinogens. Opium use which was common prior to 1980s started to phase out by 1984 with the emergence of the "brown sugar" phenomenon.

Successive Governments responded to the situation by adopting strong measures particularly with regard to legislations for drug offences. As such the legislative framework is constantly being monitored to respond to the challenges of new patterns in drug consumption.

So far, several legal steps have been undertaken, namely the repealing of the Dangerous Drugs Act of 1986 and replaced by the Dangerous Drugs Act 1992 and subsequently in 1994, 1995, 1996, 2000 and finally in 2013 and 2015 where amendments introduced New Psychoactive Substances into the legislation.

Among conventions adopted by Mauritius in the context of substance abuse, includes the ratification to the United Nations Drug Control Conventions. It has also ratified the 2000 Convention on Trans-National Organized Crime. Mauritius is signatory of both the African Union and the SADC Drug Control Protocol. However, the measures taken over the years encompass strategies targeting both supply as well as the demand reduction. These include :

- Setting up of a Commission of Enquiry on Drugs, Chaired by Sir Maurice Rault in 1986.
- Setting up of a Trust Fund for the Treatment and Rehabilitation of Substance Abusers which in 1986 was reorganized to become the National Agency for the Treatment and Rehabilitation of Substance Abusers in 1996.
- In 2015 the government has set up a Commission of Inquiry on Drug Trafficking chaired by Mr Paul LAM SHANG LEEN, former Judge of the Supreme Court. The work of this Commission is still ongoing.

This Commission will make recommendations as appropriate, including actions as are deemed necessary to fight the problem of importation, distribution and consumption of illicit drugs in the Republic of Mauritius as well as any statutory amendments, as may be necessary, to better safeguard the interests of the public at large.

1. Drug policy, legislation and strategy

Since 1986, successive Governments adopted comprehensive and well-coordinated strategies to combat drug abuse in Mauritius through the following:

- Legislation and Law enforcement to have tight control on traffic and reduce drug supplies
- Drug demand reduction
- Harm reduction and medically assisted therapy
- Treatment and Rehabilitation
- Data collection, research and training
- Regional and international cooperation

In 2015, the Government of Mauritius, in the National Programme 2015-2019 on achieving meaningful change, reiterated that it will have a zero tolerance policy against all drug offences including drug trafficking.

International Conventions

Mauritius has demonstrated time and again its commitment to implement the requirements stipulated in the international conventions of the United Nations including the Convention Against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances of 1988. Mauritius has also ratified the Convention on Trans National Organized Crime in 2000 and has signed both the African Union and the SADC Drug Control Protocol.

Legislations

The following legal framework is in place to control drugs supply and demand reduction:

The Dangerous Drug Act 2000 (Amended 2003)

This Act has strict provisions for the classification, control of dangerous drugs, detection and repression of drug trafficking, sentencing of drug traffickers, sanctions and penalties in respect to drug offences.

The Pharmacy Act 1983

The Pharmacy Act regulates the import, manufacture, sales and distribution of pharmaceutical products as well as the pharmacy trade and profession.

The Financial Intelligence and Anti Money Laundering Act 2002

The Money laundering legislation was introduced in 2002 to combat money laundering practices.

The Dangerous Chemicals Control Act 2004

The purpose of the Dangerous Chemicals Control Act 2004 is to prevent damage to health and to the environment caused by dangerous chemicals and for better protection of the workers, members of the public and the environment against dangerous chemicals.

The HIV and AIDS Act 2006

This Act provides for a legal framework for implementation of harm reduction programmes.

Law enforcement

Several bodies work together to have a tight control on drug supplies in the country. These include the Mauritius Police Force through special units such as the Anti-Drug Smuggling Unit (ADSU), the National Coast Guard, the Passport and Immigration Office, and the Special Mobile Force, the Customs Force and the Postal services, the Pharmacy Board and the Forest department.

The Mauritius Revenue Authority, the Asset Recovery Unit and the Financial Intelligence Unit are responsible for tracking money laundering and seizure of assets of drug traffickers.

Drug demand reduction

In Mauritius drug demand reduction comprises a range of measures including prevention, harm reduction, treatment, rehabilitation, social reinsertion and recovery of people with drug abuse. Sensitization sessions on the dangers of substance abuse are conducted in primary, secondary and tertiary educational institutions. Sensitization programmes are also conducted in the workplace, in the community in collaboration with community leaders, faith-based organization, women's groups and Non-Government Organisations.

Harm reduction strategies

Harm reduction strategies were introduced in 2006 to reduce the propagation of HIV infection among injecting drug users and the population as a whole through the implementation of the methadone substitution therapy and the needle exchange programme.

Treatment, detoxification and rehabilitation

Codeine-based opioid detoxification programmes are offered by five NGOs. In January 2016, a new opioid detoxification programme using Suboxone together with relapse prevention with Naltrexone was introduced. With this new programme, special attention is given to detoxification, treatment and rehabilitation of recovering drug abusers to assist them in their return to a drug free life and to prevent relapse back into drug addiction.

2. Illicit drug use, drug abuse and drug trafficking in Mauritius

In Mauritius, essentials of reliable data on illicit drug use, drug abuse and drug trafficking exist at the level of various organizations, namely the Mauritius Police Force, the Mauritius Revenue Authority, Health institutions and the Mauritius Prison Services amongst others. Quite recently, education authorities have started reporting on drug use in educational establishments.

2.1 Illicit drugs surveillance and types of drugs used and trafficked.

The Mauritius Police Force

The volume and the quality of data on illicit drugs available at the level of the Mauritius Police Force, make this institution one of the determinant data providers of consistent and reliable information on illicit drug supply.

Information on drug offences reported by the Mauritius Police Force in 2015 showed that different types of drugs were used and trafficked in the country in different proportions. For instance, cannabis offences accounted for 66% and heroin offences for 22% of a total of 3,468 drug offences reported.

Reports on offences involving other drugs such as buprenorphine, sedatives/tranquilizers, New Psychoactive Substances (NPS), hashish and methadone amongst others were 12%.

Among these 3,468 drug offences, 55% were offences related to possession of drugs, 28% for cultivation of cannabis, 8% for consumption of drugs, 5% for dealing of drugs, 1% for importation of drugs and 3% for other unspecified drug offences.

From 1st January to 14th June 2016, the Anti-Drug and Smuggling Unit (ADSU), a special unit of the Mauritius Police Force, reported 825 arrests for drug offences, out of which 609 (74%) were for possession of drugs and 199 (24%) for dealing of drugs. The remaining 17 arrests (2%) consisted of offences such as importation of drugs, money laundering, obstruction to police and act of preparation outside Mauritius to import heroin.

Out of the 825 arrests, cannabis offences accounted for 39%, heroin offences for 34%, New Psychoactive Substances offences for 10%, sedatives/tranquilizers offences for 5%, cultivating cannabis for 5%, methadone offences for 3%, buprenorphine offences for 1%, hashish offences for 1% and other offences such as importation of heroin, cannabis and hashish, money laundering and obstruction to police represented 2%.

In 2015, there were 1,772 reported arrests by Police ADSU for drug offences.

A downward trend has been observed for the reporting rate of buprenorphine offences. Buprenorphine seizures were 9,564 pills in 2012, 5,831 pills in 2013 and 1,168 pills in 2014. Sedatives/tranquilizers seizures were 3,354 pills in 2012, 4,610 pills in 2013 and 2,899 pills in 2014.

Cannabis

Police ADSU reported that 71,706 cannabis plants were uprooted in 2015 and 22,613 plants in the first half of 2016. This indicates a wide local cultivation and trafficking of cannabis.

On the other hand, imported cannabis seeds were seized both through airport and seaport. The estimated street value of the seized cannabis seeds was reported to be Rs100 per seed. *(See annexes for MRA figures on seizures and see below for its drug fight strategy)*

In 2015, out of 2,297 reported offences involving cannabis, cultivation accounted for 42%, and when all drugs offences were considered, cultivation of cannabis represented 28%.

For the first half of 2016, there has been a monthly average of 13 arrests for cannabis dealing and 40 arrests for cannabis possession as reported by Police ADSU. There has been no single month without any arrest for cannabis offences.

Heroin

In 2015 and first half of 2016, most arrests for importation of drugs by Police ADSU were associated with heroin cases: there were 12 out of 23 arrests for heroin importation in 2015 and 7 out of 13 arrests in the first half of 2016.

Regarding the cases of heroin importation over the same period, 7 out of 8 cases reported were associated with people from Madagascar and Nigeria.

With regard to seizures realized by the Mauritius Revenue Authority (MRA) Customs, out of 14 cases of heroin seizures occurring from 1st January 2015 to 30th June 2016, 8 were at airport and 6 at the seaport.

Heroin seizures by MRA Customs amounted to Rs 160.6 million for the year 2015 and Rs 91.4 million for the first half of 2016.

Seizures by MRA during these two periods indicate the preponderance of this drug among traffickers in Mauritius since it accounted for more than 90% of the total street value of all drugs seized by this institution in the same period.

For the period 2012, 2013 and 2014, there was an annual average seizure of 15 kg of heroin by the Police Force. *(Data for 2015 is not yet available).*

The Mauritius Revenue Authority (MRA) Customs

The seizures of heroin and cannabis seeds by MRA Customs during the first half of 2016 have already been mentioned above. Among other drugs that were seized by the MRA Customs, there were 2.6 kg of cannabis corresponding to a street value of Rs 1.6 Million, 300ml of hemp cream, 0.0192 kg of hashish corresponding to street value of Rs 50,290, 0.0664 kg of New Psychoactive Substances representing a street value of Rs72,870 and 200 kg of poppy seeds.

One of the pillars on which the MRA enforcement process relies and functions is its Surveillance and Enforcement Section whose main objectives are to enforce customs laws and ensure border protection with regard to illicit drug trafficking, money laundering, Intellectual Property Rights infringements, commercial fraud and customs investigations.

The principal units operating under the surveillance section responsible for drug interdiction at customs, are the Airport Surveillance Enforcement Unit (ASEU), the Port Surveillance Enforcement Unit (PSEU) and the detector dogs (the k-9 unit) and the scanning unit.

At seaport level, the objective is to combat smuggling and drug trafficking activities in the port on a 24/7 basis. Officers are posted at the Parcel Post Office and United Parcel Services check suspected packets.

Frequent maritime and land patrol are made within the port area and the harbour to detect customs offences, suspected vessels from “high risk” countries, risk-based interventions on sea passengers and verification of suspicious consignments at freight stations in the port. Many of the activities mentioned are conducted in close collaboration with ADSU of the Police Force.

In its determination to control illicit drug trafficking, MRA is laying emphasis on logistics and equipment encompassing sophisticated techniques, capacity building of its customs officers and on coordination of enforcement actions at international level. The Customs Force participates in coordinated operational activities conducted by Interpol, World Customs Organization (WCO) and other international bodies and these activities have been set up to safeguard public health and security, seize and remove illicit drugs from the market as well as to identify and prosecute drug traffickers.

Forensic Scientific Laboratory (FSL)

The Forensic Scientific Laboratory (FSL), which is the reference laboratory for analyzing exhibits submitted by the Mauritius Police Force and the Mauritius Revenue Authority (MRA) amongst others, is continuously bringing about scientific evidence to confirm the illicit drug picture in the country.

Among samples sent for analysis in 2015, 68% of exhibits analyzed revealed presence of cannabis, 21% showed the presence of heroin and 11% showed presence of drugs such as hashish, new psychoactive substances and methadone.

2.2 New Psychoactive Substances (NPS)

Drug scenes across the world have seen the emergence of new psychoactive substances which are synthetic in nature, but mirror the effects of illegal drugs (Bartholomew, 2015). According to the United Nations Office on Drugs and Crime (UNODC, 2013), the main new psychoactive encountered in illicit markets are synthetic cannabinoids and cathinones, ketamine, phenethylamines, piperazines, and plant-based substances like khat and salvia divinorum. They are termed “New Psychoactive Substances” or sometimes “Legal Highs”. In Mauritius, they are commonly referred to as “drogues synthétiques”.

NPS are available in different forms like tablets, powders or can be smoked through rolled joints or modified plastic bottles called “bong”, “canard” or “coulé lév  ”. They are often marked “Not for human consumption”, “bath salt” or “plant food” to bypass the food regulatory authorities.

From data obtained by the NDO, there is evidence that availability of New Psychoactive Substances (NPS) in Mauritius is fairly recent, starting around 2013. The main type of NPS reported to be available in Mauritius seems to be Synthetic Cannabinoids with names like Black Mamba, C’est pas bien, Wasabi, Strawberry, Batte-dans-la-t  te, etc.

Analysis of exhibits sent by the Mauritius Police Force and MRA Customs to the Forensic Science Laboratory confirmed 4 cases of New Psychoactive substances in 2013, 29 cases in 2014, 101 cases in 2015 and 109 cases in the first half of 2016.

Drug seizures by the authorities in 2015 indicate that the Parcel Post Office is a channel of choice for NPS importation. In 2015, the majority of New Psychoactive Substances seizures by MRA Customs took place at the Parcel Post Office. The MRA Customs seized 292.5 g of New Psychoactive Substances in 2015 and 66.4 g in the first half of 2016.

In 2015, Police ADSU arrested 28 persons for dealing of NPS and 75 persons for possession of NPS. In 2016, for the period of 1st January up to 14th June, Police ADSU arrested 26 persons for dealing of NPS and 56 persons for possession of NPS.

There have been a number of measures taken to curb down the use of NPS. Since October 2013, synthetic cannabinoids and their derivatives have been scheduled, under the Dangerous Drugs Act, 2000 as prohibited substances and, in 2015, further New Psychoactive Substances were enlisted in different schedules of the Dangerous Drugs Act, 2000.

Media campaigns highlighting the harmful consequences of NPS use, through television, radio and newspapers were conducted. Medical and paramedical staff of all five regional hospitals as well as Brown Sequard Mental Health Care Centre received training on recognizing and managing the clinical features of NPS abuse in the second half of 2015.

Drug education was also offered to rectors and schoolteachers of the 4 “education” zones in 2015. Sensitization of students was conducted extensively in 2016, covering over 100 schools. An intensive

prevention activity regarding substance abuse was conducted with the Mauritius Scouts Association from 27th to 30th July 2016.

In the context of the International Day against substance abuse and drug trafficking, a march was organized on 26th June 2016 from Beau Basin Taxi Stand to Plaza in Rose Hill. The march was organized by the Ministry of Health and Quality of Life in collaboration with other stakeholders and had many participants.

UNODC Consultants conducted capacity building of more than 100 staffs from different Ministries, Government and Non-Government Organisations on “Psychosocial interventions in patients with drug abuse” between 25th and 29th July 2016.

2.3 Drug-related morbidity and mortality

Psychiatric morbidity

The annual average number of new outpatient cases attending Brown Sequard Mental Health Centre (BSMHCC) for drug-related problems for the period 2011 to 2014 was 86 per year. In 2015, 292 new cases were seen in the Out-Patient Department of BSMHCC of which female patients accounted for 9%.

For the first half of 2016, 225 new outpatient cases for drug-related problems were recorded of which female patients accounted for 6%.

Drug-related hospital admissions

In 2015, there were 515 admissions to public health institutions (*including Brown Sequard Mental Health Care Centre*) for drug-related problems, out of which 131 (25%) were related to suspected New Psychoactive Substance use, 54 to cannabis use, 38 to opioid use, 11 to multiple illicit drug use, 3 to cocaine use and 278 to unspecified illicit drug use.

In the first half of 2016, 435 admissions were recorded for drug-related problems, out of which, 189 (43%) were related to suspected New Psychoactive Substance use, 31 to cannabis use, 63 to opioid use, 10 to multiple illicit drug use, 1 to cocaine use and 141 to unspecified illicit drug use.

Among patients admitted for suspected New Psychoactive Substance use in public health institutions, in the first half of 2016, 2% were aged less than 15 years, 76% were aged 15 – 29 years and 22% were aged 40 years and over.

The assigned diagnoses for a significant proportion of admitted patients were classified as unspecified illicit drugs (54% in 2015 and 32% in first half of 2016). In the absence of scientific evidence, it is

difficult to know the class of drugs that patients used. The diagnosis of New Psychoactive Substance-related behavioural disorders in hospitals is usually based on history taking rather than urine or blood investigations.

With regards to admission in private health institutions for drug use problems, 18 admissions were reported in 2014 and 32 admissions in 2015.

Drug-associated mortalities

Based on information provided on death certificates and according to the International Classification of Diseases (ICD 10) of the World Health Organization, 17 deaths were assigned to drug use in 2015.

Four deaths due to drugs have been registered in the period January to June 2016. No deaths directly attributed to New Psychoactive Substances have yet been reported to the Ministry of Health and Quality of Life.

2.4 Prison and illicit drug

Security and measures against illicit drug use in prisons

In June 2016, there were 13 detention centres in Mauritius.

Data obtained from the Mauritius Prison Services indicates that the population size of detainees at unlock on Monday 30th June 2016 was 2, 287 in the island of Mauritius and 40 in Rodrigues. Female detainees accounted for 5% of the prison population.

Data obtained from the Mauritius Prison Services also indicates that there has been a decrease in the percentage of male detainees convicted for drug offences from 29% in 2001 to 9% in 2015. In the first half of 2016, the percentage of male detainees convicted for drug offences was 9%.

In many cases, detainees are already drug users before being imprisoned.

A national IBBS study among people who injected drugs (PWID) in 2013 revealed that about 70% of this key population had been in prison previously.

In the Mauritius Prison Services Strategic Plan of 2013, it was recognized that one of the most acute security issues in the Mauritius Prison Services was contraband of drugs and mobile phones which were

smuggled into prisons in a variety of ways including being thrown over the walls and/or with the connivance of staff.

The immediacy of various penal institutions to residential streets and housing made it a possible reason to the fact that the penal area was predisposed to contraband being easily thrown over the walls. It has also been mentioned that prison officers were subjected to threats and assaults and that money played a key role in sustaining this type of violence inside the prison.

The Mauritius Prison Services indicated that the supply reduction measures against prohibited items are organized through activities such as search on persons entering prisons, random check and search of cells workshops, camera watch of blocks, yards and works, chair for metal objects detection and the use of Remand Bail Court to minimize court attendance of detainees amongst others.

Methadone Substitution Therapy in prison

From information obtained from the Mauritius Prison Services, as at 30th June 2016 there were 376 prison inmates on methadone in different prisons: Beau Bassin prison (191 patients), Melrose's Eastern High Security prison (132 patients) and Petit Verger prison (45 patients).

Although the national methadone substitution programme started nationwide in December 2006, it was not until December 2011 that methadone induction in prisons was conducted. A cumulative number of 2989 inmates has been registered since implementation of the methadone substitution programme at the national level. Prison inmates who were already induced on methadone before incarceration continued to receive their daily maintenance dosage during their detention period.

Demand reduction measures in prison

Apart from the supply reduction measures already mentioned above, the current measures in place for demand reduction in prisons in 2016 are; Information Education Communication (IEC) campaigns on substance abuse for prison inmates; training of Prison Officers in the counseling of substance abusers; provision of care, treatment and psychological support to substance abusers collaboration with other governmental and non-governmental agencies in the field of substance abuse, and sustaining MST of detainees already induced in the community prior to incarcerations.

Risk, prevalence and care of diseases associated with injecting drug practices in prison

Prisoners often cannot enjoy a sound physical health and they have a greater risk of illness than the general population. Drug use is one of the factors playing a role to both poor physical-health and mental-health issues among prisoners.

Injecting-drug use by prisoners is particularly hazardous given that prison inmates do not have easy access to safe, sterile needles, which as a result may connect them to unsafe injecting practices such as needle sharing leading to harmful health consequences including the spread of blood-borne diseases, bacterial infections and other complications.

2.5 Educational institutions and drug use

The Ministry of Education and Human Resources, Tertiary Education and Scientific Research reported that over the period 2011 to 2015, there were 28 students who were suspected to have been involved in illicit drug use in secondary schools.

In 2015, 18 students concerning 13 secondary schools were suspected to have been involved in drug use in schools.

For the first half of 2016, 43 students concerning 9 secondary schools were reported to have been involved in suspected illicit drug use in educational institutions. 32 of these 43 cases were reported to have occurred in one school.

Types of suspected drugs used in educational institutions

In 2015, among the reported cases of drug use by students, both cannabis and New Psychoactive Substances (NPS) were suspected, but suspected cases of cannabis cases were most prevalent, (56%). For the first six months of 2016, 39 of the total of 43 reported students involved in suspected drug use at schools, were reported for suspected use of New Psychoactive Substances, however 32 out of the 39 suspected NSP cases occurred at one school.

2.6 Monitoring of drug use among the youths

Study on behaviours of the youths

Between July and September 2014, the Ministry of Youth and Sports conducted a study on behaviours among the youths in Mauritius. The objective was to identify behaviours that were detrimental to their mental, physical and social well-being.

The study enlisted males and females aged 15-24 years. In the study, the use of the following substances was investigated; alcohol, Marijuana, Heroin, White Lady, buprenorphine, psychotropic drugs, Ecstasy. The study also investigated the use of substances by students and on school premises.(See Annex for figures)

2.7 Assessing the level of drug offence

The drug offence ratio

To assess the level of drug offence in the country and in the absence of a sample study to derive national indicators such as prevalence or incidence, conventionally drug offences reported by the Police are globally accepted and used by many countries, especially members of the United Nations Office on Drugs and Crimes (UNODC).

The indicator used mostly is the drug offence ratio, which is the number of drug offences reported per 1,000 inhabitants. In 2015, this ratio was 2.7 drug offences per 1,000 inhabitant as compared to 3.2 in 2010.

The burden of drug offence

Another way of assessing the drug problem is to study the trend of the proportion of drug offences with respect to all offences. This indicator measures to some extent the burden represented by the share of drug offences with respect to all offences (including drug) in the country.

In Mauritius the percentage of drug offences of all offences (including drug) has decreased from 6.9% in 2010 to 6.0 % in 2015.

3. Injecting-drug Users and Harm Reduction Programmes

3.1 Injecting drug use

Injecting-drug users in Mauritius

In the year 2000, people who inject drugs (PWIDs) accounted for only 2% of the annual newly detected HIV infected cases registered in the country while the highest annual rate was observed in 2005 when PWIDs represented 92 % of the newly HIV detected cases.

Two Integrated Biological and Behavioral Surveillance (IBBS) surveys, carried out in 2009 and 2011, provided an estimated population size of around 10,000 active people who inject drugs (PWIDs) aged 15 years and over, in Mauritius. Over 6,800 PWIDs have been induced on methadone since 2006 and as at June 2016, 4,591 PWIDs were on the methadone substitution programme.

The Integrated Biological and Behavioral Surveillance (IBBS) study, carried out in 2013, indicated that male drug injectors made up 93% of the population of PWIDs while 7% female drug injectors. The most popular injecting drug used by PWIDs was heroin. Other figures revealed by the IBBS survey, 2013 are as follows:

- 80% of drug injectors were aged 20-49 years.
- 7% of female injectors and less than 1% of male injectors were aged 15-19 years.
- 43% of PWIDs started injecting drugs whilst 15-19 years old.
- 69% of PWIDs injected drugs more than once daily
- 95% of PWIDs had access to new unused syringes/needles

In 2015, PWIDs accounted for 35% of the yearly newly detected HIV cases. (*See Fig. 10 in annex 2 for figures*)

Overlapping risk between PWID and other key populations

National IBBS surveys (2009, 2010, 2012, and 2013) among HIV high-risk populations have shown that there is an overlapping risk of transmission between PWIDs and other key populations like men having sex with men and commercial sex workers. Sex work is often a common income-generating activity for some drug users, and female injecting drug users involved in sex work form another subgroup.

Disease risk, sexual behaviour and HIV testing accessibility among PWID

The 2013 National IBBS survey revealed that the prevalence of HIV positive among PWIDs was 44%. Among male PWIDs it was 43% and was 62% among female PWID. The prevalence of Hepatitis C was 97%. A prevalence of 7% was observed for Hepatitis B. 76% of PWID have ever had an HIV test.

3.2 Methadone Substitution Therapy

In view of reducing the transmission of blood borne infections namely HIV, Hepatitis B & C among people who injects drugs (PWID) and the general population, Harm Reduction measures like the Methadone Substitution Therapy (MST) programme and the Needle Exchange Programme (NEP) were introduced in 2006.

Methadone Substitution Therapy (MST)

Methadone is a synthetic opioid drug that is used to treat opioid dependence. During the methadone substitution therapy, the patient remains physically dependent on opioid but is freed from cravings and the uncontrolled, compulsive, and disruptive behaviours associated with heroin dependence.

In Mauritius, methadone substitution therapy was adopted following recommendations of Associate Professor Martha Torrens, Consultant Psychiatrist, Head of Drug Abuse Unit at Hospital del Mar (IAPS), and Associate Professor of Psychiatry at the University of Barcelona, Spain.

The Ministry of Health and Quality of Life implemented the methadone substitution therapy programme in collaboration with the following NGOs:

- Dr Idriss Goomany centre in Plaine Verte
- Groupe A de Cassis, in Port Louis
- Help De Addiction centre in Cassis
- Sangram Sewa Sadan centre in St Paul, Phoenix
- Groupe Renaissance de Mahebourg

Over 6,800 PWIDs have been induced on the methadone programme since its start in December 2006 and as at June 2016, 4,591 PWIDs were on the methadone substitution programme out of whom around 354 were female patients.

Methadone dispensing sites

Decentralization of methadone dispensing site at S. Bharati Road in Beau Bassin was effected on 10th January 2015 as a pilot project. It involved decentralization of about 650 patients into 5 smaller dispensing sites in Beau Bassin, Rose Hill and Bambous.

As decentralisation achieved its aims of reducing overcrowding at the dispensing site, the project was extended to other dispensing sites throughout the island on 14th February 2015. Consequently the number of community dispensing sites increased from 17 to 39 sites across the island.

Methadone dispensing is effected daily between 6.00 am to 8.00 am either at fixed premises within health centres or through mobile caravans within the courtyards of police stations.

3.3 The Needle Exchange Programme (NEP)

The Needle Exchange Programme (NEP) is a Government-led Outreach programme, which involves distributing syringes, and needles to people who inject drugs (PWID) in exchange for used ones. The aim of the programme is to prevent spread of blood borne diseases.

The Ministry of Health and Quality of Life (MoHQL) runs the programme in collaboration with NGO Collectif Urgence Toxida (CUT). Out of 46 sites where NEP is conducted, 3 sites are run by the MoHQL through mobile caravans and 11 sites are run by CUT which receives materials and funding from MoHQL to cater for allowance of its fieldworkers.

The NEP programme provides the following services:

- Clean injecting equipment, needles and syringes.
- Alcohol swabs.
- Condoms.
- Counseling, testing and referrals to other services.
- Information, Education and Communication (IEC) materials and Harm Reduction Education.
- Collection of used needles and Syringes to be sent to hospitals for incineration.

As the number of PWIDs on the methadone programme gradually increased over the years, there was a proportionate gradual reduction of PWIDs receiving NEP, indicating a significant overall decrease in the number of active people injecting drugs on the island.

In 2015, a total of 715,524 syringes and 902,432 needles were distributed by the MoHQL and NGOs through the Needle Exchange Programme. *(See Annex 1- Tables 18 and 19 for figures)*

4. Prevention

4.1 Prevention activities carried out by the Ministry of Health and Quality of Life.

The Ministry of Health and Quality of Life conducts drug prevention activities. The drug prevention programme is being implemented, in the first instance, mainly in educational institutions.

Ministry of Health and Quality of Life
Number of drug prevention programmes carried out in educational institutions,
April – June, 2016

Health Region	April				May				June			
	Educational Institution		Community	Workplace	Educational Institution		Community	Workplace	Educational Institution		Community	Workplace
	No. of Schools	No. of Classes			No. of Schools	No. of Classes			No. of Schools	No. of Classes		
J. Nehru Hospital	4	8	1	0	10	24	2	0	10	17	8	2
SSRN Hospital	10	12	4	0	10	43	4	0	12	46	2	0
Flacq Hospital	5	7	1	1	14	40	0	0	13	52	6	0
Victoria Hospital	5	10	0	0	24	93	1	0	17	67	0	0
Dr.A.G.Jeetoo Hospital	8	10	0	0	17	45	0	1	12	50	2	0
TOTAL	32	47	6	1	75	245	7	1	64	232	18	2

A total of 101 educational institutions were reached from April to June 2016.

The list below shows the educational institutions where MoHQL conducted prevention programmes and exhibitions on drugs in collaboration with the Mauritius Family Planning Association in the month of June and July 2016.

Mauritius Family Planning Association /Ministry of Health and Quality of Life
Educational institutions where sensitization programmes were conducted in 2016 (June & July)

Secondary Schools	Prof. B Bissoondoyal State Secondary School (Boys & Girls), Flacq Bartholemew's College, Port Louis. Patten College, Rose Hill. Bhujoharry College, Port Louis
<hr/>	
Mauritius Institute of Training and Development (MITD)	Mont Roches Rivière du Rempart Clairfonds La Gaulette Port Louis Cote d'Or

Prevention among the youngsters

An intensive prevention activity regarding substance abuse has been conducted among the Scouts of the Mauritius Scouts Association from 27th to 30th July 2016.

International Day against Substance Abuse and Drug Trafficking

In the context of the International Day against substance abuse and drug trafficking, the MoHQL organized a march on 26th June 2016 from Beau Basin to Rose Hill in collaboration with other ministries and institutions and had many participants from different organisations and from the public.

National Drug Prevention Campaign

The Ministry of Health and Quality of Life is conducting extensive national sensitization campaigns on substance abuse. The objective is to create awareness among the population at large, and in particular, the youths, with a view of empowering them with the right knowledge about ill effects of drugs.

Prevention has always been a major challenge but remains a major pillar in the fight against substance abuse. Prevention against substance abuse needs to be the concern of the whole community.

The drug prevention campaign targets different segments of the population as indicated in the table below:

Target Group	Collaborating Organizations
Youth	Educational Institutions Youth Clubs Mauritius Scout Association Red Cross
Community	Social Welfare Centres Community Centres Women Centres
Workplace	Agricultural Industries EPZ Sector Tourism Sector Business Process Outsourcings Public Sector
Vulnerable Groups	RYC CYC Shelters Out of School Youth

4.2 List of NGOs providing prevention services

- AILES (Aides, Infos, Liberté, Espoir et Solidarité),
- Centre d'Accueil de Terre Rouge.
- Centre de Solidarité Pour Une Nouvelle Vie, Rose Hill.
- Centre d'Accueil et de Rehabilitation de St. Gabriel in Rodrigues.
- Chrysalide Centre, Bambous.
- Dr. Idriss Goomany Centre, Port Louis.
- Groupe A de Cassis, Port Louis.
- Groupe Renaissance, Mahebourg.
- HELP De Addiction Centre, Cassis.
- L.E.A.D (Leadership Empowerment Action Development).
- Sangram Sewa Sadan Centre, St Paul.

4.3 List of selected other Government organizations providing prevention services

- The Anti-Drug and Smuggling Unit (ADSU) of the Mauritius Police Force.
- Ministry of Youth and Sports.
- Ministry of Education and Human Resources, Tertiary Education and Scientific Research.

4.4 Types of prevention campaigns conducted

Primary prevention campaigns are targeted at young and vulnerable population at large in schools, colleges, universities, youth clubs, work places, etc through direct talks, media campaigns, metaphors or drama and plays.

Secondary prevention targets high-risk individuals, e.g those in environments where the availability of drugs is high or those subject to peer pressure. This type of prevention aims at a smaller but targeted group.

Tertiary prevention or relapse prevention offers prevention to those who have successfully been treated for their drug problem and are in remission. The crisis intervention service offered to the patients treated with suboxone and naltrexone as part of the “aftercare programme” aims to prevent relapses in individuals who have been dependent to drugs.

4.5 Capacity building on conducting prevention campaigns

A 5-day training by UNODC Consultants was held on “Drug use prevention for policy makers” in September 2014 at Voila Hotel in Bagatelle. The meeting was attended by 40 participants from Government and Non Government Organizations.

5. Drug dependence Treatment and Rehabilitation Services

5.1 Treatment services

Opioid detoxification programme with Suboxone

Opioid detoxification in a residential setting started at the Detox and Rehab Centre in Mahebourg hospital on 13th January 2016. As at the end of June, 109 patients (102 male and 7 female patients) had undergone opioid detoxification with suboxone.

Although it may be too early to make an appropriate evaluation of the suboxone detoxification programme, the following figures have been reported at 30th June 2016:

- 93% (101 out of 109) of patients completed the residential detoxification programme.
- 67% (73 out of 109) of patients treated remained abstinent from opioid drugs.
- 74% (81 out of 109) of patients treated were in employment.

The age group of patients treated on admission was as follows:

- 15-19 years, 2%
- 20-29 years, 55%
- 30-39 years, 32%
- 40-49 years, 8%
- 50-59 years, 3%

The duration of pre-treatment opioid use, in years, for patients admitted for detoxification on the suboxone programme was as follows:

- 50% for less than 4 years
- 30% between 4 -10 years
- 16% between 11-20 years
- 4% for more than 20 years

Relapse prevention with Naltrexone

Naltrexone initiation is conducted in the second week of hospital admission for suitable and willing patients. Patients with elevated liver transaminases (more than twice above baseline) are not offered naltrexone treatment but are followed up very closely. Of the 109 patients who underwent detoxification with suboxone, 72 were initiated on naltrexone treatment.

Relapse intervention through psychosocial interventions

The psychosocial component of treatment consists of:

- Weekly to fortnightly counseling sessions offered by the allocated caseworker.
- Crisis intervention at times of social or emotional crisis by the multi-disciplinary team.

The purpose of crisis interventions is to act proactively to prevent relapse through psychosocial interventions or to offer medical interventions in case of relapse. Crisis interventions were performed on 76 patients with positive outcome in 47 cases.

Detoxification using codeine phosphate

The following NGOs offer community-based opioid detoxification programmes using reducing doses of codeine phosphate over 6 to 10 weeks:

- Dr I.Goomany Centre, Port Louis
- HELP de Addiction Centre, Cassis
- Sangram Sewa Sadan Centre, St Paul
- Centre de Solidarité, Pour une Nouvelle Vie, Rose Hill
- Chrysalide Centre, Bambous

Opioid detoxification with codeine phosphate is being monitored with a view to assessing its efficacy.

5.2 Rehabilitation services

Rehabilitation services are offered either in a residential setting or in a non-residential (Community or Daycare) setting.

NGOs offering rehabilitation in a residential setting

As at June 2016

Residential rehabilitation centres	Gender	Number of beds	Duration of treatment	Nature of treatment offered
Centre d'Accueil de Terre Rouge	Male	16	9 weeks	Rehabilitation
Centre de Solidarité, Rose Hill	Male	22	4-6 months	Therapeutic community
Chrysalide centre, Bambous	Female	25	6-12 months	Therapeutic community
Centre Alcoologie, Mont Lubin, Rodrigues	Both sexes	14	4-6 weeks	Treatment & Rehabilitation

List of NGOs offering rehabilitation services in a non-residential community setting:

- AILES (Aides, Infos, Liberté, Espoir et Solidarité),
- ACTRESA (Ayurveda Centre for the Treatment and Rehabilitation of Substance Abusers).
- Centre d'Accueil de Terre Rouge.
- Centre de Solidarité Pour Une Nouvelle Vie, Rose Hill.
- Centre d'Accueil et de Rehabilitation de St. Gabriel in Rodrigues.
- Chrysalide Centre, Bambous.
- Dr. Idriss Goomany Centre, Port Louis.
- Groupe A de Cassis, Port Louis.
- Groupe Renaissance, Mahebourg.
- HELP De Addiction Centre, Cassis.
- Sangram Sewa Sadan Centre, St Paul.

Formal reporting of treatment and rehabilitation services to the NDO will start as from the 1st September. Data collectors received a formal training on how to collect data from UNODC consultants in July 2016.

General observation

- This first Report produced by the National Drug Observatory (NDO) attempts to provide all available reliable data for the corrective response for the challenges of illicit drug use and trafficking in Mauritius.
- Cannabis and heroin remain the two main illicit drugs consumed and trafficked in Mauritius. However, the use of New Psychoactive Substance (NPS) is gaining ground and needs to be addressed urgently as it affects young citizens as well. In 2015, in public health institutions, 131 admissions were registered for suspected NPS as compared to 189 admissions from January to June 2016. 38% NPS inpatients in public health institutions were aged 15-19 years in 2016 as at end of June.
- There is a marked gender difference among intravenous drug users – 93% are males and 7% females, with 80% of them in the age group 20 to 49 years. People who inject drugs (PWID) benefit from a harm reduction programme since 2006 and as from January 2016 a new detoxification programme, based on Suboxone and Naltrexone, has been introduced for the PWID.
- Drug users will, at some stage, face health problems such as mental and behavioral disorders. There were 225 new outpatient cases seen at the Brown Séquard Mental Health Centre (BSMHC) due to illicit drug use during the first six months of 2016 as compared to 292 cases for the whole year of 2015. During the period 2011 to 2014 an average of 86 cases per year were attending the BSMHC.
- Substance abuse in whichever form, remains a challenge across the world. The media as a main stakeholder can provide evidence-based information and participate in sensitizing and educating our citizens.
- The information gathered and presented in this Report have been analyzed and discussed with the respective data providers. The NDO appeals to all stakeholders to be concerned about the prevailing drug situation and to be active to the free flow of exchange of information.

Annex 1

Image and perception of drugs in Mauritius – 2015. (A study by PILS – TNS Analysis)

NGO PILS initiated a study in 2015 about the image and perception of drugs in Mauritius. The study was conducted by TNS Analysis, a research agency with the main objective to evaluate the perception of Mauritians regarding drugs and the regulatory framework of drugs in Mauritius. Three focal group discussions were also held with (i) Mothers, (ii) young adults aged between 18-35 years and (iii) elder adults aged between 36-65 years old.

The main findings are as below:

- Drugs are a major social problem in Mauritius and so is Alcohol. However, Gandia / Marijuana is not deemed to be more dangerous than Alcohol and / or cigarette: Alcohol is perceived to be more dangerous than Gandia/Marijuana while cigarette is deemed to be as dangerous as Gandia/Marijuana.
- Mauritians in general (including mothers) are quite well versed about different drug names. Nearly 50 different drug names have been cited spontaneously by the sample interviewed. Consumers of Gandia/Marijuana come from all socio demographic background. Nearly 80% of interviewed sample are not aware about drug laws in Mauritius.
- There is consensus that drug is a very sensitive issue and it is proliferating in Mauritius. However there is no consensus on decriminalization of drugs in Mauritius. Changing the status of drug users as criminals to sick people is welcomed by only 45% of respondents.
- 49% of Mauritians interviewed believed in differentiating laws pertaining to Marijuana and other illegal substances, against 28% who are against differentiation.
- Drugs top the list of social problems in Mauritius and about half of Mauritians interviewed admit that they are directly or indirectly concerned and exposed to this problem. More and more different types of drugs, including dangerous New Psychoactive Substances, are penetrating the Mauritian market.

However, the case of Marijuana / Gandia needs to be well situated in this context as it generates mixed emotions and feelings: 36% think that Gandia/Marijuana is harmless if a reasonable amount is consumed against 30% who are uncertain and 33% who think that Gandia/Marijuana is harmful. 34% think that Gandia/Marijuana must not be considered as a crime and must be treated just like cigarettes and alcohol against 23% who are uncertain and 43% who are against this view. 46% claim that the law must make a difference between Marijuana and other illegal substances while 31% are uncertain and 23% are against.

- The study showed that Mauritians are less tolerant to drug dealers, being convinced that dealers are at the roots of all drugs consumption in Mauritius. However, although they condemn dealers, Mauritians are not for death penalties (42% are against). They suggested that the law must be more strict where the offenders can experience lifetime imprisonment.

Annex 2 - Tables and Charts

. Table 1
Number of reported arrests by Police ADSU, for drug offences
In 2015 and in 2016 (1st January – 14th June)

Type of Drug	Number of arrests for drug offences												TOTAL 2015		TOTAL 2016 (Jan-Jun)	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Number	%	Number	%
CANNABINOIDS	4	4	5	5	1	8	10	17	6	13	14	16	103	5.8	82	9.9
CANNABIS	90	102	71	63	74	61	66	54	85	45	46	50	807	45.5	318	38.5
CULTIVATING	11	15	8	12	6	10	10	16	17	19	16	13	153	8.6	44	5.3
HEROIN	55	50	49	37	49	54	54	35	57	39	43	52	574	32.4	284	34.4
HASHISH	1	2	0	0	2	0	1	1	0	0	0	0	7	0.4	8	1.0
METHADONE	9	3	1	3	2	4	1	0	3	1	0	3	30	1.7	21	2.5
SEDATIVES	3	4	9	6	7	7	7	6	6	9	5	12	81	4.6	45	5.5
BUPRENORPHINE	1	0	0	4	1	1	0	4	1	2	2	1	17	1.0	6	0.7
Other arrests**													-	-	17	2.1
TOTAL @	174	180	143	130	142	145	149	133	175	128	126	147	1,772	100.0	825	100.0

Note :

***The 17 other arrests in 2016, as at June, include 7 arrests for heroin importation, 4 arrests for cannabis importation, 2 arrests for hashish importation + one arrest for money laundering + one arrest for obstruction to police.*

@ The total of 1,772 arrests in 2015 includes 23 arrests for importation of illicit drugs as follows: 12 for heroin, 8 for cannabis, 2 for hashish and one for New Psychoactive Substances. It also includes 5 arrests for other offences such as; facilitating drug offence and money laundering offence amongst others.

Table 2
Number of arrests by Police ADSU for dealing of drugs
In 2015 and in 2016 (1st January – 14th June)

Type of drug	Number of arrests for dealing of drugs												TOTAL 2015		TOTAL 2016 (Jan-Jun)	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Number	%	Number	%
CANNABINOIDS	1	0	0	3	0	2	3	8	2	6	1	2	28	7.0	26	13.1
CANNABIS	25	24	14	14	19	9	20	7	20	14	8	13	187	46.6	75	37.7
CULTIVATING	5	8	7	3	2	4	5	8	8	4	9	3	66	16.5	19	9.5
HEROIN	9	14	5	5	9	8	10	5	10	5	7	10	97	24.2	60	30.2
HASHISH	0	2	0	0	1	0	0	0	0	0	0	0	3	0.7	2	1.0
METHADONE	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	1	0.5
SEDATIVES	0	1	1	2	0	1	4	3	0	1	0	3	16	4.0	14	7.0
BUPRENORPHINE	0	0	0	2	0	1	0	0	0	1	0	0	4	1.0	2	1.0
TOTAL	40	49	27	29	31	25	42	31	40	31	25	31	401	100.0	199	100.0

Table 3
Number of arrests by Police ADSU for possession of drugs
In 2015 and in 2016 (1st January – 14th June)

Type of drug	Number of arrests for possession of drugs												TOTAL 2015		TOTAL 2016 (Jan-Jun)	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Number	%	Number	%
CANNABINOIDS	3	4	5	2	1	6	7	9	4	7	13	14	75	5.5	56	9.2
CANNABIS	65	78	57	49	55	52	46	47	65	31	38	37	620	45.2	243	39.9
CULTIVATING	6	7	1	9	4	6	5	8	9	15	7	10	87	6.3	25	4.1
HEROIN	46	36	44	32	40	46	44	30	47	34	36	42	477	34.8	224	36.8
HASHISH	1	0	0	0	1	0	1	1	0	0	0	0	4	0.3	6	1.0
METHADONE	9	3	1	3	2	4	1	0	3	1	0	3	30	2.2	20	3.3
SEDATIVES	3	3	8	4	7	6	3	3	6	8	5	9	65	4.7	31	5.1
BUPRENORPHINE	1	0	0	2	1	0	0	4	1	1	2	1	13	0.9	4	0.7
TOTAL	134	131	116	101	111	120	107	102	135	97	101	116	1,371	100.0	609	100.0

Table 4
Arrests of foreigners, by Police ADSU, for drug offences
Year 2015 and 2016 (January-June)

Illicit drugs or illicit drug-related activities	Year 2015							Year 2016 (as at 20 July 2016)				
	Nationality						TOTAL	Nationality				TOTAL
	BANGLA- DESHI	INDIAN	GERMAN	ITALIAN	MALAGASY	NIGERIAN		BANGLA- DESHI	BRITISH	FRENCH	MALAGASY	
Importation of cannabis	1						1	2				2
Importation of hashish							-		1			1
Dealing in cannabis		1			1	2	4					-
Cultivating (cannabis)			2				2					-
Importation of heroin		1				3	4				4	4
Possession of cannabis				1			1			2		2
Possession of cannabis seeds for purpose of distribution							-			1		1
Possession of hashish							-			1		1
New Psychoactive Substance					1		1					-
Act of preparatory outside Mauritius for importation of heroin							-				1	1
Money laundering							-		1			1
TOTAL	1	2	2	1	2	5	13	2	2	4	5	13

Table 5
Drug offences and non-drug offences, reported by the Mauritius Police Force , 2010 - 2015
[Excluding road traffic contraventions]

Year	Offences reported (excluding road traffic contraventions)			% drug offences <u>on total offences</u> (excluding road traffic contraventions)	Ratio non-drug offences per <u>drug offence</u> (excluding road traffic contraventions)
	Drug	Non-drug	Total offences reported		
2010	3,943	53,600	57,543	6.9	14
2011	3,721	53,758	57,479	6.5	14
2012	3,472	52,724	56,196	6.2	15
2013	3,227	53,272	56,499	5.7	17
2014	3,631	53,526	57,157	6.4	15
2015	3,468	54,759	58,227	6.0	16

Fig. 1.
Drug offences reported by the Mauritius Police Force,
as a percentage of all Police reported offences.
[Excluding road traffic contraventions] 2010 - 2015

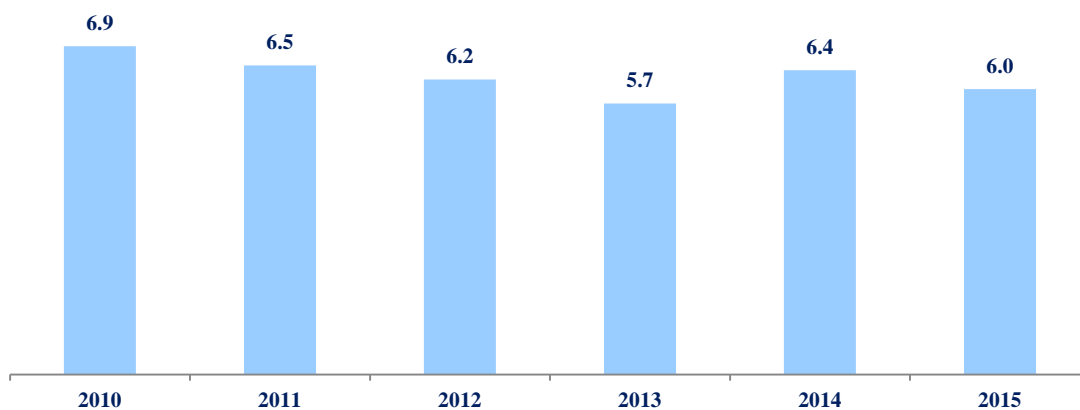


Table 6
Mauritius Police Force reported drug offences per thousand inhabitants
2008 – 2015

Year	Mid year population size	Number of drug offences	Drug offences per 1000 inhabitants
2008	1,244,121	4,217	3.4
2009	1,247,429	4,144	3.3
2010	1,250,400	3,943	3.2
2011	1,252,404	3,721	3.0
2012	1,255,882	3,472	2.8
2013	1,258,653	3,227	2.6
2014	1,260,934	3,631	2.9
2015	1,262,605	3,468	2.7

Fig 2
Mauritius Police Force reported drug offences per thousand inhabitants,
2008 - 2015

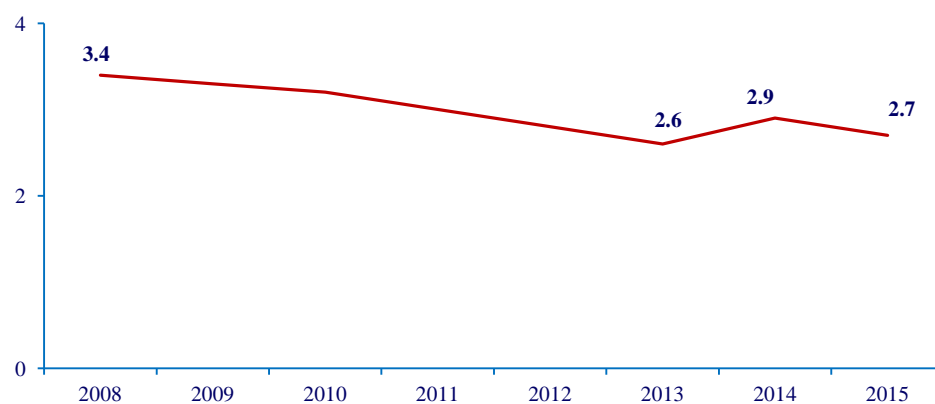


Table 7
Drug offences reported by the Mauritius Police Force, by type of drugs, 2012 – 2015

Drug or drug-related activities	2012	2013	2014	Period 2012-2014		2015		
				Yearly average number of drug offences		Number	%	%
				Number	%			
Heroin								
Importation	8	15	9		2.5	10	1.3	
Dealing	70	9	5		6.5	10	1.3	
Possession (heroin & articles)	317	255	410		76.0	657	88.1	
Consumption	76	45	39		12.4	62	8.3	
Other	17	8	9		2.6	7	0.9	
Total heroin	488	332	472	431	100.0	746	100.0	21.5
Cannabis								
Importation	6	12	10		0.4	13	0.6	
Cultivation	940	1011	1104		40.4	957	41.7	
Dealing	15	26	38		1.0	158	6.9	
Possession	1037	1102	1293		45.4	954	41.5	
Consumption	330	306	278		12.1	207	9.0	
Other	12	19	19		0.7	8	0.3	
Total cannabis	2340	2476	2742	2,519	100.0	2,297	100.0	66.2
Sedatives/Tranquilizers								
Importation	1	0	3		0.6	1	0.7	
Dealing	78	138	7		31.3	2	1.4	
Possession	181	99	154		60.9	128	90.8	
Consumption	15	13	3		4.3	7	5.0	
Other	10	7	4		2.9	3	2.1	
Total sedatives	285	257	171	238	100.0	141	100.0	4.1
Buprenorphine								
Importation	1	1	2		1.0	0	0.0	
Dealing	26	8	2		9.3	2	5.3	
Possession	117	26	40		47.0	25	65.8	
Consumption	40	16	4		15.4	8	21.1	
Other	79	20	7		27.2	3	7.9	
Total buprenorphine	263	71	55	129	100.0	38	100.0	1.1
Other drugs								
Importation	3	13	10		6.9	9	3.7	
Dealing	1	2	2		1.3	2	0.8	
Possession	38	39	70		38.9	151	61.4	
Consumption	12	0	0		3.2	3	1.2	
Other	42	37	109		49.7	81	32.9	
Total other drugs	96	91	191	126	100.0	246	100.0	7.1
Total drug offences								
Importation	19	41	34		0.9	33	1.0	
Cultivation	940	1011	1104		29.6	957	27.6	
Dealing	190	183	54		4.1	174	5.0	
Possession	1690	1521	1967		50.1	1915	55.2	
Consumption	473	380	324		11.4	287	8.3	
Other	160	91	148		3.9	102	2.9	
TOTAL ALL DRUGS OFFENCES	3,472	3,227	3,631	3,443	100.0	3,468	100.0	100.0

Table 8
Quantity of drugs seized by the Mauritius Police Force, by type of drugs, 2012 – 2014

Drug	Units	Quantity		
		2012	2013	2014
Heroin	Kg	18.3	14.1	12.0
Cannabis(including plants)		69.1	104.8	118.2
Other drugs		0.7	1.7	0.6
Buprenorphine	Pills	9,564	5,831	1,168
Sedatives/ Tranquilizers		3,354	4,610	2,899

Table 9
Number of exhibits analyzed by the Forensic Science Laboratory (FSL), 2013 - 2015

Drug	2013		2014		2015	
	Number	%	Number	%	Number	%
Cannabis	1,912	80.9	2,198	78.2	1,931	68.0
Heroin	181	7.7	346	12.3	598	21.0
Miscellaneous dangerous drugs (Pills Cough Syrup, methadone etc.)	258	10.9	238	8.5	210	7.4
Hashish (cannabis resin)	9	0.4	-	-	1	0.0
New Psychoactive Substances	4	0.2	29	1.0	101	3.6
TOTAL	2,364	100.0	2,811	100.0	2,841	100.0

Table 10
FSL and Mauritius Police Force reports in 2015

Drug	FSL and Police Force reports in 2015	
	% of exhibits analyzed by FSL	% of drug offences reported by the Police Force
Cannabis	68.0	66.2
Heroin	21.0	21.5
Other drugs	11.0	12.3
Total	100.0	100.0

Fig. 3

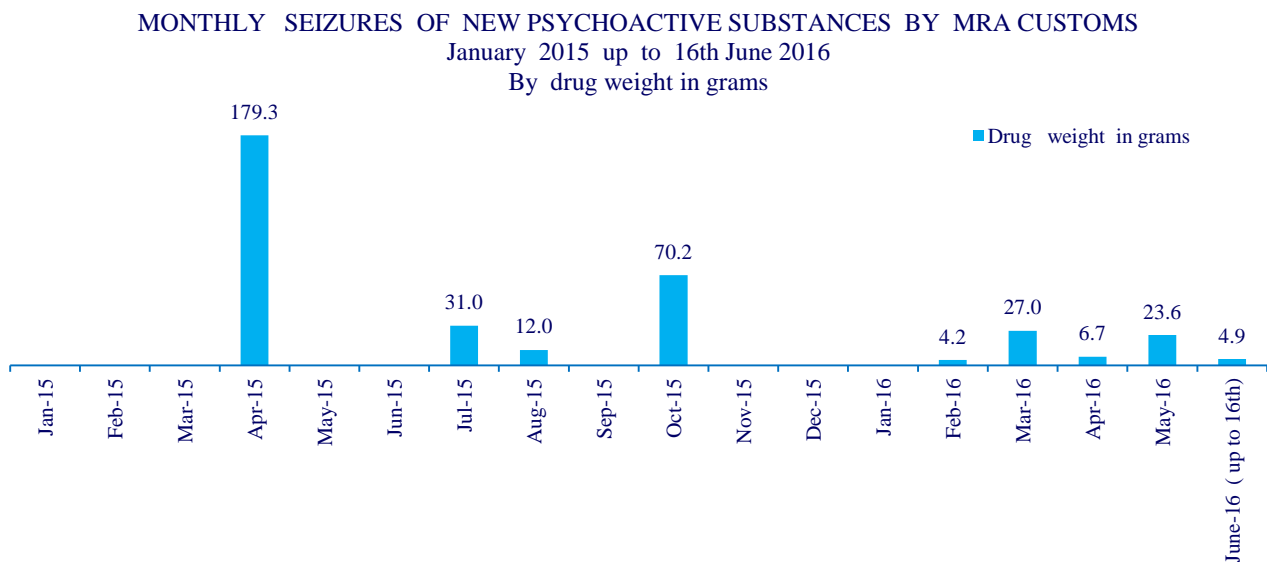


Table 11
New outpatient cases attending Brown Sequard Mental Health Centre
due to illicit drug use, 2011 to (2016, as at June)

Year	Male	Female	Both sexes
2011	88	13	101
2012	56	6	62
2013	83	7	90
2014	82	9	91
2015	266	26	292
January up to June 2016	211	14	225

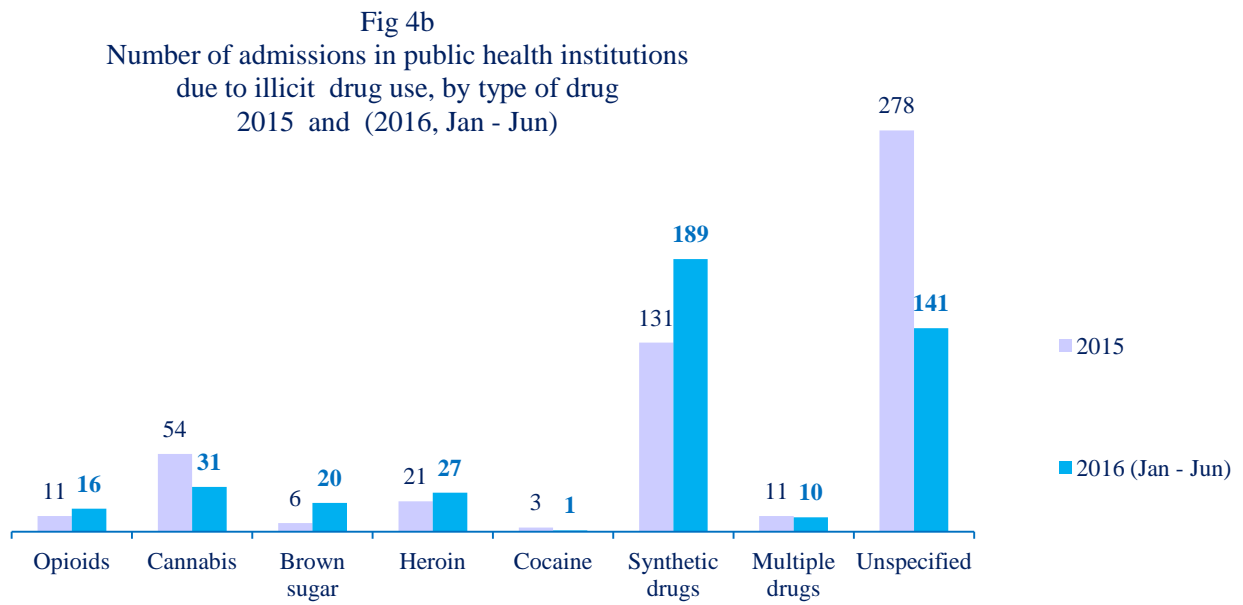
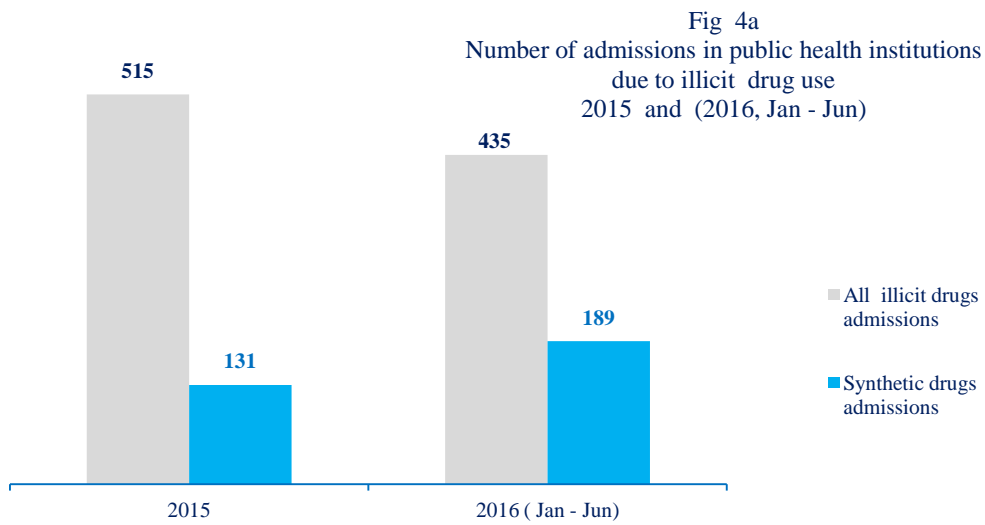


Table 12
Admissions in public health institutions due to suspected New Psychoactive Substances
2016 (1st January up to 30th June), by age group

Age of patient (years)	Number of admissions			
	Male	Female	Both sexes	Percentage
Under 15 years	3	1	4	2.1
15 – 19	65	7	72	38.1
20 - 29	70	1	71	37.6
30 - 39	27	1	28	14.8
40 years and above	13	1	14	7.4
TOTAL	178	11	189	100.0

Table 13
Percentage of prisoners convicted in Mauritius prisons, for drug offences,
2001 - 2015 and 2016(January-June), by sex

YEAR	% drug-offence detainees	
	Male	Female
2001	28.5	35.6
2002	24.7	24.2
2003	25.3	33.0
2004	28.8	37.2
2005	27.7	36.3
2006	23.8	30.1
2007	22.0	20.7
2008	24.9	32.0
2009	18.8	20.3
2010	17.2	24.1
2011	16.6	32.8
2012	16.4	29.6
2013	12.0	21.0
2014	10.7	16.3
2015	8.5	29.1
2016 (January – June)	9.3	24.6

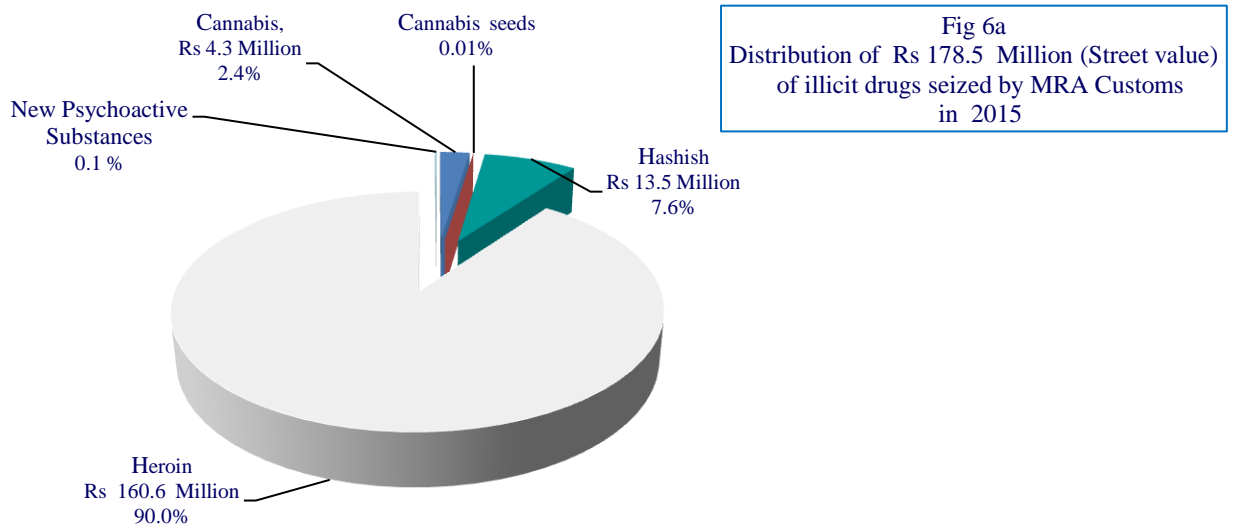
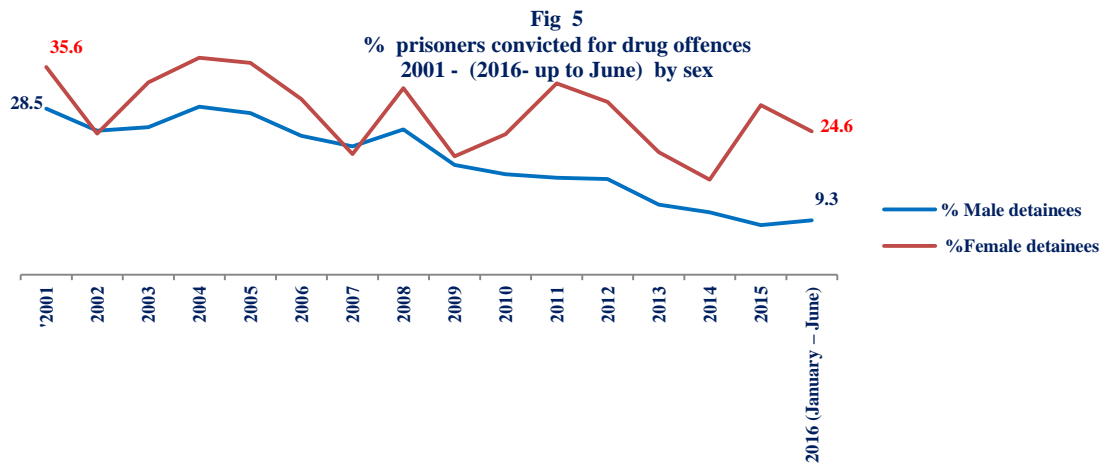


Fig 6b
Distribution of Rs 93.1 Million street value
of illicit drugs seized by MRA Customs
in **2016** (January up to 30th June)

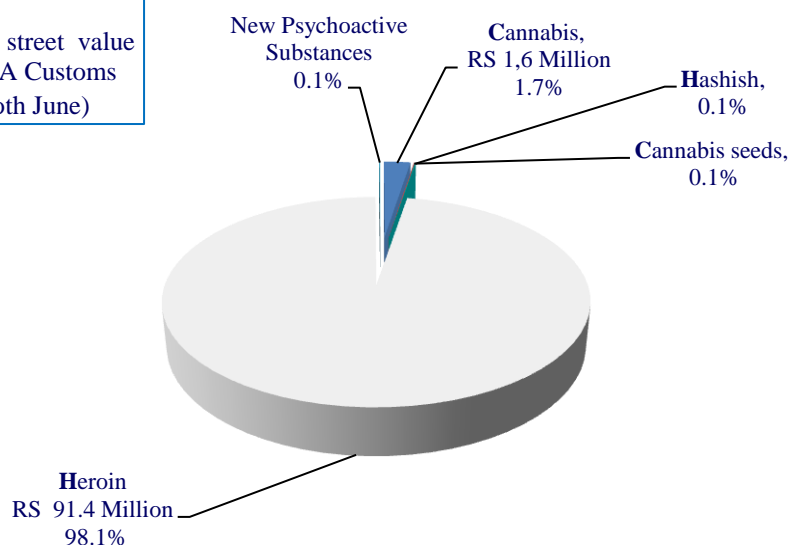


Table 14

Seizures of drugs by the Mauritius Revenue Authority (MRA) Customs - Year 2015

DRUG	Place	Number of cases	Quantity (units or grams)	Street value (Rs)
Cannabis	Airport	7	5,083.10 g	2,287,395
	Port	5	4,288.63 g	1,981,184
Cannabis seeds	Airport	1	12 units	1,200
	Port	2	66 units	6,600
Cannabis oil	Airport	1	10 ml	
	Port	1	10 ml	
Hemp oil	Port	1	10 ml	
Hemp seeds	Port	3	1 box + 103 seeds + 454 g	
Hashish	Airport	3	5,405.90 G	13,514,750
Heroin	Airport	5	9,684.68 g	145,270,200
	Port	2	1,019.26 g	15,288,900
New Psychoactive Substance s	Airport	1	12.00 g	18,000
	Port	6	280.50 g	126,225
TOTAL STREET VALUE (excluding cannabis oil, hemp oil and hemp seeds)				178,494,454

Table 15
Seizures of drugs by the Mauritius Revenue Authority (MRA) Customs,
Year 2016 (January up to June)

DRUG	Place	Number of cases	Quantity (units or grams)	Street value (Rs)
Cannabis	Airport	4	990.83 g	593,211
	Port	1	1,600 g	960,000
Cannabis seeds	Airport	-	-	0
	Port	1	500 units	50,000
Hemp Cream	Port	1	300ml	
Hashish	Airport	1	4.56 g	11,400
	Port	3	14.63 g	38,890
Heroin	Airport	3	3,302.19 g	49,542,000
	Port	4	2,790.67 g	41,860,050
New Psychoactive Substances	Airport	-		0
	Port	5	66.40 g	72,870
Poppy Seeds	Airport	-	-	0
	Port	1	200 kg	
Opium powder	Airport	-		0
	Port	1	25 "Lamaline" Gelules & 6 "Lamaline" Suppositoires	
TOTAL STREET VALUE (excluding hemp cream, poppy seeds and suppositories)				93,128,421

Fig 7
People Who Inject Drugs (PWID)
as a percentage of all newly detected HIV cases
2005 - (2016 as at June)

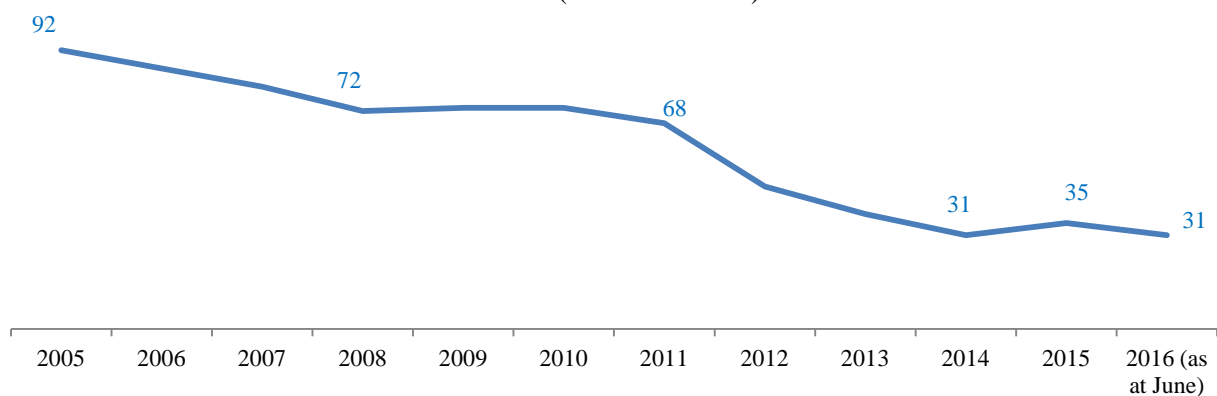


Table 16
IBBS survey 2013 - Distribution of People Who Inject Drugs (PWID)
by duration between first non-injecting drug and first injecting drug use – 2013

Number of years between first non-injecting drug use and first injecting drug use	% PWID
Had never used non-inject drug	5.0
Started injecting drug before non-injecting practice	4.6
Started non-injecting and injecting drug on same year	16.1
Started injecting drug one year after starting non-injecting drug	14.5
Started injecting drug 2 - 4 years after having started non-injecting drug	34.0
Started injecting drug 5 - 10 years after having started non-injecting drug	19.5
Started injected drug more than 10 years after having started non-injecting drug	6.5
Total	100.0

Fig 8
Ministry of Health & Quality of Life
Number of Methadone clients on maintenance
as at end of year (2008-2015)

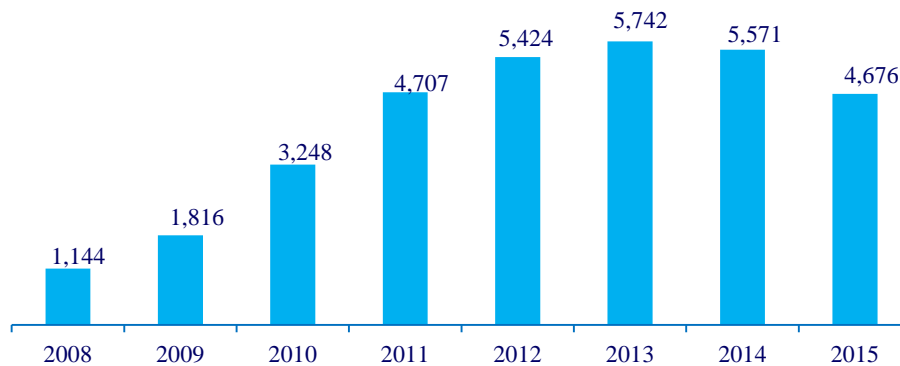


Table 17

Number of Methadone clients as at end of June 2016
by regional dispensing points and in prisons

DISPENSING AREA / PLACE	MALE	FEMALE	TOTAL
PORT LOUIS	1,806	78	1,884
UPPER PLAINES WILHEMS	742	33	775
LOWER PLAINES WILHEMS	506	37	543
SOUTHERN REGION	378	7	385
NORTHERN REGION	384	11	395
EASTERN REGION	195	1	196
WESTERN REGION	19	0	19
PRISONS	394	0	394
TOTAL	4,424	167	4,591

Fig 9
Number of Methadone clients as at end of June 2016
by regional dispensing points and in prisons

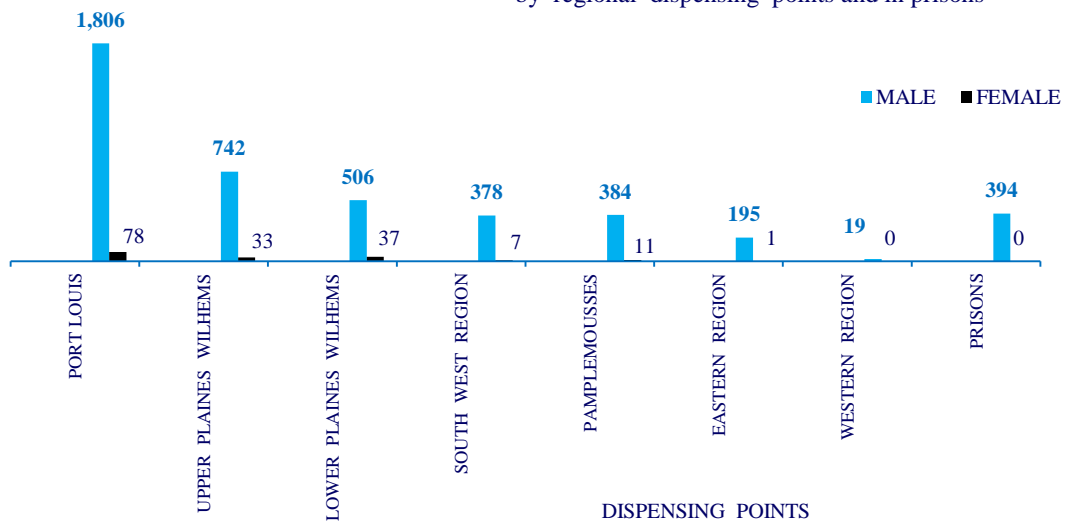


Table 18
MOH and QL Needle Exchange Programme
Distributed syringes and needles
2011 – 2015

Year	Distributed		Syringes returned for incineration	
	Syringes	Needles	Number	%
2011	184,803	393,407	105,865	57.3
2012	169,309	374,256	85,413	50.4
2013	159,752	323,388	89,738	56.2
2014	241,159	439,615	170,550	70.7
2015	317,568	592,331	199,805	62.9

Table 19
NGO's Needle Exchange Programme
Distributed syringes and needles
2011 - 2015

Year	Distributed		Syringes returned for incineration	
	Syringes	Needles	Number	%
2011	121,266	168,749	101,187	83.4
2012	113,407	126,955	80,322	70.8
2013	110,457	111,349	45,972	41.6
2014	246,603	284,943	84,901	34.4
2015	397,956	310,101	81,069	20.4

Fig 10.
Republic of Mauritius
Annual number of newly detected HIV cases 2005 - 2015

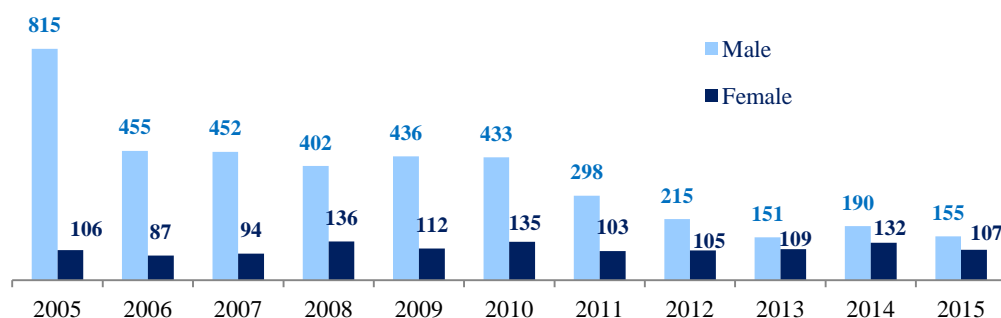


Table 20
Suboxone/Naltrexone programme, May and June, 2016

Suboxone/Naltrexone programme	2016	
	May	June
Number of patients admitted for treatment (in-patients)	20	20
Number of patients who dropped out from in-patient treatment	4	2
Number of out-patient consultations by doctors	212	238
Number of counselling sessions offered by case managers (excluding out-patient reviews by case managers together with doctors)	136	158
Number of crisis intervention episodes by Harm Reduction Unit team	14	18

Table 21
Progress of suboxone patients since discharged
by monitoring “drug free” and “employment” status
as at end of June 2016

Time since discharge From Detox and Rehab ward at Mahebourg Hospital	Proportion of drug free patients	Proportion of Patients in employment
5 - 6 months	14 /21	18 /21
3 months - < 5 months	17 /32	19 /32
1 month - < 3 months	25 /37	28 /37
Less than one month	17 /19	16 /19
Overall	73 /109 (67%)	81 /109 (74%)

Fig 11
Number of patients admitted for treatment in suboxone programme
by age group, Jan-Jun 2016

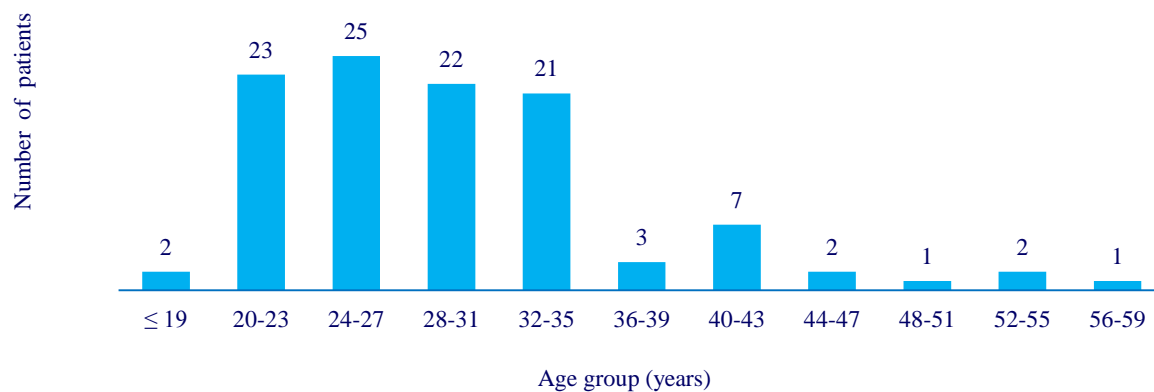


Fig 12
Number of patients
by duration of heroin use at time of presentation to treatment with suboxone

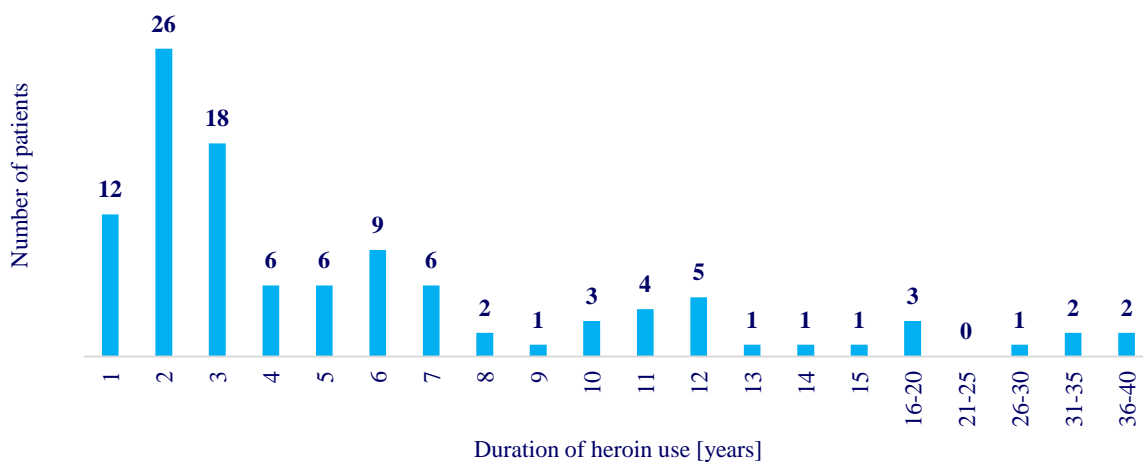


Table 22
New treatment cases at rehabilitation centres,
2013 -2015

YEAR	New treatment cases
2013	1,675
2014	1,925
2015	1,982

Table 23 - Drug prevention activities carried out, by rehabilitation centres, 2011-2015

Year	Educational institutions		Youth		Workplace		Family		Ad hoc	
	Activities	No. of persons	Activities	No. of persons	Activities	No. of persons	Activities	No. of persons	Activities	No. of persons
2011	33	1,320	46	1,840	26	1,040	38	1,520		
2012	26	1,040	50	2,000	23	920	10	400		
2013	37	3,380	46	1,753	77	2,346	48	2,196	85	18,892
2014	138	1,6124	12	156	36	928	140	6,000	6	4000(exhibition)
2015	141	12,386	5	3,511	44	1,253	166	5,073	7	504

Table 24

- Rehabilitation centres drug prevention and NGOs engaged in prevention activities - 2015

Name of rehabilitation centre	No. of Activities	No. of Persons Reached
Centre de Solidarité Pour une Nouvelle Vie, Rose Hill	27	1,084
Sangram Sewa Sadan, St Paul	38	1,498
Centre d'Accueil de Terre Rouge	4	500
Dr. I. Goomany Treatment Centre, Plaine Verte	60	3,685
HELP De Addiction Centre, Cassis	6	750
Groupe Renaissance de Mahebourg	9	587
Groupe A de Cassis, Port Louis	19	3,695
Centre de Traitement et de Rehabilitation de St. Gabriel, Rodrigues @	95	5,504
Centre d'Alcoologie, Rodrigues @	11	832
Leadership Empowerment Action Development (LEAD)	165	6,270

@ These figures include alcohol cases

Table 25
Reported cases of Users of suspected New Psychoactive Substances (NPS)
by Rehabilitation Centres, January – December 2015

SN	CENTRE	NO. OF CASES	Type of Drug User
1	Sangram Sewa Sadan	14	Polydrug
2	Centre d'Accueil de Terre Rouge	37	Polydrug
3	HELP De Addiction Cenre	35	Polydrug
4	Dr. Idrice Goomany Treatment Centre	26	Polydrug
5	Centre de Solidarité Pour Une Nouvelle Vie	20	Polydrug
6	Etoile d'Espérance	NIL	
7	Human Service Trust – Ayurveda Centre	NIL	
8	Chrysalide	30	Polydrug
9	Groupe A de Cassis, Port Louis	12	NPS only
10	Groupe Renaissance	1	NPS only
11	Centre d'Accueil & de Rehabilitation de St. Gabriel – Rodrigues	NIL	
12	Centre d'Alcoologie - Rodrigues	NIL	

Table 26
Reported Cases of New Psychoactive Substances (NPS)
by Rehabilitation Centres, January – July 2016

SN	CENTRE	NO. OF CASES	TYPES OF DRUGS
1	Sangram Sewa Sadan	22	Polydrug users
2	Centre d'Accueil de Terre Rouge	99	Polydrug users
3	HELP De Addiction Centre	113	Polydrug users
4	Dr. Idrice Goomany Treatment Centre	175	Polydrug users
5	Centre de Solidarité Pour Une Nouvelle Vie	51	Polydrug users
6	Etoile d'Espérance	NIL	
7	Human Service Trust – Ayurveda Centre	1	NPS only
8	Chrysalide	8	Polydrug users
9	Groupe A de Cassis	9 1	Polydrug users
10	Groupe Renaissance		(Not provided)
11	Centre d'Accueil & de Rehabilitation de St. Gabriel – Rodrigues	NIL	
12	Centre d'Alcoologie - Rodrigues	NIL	

Table showing the 39 community methadone dispensing sites across the island:
(excluding around 370 in prisons), as at end of June 2016

Table 27 Methadone patients , by dispensing sites

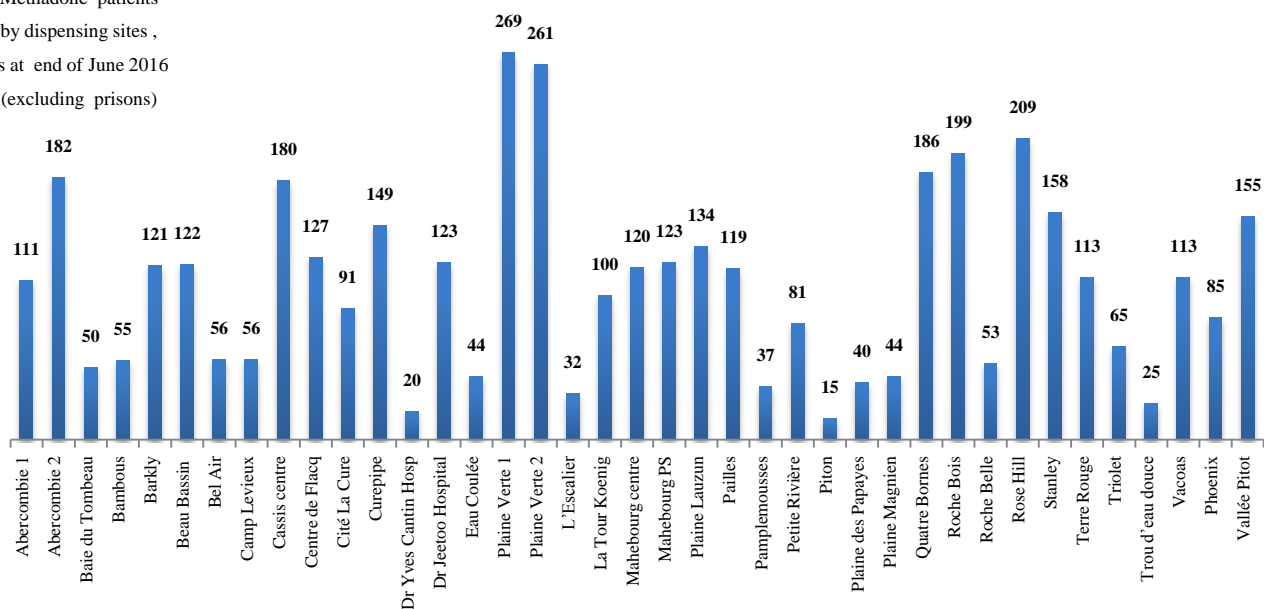
Methadone Dispensing sites	Number of patients attending sites		Methadone Dispensing sites	Number of patients attending sites
Abercombie 1	111		Mahebourg centre	120
Abercombie 2	182		Mahebourg	123
Baie du Tombeau	50		Plaine Lauzun	134
Bambous	55		Pailles	119
Barkly	121		Pamplemousses	37
Beau Bassin	122		Petite Rivière	81
Bel Air	56		Piton	15
Camp Levieux	56		Plaine des Papayes	40
Cassis centre	180		Plaine Magnien	44
Centre de Flacq	127		Quatre Bornes	186
Cité La Cure	91		Roche Bois	199
Curepipe	149		Rose Belle	53
Dr Yves Cantin Hosp	20		Rose Hill	209
Dr Jeetoo Hospital	123		Stanley	158
Eau Coulée	44		Terre Rouge	113
Plaine Verte 1	269		Triplet	65
Plaine Verte 2	261		Trou d'eau douce	25
L'Escalier	32		Vacoas	113
La Tour Koenig	100		Phoenix	85
			Vallée Pitot	155
TOTAL @				4,223

@ excluding prisons

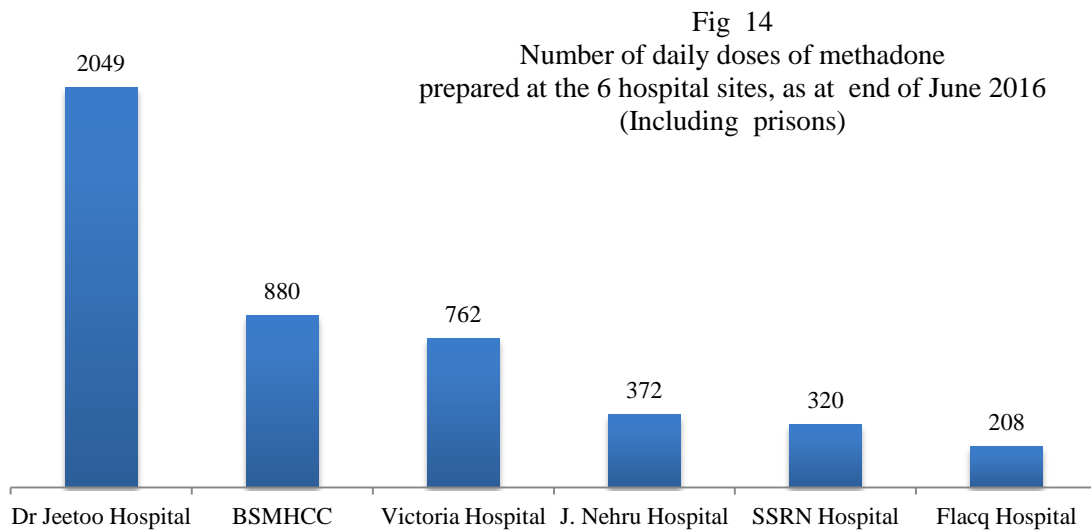
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Fig 13

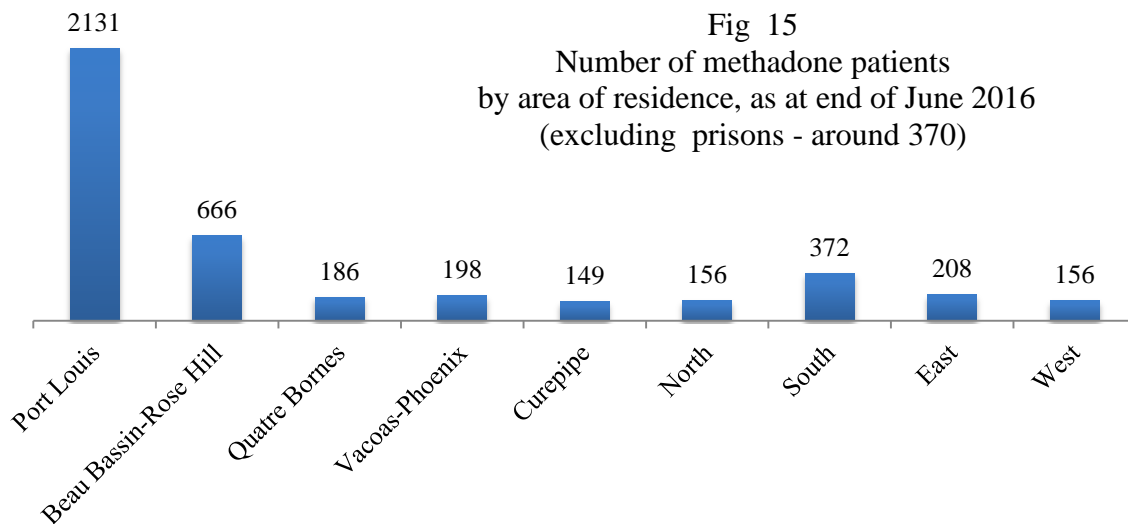
Methadone patients
by dispensing sites ,
as at end of June 2016
(excluding prisons)



Bar chart showing the number of daily doses of methadone prepared at the 6 hospital sites:
(Note :The doses prepared at Mahebourg Hospital have been computed under Dr J. Nehru hospital and that BSMHCC also prepare methadone doses for the prison sites).

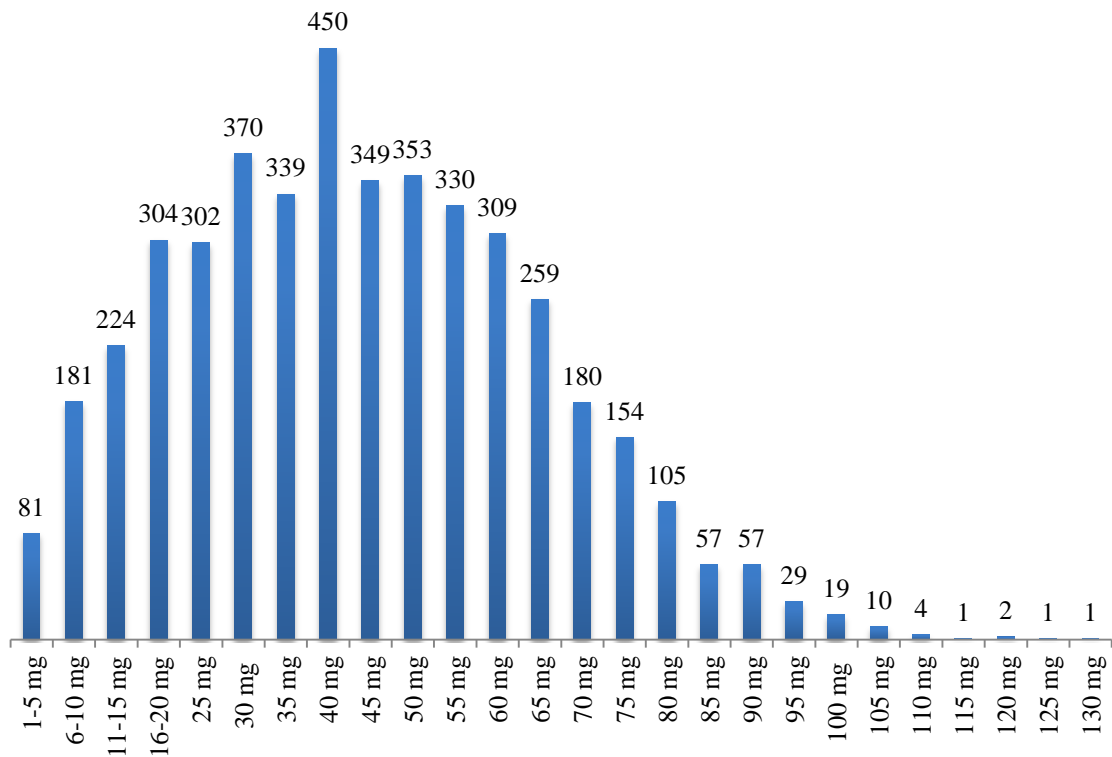


Bar chart below shows the areas of residence of patients on the methadone substitution programme clustered into 5 urban and 4 rural areas:



Histogram below showing the extent of spread of doses of methadone in milligrammes that patients receive daily at 30th June 2016: The average daily methadone dose per patient was 40 mg.

Daily doses (milligrammes) of methadone received by patients,
as at end of June 2016



Annex 3 Republic of Mauritius - Selected illicit drug indicators

INDICATOR	Year 2015 (Unless specified)	Year 2016 (Jan – Jun) (If available)
MAURITIUS POLICE FORCE		
Drug offence ratio	Indicator Value	
Number of drug offences reported	3,468	
Drug offences reported per 1,000 inhabitants	2.7 per 1,000	
Drug offences reported as a percentage of all reported offences (excluding Road Traffic contraventions)	6.0%	
Type of drug		
Percentage of drug offences reported for heroin	21.5%	
Percentage of drug offences reported for cannabis(including cultivation)	66.2%	
Percentage of drug offences reported for buprenorphine	1.1%	
Nature of drug offence		
Percentage reported drug importation offences	1.0%	
Percentage reported drug dealing offences	5.0%	
Percentage reported drug possession offences	55.2%	
Percentage reported drug consumption offences	8.3%	
Percentage reported drug cultivation (cannabis) offences	27.6%	
Seizures		
Average annual weight of heroin seized 2012-2014	14.8 kg	
Average annual weight of cannabis seized 2012-2014	97.4 kg	
Average annual number of buprenorphine pills seized 2012-2014	5521	
Arrests by Police Anti-Drug and Smuggling Unit (ADSU)		
Number of arrests for drug offence	1,772	825
Number of arrests of foreigners for drug offences	13	13
Percentage of arrests for possession of drug	77%	74%
Number of arrests for possession of New Psychoactive Substance	75	56
Number of arrests for dealing of New Psychoactive Substance	28	26
Number of cannabis plants uprooted	71,706	22,613
MAURITIUS REVENUE AUTHORITY (MRA) CUSTOMS SEIZURES		
Total street value of drug	Rs 178.5 Million	Rs 93.1 Million
Total weight of heroin	10.7 kg	6.1 kg
Total weight of hashish	5.4 kg	0.0192 kg
Total weight of cannabis	9.4 kg	2.6 kg
Total weight of New Psychoactive Substance	0.3 kg	0.0664 kg
Total street value of New Psychoactive Substance	Rs 144,225.00	Rs 72,870.00

Republic of Mauritius - Selected illicit drug indicators (Continued)

INDICATOR	Year 2015	Year 2016 (Jan- Jun)
MORBIDITY AND MORTALITY DUE TO DRUG ABUSE		
Number of admissions in public health institutions due to illicit drug use	515	435
out of which : known New Psychoactive Substance	131	189
Cannabis	54	31
Heroin	21	27
Brown sugar	6	20
Cocaine	3	1
Number of new outpatient cases attending Brown Sequard Mental Health Centre following illicit drug use	292	225
Number of deaths registered due to drug abuse	17	4
HARM REDUCTION PROGRAMME (For People Who Inject Drugs - PWID)		
Estimated size of the population of <u>active</u> PWID (IBBS survey 2009 and 2011)	10,000	
Estimated size of the population of <u>active</u> PWID (IBBS survey 2013)	5,000	
PWID as a percentage of all newly detected HIV positive cases	35%	
Cumulative number of clients induced on Methadone since 2006	6,716	
out of which : female clients	354	
Number of Methadone clients on maintenance as at end of 2015	4,676	
Number of prison inmates on methadone(as at February 2016)	394	
Syringes distributed through the MOH&QL Needle Exchange programme	317,568	
Percentage syringes returned for incineration (MOH&QL programme)	62.9%	
Syringes distributed through the NGOS Needle Exchange Programme	397,956	
Percentage syringes returned for incineration (NGOs programme)	20.4%	
REPORTS BY EDUCATIONAL AUTHORITIES		
Number of secondary schools reported for suspected drug use	13	9
Out of which : State secondary schools	10	6
Private secondary schools	3	3
Number of students reported to be involved in suspected illicit drug use at schools	18	43

Annex 4

The Ministry of Youth and Sports study on behaviour among youths

The Ministry of Youth and Sports conducted a study on behaviour among youths in Mauritius between July and September 2014. The main objective was to identify behaviours of youths detrimental to their mental, physical and social well-being. The study enlisted a representative sample of 1,000 youths. 500 males and 500 females aged 15-24 years were interviewed in their residence.

Alcohol and Other Drugs Use :

- Alcohol: The rate of lifetime alcohol use was 61.7% with 32.1% current users. Many youths had their first alcoholic drink between 15-16 years of age but some as early as age 13 and even before. 15.1% had episodic heavy drinking.
- Marijuana: 23.8% of youths were lifetime users of marijuana, starting use at ages 15-16 with some initiating use aged between 13-14 years. 22.0% were current users.
- Heroin: 20.7% of youths were lifetime and 19.7% current users of heroin. Many initiated use when aged between 15 and 16 years with some first using at ages 13 and 14. The injecting mode of use (9.2%) was common accompanied by considerable sharing of syringes (9.1%) in group.
- White Lady and Buprenorphine (Subutex): 26.9% of youths were lifetime and 31.6% current users of White Lady. Most of them initiated use between ages 15 and 16. 25.6% were lifetime and 25.1% current users of Subutex, mostly starting use between ages 14 and 16. Most users injected these drugs.
- Psychotropic drugs: 23.8% of youths were lifetime users of psychotropic drugs. Many youths first used these drugs at age 17 with some of them starting use at ages 11 and 13. 34.8% were current users.
- Ecstasy: 24.9% of youths were lifetime users of ecstasy, starting use mostly when aged between 13 and 14 years. 32.8% were current users
- Use of Substance by Students and on School Premises
1 in 2 young students used cigarette and alcohol. 1 in 5 used marijuana, heroin, White Lady, the psychotropic drugs and ecstasy. Furthermore, males mostly used licit, less expensive and easily accessible substance at school. They mainly used cigarette (16.2%) and psychotropic drugs (14.6%) but alcohol less frequently.

Composition of the National Drug Observatory Committee

Ministry of Health and Quality of Life

Dr K. Pauvaday - **Chairman**

Members

- Mrs I. Rugjee
- Dr A. Deelchand
- Dr R. K. Domun
- Dr A. Jhugroo
- Mrs S. Kalasopatan. Chellen
- Mrs S. Jankee
- Mr N. Persand
- Mr S. Monohur
- Dr (Mrs) M.D. Soyjaudah
- Dr A. Appadoo
- Dr D. Poonoosamy
- Dr S. Manraj
- Dr D. Caussy
- Mr N. Jeeanody
- Mr S. Corceal
- MR J. Larhubarbe

Other NDO members from Ministries, private bodies and NGOs

- Prime Minister's Office (Home Affairs Division)
- Mauritius Police Force
- Ministry of Youth and Sports
- Ministry of Education and Human Resources, Tertiary Education & Scientific Research
- Ministry of Social Integration and Economic Empowerment
- Ministry of Gender Equality, Child Development and Family Welfare
- Attorney General's Office
- Forensic Science Laboratory
- Mauritius Institute of Health
- Mauritius Revenue Authority
- Pharmaceutical Association of Mauritius
- PILS
- Collective Urgence Toxida (CUT)
- Help De Addition
- Dr I. Goomany Centre
- Sangram Sewa Sadan
- Groupe A de Cassis
- Centre de Solidarité Pour Une Nouvelle Vie
- Groupe Renaissance de Mahebourg
- LEAD
- Centre D'Accueil de Terre Rouge
- Chrysalide Centre
- AILES

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