



**Case Study Series:**  
**The impacts of drug policy  
on young people**  
**MAURITIUS**

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## Introduction

Mauritius is an island located off the Kenyan coast in the Indian Ocean with a population of approximately 1.3 million people and total area of 2,000 km. Drug consumption on the island is not a recent phenomenon and can be traced back to the abolition of slavery in 1834, when Mauritius, then a British colony, experienced an inflow of labourers from India who introduced cannabis to the island. The same period also saw migrants from China bringing opium to the island. Yet, these drugs mainly served traditional purposes; it was not until heroin was introduced to the country in the 1980s that drug use became a greater issue of public concern and health.

Since the 1980s, the island has experienced increasing levels of injecting drug use and has now one of highest per capita rates of illicit opiate use. Whilst Mauritius does have an established harm reduction response to drug use, young people who use drugs are denied access to these life-saving services and receive little support, leading to poor health outcomes and lost opportunities. Instead of supporting and protecting the health and well-being of young people who use drugs in Mauritius, drug policy has had a marginalising effect, both in the immediate and longer term.

This case study looks at these issues, presenting information drawn from surveillance data, policies and experiences of both local service providers and young people who use drugs themselves. In light of the challenges that young people face, this paper concludes with a series of recommendations for policy reform.

## Drug use prevalence amongst young people

A variety of drugs are being used by young people in Mauritius, with cannabis being one of the most popular. Ecstasy and methamphetamine can also be found on the island although are not as widely available. Opiates have long been a popular drug of choice in Mauritius, particularly heroin (brown sugar) and Subutex (also known as buprenorphine, a substance generally prescribed as substitution treatment for heroin dependence) – a prohibited drug in Mauritius – for recreational use, particularly amongst young people. The 2011 Integrated Behavioural and Biological Surveillance survey reported that 10.9 per cent of people who inject

drugs are under the age of 24, which is an increase from the 2009 survey results of 6.7 per cent. The IBBS also reported that 76.5 per cent of people who inject drugs began injecting under the age of 24. SAFIRE, an organisation working with street children in Mauritius, recently completed a study with street-involved youth. It found that 30.2 per cent of the 271 children interviewed admitted they were using drugs. Another study commissioned for the National AIDS Secretariat and the Joint United Nations Programme on HIV and AIDS (UNAIDS) reported that 4 per cent of young people aged 15-24 use “hard” drugs (defined, in this case, as heroin, cocaine, ecstasy and Subutex) – 1.4 per cent admitted to injecting heroin and 1.1 per cent to injecting Subutex. Overall, the data clearly suggests that people start using – and injecting – drugs at an increasingly young age.

Youth RISE, SAFIRE and PILS (Prevention Information Lutte contre le Sida) recently conducted a community consultation with young people who inject drugs that aimed to understand the context of injecting drug use amongst young people and the barriers they experienced in accessing harm reduction services. The consultation took place in Port Louis and gathered youth perspectives and experiences around different harm reduction interventions to ensure that existing interventions are youth-friendly. During the consultation, the participants agreed that young people start injecting drugs at a younger age and that injectable drugs are easily available on the island, in particular Subutex. The quotes below are taken from consultations with the participants:



*Well, before drugs were not that bad, there was much less of it and one had to go far away to get some. Nowadays, drugs are everywhere on the island. (...) Everywhere you go you can find [injectable] drugs.*

*Now at 15 [years of age], the only drug I hear about is Subutex.*

*Nowadays you do not get that much of a high. The drugs used to be more potent, so it wasn't necessary to start injecting oneself... smoking was enough... but as the drugs are now less potent, their consumption has increased and you need to inject them directly.*



## Drug policy framework

The government agency that coordinates drug policy is the Anti-Drug and Smuggling Unit. Mauritian drug policy consists of the Dangerous Drugs Act (2000)

which prescribes strict prohibitive provisions for the control of drug use, production and trafficking, as well as penalties for drug offences. Article 34 states that any person caught for drug use or possession for personal use – including possession of drug use paraphernalia – can be sentenced to a fine not exceeding 50,000 rupees (USD 1,650) and/or imprisonment for a period of a maximum of two years. The criminalisation of drug use and possession, and of the possession of drug paraphernalia, has a critical impact on the effectiveness of harm reduction services – as we shall explain below.

Mauritian legislation uses a scheduling system to determine the level of prohibition for the various substances. Each of the drugs prohibited in the Dangerous Drugs Act are listed in Schedule I, II or III with different levels of control for each Schedule, depending on their impact on public health. Offences related to the trafficking of scheduled substances are given more severe sentences than offences for drug possession. However, the Dangerous Drugs Act does not provide a clear definition of “user” and “dealer”. This makes the distinction between the two difficult to make in practice, and has led the courts to incarcerate or fine people caught in possession of small amounts of cannabis, or any other drugs, as if they were dealers. All substances used in the manufacture of narcotic drugs and psychotropic substances as classified by the 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, or otherwise, are included as precursors in Schedule IV.

Despite the high prevalence of young people who use drugs in Mauritius, there is scant attention paid to young people in official drug policy legislation. Minors are only mentioned in Article 41(1)(f) – *“aggravating circumstances shall be deemed to exist whenever another person under the age of 18 was concerned in the offence”*.

Another major issue within the drug policy framework is the fact that people need a **“Certificate of Character”** to obtain employment. The Certificate of Character lists any criminal offence an individual has received over the past 10 years. The law was recently reviewed when it relates to drugs offences (including drug use), which now appear on a person’s Certificate of Character for life. Therefore, young people who have drug convictions will have a permanent police record disclosed on their “Certificate of Character” without expiration, creating a huge barrier to accessing employment, and therefore to their long-term socio-economic development.

## HIV/AIDS and hepatitis C

Mauritius is experiencing a concentrated HIV epidemic that is largely driven by injecting drug use. In 2002, injecting drug use accounted for 14 per cent of new HIV infections in Mauritius. In 2011, an Integrated Behavioural and Biological Surveillance Survey (IBBS) among People who Inject Drugs estimated the HIV prevalence to be at 51.6 per cent among a population of 10,000 people who inject drugs, with a geographical concentration around Port-Louis. It is also estimated that 95.8 per cent of people who inject drugs are also infected with hepatitis C.

Whilst no data is currently unavailable on the HIV prevalence among young people who inject drugs, we do know that the HIV epidemic has a young face, with 17.6 per cent of people living with HIV aged between 15-24 years, while 54.6 per cent are in the 25-39 age group in Mauritius. This reflects the increased vulnerability of young people to HIV infection due to a number of individual, social and structural factors such as lower knowledge, higher risk taking behaviour, and barriers to accessing HIV prevention services. The Youth RISE/SAFIRE/PILS community consultation revealed that knowledge about HIV among young people who use drugs is very low, including a belief that HIV is less likely to be transmitted through sharing injecting equipment than via sex. Participants to the consultation also reported a lack of condom use among young people who use drugs, highlighting little concern for safe sex, especially when under the influence of drugs.

## Harm reduction services

Opiate substitution therapy (OST) and needle and syringe programmes (NSP) were introduced in Mauritius in 2006, in order to respond to the fact that, in 2005, 92 per cent of new HIV infections occurred among people who inject drugs.

Young people have been identified as a priority group for intervention in the National Strategic Framework for 2012-2016, which claims that *“the trend of the HIV epidemic can be reversed if young people are informed and empowered to change their behaviour and reduce their risk”*. The document also recognises that *“as it stands now, our Harm Reduction services do not cater for minors”*, yet it does not elaborate on steps needed to improve services so they are more accessible for young people.

## Needle and syringe programmes

Since they were introduced in 2006, NSPs have been run by the Ministry of Health and Quality of Life and NGOs through mobile caravans and through fixed community sites.

However, at the time, the continued criminalisation of possession of paraphernalia as stipulated in the Dangerous Drugs Act (2000) constituted a significant barrier to accessing these services. In order to respond to this issue, the government adopted the HIV and AIDS Act (2006). One of the objectives of the Act was to protect people using NSP facilities from being prosecuted. Article 16 of the Act states that, *“A person who is caught in possession of a syringe or needle, in compliance with this Act, shall not, by reason only of that possession, be considered as having committed an offence under the Dangerous Drugs Act”*. In practice, however, a number of people have been condemned under the Dangerous Drugs Act (2000) when caught in possession of a syringe that contained residues of drugs, judges arguing that the person was not only in possession of the syringe, but should also be condemned for possession of drugs, and for actual use.

There is therefore a clear contradiction between the two pieces of legislation, impeding access to harm reduction services for people who inject drugs. According to service providers, this practice tends to have a drastic effect on the number of syringes distributed but even more so for those exchanged. Young people are undeniably the most affected by this dissonance in laws as they are far more likely to use drugs in public spaces.

Whilst there are no legal age restrictions for accessing NSPs in the HIV and AIDS Act, there is a lack of clarity within the law which leads to misinterpretation. Minors are therefore often refused sterile injecting equipment at both government and NGO-run NSP sites. The lack of access to NSPs for minors was clearly expressed during the Youth RISE/SAFIRE/PILS community consultations, with young people reporting that people under 18 either buy syringes from pharmacies, from friends or older users.

*I have never seen them giving clean needles to young people under 18 (man who injects drugs)*

Other reasons identified by young people for not being able to access NSP services are the fact that service providers are not friendly to young people, and the fear of being stigmatised by their community or from their parents and family. Geographical coverage of NSPs is also said to be poor and insufficient for the needs of the population.

## Opiate substitution therapy

Methadone Maintenance Treatment (MMT) is dispensed by the Ministry of Health and Quality of Life through various dispensing points around the island. It is delivered through a method of residential induction (two weeks) followed by outpatient dispensary that is open for a limited number of hours every day. However, buprenorphine continues to be illegal and therefore cannot be used for OST.

Whilst the OST programme in Mauritius is considered to be quite good in terms of quality and coverage, OST is not available for young people under the age of 18, as there is a minimum age requirement of 18. If a young person wants to access methadone, he/she will buy it illegally on the black market. According to the young injectors who participated in the Youth RISE/SAFIRE/PILS community consultations, two options exist: buying “good” methadone from a patient who has forgone his/her dose and shared or sold half of it in a flask; or methadone mixed with saliva, whereby the patient drinks up his daily dose and spits it out as soon as he is out of the dispensary so as to sell it.

The arbitrary age restrictions placed on methadone programmes is a clear policy barrier to accessing these services for young people who would like to receive treatment. This policy was criticised by the UN Committee on Economic and Social Rights delegation in 2010. They recommended that the government *“remove age barriers to accessing opioid substitution therapy and develop youth-friendly services tailored to the specific needs of young people who use drugs”*. Unfortunately, this has not yet happened.

While some OST services do exist in a number of prisons, they only exist for male inmates.

## Other harm reduction services

The attitude of staff that delivers harm reduction services can also play a very important role in the



## Tipti's story

Tipti is 17 years old today and has been injecting since he was 14 years old. Generally, Tipti injects brown sugar (heroin), but sometimes, in addition to his daily dose, he uses other substances, if he can afford them. His daily consumption of brown sugar is of approximately Rs. 2,000 (USD 65). When he does not have enough money, he deals drugs and begs for his daily dose.

Tipti is tired of this lifestyle. He can see how the Methadone programme can help him, and he would like to start treatment, as well as access clean syringes. Today, when he finds a pharmacy or other adults who are willing to sell him syringes, he buys them at Rs. 25 (USD 0.8) a unit. He has been using the same syringe for the past three months, and he uses hot water to disinfect it. The syringe he uses is now so worn out that he cuts off the tip to be able to inject with it.

Last March, Tipti was arrested by the police and was incarcerated in the CYC (Correctional youth Centre – prison for youth under 18) and charged with possession of drugs. He spent eight days there without injecting. He could not sleep, was in

severe pain and could not stay still. He asked the prison officers for help and begged them to take him to the hospital, but they refused and left him in his agony. After eight days, his mother gathered enough money to pay for his bail and he was released even though his case had not yet been lodged before the court.

Today he is suffering from two abscesses on his arm but does not want to go to the hospital out of fear of the doctors' reaction. His mother knows that he is injecting and has asked him to stop but he says that he cannot for the moment. Sometimes he robs his own family to buy his dose.

He has already bought methadone from the black market twice. Clients at the methadone programme sometimes spit out their daily doses and re-sell them to other users. He said that he preferred not to do this anymore because of the risks of tuberculosis transmission.

Tipti explained that he thinks his life would be much better if he could have access to harm reduction programmes.

willingness of young people to access services. Furthermore, most staff working in rehabilitation centres, and those delivering harm reduction services in general, are not trained to serve young people, and staff members often seem unwilling to “tolerate” young people. Other services also exist but face structural problems. HIV testing and counselling carried out by NGOs including PILS and Collectif Urgence Toxida (CUT) has been undermined by the fact that only nurses are able to conduct HIV testing, meaning that adequately trained NGO staff can no longer conduct these tests. Access to hepatitis C treatment also remains very expensive limiting access.

Narcan, also known as Naloxone – a drug used to counter the effects of opiate overdose – is now available in hospitals, but because drug use being highly criminalised and stigmatised, people are reluctant to report to the hospital for overdose cases. Education and employment

Drug and HIV prevention education are mainly carried out by NGOs, with limited coverage and impact. The Ministry of Education has not engaged in any formal education around these subjects, thus the majority of young people are not receiving much needed

drug and sex-related harm reduction education in Mauritius. There is also a need for targeted education for most-at-risk groups such as street-involved youth.

The lack of employment opportunities for young people who use, or have formally used drugs, was a strong issue raised in the Youth RISE/SAFIRE/PILS community consultation. As explained above, this is mainly due to the fact that access to employment is subject to obtaining the problematic “certificate of character”. The young consultation participants had motivations to work, and expressed significant frustration at not being employable.

## Conclusion and recommendations

Mauritius has relatively well established harm reduction interventions for adults who inject drugs, and is often cited as a model for Sub-Saharan Africa in the field. Nevertheless, Mauritian drug policies remain highly prohibitionist, and the contradictions that currently exist between drug policies and HIV prevention policies have created significant barriers for young people to access harm reduction services. In addition, despite the high level of drug use among adolescents, there are currently limited services

available for young people who use drugs under the age of 18, or that specifically target young people who use drugs. Similarly, despite indications that young people particularly need harm reduction services due to their higher vulnerability to HIV and other drug-related harms, drug policies effectively exclude young people from services and support. The failure to engage young people in harm reduction services is also a missed opportunity to start supportive relationships with the young drug using population, which may lead to increased numbers seeking treatment or stopping using drugs. We propose the following recommendations:

- **Remove the contradiction between the Dangerous Drugs Act and the HIV and AIDS Act:** The Dangerous Drugs Act criminalises drug use and the possession of drug paraphernalia – this has a critical impact on the effectiveness and access to harm reduction services in Mauritius. It is paramount that the criminalisation of drug use and paraphernalia is removed from the Dangerous Drugs Act.
- **Clarify laws on access to NSPs for minors and develop clear guidance for service providers:** In order to avoid NSP service providers refusing NSP access to minors, policies and guidelines should clarify that people under 18 can have access to services. Service providers should be adequately trained on these policies.
- **Diversion of young people from the criminal justice system:** With such high levels of adolescent drugs use, specific policies should be developed to divert young people arrested for non-violent crime to fund their drug use from the criminal justice system.
- **Scrap the Certificate of Character:** The Certificate of Character acts as a major hindrance to the long-term development of young people in Mauritius and leads to further marginalisation and isolation, and should no longer be requested for access to employment.
- **Remove age restrictions on OST:** Age restrictions on methadone maintenance treatment programmes are the clearest policy barrier excluding young people from accessing treatment. These arbitrary age restrictions should be removed. Buprenorphine should also be made legally available within the framework of OST.
- **Youth-friendly services:** Youth-friendly harm reduction services tailored to the specific needs of young people who use drugs should be developed, with the meaningful participation of young people who use drugs.

The unique needs and situations of young people, particularly those who are street involved, must be recognised by service providers and services delivered in a way that is sensitive to these needs.

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## Notes

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