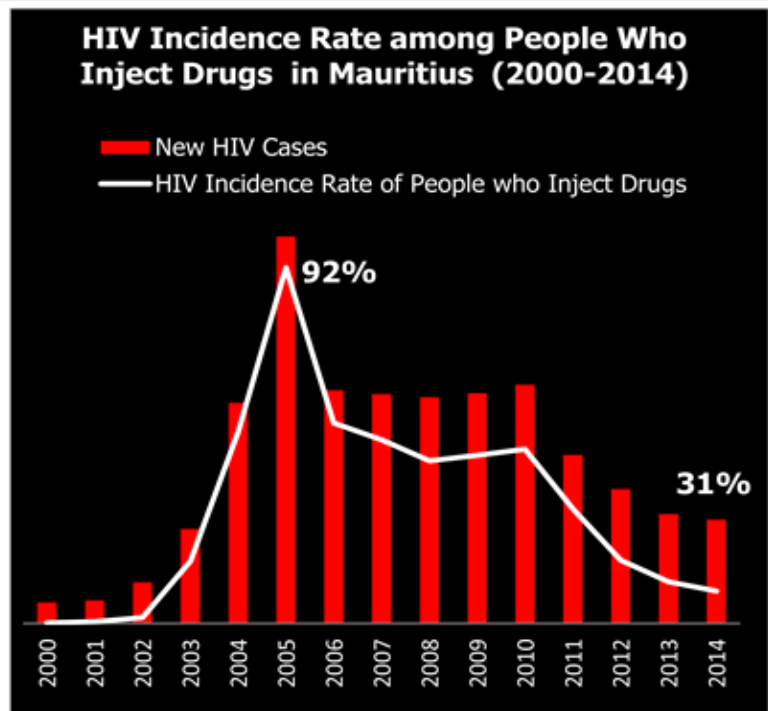


## Note on Harm Reduction Services for People Who Inject Drugs in Mauritius

24 July, 2015

Mauritius has been quite famous worldwide these recent years regarding the high levels of opiate use in the country. With a prevalence rate of 1.95% of opiate use<sup>1</sup>, Mauritius was ranking among the countries with highest levels of opiate use, in line with Iran and the Russian Federation in the late 2000s. At the same time, HIV incidence clearly showed a highly concentrated epidemic.

This situation has urged the authorities to set up health services for key affected populations. Thus, in 2006, Mauritius was the first African State to launch Harm Reduction services like the Needle and Syringe Programme (NSP), as well as the Methadone Substitution Therapy (MST), in a multi-sectorial approach. Results have clearly shown that these programmes have been effective in terms of HIV Prevention, since the incidence rate among the community of People Who Inject Drugs (PWID) decreased from 92% in 2005 to 31% in 2014<sup>2</sup>.



### A new vision for Harm Reduction?

Harm Reduction programmes like MST and NSP has led to a decrease of more than 60% in the HIV incidence rate among PWID in Mauritius. However, it has not only contributed in decreasing HIV transmission, but it has had other positive effects. A lot of MST users come from areas of pockets of poverty, and according to their testimonies, this programme has been a means of bringing back a balance in their couple and family environment. According to a study carried out in 2010<sup>3</sup>, it has also contributed to an improvement in quality of life of MST users, family environment, as well as self-esteem. Moreover, during the same period, a decrease in criminality rates has been observed, from 2,650 cases in 2007 to 1,085 in 2012<sup>4</sup>.

<sup>1</sup> United Nations Office on Drugs and Crime (UNODC), 2009. *World Drug Report*, Pg 235. Available at [http://www.unodc.org/documents/wdr/WDR\\_2009/WDR2009\\_eng\\_web.pdf](http://www.unodc.org/documents/wdr/WDR_2009/WDR2009_eng_web.pdf)

<sup>2</sup> Ministry of Health & Quality of Life (MOHQL), January 2015. *Statistics on HIV/Aids*

<sup>3</sup> APMG (Aids Project Management Group), 2010. *Evaluation Report*

<sup>4</sup> Data obtained from Police Force, & presented by MOHQL at HIV/Aids Indian Ocean Colloque in Mauritius(2013)

There have been a series of measures that have taken place in the Harm Reduction programmes since early 2015, namely:

- Decentralisation program, with methadone being distributed in police station premises<sup>5</sup>
- Press interview mentioning that MST would be phased out<sup>6</sup>.
- Request from the MOHQL that NGOs working on the NSP report names and National ID Card (NIC) numbers of NSP users.
- Discontinuation of MST induction in the community, as well as in prisons where 22% of prison inmates are People Living with HIV/Aids (PLWHA).

### **Civil Society's concerns**

CUT together with different partners of civil society, is concerned by the steps that are being taken in the 2 main Harm Reduction services available in the country:

Needle and Syringe Programme:

The confidentiality of Collectif Urgence Toxida<sup>7</sup> (CUT is the main NGO working on NSP since 2006) services regarding information on people using the NSP services has installed a climate of trust between NSP workers and NSP users over the years. The installation of the UIC (Unique Identifier Code) that was requested by the Global Fund, has also allowed for an effective monitoring and evaluation system in order to properly report to the authorities and the Global Fund on the exact number of people reached on a given period. It prevents double-counting, while respecting confidentiality in service delivery. The Global Fund has also encouraged the MOHQL to use the same methodology.

This is also in line with the recommendations of the WHO/UNAIDS/UNODC guidelines that even encourage the use of UIC in different health and social services across a country: "To avoid double-counting, a strictly anonymous system of identifying clients and recording their return visits may be necessary. A common method is to provide each client with a unique identifier code (UIC). This code enables a service to record individual clients' patterns of attendance (...) without the need to collect identifying information such as names or government-issued ID numbers. Coverage can be even more accurately measured if the same UIC is used across different services. (...). The coding system should be easy for a client to recall and must protect clients' confidentiality by ensuring that the UIC cannot be decoded to reveal the identity of the client."<sup>8</sup>

Currently, a consent form is being circulated on NSP sites of CUT, and so far, 92% of users have declared that they do not agree to give their names and ID numbers on NSP services.

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<sup>5</sup> Le Mauricien, *Santé: Distribution de Méthadone dans les postes de police*, 6 January, 2015. Available at <http://www.lemauricien.com/article/sante-distribution-methadone-l-enceinte-des-postes-police>

<sup>6</sup> Ion News, *Anil Gayan annonce la refonte du programme de distribution de méthadone*, 6 January, 2015. Available at <http://ionnews.mu/gayan-annonce-la-refonte-du-programme-de-distribution-de-methadone-0601/>

<sup>7</sup> [www.cut.mu](http://www.cut.mu)

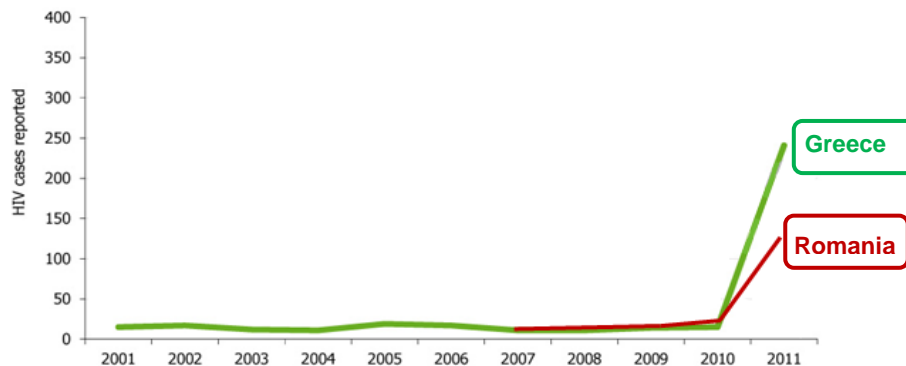
<sup>8</sup> WHO, UNODC, UNAIDS, 2012. *Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users*. Pg 36. Available at [http://apps.who.int/iris/bitstream/10665/77969/1/9789241504379\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/77969/1/9789241504379_eng.pdf?ua=1)

## Methadone Substitution Therapy:

After having visited several programmes in different countries, we think that the Ministry of health should consider alternatives to cessation of methadone. This goes in line with the World Health Organisation (WHO) recommendations stating that, "Observational studies indicate that those who remain in long-term opioid agonist therapy are more likely to stay alive than those who do not, and that cessation of opioid agonist maintenance treatment is associated with a risk of relapse to opioid use. Given these findings, these guidelines recommend that opioid agonist treatment should be seen as open ended, and should be continued as long as clinically indicated. Patients and clinical staff should not take lightly the decision to terminate opioid agonist maintenance treatment (e.g. for administrative reasons)."<sup>9</sup>

With the rise in HIV transmission that have taken place in countries like Romania and Greece, following suppression of Harm Reduction funding due to austerity measures among others, we are concerned that Mauritius might face a similar threat. Taking into consideration the success of Harm reduction programs in Mauritius since 2006, suppressing or down scaling these services is very worrying to CSOs working in this field in Mauritius.

### Number of HIV Infections by Transmission caused by Injecting Drug Use (2001-2011) Greece and Romania<sup>10</sup>



Multi-sectoral efforts have succeeded in bringing down HIV Transmission rates in the country, and a scenario like the one depicted in the graph above could have an impact on crime rates, credibility of Mauritius on the international scene in the field of HIV and drugs, and a consequent impact on public health costs related to the treatment, care and support of people who live with HIV as well as Hepatitis C.

We understand, through reports by the press, that this cessation is temporary, due to a need to evaluate the number of people who could be gradually detoxed from MST. This is very laudable, as there has not been much attention given to methadone detoxification to

<sup>9</sup> WHO (World Health Organisation), 2009. *Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence*. Pg 37. Available at [http://www.who.int/substance\\_abuse/publications/opioid\\_dependence\\_guidelines.pdf](http://www.who.int/substance_abuse/publications/opioid_dependence_guidelines.pdf)

<sup>10</sup> ECDC (European Centre for Disease Prevention and Control), 2012. *HIV/Aids Surveillance in Europe*. Adapted. Available at <http://ecdc.europa.eu/en/publications/Publications/hiv-aids-surveillance-report-2012-20131127.pdf>



those who wilfully choose this option. However, there are about 200 people who are on waiting lists of our partner organisations, namely Goomany Centre, LakazA, and AILES.

### **Recommendations of CUT on Harm Reduction services in Mauritius**

- Application of Unique Identifier Code (UIC) on all NSP services, including Governmental ones, in line with WHO/UNODC/UNAIDS recommendations
- Re-launching of the MST induction
- Re-organisation of the MST services in line with existing recommendations made by external consultants<sup>11</sup>
- Setting up of multi sectoral committee to address the Harm reduction programme, where civil society and MST users will be included
- Setting up of a multi-sectoral National Drug Control Masterplan.

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<sup>11</sup> APMG (Aids Project Management Group), 2012. *A detailed Evaluation of the National Harm Reduction PSM in Mauritius*. Available at <http://apmglobalhealth.com/project/national-harm-reduction-evaluation-and-strategy-mauritius>